# Attachment 3c Sample Child Core (9 minutes)

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	DRAFT 2013 NHIS Questionnaire - Sample Child						
Child Identification							
Document Version Date: 08-Aug-12							
Question ID: CID.00	1_00.000 Instrument Variable Name: CURRES QuestionnaireFileName: Sample Child						
QuestionText: * En	ter the line number of the person to whom you are speaking.						
01-25 Pers	son 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						
	<pre>&lt;01-25&gt; 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</pre>						
Hard Edit:	ERR_CURRES						
	* You have selected a non-selectable person.						
	* Please correct.						

DRAFT 2013 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 08-Aug-12									
Question ID:         CID.010_00.000         Instrument Variable Name:         CSPAVAIL         QuestionnaireFileName:         Sample Child									
<b>QuestionText:</b> 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 96	Person # of person available to answer questions about Sample Child No person available								
UniverseText	Someone identified as knowledgeable about child's health and knowledgeable person(s) not entered in CURRI	ES							
SkipInstructio	<pre>ns: &lt;01-25&gt; 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 &lt;96&gt; 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</r></pre>								
Hard Edit:	ERR_CSPAVAIL								
	* You have selected a non-selectable person.								
	* Please correct.								

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#### **Child Identification**

Document Version Date: 08-Aug-12

Question ID:	CID.030_00.000	Instrument Variable Name:	CSRELTIV	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C1				
		t questions are about [fill2: AL elationship to [fill2: ALIAS of		]	
01	Parent (Biolo	gical, adoptive, or step)			
02	Grandparent				
03	Aunt/Uncle				
04	Brother/Sister	ſ			
05	Other relative	;			
06	Legal guardia	n			
07	Foster parent				
08	Other non-rel	ative			
97	Refused				
99	Don't know				
UniverseTex	t: Someor	e identified as knowledgeable	about child's health		
SkipInstruct	ions: <1-8,R,	D> If CSRESP = demographic goto child.chs.BWGT_LE elseif CSRESP = demograp goto child.chs.BWGT_LE else] goto CSPVERF_S endif]	B hics.hhc.HHRESP		
Question ID: QuestionText:	_	<b>Instrument Variable Name:</b> the following information abo	CSPVERF_S	QuestionnaireFileName:	Sample Child

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".

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1 Yes
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2 No

**UniverseText:** Respondent is not the person entered in HHRESP or RELRESP\_A.

SkipInstructions: <1> goto CSPVERF\_A <2> goto NEWSEX

### **Child Identification**

Question ID:	CID.041_0	00.000	Instrument Var	iable Name:	NEWSEX	QuestionnaireFileName:	Sample Child
QuestionText:	Is [fill:	ALIAS	of Sample Chil	d] Male or Fe	male?		
	* If doi	n't know	or refused ente	r your best gu	less.		
1 2	Male Femal	e					
UniverseText	:	Respon	dent said child's	sex is not corr	rect.		
SkipInstructio	ons:	g re	ore NEWSEX is oto ERR_NEWS set CSPVERF_ oto CSPVERF_S	SEX S			
Hard Edit:		ERR_N	EWSEX				
		* The g	ender will now l	be changed to	[fill: NEWSEX].		
		goto CS	SPVERF_S (as t	he default got	to)		
Question ID:	CID.042_	00.000	Instrument Var	iable Name:	CSPVERF_A	QuestionnaireFileName:	Sample Child
QuestionText:	* Pleas	e verify	the following in	nformation abo	out the sample child	d before proceeding:	
	I have	recorde	d [fill1: ALIAS	of Sample Chi	ild]'s age as [fill2: A	Age of Sample Child] old. Is this of	correct?
	* If res	ponden	t "refuses" or say	ys "don't know	v", enter "1" for "ye	25".	
1	Yes						
2	No						
UniverseText	:	Respon	lent verified chi	ld's sex			
SkipInstructio			o CSPVERF_D o NEWAGE				

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DRAFT 2013 NHIS Questionnaire - Sample Child Child Identification Document Version Date: 08-Aug-12						
Question ID: C	ID.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					
SkipInstructio	<pre>ns: </pre> <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					
Hard Edit:	ERR_NEWAGE					
	*Age of [fill1: ALIAS of Sample Child] remains [fill2: Age of Sample Child] years old.					
	goto CSPVERF_A (whether suppressed or not)					
Question ID: C	ID.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: AI IAS of Sample Child]'s birthday as [fill2: Birthday of Sample Child] Is this correct?					

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

### **Child Identification**

uestion ID:	CID.046_01.000	) Instrument Variable Name:	NEWDOB_M	QuestionnaireFileName:	Sample Child
uestionText:	1 of 3				
	What is [fill:	ALIAS of Sample Child]'s birt	hday?		
	*Enter month	n of birth.			
1	January				
10	October				
11	November				
12	December				
2 3	February March				
4	April				
5	May				
6	June				
7	July				
8	August				
9	September				
		ndent said child's date of birth i 2, Refused, Don't know> goto N		age is not correct	
UniverseTex SkipInstruct	tions: <01-12	2, Refused, Don't know> goto №	NEWDOB_D		
SkipInstruct	tions: <01-12 CID.046_02.000			age is not correct QuestionnaireFileName:	Sample Child
SkipInstruct	tions: <01-12	2, Refused, Don't know> goto №	NEWDOB_D		Sample Child
SkipInstruct	tions: <01-12 CID.046_02.000	2, Refused, Don't know> goto N ) Instrument Variable Name:	NEWDOB_D		Sample Child
SkipInstruct	tions: <01-12 CID.046_02.000 2 of 3	2, Refused, Don't know> goto N ) Instrument Variable Name: of birth.	NEWDOB_D		Sample Child
SkipInstruct ruestion ID: ruestionText:	tions: <01-1: CID.046_02.000 2 of 3 * Enter day of Day of the m	2, Refused, Don't know> goto N ) Instrument Variable Name: of birth.	NEWDOB_D	QuestionnaireFileName:	Sample Child
SkipInstruct question ID: questionText: 01-31	tions: <01-12 CID.046_02.000 2 of 3 * Enter day of Day of the n ct: Respo	2, Refused, Don't know> goto N ) Instrument Variable Name: If birth.	NEWDOB_D	QuestionnaireFileName:	Sample Child
SkipInstruct Puestion ID: PuestionText: 01-31 UniverseTex	tions: <01-12 CID.046_02.000 2 of 3 * Enter day of Day of the n at: Respo tions: <01-3	2, Refused, Don't know> goto N ) Instrument Variable Name: of birth. nonth ndent said child's date of birth i	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y	QuestionnaireFileName:	Sample Child
SkipInstruct Puestion ID: PuestionText: 01-31 UniverseTex	tions: <01-1: CID.046_02.000 2 of 3 * Enter day of Day of the m ct: Respo tions: <01-3 If days	2, Refused, Don't know> goto N ) Instrument Variable Name: of birth. nonth ndent said child's date of birth i 1,Refused,Don't know> goto N	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y	QuestionnaireFileName:	Sample Child
SkipInstruct ruestion ID: ruestionText: 01-31 UniverseTex SkipInstruct	tions: <01-1: CID.046_02.000 2 of 3 * Enter day of Day of the m ct: Respo tions: <01-3 If days ERR_	2, Refused, Don't know> goto N ) Instrument Variable Name: of birth. nonth ndent said child's date of birth i 1,Refused,Don't know> goto Ni s not valid, goto ERR_NEWDC	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y DB_D	QuestionnaireFileName: age is not correct	Sample Child
SkipInstruct ruestion ID: ruestionText: 01-31 UniverseTex SkipInstruct	tions: <01-1: CID.046_02.000 2 of 3 * Enter day of Day of the m ct: Responent tions: <01-3 If days ERR_ * [fill:	2, Refused, Don't know> goto N ) Instrument Variable Name: of birth. nonth ndent said child's date of birth i 1,Refused,Don't know> goto Ni s not valid, goto ERR_NEWDC NEWDOB_D	NEWDOB_D NEWDOB_D is not correct or child's EWDOB_Y DB_D	QuestionnaireFileName: age is not correct	Sample Child

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### DRAFT 2013 NHIS Questionnaire - Sample Child

### **Child Identification**

Document Version Date: 08-Aug-12

 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

### **Child Identification**

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
	<pre>(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_D = '2' (No) then reset CSPVERF_D to empty goto CSPVERF_D 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</pre>
Hard Edit:	ERR1_NEWDOB_Y *Future date invalid: [fill2: <newdob_m> <newdob_d>, <newdob_y>]</newdob_y></newdob_d></newdob_m>
	*Please correct.
	goto NEWDOB_M (whether suppressed or not)
	ERR2_NEWDOB_Y
	*Not a valid day: [fill2: <newdob_m> <newdob_d>, <newdob_y>] *Please correct.</newdob_y></newdob_d></newdob_m>
	goto NEWDOB_M (whether suppressed or not)
	ERR3_NEWDOB_Y
	*DOB of [fill1: ALIAS of Sample Child] remains [fill3: <dobm> <dobd>, <doby>]</doby></dobd></dobm>
	goto CSPVERF_A
	ERR4_NEWDOB_Y
	*Data mismatched. Please fix Age or Birthday.

### **Child Identification**

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goto CSPVERF\_A (whether suppressed or not)

### **Child Health Status & Limitations**

Question ID:	CHS.010	_01.000 Instrument Variable Name:	BWGT_LB	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]				
	What	was [fill: S.C.name]'s birth weight?			
	* Ente	r 'M' to record metric measurements.			
01-15	1-15	pounds			
97	Refus	ed			
99	Don't	know			
Μ	Metri				
UniverseText	t:	Sample children <18			
SkipInstructi		<1-12> [goto BWGT_OZ] <13-15> [goto ERR1_BWGT_LB] <r,d> [goto CHGT_FT] <m> [goto BWGT_GR] [If NE &lt;1-15, M, D, R&gt; goto ERR2]</m></r,d>	_BWGT_LB]		
Hard Edit:		ERR2_BWGT_LB			
		* Only "1-15" or "M" or "Don't kno * Please correct.	w/Refused" allowed	in this field.	
Soft Edit:		ERR1_BWGT_LB			
		* [fill: BWGT_LB] is an unusually * Please verify.	high number.		
Question ID:	CHS.010	_02.000 Instrument Variable Name:	BWGT_OZ	QuestionnaireFileName:	Sample Child
QuestionText:	* Ente	r ounces.			
00-15	0-15	ounces			
97	Refus	ed			
99	Don't	know			
Blank	Blank				
UniverseText	t:	Sample children <18 who have a val	lue entered for weigh	nt in pounds.	
SkipInstructi		<0-15,R,D> [goto CHGT_FT] [if BWGT_LB = <0-15, D, R> and I	BWGT_OZ = <empt< td=""><td>y&gt; go to CHGT_FT]</td><td></td></empt<>	y> go to CHGT_FT]	

### **Child Health Status & Limitations**

Question ID: (	CHS.011_00.000 In	strument Variable Name:	BWGT_GR	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter weight in	grams.			
0500	500 grams or less	5			
0501-6899	501-6899 grams				
6900	6900+ grams				
9997 9999	Refused Don't know				
UniverseText	: Sample chi	ldren <18 whose birth we	eight will be entered in	metric.	
SkipInstructio		, R,D> [goto CHGT_FT] 0> [goto ERR_BWGT_G	iR]		
Soft Edit:	ERR_BW0	GT_GR			
	* [fill1: BV * Please ve		y high number (equal t	o [fill2] pounds, [fill3] ounces).	
Juestion ID: (	CHS.020_01.000 In	strument Variable Name:	CHGT_FT	QuestionnaireFileName:	Sample Child
	CHS.020_01.000 In ?[F1]	strument Variable Name:	CHGT_FT	QuestionnaireFileName:	Sample Child
	 ?[F1]	strument Variable Name: S.C. name] now (without	_	QuestionnaireFileName:	Sample Child
	-?[F1] How tall is [fill: 5	S.C. name] now (without	shoes)?	QuestionnaireFileName:	-
	<ul> <li>?[F1]</li> <li>How tall is [fill: \$</li> <li>* If the child's hei</li> </ul>	S.C. name] now (without	shoes)? ess 'ENTER' at feet and		-
	<ul> <li>?[F1]</li> <li>How tall is [fill: \$</li> <li>* If the child's hei</li> </ul>	S.C. name] now (without ght is given in inches, pre	shoes)? ess 'ENTER' at feet and		-
QuestionText:	<ul> <li>?[F1]</li> <li>How tall is [fill: \$</li> <li>* If the child's hei</li> <li>* Enter 'M' to recommended</li> </ul>	S.C. name] now (without ght is given in inches, pre	shoes)? ess 'ENTER' at feet and		-
QuestionText: 00-07	<ul> <li>?[F1]</li> <li>How tall is [fill: 5</li> <li>* If the child's hei</li> <li>* Enter 'M' to reco</li> <li>0-7 feet</li> <li>Refused</li> <li>Don't know</li> </ul>	S.C. name] now (without ght is given in inches, pre	shoes)? ess 'ENTER' at feet and		-
QuestionText: 00-07 97	<ul> <li>?[F1]</li> <li>How tall is [fill: \$</li> <li>* If the child's hei</li> <li>* Enter 'M' to reco</li> <li>0-7 feet</li> <li>Refused</li> </ul>	S.C. name] now (without ght is given in inches, pre	shoes)? ess 'ENTER' at feet and		-
QuestionText: 00-07 97 99	<ul> <li>?[F1]</li> <li>How tall is [fill: \$</li> <li>* If the child's hei</li> <li>* Enter 'M' to reco</li> <li>0-7 feet</li> <li>Refused</li> <li>Don't know</li> <li>Metric</li> </ul>	S.C. name] now (without ght is given in inches, pro ord metric measurements.	shoes)? ess 'ENTER' at feet and		-
QuestionText: 00-07 97 99 M	?[F1] How tall is [fill: S * If the child's hei * Enter 'M' to record 0-7 feet Refused Don't know Metric Sample chi ons: <a a="" href="mailto:&lt;/a&gt; empty&gt; [goto &lt;/a&gt; (M&gt; [goto&lt;/td&gt;&lt;td&gt;S.C. name] now (without&lt;br&gt;ght is given in inches, pro&lt;br&gt;ord metric measurements.&lt;/td&gt;&lt;td&gt;shoes)?&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;-&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;QuestionText:&lt;br&gt;00-07&lt;br&gt;97&lt;br&gt;99&lt;br&gt;M&lt;br&gt;UniverseText:&lt;/td&gt;&lt;td&gt;?[F1] How tall is [fill: S * If the child's hei * Enter 'M' to record 0-7 feet Refused Don't know Metric Sample chi ons: &lt;a href=" mailto:<=""> empty&gt; [goto </a> (M> [goto	S.C. name] now (without ght is given in inches, pre ord metric measurements. ldren 12+ goto CHGT_IN] to CHGT_IN] to CWGT_LB] CHGT_M] 7, M, D, R> go to ERR_C	shoes)?		-

### **Child Health Status & Limitations**

Question ID:	CHS.020_02.	000 Instrument Variable Name:	CHGT_IN	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter in	ches.			
00-36 97 99	0-36 inch Refused Don't kno				
UniverseTex	xt: San	nple children 12+ whose height in	feet is 0-7 or is left em	npty.	
SkipInstruct		AGE = '13' and (CHT AGE = '14' and (CHT AGE = '14' and (CHT AGE = '15' and (CHT AGE = '16' and (CHT AGE = '17' and (CHT (SEX = '2' and AGE = '12' and (CHT AGE = '13' and (CHT AGE = '14' and (CHT AGE = '16' and (CHT AGE = '17' and (CHT goto ERR3_CHGT_IN else goto CWGT_LB		INCH gt '68')) or INCH gt '72')) or INCH gt '73')) or INCH gt '74')) or INCH gt '74')) or INCH gt '74')) or INCH gt '68')) or INCH gt '68')) or INCH gt '69')) or	
Hard Edit:	* N	R1_CHGT_IN fust enter an answer in at least the	inches item.		
		lease correct.			
		R2_CHGT_IN			
		lumber of inches exceeds maximum lease correct.	m allowed.		
Soft Edit:	ER	R3_CHGT_IN			
	* P	lease verify that the height was ent	tered correctly. Probe	only if necessary.	

### **Child Health Status & Limitations**

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 centimeters maximum).	s, press 'ENTER' ;	at meters and enter the measure in cen	timeters (241
0-2	0-2 meters			
7	Refused			
9	Don't know			
Blank	Blank			
UniverseTex	<b>t:</b> Sample children 12+ whose current h	neight will be ente	red in metric.	
SkipInstruct	ions: <pre>&lt;0-2,empty&gt;[goto CHGT_CM] <r,d>[goto CWGT_LB]</r,d></pre>			

### **Child Health Status & Limitations**

Question ID: (	CHS.021	_02.000	Instrument Variable Name:	CHGT_CM	QuestionnaireFileName:	Sample Child
QuestionText:	* Ente	er centime	eters.			
000-241 Blank	0-241 Blanl	l centime	ters			
UniverseText	:	Sample of empty.	children 12+ whose weight w	vill be entered in met	ric, and who entered "0-2" for he	ight in meters or left it
SkipInstructio	ons:	<0-241,1	R,D> If (CHGT_M = '0', 'em goto ERR1_CHGT_C elseif (CHGT_M eq '2', goto ERR2_CHGT_C elseif (SEX = '1' and AGE = '12' and (CH AGE = '13' and (CH AGE = '14' and (CH AGE = '16' and (CH AGE = '16' and (CH AGE = '12' and (CH AGE = '12' and (CH AGE = '14' and (CH AGE = '14' and (CH AGE = '16' and (CH AGE = '17' an) (CH aGE = '17' an) (CH aGE = '17' an) (CH a	M and CHGT_CM gt '2 M ITCM lt '137' or CH ITCM lt '140' or CH ITCM lt '148' or CH ITCM lt '152' or CH ITCM lt '156' or CH ITCM lt '157' or CH ITCM lt '138' or CH ITCM lt '141' or CH ITCM lt '145' or CH	H') or (CHGT_M eq '1' and CH TCM gt '174')) or TCM gt '184')) or TCM gt '186')) or TCM gt '189')) or TCM gt '189')) or TCM gt '192')) or TCM gt '173')) or TCM gt '176')) or TCM gt '176')) or TCM gt '177')) or TCM gt '177')) or	GT_CM gt '141')
Hard Edit:		* Must e	CHGT_CM enter an answer at least in the	centimeters item.		
		* Please ERR2_0	correct. CHGT_CM			
		* Total l * Please	neight exceeds maximum allo correct.	wed.		
Soft Edit:		ERR3_C	CHGT_CM			
		* Please	verify that the height was ent	tered correctly. Prob	e only if necessary.	

### **Child Health Status & Limitations**

<pre>wetworText: How much does [fill: S.C. name] weigh now (without shoes)?</pre>	tion ID: C	CHS.022_00.000 Instrument Variable Name: CWGT_LB	QuestionnaireFileName:	Sample Child
<ul> <li>* Enter '500' if 500 pounds or more.</li> <li>901-500 pounds</li> <li>977 Refused</li> <li>999 Don't know</li> <li>M Metrie</li> </ul> UniverseText: Sample children 12+ SkipInstructions:  \$1-500> if CWGT_LB ht '1' or CWGT_LB gt '500' goto ERR1_CWGT_LB else: (SEX = '1' and AGE = '12' and (CWGT_LB ht '62' or CWGT_LB gt '209')) or AGE = '14' and (CWGT_LB ht '83' or CWGT_LB gt '209')) or AGE = '14' and (CWGT_LB ht '83' or CWGT_LB gt '209')) or AGE = '14' and (CWGT_LB ht '83' or CWGT_LB gt '209')) or AGE = '16' and (CWGT_LB ht '83' or CWGT_LB gt '307')) or (SEX = '2' and (CWGT_LB ht '94' or CWGT_LB gt '307')) or (SEX = '12' and (CWGT_LB ht '64' or CWGT_LB gt '307')) or (SEX = '12' and (CWGT_LB ht '64' or CWGT_LB gt '307')) or (SEX = '12' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '15' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '15' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '15' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '16' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '16' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '17' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '17' and (CWGT_LB ht '84' or CWGT_LB gt '238')) or AGE = '17' and CWGT_FLG = '1' and AGE gt '2' goto ADD_1 else elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE gt '2' goto ADD_1 else else calculate the BM (Body Mass Index) – See CBMI spec page eR_D if AGE ge '2' goto ADD_1 else weight is out of range (1-500). * Please orrect.	tionText:	How much does [fill: S.C. name] weigh now (without shoes)?		
001-500       1-500 pounds         997       Refused         999       Don't know         M       Metrie         UniverseText:       Sample children 12+         SkipInstructions:       <1-500> if CWGT_LB It '1' or CWGT_LB gt '500' goto ERR1_CWGT_LB         elseif (SEX = '1' and AGE = '12' and (CWGT_LB It '62' or CWGT_LB gt '209')) or AGE = '13' and (CWGT_LB It '83' or CWGT_LB gt '206')) or AGE = '14' and (CWGT_LB It '83' or CWGT_LB gt '206')) or AGE = '16' and (CWGT_LB It '83' or CWGT_LB gt '306')) or AGE = '17' and (CWGT_LB It '80' or CWGT_LB gt '306')) or AGE = '12' and (CWGT_LB It '62' or CWGT_LB gt '317')) or (SEX = '2' and CWGT_LB It '63' or CWGT_LB gt '317')) or (SEX = '2' and CWGT_LB It '84' or CWGT_LB gt '322')) or AGE = '13' and (CWGT_LB It '84' or CWGT_LB gt '238')) or AGE = '14' and (CWGT_LB It '84' or CWGT_LB gt '238')) or AGE = '15' and (CWGT_LB It '84' or CWGT_LB gt '238')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '238')) or AGE = '17' and CWGT_LB It '84' or CWGT_LB gt '229')) goto ERR2_CWGT_LB         elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE ge '2' goto ADD_1         elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE ge '2' goto ADD_1         elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE ge '2' goto ADD_1         else goto ADD_1      <		* Enter 'M' to record metric measurements.		
997 Refused 999 Don't know M Metric JniverseText: Sample children 12+ SkipInstructions: <1-500> if CWGT_LB It '1' or CWGT_LB gt '500' goto ERR1_CWGT_LB elseif (SEX = '1' and AGE = '12' and (CWGT_LB It '62' or CWGT_LB gt '209')) or AGE = '13' and (CWGT_LB It '70' or CWGT_LB gt '247')) or AGE = '14' and (CWGT_LB It '83' or CWGT_LB gt '266')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '266')) or AGE = '17' and (CWGT_LB It '94' or CWGT_LB gt '266')) or AGE = '17' and (CWGT_LB It '94' or CWGT_LB gt '306')) or AGE = '17' and (CWGT_LB It '62' or CWGT_LB gt '310')) or (SEX = '2' and AGE = '16' and (CWGT_LB It '62' or CWGT_LB gt '212')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '222')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '84' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '87' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '87' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '87' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '87' or CWGT_LB gt '252')) or AGE = '16' and (CWGT_LB It '87' or CWGT_LB gt '292')) goto ADD_1 elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE It '2' goto ADD_1 elseif CHGT_FLG = '1' and CWGT_FLG = '1' and AGE It '2' goto ADD_1 else goto ADD_1 else goto ADD_1 else motor AGE = '2' goto ADD_1 * Weight is out of range (1-500). * Please correct. * Weight is out of range (1-500).		* Enter '500' if 500 pounds or more.		
SkipInstructions: <pre> <pre> <pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>	997 999	Refused Don't know		
<pre>goto ERR1_CWGT_LB elseif (SEX = '1' and</pre>	iverseText:	Sample children 12+		
* Weight is out of range (1-500). * Please correct.	ipInstruction	goto ERR1_CWGT_LB elseif (SEX = '1' and $AGE = '12' and (CWGT_LB lt '62' or CWGT_AGE = '13' and (CWGT_LB lt '70' or CWGT]AGE = '14' and (CWGT_LB lt '83' or CWGT]AGE = '15' and (CWGT_LB lt '94' or CWGT]AGE = '16' and (CWGT_LB lt '98' or CWGT]AGE = '17' and (CWGT_LB lt '06' or CWGT](SEX = '2' andAGE = '12' and (CWGT_LB lt '62' or CWGT]AGE = '13' and (CWGT_LB lt '64' or CWGT]AGE = '14' and (CWGT_LB lt '84' or CWGT]AGE = '15' and (CWGT_LB lt '84' or CWGT]AGE = '16' and (CWGT_LB lt '84' or CWGT]AGE = '16' and (CWGT_LB lt '84' or CWGT]AGE = '16' and (CWGT_LB lt '84' or CWGT]AGE = '17' and (CWGT_LB lt '90' or CWGT]goto ERR2_CWGT_LBelseif CHGT_FLG = '1' and CWGT_FLG = '1' and Agoto ADD_1elsecalculate the BMI (Body Mass Index) – See CBMI s] if AGE ge '2'goto ADD_1elsegoto ADD_12$	_LB gt '247')) or _LB gt '266')) or _LB gt '266')) or _LB gt '306')) or T_LB gt '317')) or _LB gt '212')) or _LB gt '238')) or _LB gt '252')) or _LB gt '238')) or _LB gt '257')) or _LB gt '292')) GE ge '2' GE lt '2'	
* Please correct.	rd Edit:	ERR1_CWGT_LB		
Soft Edit: ERR2_CWG1_LB	ft Edit:	ERR2_CWGT_LB		
* Please verify that the weight was entered correctly. Probe only if necessary.		* Please verify that the weight was entered correctly. Probe on	ly if necessary.	

### **Child Health Status & Limitations**

Question ID:	CHS.023_00.00	) Instrument Variable Name:	CWGT_KG	QuestionnaireFileName:	Sample Child
QuestionText:	* Enter weigl	nt in kilograms.			
002-226	2-226 kilog	ams			
UniverseTex	c	e children 12+ whose weight wi	ill be entered in metric.		
SkipInstruct		$AGE = `13' and (CW) \\ AGE = `14' and (CW) \\ AGE = `15' and (CW) \\ AGE = `16' and (CW) \\ AGE = `17' and (CW) \\ (SEX = `2' and) \\ AGE = `12' and (CW) \\ AGE = `13' and (CW) \\ AGE = `14' and (CW) \\ AGE = `15' and (CW) \\ AGE = `16' and (CW) \\ AG$	$GT_KG = `28' \text{ or } CWG$ $GT_KG = `32' \text{ or } CWG$ $GT_KG = `38' \text{ or } CWG$ $GT_KG = `42' \text{ or } CWG$ $GT_KG = `44' \text{ or } CWG$ $GT_KG = `28' \text{ or } CWG$ $GT_KG = `33' \text{ or } CWG$ $GT_KG = `38' \text{ or } CWG$ $GT_KG = `38' \text{ or } CWG$ $GT_KG = `39' \text{ or } CWG$ $GT_KG = `41' \text{ or } CWG$ $CWGT_FLG = `1' \text{ and } CWGT_FLG = `1' \text{ and } CWGT_FCUGT_FLG = `1' \text{ and } CWGT_FUGT_FLG = `1' \text{ and } CWGT_FUGT_FLG = `1' \text{ and } CWGT_FUGT_FLG = `1' \text{ and } CWGT_FUGT_FUGT_FUGT_FUGT_FUGT_FUGT_FUGT_FU$	$T_KG = (112^{\circ}))$ or $T_KG = (121^{\circ}))$ or $T_KG = (121^{\circ}))$ or $T_KG = (139^{\circ}))$ or $T_KG = (144^{\circ}))$ or $T_KG = (144^{\circ}))$ or $T_KG = (108^{\circ}))$ or $T_KG = (114^{\circ}))$ or $T_KG = (114^{\circ}))$ or $T_KG = (114^{\circ}))$ or $T_KG = (114^{\circ}))$ or $T_KG = (117^{\circ}))$ or $T_KG = (133^{\circ}))$ AGE ge (2' AGE lt (2'	
Hard Edit:	ERR1	_CWGT_KG			
		ght is out of range (2-226). se correct.			
Soft Edit:	ERR2	_CWGT_KG			
	* Plea	se verify that the weight was en	tered correctly. Probe o	nly if necessary.	

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	DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12						
Question ID:	CHS.031_02.000 Instrument Variable Name:	ADD1_2	QuestionnaireFileName:	Sample Child			
QuestionText:	Has a doctor or health professional ever tol	d you that [fill:	S.C. name] had				
	an intellectual disability, also known as me	ntal retardation?	,				
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseText	: Sample children <2						
Question ID:	CHS.031 03.000 Instrument Variable Name:	ADD1 3	QuestionnaireFileName:	Sample Child			
QuestionText:	?[F1]						
	* Read if necessary.						
	Has a doctor or health professional ever tol	d 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						

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

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### Child Health Status & Limitations

Question ID:	CHS.032_01.000	Instrument Variable Name:	ADD_1	QuestionnaireFileName:	Sample Child			
QuestionText:	?[F1]							
	Has a doctor of	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							
UniverseTex	t: Sample	children 2-17						
Question ID:	CHS.032_02.000	Instrument Variable Name:	ADD_2	QuestionnaireFileName:	Sample Child			
QuestionText:	* Read if nece	ssary.						
	Has a doctor of	or health professional ever told	you that [fill: S.	C. name] had				
	an intellectual	disability, also known as men	tal retardation?					
1	Yes							
2	No							
7								
9	Don't know							
UniverseTex	t: Sample	children 2-17						
SkipInstruct	tions: <1,2,R,	D> [go to ADD_3]						

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### DRAFT 2013 NHIS Questionnaire - Sample Child

### **Child Health Status & Limitations**

Question ID:	CHS.032	2_03.000 Instrument Variable Name:	ADD_3	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]	l			
	* Rea	ad if necessary.			
	Has a	a doctor or health professional ever told	you that [fill: S.C	. name] had	
	Any	other developmental delay?			
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	t:	Sample children 2-17			
SkipInstruct	ions:	<1,2,R,D> [go to CONDL]			
Question ID:	CHEAG	) 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
SkipInstruction	<b>ns:</b> <1> [goto CONDL1] <2,R,D> [goto CPOX]

### **Child Health Status & Limitations**

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						
UniverseTex	t: Sample children <18 and CONDL=1						
SkipInstruct	tions: <1-10, R,D> [go to CPOX]						

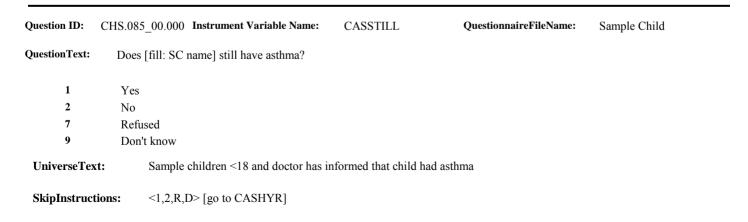
Question ID:	CHS.07	0_00.000 Instrument Variable Name:	СРОХ	QuestionnaireFileName:	Sample Child
QuestionText:	Has	[fill: SC Name] EVER had chickenpox?			
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children <18			
SkipInstruct	tions:	<1> [go to CPOX12MO] <2, D, R> [go to CASHMEV]			

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#### **Child Health Status & Limitations**

Document Version Date: 08-Aug-12

CHS.072\_00.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: CPOX12MO Sample Child **QuestionText:** Has [fill: SC name] had chickenpox DURING THE PAST 12 MONTHS? 1 Yes 2 No 7 Refused 9 Don't know Sample children <18 who have had chickenpox UniverseText: **SkipInstructions:** <1,2,R,D> [goto CASHMEV] CHS.080\_00.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: CASHMEV Sample Child **QuestionText:** ?[F1] Has a doctor or other health professional EVER told you that [fill: SC 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]



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### DRAFT 2013 NHIS Questionnaire - Sample Child

### Child Health Status & Limitations

Question ID:	CHS.09	000.000	Instrument Variable Name:	CASHYR	QuestionnaireFileName:	Sample Child
QuestionText:	The f	following	questions are about [fill: SC r	name]'s asthma DU	JRING THE PAST 12 MONTHS.	
	DUR	ING THE	PAST 12 MONTHS, has [fil	l: SC name] had a	n episode of asthma or an asthma att	ack?
1	Yes					
2	No					
7	Refi	ised				
9	Don	't know				
UniverseTex	xt:	Sample	children <18 and doctor has in	nformed that child	had asthma	
SkipInstruct	tions:	<1,2,R,I	D> [goto CASMERYR]			

Question ID:	CHS.10	00.000_0	Instrument Variable Name:	CASMERYR	QuestionnaireFileName:	Sample Child
QuestionText:			PAST 12 MONTHS, did [fil er] asthma?	11: SC name] have to visit	an emergency room or urgen	nt care center because
1	Yes					
2	No					
7	Refi	ised				
9	Don	't know				
UniverseTex	:t:	Sample	children <18 and doctor has in	nformed that child had ast	hma	
SkipInstruct	ions:	else if C	D> if CASSTILL=1 or CASH ASSTILL=2,R,D and CASH to CCONDT_1]	10	·	

Question ID:	CHS.100_	_00.010	Instrument Varia	ole Name:	CASMHSP		QuestionnaireFileName:	Sample Child
QuestionText:	DURI	NG THE	PAST 12 MONT	HS, has [fill:	: S.C. name] stayed	overn	ight in a hospital because of	f asthma?
1	Yes							
2	No							
7	Refus	ed						
9	Don't	know						
UniverseTex	:t:	Sample	child <18 who still	l have asthm	a or who had asthm	1a epis	ode/attack in past 12 month	s
SkipInstruct	ions:	<1,2,R,I	D> [go to CWZMS	SWK]				

### **Child Health Status & Limitations**

		iment Variable Name:	CWZMSWK	QuestionnaireFileName:	Sample Child
QuestionText:		T 12 MONTHS, HOW name] miss because of		11: daycare or preschool/fill2: scl	nool/fill3: school or
	*Enter '0' for none.				
	*Enter 995 if child he	ome schooled.			
	*Enter 996 if child di	d not go to [fill1: dayc	are or preschool/fill2:	school/fill3: school or work].	
000-365	000-365 days				
995	Child was home sch	ooled			
996	child did not go to d	ay care, preschool, sch	ool, or work		
997	Refused				
999	Don't know				
UniverseText	: Sample child <	18 who still have asth	ma or who had asthma	a episode/attack in past 12 month	IS
SkipInstructi		6,R,D> [go to CASMF to ERR1_CWZMSW	-		
		to ERR2 CWZMSW			

Question ID:	CHS.100_00.060 Instrument Variable Name:	CASMPMED	QuestionnaireFileName:	Sample Child
QuestionText:	Now I'm going to ask you about two differer The other is for quick relief of symptoms du your mouth using a canister inhaler or a disk DURING THE PAST 3 MONTHS, has [fill: OUICK relief from asthma symptoms during	ring an attack or episo c inhaler. : S.C. name] used the	de. This quick relief medicine i	s breathed in through a inhaler that gives
	<			P
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	<b>xt:</b> Sample child <18 who still have asthr	na or who had asthma	episode/attack in past 12 month	S
SkipInstruct	tions: <1> [goto CASMTYP] <2,R,D> [go	to CASMDTP2]		

### **Child Health Status & Limitations**

Document Version Date: 08-Aug-12

Question ID:	CHS.100_00.065 Instrument Variable Name: CASMTYP QuestionnaireFileName: Sample Child
QuestionText:	When [fill: S.C. name] takes [his/her]rescue prescription asthma medication, would you say that [he/she] most often uses an inhaler and/or disk, or does [he/she] most often use a nebulizer?
	*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes
1	Inhaler or disk
2	Nebulizer
7	Refused
9	Don't know
UniverseTex	<b>t:</b> Sample child <18 who have used a quick relief prescription asthma inhaler in the past three months
SkipInstruct	ions: <1> [go to CASMCAN] <2,R,D> [go to CASMDTP2]

Question ID:	CHS.100_00.070 Instrument Variable Name:	CASMCAN	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 3 MONTHS did [fill: inhaler?	S.C. name] use mo	re than three canisters or disks of th	is type of quick relief
1	Yes			
2	No			
7	Refused			
9	Don't Know			
UniverseTex	t: Sample child <18 who have used a pr	rescription asthma i	nhaler/disk most often in the past th	ree months
	(1.2  D) = (1.2  D) = [1.1  CACMDTD2]			

**SkipInstructions:** <1,2,R,D> [go to CASMDTP2]

### **Child Health Status & Limitations**

Document Version Date: 08-Aug-12

Question ID:	CHS.100_00.0	90 Instrument Variable Nan	ne: CASMDTP2	QuestionnaireFileName:	Sample Child
QuestionText:		kind of asthma medication i our lungs and keep you from		used for quick relief. It is the pre e either a pill or an inhaler.	ventive kind that is used
	Is [fill: S.C.	name] NOW taking a preve	entive asthma medication	every day or almost every day, le	ss often, or never?
1	Every day	or almost every day			
2	Less often				
3	Never				
7	Refused				
9	Don't knov	V			
UniverseText	t: Samp	ole child <18 who still have	asthma or who had asthm	a episode/attack in past 12 month	15
Question ID:	CHS 100 00.1	()() Instrument Variable Nan	ne: CASWMP	QuestionnaireFileName:	Sample Child
	An asthma a change the a	amount or type of medicine,	with specific instructions when to call the doctor for	QuestionnaireFileName: based on [fill: S.C. name]'s asthe or advice, and when to go to the e name] an asthma action plan?	
	An asthma a change the a Has a docto	action plan is a printed form amount or type of medicine,	with specific instructions when to call the doctor for al EVER given [fill: S.C. 1	based on [fill: S.C. name]'s asth or advice, and when to go to the c	ma that tells when to
	An asthma a change the a Has a docto	action plan is a printed form amount or type of medicine, r or other health professiona	with specific instructions when to call the doctor for al EVER given [fill: S.C. 1	based on [fill: S.C. name]'s asth or advice, and when to go to the c	ma that tells when to
QuestionText:	An asthma a change the a Has a docto *Read if nee	action plan is a printed form amount or type of medicine, r or other health professiona	with specific instructions when to call the doctor for al EVER given [fill: S.C. 1	based on [fill: S.C. name]'s asth or advice, and when to go to the c	ma that tells when to
QuestionText: 1	An asthma a change the a Has a docto *Read if new Yes	action plan is a printed form amount or type of medicine, r or other health professiona	with specific instructions when to call the doctor for al EVER given [fill: S.C. 1	based on [fill: S.C. name]'s asth or advice, and when to go to the c	ma that tells when to
QuestionText: 1 2	An asthma a change the a Has a docto *Read if new Yes No	action plan is a printed form amount or type of medicine, r or other health professiona cessary: Include nurses and a	with specific instructions when to call the doctor for al EVER given [fill: S.C. 1	based on [fill: S.C. name]'s asth or advice, and when to go to the c	ma that tells when to
QuestionText: 1 2 7	An asthma a change the a Has a docto *Read if new Yes No Refused Don't know	action plan is a printed form amount or type of medicine, r or other health professiona cessary: Include nurses and a	with specific instructions when to call the doctor fo al EVER given [fill: S.C. : asthma educators.	based on [fill: S.C. name]'s asth or advice, and when to go to the c	ma that tells when to emergency room.

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

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### **Child Health Status & Limitations**

Question ID: 🛛 🔿	
	CHS.100_00.110       Instrument Variable Name:       CASCLASS       QuestionnaireFileName:       Sample Child
QuestionText:	Has [fill: S.C. name] ever taken a course or class on how to manage [fill: his/her] asthma?
	*Include adult(s) who took a course for the child's asthma.
1	Yes
2	No
7 9	Refused Don't know
y UniverseText:	Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
SkipInstruction	
Skipinstruction	$rs: <1,2,K,D>[go to CAS_KEC]$
Question ID: C	CHS.100_00.116       Instrument Variable Name:       CAS_REC       QuestionnaireFileName:       Sample Child
QuestionText:	Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian
	how to recognize early signs or symptoms of an asthma episode?
1	Yes
2	No
-	
7	Refused
7 9	Refused Don't know
9	Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
9 UniverseText:	Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
9 UniverseText: SkipInstruction	Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
9 UniverseText: SkipInstruction Question ID: C	Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months ns: <1,2,R,D> [go to CAS_RES]
9 UniverseText: SkipInstruction Question ID: C	Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months ns: <1,2,R,D> [go to CAS_RES] CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionnaireFileName: Sample Child *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or
9 UniverseText: SkipInstruction Question ID: C	Don't know         Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
9 UniverseText: SkipInstruction Question ID: C QuestionText: 1 2	Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months ns: <1,2,R,D> [go to CAS_RES] CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionnaireFileName: Sample Child *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardianhow to respond to episodes of asthma? Yes No
9 UniverseText: SkipInstruction Question ID: C QuestionText: 1 2 7	Don't know         Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months
9 UniverseText: SkipInstruction Question ID: C QuestionText: 1 2 7 9	Don't know Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months ns: <1,2,R,D> [go to CAS_RES] CHS.100_00.117 Instrument Variable Name: CAS_RES QuestionnaireFileName: Sample Child *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardianhow to respond to episodes of asthma? Yes No
9 UniverseText: SkipInstruction Question ID: C QuestionText: 1 2 7	Don't know         Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

### **Child Health Status & Limitations**

Question ID:	CHS.100_00.118 Instrument Variable Name:	CAS_MON	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if necessary: Has a doctor or other heal guardian	th professional E	VER taught [fill: S.C. name] or [fill:	: his/her] parent or
	how to monitor peak flow for daily therapy?	?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	<b>xt:</b> Sample child <18 who still have asthmatic	a or who had astl	nma episode/attack in past 12 months	\$
SkipInstruct	tions: <1,2,R,D> [go to CAPENVLN]			

Question ID:	IS.100_00.130 Instrument Variable Name: CAPENVLN QuestionnaireFileName: Sample Child	
QuestionText:	Has a doctor or other health professional EVER advised you to change things in [fill: S.C. name]'s home, school, or work to improve [fill: his/her] asthma?	
1	Yes	
2	No	
3	Was told no changes needed	
7	Refused	
9	Don't know	
UniverseTex	Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months	
SkipInstruct	<1-3,R,D> [go to CAROUTIN]	

### **Child Health Status & Limitations**

Question ID:	CHS.100_00.135 Instrument Variable Name: CAROUTIN QuestionnaireFileName: Sample Child			
QuestionText:	During the past 12 months how many times did [fill: S.C. name] see a doctor or other health professional for a rou checkup for [fill: his/her] asthma? Please do not include emergency room visits, visits to urgent care centers, or oth for acute care for an asthma episode or attack.			
	*Enter '0' for none.			
000	None			
001-365	365 times			
997	efused			
999	Don't know			
UniverseTex	Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months			
SkipInstruct	ns: <0> [if AGE LE 2 go to CCONDT1_1; else go to CCONDT_1]; <1-50,R,D> [go to CASYMPT] <51-365> ERR_CAROUTIN]	[goto		

Question ID:	CHS.100_00.	40 Instrument Va	riable Name:	CASYMPT	QuestionnaireFileName:	Sample Child
QuestionText:	At his/her	ast visit, did [fill: S	S.C. name]'s doo	ctor or other health	n professional ask HOW OFTEN	
	[fill: he	she] had asthma sy	mptoms?			
1	Yes					
2	No					
7	Refused					
9	Don't kno	N				
UniverseTex		ple child <18 who or/health profession			ma episode/attack in past 12 months t year	s and saw a
SkipInstruct	tions: <1,2	,R,D> if CASMPN	AED=1 [go to C	CARESCUE]; else	[goto CAACTLIM]	

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### DRAFT 2012 NHIS Questionnaire - Sample Child

### **Child Health Status & Limitations**

Document Version Date: 08-Aug-12

Question ID:	CHS.100_00.145 Instrument Variable Name: CARESCUE	QuestionnaireFileName: Sample Child
QuestionText:	At his/her last visit, did [fill: S.C. name]'s doctor or other hea	Ith professional ask HOW OFTEN
	[fill: he/she] used [fill: his/her] quick relief inhaler?	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	<b>Text:</b> Sample child <18 who still have asthma or who had ast inhaler and saw a doctor/health professional about S.C.	thma episode/attack in past 12 months and use a quick relief .'s asthma in the past year
SkipInstruct	uctions: <1,2,R,D> [go to CAACTLIM]	
Question ID:	CHS.100_00.150 Instrument Variable Name: CAACTLIM	QuestionnaireFileName: Sample Child
QuestionText:	At his/her last visit, did [fill: S.C. name]'s doctor or other heat	Ith professional ask HOW OFTEN
	asthma symptoms limited [fill: his/her] daily activities?	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	Sample child <18 who still have asthma or who had ast doctor/health professional about S.C.'s asthma in the particular statement of the particular	
SkipInstruct	uctions: <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:	t: DURING THE PAST 12 MONTHS, has [fill: SC name] had a	any of the following conditions
	Hay fever?	
1		
1 2	Yes	

**UniverseText:** Sample children LE 2

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

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DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12					
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: SC name] had any of the following conditions				
	Any kind of respiratory allergy?				
1 2 7 9	Yes No Refused Don't know				
UniverseTex					
SkipInstruct	tions: <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: SC name] had any of the following conditions				
	Any kind of food or digestive allergy?				
1 2 7 9	Yes No Refused Don't know				
UniverseTex					

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

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DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12					
Question ID:	CHS.111_04.000 Instrument Variable Nam	e: CCONDT1_4	QuestionnaireFileName:	Sample Child	
QuestionText:	* Read if necessary.				
	DURING THE PAST 12 MONTHS, has	[fill: SC name] had any o	of the following conditions		
	Eczema or any kind of skin allergy?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	<b>xt:</b> Sample children LE 2				
SkipInstructions: <1,2,R,D> [go to CCONDT1_5]					
Question ID:	CHS.111_05.000 Instrument Variable Nam	e: CCONDT1_5	QuestionnaireFileName:	Sample Child	
QuestionText:	* Read if necessary.	_		-	

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

Frequent or repeated diarrhea or colitis?

Yes 1

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

UniverseText: Sample children LE 2

<1,2,R,D> [go to CCONDT1\_6] SkipInstructions:

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DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12				
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: SC name] had any of the following conditions			
	Anemia?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children LE 2			
SkipInstruc	etions: <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: SC name] had any of the following conditions			
	Three or more ear infections?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children LE 2			
SkipInstruc	etions: $<1,2,R,D>$ [go to CCONDT1_9]			

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	DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12				
Question ID:	CHS.111_09.000 Instrument Variable Name:	CCONDT1_9	QuestionnaireFileName:	Sample Child	
QuestionText:	* Read if necessary.				
	DURING THE PAST 12 MONTHS, has [fil	l: SC name] had any	of the following conditions		
	Seizures?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: 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 [fil	1: SC name] had any	of the following conditions		
	Hay fever?				

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

UniverseText: Sample children = 3-17

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

		Page 25 of 38		
DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12				
Question ID:	CHS.115_02.000 Instrument Variable Name:	CCONDT_2	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [fil	l: SC name] had any	of the following conditions	
	Any kind of respiratory allergy?			
1 2 7 9	Yes No Refused Don't know			
UniverseTex	<b>xt:</b> Sample children = 3-17			
SkipInstruc	tions: <1,2,R,D> [go to CCONDT_3]			
Question ID:	CHS.115_03.000 Instrument Variable Name:	CCONDT_3	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [fil	l: SC name] had any	of the following conditions	
	Any kind of food or digestive allergy?			
1	Yes			
2	No			
7 9	Refused			
y UniverseTex	Don't know <b>xt:</b> Sample children = 3-17			
SkipInstruc	tions: $<1,2,R,D>$ [go to CCONDT_4]			

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DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12				
Question ID:	CHS.115_04.000 Instrument Variable Name:	CCONDT_4	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [fil	1: SC name] had any	of the following conditions	
	Eczema or any kind of skin allergy?			
1 2 7 9 UniverseTex SkipInstruct				
Question ID:	CHS.115_05.000 Instrument Variable Name:	CCONDT_5	QuestionnaireFileName:	Sample Child
QuestionText:	* Read if necessary.			
	DURING THE PAST 12 MONTHS, has [fil	1: SC name] had any o	of the following conditions	
	Frequent or repeated diarrhea or colitis?			
1	Yes			

7

9

UniverseText:

SkipInstructions:

No

Refused

Don't know

Sample children = 3-17

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

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DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations					
	Document Version Date: 08-Aug-12				
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: SC name] had any of the following conditions				
	Anemia?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	<b>Sample children = 3-17</b>				
SkipInstruct	ctions: $<1,2,R,D>$ [go to CCONDT_7]				
I I I I I I					
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: SC name] had any of the following conditions				
	Frequent or severe headaches, including migraines?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	ext: Sample children = 3-17				
SkipInstruct	<b>ctions:</b> $<1,2,R,D>$ [go to CCONDT_8]				

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	DRAFT 2013 NHIS Qu	estionnaire - Sa	ample Child						
Child Health Status & Limitations									
Document Version Date: 08-Aug-12									
Question ID:	CHS.115_08.000 Instrument Variable Name:	CCONDT_8	QuestionnaireFileName:	Sample Child					
QuestionText:	* Read if necessary.								
	DURING THE PAST 12 MONTHS, has [fil	ll: SC name] had any	of the following conditions						
	Three or more ear infections?								
1	Yes								
2	No								
7	Refused								
9	Don't know								
UniverseTex	<b>Sample children = 3-17</b>								
SkipInstruct	tions: $\langle 1,2,R,D \rangle$ [go to CCONDT_9]								
Question ID:	CHS.115_09.000 Instrument Variable Name:	CCONDT_9	QuestionnaireFileName:	Sample Child					
QuestionText:	* Read if necessary.								
	DURING THE PAST 12 MONTHS, has [fil	ll: SC name] had any	of the following conditions						
	Seizures?								
1	Yes								
2	No								
7	Refused								
9	Don't know								
UniverseTex	sample children = 3-17								
SkipInstruct	tions: <1,2,R,D> [go to CCONDT_10]								

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DRAFT 2013 NHIS Questionnaire - Sample Child										
Child Health Status & Limitations										
Document Version Date: 08-Aug-12										
Question ID:	CHS.11:	5_10.000	Instrument Variable Name:	CCONDT_10	QuestionnaireFileName:	Sample Child				
QuestionText:	* Rea	d if neces	sary.							
	DUR	ING THE	PAST 12 MONTHS, has [fil	l: SC name] had any	of the following conditions					
	Stutte	ering or st	ammering?							
1	Yes									
2	No									
7	Refi	ised								
9	Don	't know								
UniverseTex	xt:	Sample	children = 3-17							
SkipInstruc	tions:	<1,2,R,I	D> [goto CHSTATYR]							

Question ID:	CHS.210_00.000 Instrument Variable Name: CHST	ATYR QuestionnaireFileName:	Sample Child
QuestionText:	Compared with 12 months ago, would you say [fill: S	C name]'s health is now better, worse, or ab	pout the same?
1	Better		
2	Worse		
3	About the same		
7	Refused		
9	Don't know		
UniverseTex	<b>xt:</b> Sample children < 18		
SkipInstruct	tions: <1-3,R,D> [if AGE le <4> goto CCOLD2W; el	se goto SCHDAYR]	

DRAFT 2013 NHIS Questionnaire - Sample Child Child Health Status & Limitations Document Version Date: 08-Aug-12						
Question ID:	CHS.220_00.000 Instrument Variable Name: SCHDAYR QuestionnaireFileName: Sample Child					
QuestionText:	DURING THE PAST 12 MONTHS about how many days did [fill2: SC name] miss school because of illness or injury?					
	* Enter '996' if child did not go to school in the past 12 months.					
000	None					
001-240	1-240 days					
996	Did not go to school					
997	Refused					
999	Don't know					
UniverseText	: Sample children 5-17					
SkipInstructio	ons: <0-99,996,R,D> [goto CCOLD2W] <100-240> [go to ERR1_SCHDAYR] <241-995> [goto ERR2_SCHDAYR]					
Hard Edit:	ERR2_SCHDAYR					
	<ul><li>* "241-995" days not allowed in this field.</li><li>* Please correct.</li></ul>					
Soft Edit:	ERR1_SCHDAYR					
	[fill4: SCHDAYR] is an unusually large number. Did [fill2: SC name] miss [fill: SCHDAYR] days of school because of illness or injury? * Please verify.					
Question ID:	CHS.230_00.000 Instrument Variable Name: CCOLD2W QuestionnaireFileName: Sample Child					
QuestionText:	These next questions are about [fill: SC name]'s recent health DURING THE LAST 2 WEEKS.					
	Did [fill: SC name] have a head cold or chest cold that started DURING THE LAST 2 WEEKS?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseText	: Sample children <18					
SkipInstructio	ons: <1,2,R,D> [goto CINTIL2W]					

## **Child Health Status & Limitations**

Question ID:	CHS.240_0	0.000 Instrument Va	riable Name:	CINTIL2W	QuestionnaireFileName:	Sample Child
QuestionText:	Did [fill: WEEKS	-	omach or intest	tinal illness with vor	niting or diarrhea that started DUR	ING THE LAST 2
1	Yes					
2	No					
7	Refused	l				
9	Don't ki	low				
UniverseTex	xt: Sa	mple children <18				
SkipInstruct	tions: <	,2,R,D> [goto CHE]	ARST1]			

Question ID:	CHS.250_00.000 Instrument Variable Name:	CHEARST1	<b>QuestionnaireFileName:</b>	Sample Child
QuestionText:	Which statement best describes [fill: SC nar moderate trouble, a lot of trouble, or is [fill:		a hearing aid: Excellent, good, a	little trouble hearing,
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			
UniverseTex	t: Sample children <18			
SkipInstruct	tions: <1-6,R,D>[go to CVISION]			

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## **Child Health Status & Limitations**

Question ID:	CHS.260	00.000	Instrument Va	riable Name:	CVISION	QuestionnaireFileName:	Sample Child
QuestionText:	Does [	fill1: SC	name] have a	ny trouble seei	ng [fill2: , even who	en wearing glasses or contact lense	s]?
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex	xt:	Sample	children <18				
SkipInstruc	tions:		o CBLIND]				
		<2,R,D	> [goto IHSPE	Q]			
		<2,R,D	> [goto IHSPE	Q]			
Question ID:	CHS.270_		> [goto IHSPE		CBLIND	QuestionnaireFileName:	Sample Child
Question ID: QuestionText:	_	00.000	Instrument Va			QuestionnaireFileName:	Sample Child
	_	00.000	Instrument Va	riable Name:		QuestionnaireFileName:	Sample Child
QuestionText:	Is [fill	00.000	Instrument Va	riable Name:		QuestionnaireFileName:	Sample Child
QuestionText: 1	Is [fill Yes	00.000 SC nam	Instrument Va	riable Name:		QuestionnaireFileName:	Sample Child
QuestionText: 1 2	Is [fill Yes No	00.000 SC nam	Instrument Va	riable Name:		QuestionnaireFileName:	Sample Child
QuestionText: 1 2 7	Is [fill Yes No Refus Don't	00.000 SC nam ed know	Instrument Va	riable Name:	11?	QuestionnaireFileName:	Sample Child

Question ID:	CHS.290_00.0	00	Instrument	Variable Name:	IHSPEQ	Questio	nnaireFileName:	Sample Child
QuestionText:	-		-	5 1	nt or health problem excluding ordinary		-	pecial equipment, such
1	Yes							
2	No							
7	Refused							
9	Don't know	/						
UniverseTex	t: Samj	ole c	children <1	8				
SkipInstruct	ions: <1,2	R,D	D> [goto IH	MOB]				

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## **Child Health Status & Limitations**

Question ID:	CHS.300_0	0.000 I	nstrument Varia	able Name:	IHMOB	QuestionnaireFileName:	Sample Child
QuestionText:	Does [fi	11: SC n	ame] have an i	mpairment of	r health problem th	at limits [fill2: his/her] ability to (c	crawl), walk, run, or play?
1	Yes						
2	No						
7	Refused	l					
9	Don't k	now					
UniverseTex	at: Sa	imple ch	ildren <18				
SkipInstruct			IHMOBYR]				
	\.	2,R,D>[	goto PROBRX	[]			
Question ID:			goto PROBRX	_	IHMOBYR	QuestionnaireFileName:	Sample Child
Question ID: QuestionText:	CHS.310_0	0.000 I	ıstrument Varia	able Name:		QuestionnaireFileName: pected to last, 12 months or longer	
	CHS.310_0	0.000 I	ıstrument Varia	able Name:			*
QuestionText:	CHS.310_0 Is this an	0.000 I	ıstrument Varia	able Name:			*
QuestionText: 1	CHS.310_0 Is this at Yes	0.000 <b>I</b> impairr	ıstrument Varia	able Name:			*
QuestionText: 1 2	CHS.310_0 Is this an Yes No	0.000 <b>I</b> impairr	ıstrument Varia	able Name:			*
QuestionText: 1 2 7	CHS.310_0 Is this ar Yes No Refused Don't k	0.000 <b>I</b> impairr 10w	nstrument Varia	able Name: problem that		pected to last, 12 months or longer	

## **Child Health Status & Limitations**

Question ID:	CHS.311	_00.000	Instrument Variable Name:	PROBRX	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]					
		[fill1: SC hree mor		n for which [fill2:	he/she] has regularly taken prescript	ion medication for at
1	Yes					
2	No					
7	Refu	sed				
9	Don't	know				
UniverseTe	xt:	Sample	children <18			
SkipInstruc	tions:	<1,2,R,I	D> [if AGE LE <1> go to CA else if AGE GE 3 go to L1 else if AGE = 2 and SEX if AGE = 2 and SEX = 2 g	EARND; = 1 go to CMHA0		
Question ID:	CHS.312	_00.000	Instrument Variable Name:	LEARND	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]					
	Has a	represen	ative from a school or a heal	th professional ev	er told you that [fill: SC name] had a	learning disability?
1	Yes					
2	No					
7	Refus	sed				
9	Don't	know				
UniverseTe	xt:	Sample	children 3-17			
SkipInstruc		if AGE :	<ul> <li>D&gt; [if AGE &gt; 3 go to CUSUA</li> <li>= 3 and SEX = 1 go to CMH.</li> <li>= 3 and SEX = 2 go to CMH.</li> </ul>	AGM11_1;		

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	DRAFT 2013 NHIS Questionnaire - Sample Child
	Child Health Status & Limitations
	Document Version Date: 08-Aug-12
Question ID:	CHS.321_01.000 Instrument Variable Name: CMHAGM11_1 QuestionnaireFileName: Sample Child
QuestionText:	(book) C3 ?[F1]
	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: SC 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
UniverseTex	xt: Male sample children 2-3
SkipInstruc	tions: <0-2,R,D> [go to CMHAGM11_2]

Question ID:	CHS.321_02.000 Instrument Variable Name:	CMHAGM11_2	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3 ?[F1]			
	* Read if necessary.			
	I am going to read a list of items that descril TRUE, or OFTEN TRUE, of [fill: SC name			IRUE, SOMETIMES
	He:			
	Has trouble getting to sleep?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
UniverseTex	xt: Male sample children 2-3			
SkipInstruct	tions: <0-2,R,D> [go to CMHAGM11_3]			

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	DRAFT 2013 NHIS Questionnaire - Sample Child
	Child Health Status & Limitations
	Document Version Date: 08-Aug-12
Question ID:	CHS.321_03.000 Instrument Variable Name: CMHAGM11_3 QuestionnaireFileName: Sample Child
QuestionText:	(book) C3 ?[F1]
	* 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: SC 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
UniverseTex	<b>xt:</b> Male sample children 2-3
SkipInstruct	tions: <0-2,R,D> [go to CMHAGM11_4]

Question ID:	CHS.321_04.000 Instrument Variable Name: CMHAGM11_4 QuestionnaireFileName: Sample Child	
QuestionText:	(book) C3 ?[F1]	
	* 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: SC 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	
UniverseTex	<b>xt:</b> Male sample children 2-3	
SkipInstruc	tions: <0-2,R,D> [go to CAU.CUSUALPL]	

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	DRAFT 2013 NHIS Questionnaire - Sample Child
	Child Health Status & Limitations
	Document Version Date: 08-Aug-12
Question ID:	CHS.361_01.000 Instrument Variable Name: CMHAGF11_1 QuestionnaireFileName: Sample Child
QuestionText:	(book) C3 ?[F1]
	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
UniverseTex	<b>xt:</b> Female sample children 2-3
SkipInstruc	tions: <0-2,R,D> [go to CMHAGF11_2]

Question ID:	CHS.361_02.000 Instrument Variable Name:	CMHAGF11_2	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3 ?[F1]			
	* Read if necessary.			
	I am going to read a list of items that descri TRUE, or OFTEN TRUE, of [fill: S.C. nan			TRUE, SOMETIMES
	She:			
	Has speech problems?			
0	Not true			
1	Sometimes true			
2	Often true			
7	Refused			
9	Don't know			
UniverseTex	<b>ct:</b> Female sample children 2-3			
SkipInstruct	tions: <0-2,R,D> [go to CMHAGF11_3]			

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	DRAFT 2013 NHIS Questionnaire - Sample Child
	Child Health Status & Limitations
	Document Version Date: 08-Aug-12
Question ID:	CHS.361_03.000 Instrument Variable Name: CMHAGF11_3 QuestionnaireFileName: Sample Child
QuestionText:	(book) C3 ?[F1]
	* 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
UniverseTex	t: Female sample children 2-3
SkipInstruct	ions: <0-2,R,D> [go to CMHAGF11_4]

Question ID:	CHS.361_04.000	Instrument Variable Name:	CMHAGF11_4	QuestionnaireFileName:	Sample Child
QuestionText:	(book) C3 ?[F1	]			
	* Read if necess	ary.			
		ad a list of items that describe EN TRUE, of [fill: S.C. name		e, tell me if it has been NOT 7 TWO MONTHS.	TRUE, SOMETIMES
	She:				
	Has been unhap	py, sad, or depressed?			
0	Not true				
1	Sometimes true	e			
2	Often true				
7	Refused				
9	Don't know				
UniverseTex	t: Female sa	ample children 2-3			
SkipInstruct	tions: <0-2,R,D	> [go to CAU.CUSUALPL]			

## Child Access to Health Care & Utilization

Document Version Date: 08-Aug-12

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 about [fill3: his/her] health?	goes when [fill2: h	e/she] is sick or you need advice	
1	Yes			
2	There is NO place			
3	There is MORE THAN ONE place			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children <18			
SkipInstruct	ions: <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
UniverseTex	Sample children <18 with one or more usual places to go when sick or need health advice
SkipInstruct	sins: <1-5> [go to CHCPLROU]

<6,R,D> [go to CHCPLKOU]

## Child Access to Health Care & Utilization

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
UniverseTex	<b>t:</b> 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
SkipInstruct	tions: <1> [go to CHCCHGYR] <2,R,D> [go to CHCPLKND]
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
UniverseTex	<b>Sample children</b> <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 sic 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.
SkipInstruct	sions: <0-6,R,D> if CUSUALPL=2 [goto CNOUSLPL]; else if CUSUALPL=,R,D [goto CPRVTRYR]; else [goto CHCCHGYR]

## Child Access to Health Care & Utilization

Question ID:	CAU.040	_00.000 Instr	ument Variable N	ame: CHCCH	IGYR	QuestionnaireFileName:	Sample Child
QuestionText:	At any care?	time IN THE	PAST 12 MONT	THS did you CHA	NGE the plac	e(s) to which [fill: alias] US	SUALLY goes for health
1	Yes						
2	No						
7	Refu	sed					
9	Don't	know					
UniverseTe	xt:		ren <18 with one tine/preventive ca		go when sick/n	need advice [or who reporte	d same place as usual
SkipInstruc	tions:	<1> [go to CH <2,R,D> [goto	HCCHGHI] o to CPRVTRYR	]			
Question ID:	CAU.050	0_00.000 Instr	ument Variable N	ame: CHCCF	IGHI	QuestionnaireFileName:	Sample Child
		_		ame: CHCCF o health insurance		QuestionnaireFileName:	Sample Child
		_				QuestionnaireFileName:	Sample Child
QuestionText:	Was t	_				QuestionnaireFileName:	Sample Child
QuestionText:	Was ti Yes	– his change for a				QuestionnaireFileName:	Sample Child
QuestionText: 1 2	Was ti Yes No Refus	– his change for a				QuestionnaireFileName:	Sample Child
2 7	Was t Yes No Refu: Don't		a reason related t	o health insurance	2?	QuestionnaireFileName: alth care in the past 12 mon	·

## Child Access to Health Care & Utilization

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 prob	olems		
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 co	nvenient		
08	Put it off/Didn't get around to it			
09	Other			
97	Refused			
99	Don't know			
UniverseTex	t: Sample children <18 who don't have a	a usual place of ca	re	
SkipInstruct	tions: <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 alias]?	have any trouble finding	a general doctor or provider	who would see [fill:
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children <18			
SkipInstruct	ions: <1> [goto CPRVTRFD ] <2,R,D> [got	o CDRNANP]		

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## Child Access to Health Care & Utilization

Question ID:	CAU.05	53_00.010	Instrument Variable Name:	CPRVTRFD	QuestionnaireFileName:	Sample Child
QuestionText:	Were	e you able	to find a general doctor or pro	ovider who could see [1	fill: alias]?	
1	Yes					
2	No					
7	Ref	used				
9	Dor	ı't know				
UniverseTex	xt:	Sample	children <18 who had trouble	finding a provider in t	he last year	
SkipInstruct	tions:	<1,2,R,I	D> [goto CDRNANP]			

Question ID:	CAU.05	5_00.010 Instrument Variable Name:	CDRNANP	QuestionnaireFileName:	Sample Child
QuestionText:		ING THE PAST 12 MONTHS, were yo patient?	u told by a doctor's offic	e or clinic that they would no	ot accept [fill: alias] as a
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children <18			
SkipInstruc	tions:	<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 ye health care coverage?	ou told by a docto	r's office or clinic that they did not a	ccept [fill: alias]'s
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children <18			
SkipInstruct	ions: <1,2,R,D>[goto CHCDLYR_1]			

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DRAFT 2013 NHIS Questionnaire - Sample Child					
	Child Access to Health Care & Utilization				
	Document Version Date: 08-Aug-12				
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				
UniverseTe	xt: Sample children <18				
SkipInstruc	tions: <1,2,R,D> [goto CHCDLYR1_2]				

CAU.080\_02.000 Instrument Variable Name: **Question ID:** 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]

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	DRAFT 2013 NHIS Questionnaire - Sample Child					
Child Access to Health Care & Utilization						
	Document Version Date: 08-Aug-12					
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					
UniverseTex	t: Sample children <18					
SkipInstruct	tions: <1,2,R,D> [goto CHCDLYR1 4]					
•						
Question ID:	CAU.080_04.000 Instrument Variable Name: CHCDLYR1_4 QuestionnaireFileName: Sample Child					
uestionText:	* 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					

- No
- 7 Refused
- 9 Don't know
- Sample children <18 UniverseText:

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

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							Child Access to Health Care & Utilization Document Version Date: 08-Aug-12
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						
UniverseTex	UniverseText: Sample children <18						
SkipInstruct	SkipInstructions: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR]						

Question ID:	CAU.130_00.000 Instrument Variable Name: CHCA	AFYR QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, was there any tir because you couldn't afford it	me when [fill: alias] NEEDED any of the following, but didn't get it
	Prescription medicines?	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	<b>xt:</b> Sample children <2	
SkipInstruct	tions: <1,2,R,D> [goto CHCAFYRN]	

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	DRAFT 2013 NHIS Questionnaire - Sample Child					
	Child Access to Health Care & Utilization Document Version Date: 08-Aug-12					
Question ID:	CAU.133_00.010 Instrument Variable Name: CHCAFYRN QuestionnaireFileName: Sample Child					
QuestionText:	t: * Read if necessary.					
	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get because you couldn't afford it	t it				
	To see a specialist?					
1 2 7 9	Yes No Refused Don't know					
UniverseTex	Sample children <2					
SkipInstructions: <1,2,R,D> [goto CHCAFYRF]						
Question ID:	CAU.133_00.020 Instrument Variable Name: CHCAFYRF QuestionnaireFileName: Sample Child					
QuestionText:	t: * Read if necessary.					
	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get because you couldn't afford it	t 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]

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	DRAFT 2013 NHIS Questionnaire - Sample Child					
	Child Access to Health Care & Utilization					
	Document Version Date: 08-Aug-12					
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 2	Yes No					
7	Refused					
9	Don't know					
UniverseTe	<b>xt:</b> Sample children GE 2					
SkipInstruc	ctions: <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 the because you couldn't afford it	ere any time when [fill:	alias] NEEDED any of the fol	lowing, but didn't get 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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	Child Access to Health Care & Utilization
	Document Version Date: 08-Aug-12
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
UniverseTex	t: Sample children GE 2

Question ID:	CAU.135_04.000 Instrument Variable Name: CHCAFYR1_4 QuestionnaireFileName: Sample Child						
QuestionText:	* Read if necessary.						
	DURING THE PAST 12 MONTHS, was the because you couldn't afford it	re any time when [fill: ali	ias] NEEDED any of the follo	owing, but didn't get it			
	Eyeglasses?						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	t: Sample children GE 2						

**SkipInstructions:** <1,2,R,D> [goto CHCAFYR1\_5]

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	DRAFT 2013 NHIS Questionnaire - Sample Child					
Child Access to Health Care & Utilization						
	Document Version Date: 08-Aug-12					
Question ID:	Question ID: CAU.135_05.010 Instrument Variable Name: CHCAFYR1_5 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 of because you couldn't afford it			lowing, but didn't get it			
	To see a specialist?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	<b>xt:</b> Sample children GE 2					
SkipInstructions: <1,2,R,D> [goto CHCAFYR1_6]						
Question ID:	CAU.135_06.010 Instrument Variable Name:	CHCAFYR1_6	QuestionnaireFileName:	Sample Child		
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, was ther because you couldn't afford it	e any time when [fill:	alias] NEEDED any of the foll	lowing, but didn't get it		

Follow-up care?

- 1 Yes 2
  - No
- 7 Refused
- 9 Don't know
- Sample children GE 2 UniverseText:

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

## Child Access to Health Care & Utilization

Document Version Date: 08-Aug-12

Question ID: (	CAU.160_00.000 Instrument Variable Name: CDENLONG	QuestionnaireFileName:	Sample Child						
QuestionText:	(book) C4	(book) C4							
	About how long has it been since [fill: alias] last saw a dentist? Include surgeons, and all other dental specialists, as well as dental hygienists.	all types of dentists, such a	s orthodontists, oral						
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	Don't know							
UniverseText	xt: Sample children GE 1								
SkipInstructio	s: <0-5,R,D> [if AGE GE <2> goto CHCSYR_1; else go to CHCSYR1_2]								

QuestionText:	DURING THE PAST 12 MONTHS, 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			

CHCSYR1\_2

QuestionnaireFileName:

Sample Child

7 Refused

Question ID:

- 9 Don't know
- **UniverseText:** Sample children <2

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

CAU.170\_01.000 Instrument Variable Name:

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	DRAFT 2013 NHIS Questionnaire - Sample Child			
	Child Access to Health Care & Utilization Document Version Date: 08-Aug-12			
Question ID:	CAU.170_02.000 Instrument Variable Name: CHCSYR1_3 QuestionnaireFileName: Sample Child			
JuestionText:	?[F1]			
	* Read if necessary.			
	DURING THE PAST 12 MONTHS, 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			
UniverseTex	t: Sample children <2			
SkipInstructi	ions: <1,2,R,D> [goto CHCSYR1 5]			
-				
Juestion ID:	CAU.170_03.000 Instrument Variable Name: CHCSYR1_5 QuestionnaireFileName: Sample Child			
uestionText:	?[F1]			
	* Read if necessary.			
	DURING THE PAST 12 MONTHS, 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
- Sample children <2 UniverseText:

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

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				Document Version Date: 08-Aug-12		
Question ID:	stion ID: CAU.170_04.000 Instrument Variable Name: CHCSYR1_6 QuestionnaireFileName: Sample Child					
QuestionText:	* Read if necessary.					
	DURING THE PAST 12 MONTHS, 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					
UniverseTex	t: Sample children <2					
SkipInstruct	ions: <1,2,R,D> [goto CHCSYR8_1]					

Question ID:	CAU.175_01.000 Instrument Variable Name: CHCSYR_1 QuestionnaireFileName: Sample Child			
QuestionText:	DURING THE PAST 12 MONTHS, 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			
UniverseTex	t: Sample children GE 2			
SkipInstruct	ions: <1,2,R,D>[goto CHCSYR_2]			

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	DRAFT 2013 NHIS Questionnaire - Sample Child		
	Child Access to Health Care & Utilization Document Version Date: 08-Aug-12		
Question ID:	CAU.175_02.000 Instrument Variable Name: CHCSYR_2 QuestionnaireFileName: Sample Child		
QuestionText: * Read if necessary.			
	DURING THE PAST 12 MONTHS, 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		
UniverseTex	t: Sample children GE 2		
SkipInstruct	ions:       <1,2,R,D> [goto CHCSYR_3]         CAU.175_03.000 Instrument Variable Name:       CHCSYR_3         QuestionnaireFileName:       Sample Child		
QuestionText:	?[F1]		
	* Read if necessary.		
	DURING THE PAST 12 MONTHS, 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		
UniverseTex	t: Sample children GE 2		

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

				Page 17 of 29		
		D	RAFT 2013 NHIS Q	uestionnaire - S	ample Child	
				to Health Care & Version Date: 08-Au		
Question ID:	CAU.175_	04.000	Instrument Variable Name:	CHCSYR_4	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]					
	Read i	f necessa	ary.			
		IG THE health?	PAST 12 MONTHS, have y	you seen or talked to a	ny of the following health care p	roviders about [fill2:
	A chiro	practor?				
1 2 7 9	Yes No Refuse Don't					
UniverseTex	xt:	Sample c	hildren GE 2			
SkipInstruct			[goto CHCSYR_5] Instrument Variable Name:	CHCSYR_5	QuestionnaireFileName:	Sample Child
QuestionText:	- ?[F1]	-		_		1
-		if neces	sary.			
		IG THE health?	PAST 12 MONTHS, have y	you seen or talked to a	my of the following health care pa	roviders about [fill2:
	A phys	ical ther	apist, speech therapist, respi	ratory therapist, audic	ologist, or occupational therapist?	
1 2 7 9	Yes No Refuse Don't	fused				
UniverseTex	xt:	Sample c	hildren GE 2			
CI. I. I.		<1 <b>3 D</b> F	No Franta CHCSVD 61			

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

	Page 18 of 29 DRAFT 2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 08-Aug-12				
Question ID:	Question ID:       CAU.175_06.000       Instrument Variable Name:       CHCSYR_6       QuestionnaireFileName:       Sample Child				
QuestionText:	?[F1]				
	* Read if necessary.				
	DURING THE PAST 12 MONTHS, 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				
UniverseTex	xt: Sample children GE 2				
SkipInstructions: <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8_1]					

Question ID:	CAU.230_00.000 Instrument	Variable Name: CH	ICSYR7	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]				
	DURING THE PAST 12 M obstetrician/gynecologist) a	, ,		or who specializes in women	's health (an
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: Sample children GE	15 who are female			
SkipInstruc	ions: <1,2,R,D> [goto CH0	CSYR8_1]			

	DRAFT 2013 NHIS Questionnaire - Sample Child
	Child Access to Health Care & Utilization
	Document Version Date: 08-Aug-12
Question ID:	CAU.240_01.000 Instrument Variable Name: CHCSYR8_1 QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 12 MONTHS, 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
SkipInstructi	
_	
Question ID:	ons: <1,2,R,D> [goto CHCSYR8_2]
Question ID:	ons: <1,2,R,D> [goto CHCSYR8_2] CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child
Question ID:	ons: <1,2,R,D> [goto CHCSYR8_2] CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary.
Question ID:	ons:       <1,2,R,D> [goto CHCSYR8_2]         CAU.240_02.000       Instrument Variable Name:       CHCSYR8_2       QuestionnaireFileName:       Sample Child         * Read if necessary.       DURING THE PAST 12 MONTHS, 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
Question ID: QuestionText:	ons:       <1,2,R,D> [goto CHCSYR8_2]         CAU.240_02.000 Instrument Variable Name:       CHCSYR8_2       QuestionnaireFileName:       Sample Child         * Read if necessary.       DURING THE PAST 12 MONTHS, 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)?
Question ID: QuestionText: 1 2 7	ons:       <1,2,R,D> [goto CHCSYR8_2]         CAU.240_02.000 Instrument Variable Name:       CHCSYR8_2       QuestionnaireFileName:       Sample Child         * Read if necessary.       DURING THE PAST 12 MONTHS, 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)?         Yes
Question ID: QuestionText: 1 2	ons:       <1,2,R,D> [goto CHCSYR8_2]         CAU.240_02.000 Instrument Variable Name:       CHCSYR8_2       QuestionnaireFileName:       Sample Child         * Read if necessary.       DURING THE PAST 12 MONTHS, 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)?         Yes       No
Question ID: QuestionText: 1 2 7	ons: <1,2,R,D> [goto CHCSYR8_2] CAU.240_02.000 Instrument Variable Name: CHCSYR8_2 QuestionnaireFileName: Sample Child * Read if necessary. DURING THE PAST 12 MONTHS, 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)? Yes No Refused Don't know

## Child Access to Health Care & Utilization

Document Version Date: 08-Aug-12

Question ID:	CAU.260	_00.000 Instrument Varia	ble Name:	CHCSYR10	QuestionnaireFileName:	Sample Child
QuestionText:	Does t	hat doctor treat children a	nd adults (a	doctor in general prac	ctice or family medicine)?	
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	Sample children <18 who	have seen of	or talked to a general	doctor during the past 12 months	3
SkipInstruc	tions:	<1,2,R,D> [goto CHCSY	REM]			
Juestion ID:	CAU.265	_00.000 Instrument Varia	ble Name:	CHCSYREM	QuestionnaireFileName:	Sample Child
-					QuestionnaireFileName: or behavioral problem that [fill1	
-					-	
QuestionText:	Did yo				-	
QuestionText:	Did yc Yes	bu see or talk to this gener			-	
QuestionText: 1 2	Did yc Yes No Refus	bu see or talk to this gener			-	
2 7	Did yo Yes No Refus Don't	- ou see or talk to this gener ed	al doctor bec	ause of an emotional	or behavioral problem that [fill1	
QuestionText: 1 2 7 9	Did yo Yes No Refus Don't	bu see or talk to this gener ed know	al doctor bec	ause of an emotional	or behavioral problem that [fill1	
QuestionText: 1 2 7 9 UniverseTex	Did yo Yes No Refus Don't	ou see or talk to this gener ed know Sample children <18 who	al doctor bec	ause of an emotional	or behavioral problem that [fill1	
QuestionText: 1 2 7 9 UniverseTex	Did yc Yes No Refus Don't <b>ct:</b>	ou see or talk to this gener ed know Sample children <18 who	al doctor bec have seen a YR]	ause of an emotional	or behavioral problem that [fill1	
QuestionText: 1 2 7 9 UniverseTex SkipInstruct	Did yc Yes No Refus Don't tt: tions: CAU.270 DURI	u see or talk to this gener ed know Sample children <18 who <1,2,R,D> [goto CHPEX _00.000 Instrument Varia	al doctor bec have seen a YR] ble Name:	ause of an emotional general doctor in the CHPEXYR	or behavioral problem that [fill1 past 12 months	: alias] may have? Sample Child
QuestionText: 1 2 7 9 UniverseTex SkipInstruct	Did yc Yes No Refus Don't tt: tions: CAU.270 DURI	u see or talk to this gener ed know Sample children <18 who <1,2,R,D> [goto CHPEX _00.000 Instrument Varia NG THE PAST 12 MONT	al doctor bec have seen a YR] ble Name:	ause of an emotional general doctor in the CHPEXYR	or behavioral problem that [fill1 past 12 months QuestionnaireFileName:	: alias] may have? Sample Child

7 Refused

9 Don't know

**UniverseText:** Sample children <18

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

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	DRAFT 2013 NHIS Questionnaire - Sample Child					
	Child Access to Health Care & Utilization					
Document Version Date: 08-Aug-12						
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					
UniverseTex	t: Sample children <18					
SkipInstruc	ions: <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 recennight or on the weekend?	nt emergency room v	isit, did [fill: he/she ] go to the em	hergency room either at
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children <18 who had at least	one ER visit in the p	ast year	
SkipInstruct	tions: <1,2,R,D>[go to CERHOS]			

## Child Access to Health Care & Utilization

Document Version Date: 08-Aug-12

	Docume	ant version Date: 08-Au	g-1 <i>2</i>	
Question ID:	CAU.282_00.010 Instrument Variable Name	e: 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			
UniverseTex	<b>xt:</b> Sample children <18 who had at le	east one ER visit in the p	bast year	
SkipInstruc	tions: <1,2,R,D>[goto CERREAS1]			
Question ID:	CAU.283_01.010 Instrument Variable Name	CERREAS1	QuestionnaireFileName:	Sample Child
QuestionText:	Tell me which of these apply to [fill: alia	s]'s last emergency room	n visit?	
	[fill: He/She] didn't have another place	ce to go		
1	Yes			
2	No			
7 9	Refused			
	Don't know			
UniverseTex	<b>xt:</b> Sample children <18 who had at le	east one ER visit in the p	bast year	
SkipInstruc	tions: <1,2,R,D>[goto CERREAS2]			
Question ID:	CALL 202 02 020 Instrument Vericki- N		QuestionnaireFileName:	Counts CL'11
Question ID:	CAU.283_02.020 Instrument Variable Name	e: CERREAS2	Quesuomairer neivame:	Sample Child
QuestionText:	*Read if necessary.			
	Tell me which of these apply to [fill: alia	s]'s last emergency roon	n visit?	
	[fill: alias]'s doctor's office or clinic v	vas not open		
1	Yes			
2	No			
7	Defused			

- 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> [goto CERREAS3]

## Child Access to Health Care & Utilization

Question ID:	CAU.283_03.030 Instrument Variable Name: C	ERREAS3	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if necessary.			
	Tell me which of these apply to [fill: alias]'s last e	emergency room vis	it?	
	[fill: alias]'s health provider advised that [fill:	he/she] go		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children <18 who had at least one	ER visit in the past	year	
SkipInstruc	tions: $<1,2,R,D>$ [goto CERREAS4]			
Question ID:	CAU.283_04.040 Instrument Variable Name: C	ERREAS4	QuestionnaireFileName:	Sample Child
Question ID: QuestionText:	CAU.283_04.040 Instrument Variable Name: Cautor Cau	ERREAS4	QuestionnaireFileName:	Sample Child
-	-			Sample Child
-	*Read if necessary.	emergency room vis		Sample Child
-	*Read if necessary. Tell me which of these apply to [fill: alias]'s last e	emergency room vis		Sample Child
QuestionText:	*Read if necessary. Tell me which of these apply to [fill: alias]'s last of The problem was too serious for the doctor's of	emergency room vis		Sample Child
QuestionText:	*Read if necessary. Tell me which of these apply to [fill: alias]'s last of The problem was too serious for the doctor's of Yes	emergency room vis		Sample Child
QuestionText: 1 2	*Read if necessary. Tell me which of these apply to [fill: alias]'s last of The problem was too serious for the doctor's of Yes No	emergency room vis		Sample Child
QuestionText: 1 2 7	*Read if necessary. Tell me which of these apply to [fill: alias]'s last of The problem was too serious for the doctor's of Yes No Refused Don't' know	emergency room vis	it?	Sample Child

## Child Access to Health Care & Utilization

Question ID:	CAU.283_05.050 Instrument Variable Nat	me: CERREAS5	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if necessary.			
	Tell me which of these apply to [fill: al	lias]'s last emergency room	visit?	
	Only a hospital could help [fill: alia	ls]		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	<b>xt:</b> Sample children <18 who had at	t least one ER visit in the pa	ist year	
SkipInstruc	tions: <1,2,R,D> [goto CERREAS6]			
_	CAU.283_06.060 Instrument Variable Nat	me: CERREAS6	QuestionnaireFileName:	Sample Child
Question ID: QuestionText:		me: CERREAS6	QuestionnaireFileName:	Sample Child
Question ID:	CAU.283_06.060 Instrument Variable Nat			Sample Child
Question ID:	CAU.283_06.060 Instrument Variable Nat *Read if necessary.	lias]'s last emergency room		Sample Child
Question ID:	CAU.283_06.060 Instrument Variable Nat *Read if necessary. Tell me which of these apply to [fill: al	lias]'s last emergency room		Sample Child
Question ID: QuestionText:	CAU.283_06.060 Instrument Variable Nat *Read if necessary. Tell me which of these apply to [fill: al The emergency room is [fill: alias]'s	lias]'s last emergency room		Sample Child
Question ID: QuestionText: 1	CAU.283_06.060 Instrument Variable Nat *Read if necessary. Tell me which of these apply to [fill: al The emergency room is [fill: alias]'s Yes	lias]'s last emergency room		Sample Child
Question ID: QuestionText: 1 2	CAU.283_06.060 Instrument Variable Nat *Read if necessary. Tell me which of these apply to [fill: alias]'s The emergency room is [fill: alias]'s Yes No	lias]'s last emergency room		Sample Child
Question ID: QuestionText: 1 2 7	CAU.283_06.060 Instrument Variable Nat *Read if necessary. Tell me which of these apply to [fill: ali The emergency room is [fill: alias]'s Yes No Refused Don't know	lias]'s last emergency room s closest provider	visit?	Sample Child

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DRAFT 2013 NHIS Questionnaire - Sample Child Child Access to Health Care & Utilization Document Version Date: 08-Aug-12								
Question ID:	CAU.28	3_07.070 Instrument Variable Name:	CERREAS7	QuestionnaireFileName:	Sample Child			
QuestionText:	*Rea	nd if necessary.						
	Tell	me which of these apply to [fill: alias]	's last emergency roo	m visit?				
	[f	ill: alias] gets most of [fill: his/her] car	e at the emergency ro	oom				
1	Yes							
2	No							
7		used						
9		i't know						
UniverseTex	xt:	Sample children <18 who had at lea	st one ER visit in the	past year				
SkipInstruc	tions:	<1,2,R,D> [goto CERREAS8]						
Question ID:	CAU.28	33_08.080 Instrument Variable Name:	CERREAS8	QuestionnaireFileName:	Sample Child			
QuestionText:	*Rea	ad if necessary.						
	Tell	me which of these apply to [fill: alias]	's last emergency roo	m visit?				

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

- 1 Yes 2 No
- 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> [goto CHCHYR]

## Child Access to Health Care & Utilization

Document Version Date: 08-Aug-12

Question ID:	CAU.290_	_00.000 Instrument Variable Name:	CHCHYR	QuestionnaireFileName:	Sample Child
QuestionText:	DURIN profess	NG THE PAST 12 MONTHS, did [ ional?	fill1: alias] receive ca	re AT HOME from a nurse or othe	r health care
1	Yes				
2	No				
7	Refuse	ed			
9	Don't l	know			
UniverseTex	st: S	Sample children <18			
SkipInstruct		<1> [goto CHCHMOYR] <2,R,D> [goto CHCNOYR]			
Question ID:	CAU.300_	_00.000 Instrument Variable Name:	- CHCHMOYR	QuestionnaireFileName:	Sample Child
QuestionText:	DURIN profess	NG THE PAST 12 MONTHS, how ional?	many months did [fill	: alias] receive care AT HOME fro	om a health care
01-12	1-12 n	nonths			

97 Refused

99 Don't know

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

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

DRAFT 2013 NHIS Questionnaire - Sample Child						
		ess to Health Care &	-			
Document Version Date: 08-Aug-12						
uestion ID:	CAU.310_00.000 Instrument Variable Nar	ne: CHCHNOYR	QuestionnaireFileName:	Sample Child		
JuestionText:	(book) C6 ?[F1]					
	What was the total number of home vis	its 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					
UniverseTex						
SkipInstruci	tions: <1-8,R,D> [goto CHCNOYR]					
			QuestionnoirsEileNomer	Sample Child		
uestion ID:	CAU.320_00.000 Instrument Variable Nar	ne: CHCNOYR	QuestionnaireFileName:	Sample Child		
uestion ID:		ne: CHCNOYR	QuestionnaireFileName:	Sample Child		
uestion ID:	CAU.320_00.000 Instrument Variable Nar	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID:	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight.	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText:	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight, None 1	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00 01	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight. None 1 2-3	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00 01 02	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight, None 1 2-3 4-5	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00 01 02 03 04	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight. None 1 2-3 4-5 6-7	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00 01 02 03 04 05	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, H about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight. None 1 2-3 4-5 6-7 8-9	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00 01 02 03 04 05 06	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight, None 1 2-3 4-5 6-7 8-9 10-12	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00 01 02 03 04 05 06 07	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight, None 1 2-3 4-5 6-7 8-9 10-12 13-15	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
uestion ID: uestionText: 00 01 02 03 04 05 06 07 08	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight. None 1 2-3 4-5 6-7 8-9 10-12 13-15 16 or more	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
Question ID: Question Text: 00 01 02 03 04 05 06 07	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight, None 1 2-3 4-5 6-7 8-9 10-12 13-15	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		
01 02 03 04 05 06 07 08 97	CAU.320_00.000 Instrument Variable Nar (book) C5 ?[F1] DURING THE PAST 12 MONTHS, He about [fill2: his/her] health at A DOCT [fill1: alias] was hospitalized overnight. None 1 2-3 4-5 6-7 8-9 10-12 13-15 16 or more Refused Don't know	OW MANY TIMES has [f OR'S OFFICE, A CLINIC	ill1: alias] seen a doctor or other , OR SOME OTHER PLACE?	health care professional Do not include times		

## Child Access to Health Care & Utilization

Question ID: CA	U.330_00.000 Instrument Variable Name: CSRGYR QuestionnaireFileName: Sample Child
	DURING THE PAST 12 MONTHS has [fill1: alias] had SURGERY or other surgical procedures either as an inpatien 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	<pre>&lt;1&gt; [goto CSRGNOYR]</pre>
	<2,R,D> [goto CMDLONG]

Question ID:	CAU.340	_00.000	Instrument Variable Name:	CSRGNOYR	QuestionnaireFileName:	Sample Child
QuestionText:		0 1	imes you may have already tolo NG THE PAST 12 MONTHS?	d me about, HOW MANY	DIFFERENT TIMES has [	fill1: alias] had
	* Ente	er '95' for	95 or more times.			
01-94	1-94	times				
95	95+ t	imes				
97	Refu	sed				
99	Don't	t know				
UniverseTex	xt:	Sample	children <18 that have undergo	ne surgery during the pas	t 12 months	
SkipInstruct	tions:		,D> [goto CMDLONG] [goto ERR_CMDLONG]			
Soft Edit:			MDLONG SRGNOYR] is an unusually lar verify.	rge number. Did [fill1: al	ias] have [fill2: CSRGNOY	R] surgical procedures?

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## Child Access to Health Care & Utilization

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			
UniverseTex	xt: Sample children <18			
SkipInstruct	tions: <0-5, D, R> [if AGE=4-17 goto CMHCOPY; else goto CH1N1_1]			

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DRAFT 2013 NHIS Questionnaire - Sample Child						
Child Mental Health Brief Questionnaire Document Version Date: 08-Aug-12						
						Question ID: C
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					
Question ID: C	MB.020 01.000 Instrument Variable Name: CMHMF 1 QuestionnaireFileName: Sample Child					
Question ID: C	MB.020_01.000 Instrument Variable Name: CMHMF_1 QuestionnaireFileName: Sample Child (book) C7					
zacsilon i cxt.	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.					
0	Not true					
1	Somewhat true					
2	Certainly true					
7	Refused					
9	Don't know					
UniverseText:	Sample children GE 4					
SkipInstruction	ns: <1-3,D,R> [goto CMHMF_2]					

	Page 2 of 4											
DRAFT 2013 NHIS Questionnaire - Sample Child Child Mental Health Brief Questionnaire Document Version Date: 08-Aug-12												
						Question ID:	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 describ SOMEWHAT TRUE, or CERTAINLY TRU											
	[fill2: He/She]											
	has many worries, or often seems worried.											
0	Not true											
1	Somewhat true											
2	Certainly true											
7	Refused											
9	Don't know											
UniverseTex	<b>xt:</b> Sample children GE 4											
SkipInstruc	tions: <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 describ SOMEWHAT TRUE, or CERTAINLY TRU			
	[fill2: He/She]			
	is often unhappy, depressed or tearful.			
0	Not true			
1	Somewhat true			
2	Certainly true			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children GE 4			
SkipInstruc	ions: <1-3,D,R> [goto CMHMF_4]			

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Child Mental Health Brief Questionnaire							
Document Version Date: 08-Aug-12							
Question ID:	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].						
0	Not true						
1	Somewhat true						
2	Certainly true						
7	Refused						
9	Don't know						
UniverseTex	st: Sample children GE 4						
SkipInstruct	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 describ SOMEWHAT TRUE, or CERTAINLY TRU					
	[fill2: He/She]					
	has good attention span, sees chores or hor	nework through	to the end.			
0	Not true					
1	Somewhat true					
2	Certainly true					
7	Refused					
9	Don't know					
UniverseTex	t: Sample children GE 4					
SkipInstruct	tions: <1-3,D,R> [goto CMHDIFF]					

Document Version Date: 08-Aug-12						
Question ID:	CMB.030_00.000 Instrument Variable Name:	CMHDIFF	QuestionnaireFileName:	Sample Child		
QuestionText:	Text: (book) C8					
	Overall, do you think that [fill1: SC name] behavior, or being able to get along with ot		any of the following areas: emotions	, concentration,		
1	No					
2	Yes, minor difficulties					
3	Yes, definite difficulties					
4	Yes, severe difficulties					
7	Refused					
9	Don't know					
UniverseTex	t: Sample children GE 4					
SkipInstruct	ions: <1-4,R,D> [goto next section]					

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## **Child Mental Health Services**

Document Version Date: 08-Aug-12

Question ID:	CMS.001_	00.000 Inst	rument Variable Name:	DIFF6M	QuestionnaireFileName:	Sample Child
QuestionText:					tration, behavior, or getting along w month reference period]?	vith others DURING
1	Yes					
2	No					
7	Refuse	ed				
9	Don't	know				
UniverseTex	it:	Sample child	ren 4-17			
SkipInstruct			FFINTF] <2,R,D> [if ( else [goto PRESCP6M		name in layouts is RSCL6) IN ('2',	3','4') [goto
Question ID:	CMS.005_	00.000 Inst	rument Variable Name:	DIFFINTF	QuestionnaireFileName:	Sample Child
Question ID: QuestionText:	DURIN	G THE PAS		difficulties interfere	QuestionnaireFileName: e with or limit [fill1: SC name] bei	
	DURIN	G THE PAS	ST 6 MONTHS, did the	difficulties interfere	-	
QuestionText:	DURIN your fa	G THE PAS	ST 6 MONTHS, did the	difficulties interfere	-	
QuestionText:	DURIN your fa Yes	IG THE PAS mily, in scho	ST 6 MONTHS, did the	difficulties interfere	-	
QuestionText: 1 2	DURIN your fa Yes No	G THE PAS mily, in scho	ST 6 MONTHS, did the	difficulties interfere	-	*

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

## **Child Mental Health Services**

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
UniverseTex	<b>t:</b> Sample children 4-17 whose difficulties interfere with child being able to get along in the family, school, or daily activities
SkipInstruct	ions: <1-3,R,D> [goto DIFFLNG]

Question ID:	CMS.008_00.000 Instrument Variable Name:	DIFFLNG	QuestionnaireFileName:	Sample Child
QuestionText:	How long have these difficulties been presen	nt?		
1	Less than a month			
2	1-5 months			
3	6 to 12 months			
4	Over a year			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who have at lea behavior, or being able to get along w		emotions, concentration,	
SkipInstruct	ions: <1-4,R,D> [goto PRESCP6M]			

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## **Child Mental Health Services**

Question ID:	CMS.010_00.000 Instrument Variable Name: PRESCP6M QuestionnaireFileName: Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, was [fill1: S.C. name] prescribed medication or taking prescription medication for difficulties with emotions, concentration, behavior, or being able to get along with others?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	: Sample children 4-17
SkipInstruct	ons: <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_00.000 Instrument Variable Name:	PRESHELP	QuestionnaireFileName:	Sample Child
QuestionText:	During the past 6 months, how much has thi	s prescription medi	cation helped [fill: S.C. name]? W	ould you say
	*Read categories below.			
1	Not at all			
2	A little			
3	Some			
4	A lot			
7	Refused			
9	Don't know			
UniverseTex	<b>xt:</b> Sample children 4-17 have taken pres	cription medicine i	n the past 6 mos	
SkipInstruct	tions: <1-4,R,D> [goto PMEDPED]			

#### **Child Mental Health Services**

Document Version Date: 08-Aug-12

Question ID:	CMS.012	2_01.000	Instrument Variable Name:	PMEDPED	QuestionnaireFileName:	Sample Child
QuestionText:	Who	FIRST pre	escribed the medication? Wa	as it		
	A p	ediatrician	or other family doctor?			
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	xt:	Sample c	hildren 4-17 who have been	prescribed or hav	e taken prescription medication in th	e past 6 months
SkipInstruct	tions:	<1> if CI PMEDPS		M=2,R,D then [go	to TRETHELP]; else [goto NSDUH	21]; <2,R,D> [goto
Question ID:	CMS.012	2_02.000	Instrument Variable Name:	PMEDPSY	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	l if necess	ary.			
	Who	FIRST pre	escribed the medication? W	as it		
	A p	sychiatrist	, psychologist or other ment	al health professio	nal?	
1	Yes					
2	No					
7	Refu	sed				

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

## **Child Mental Health Services**

Question ID:	CMS.01	2_03.000 Instrument Variable Name:	PMEDNEU	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	d if necessary.			
	Who	FIRST prescribed the medication? Was	s it		
	A r	neurologist?			
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who were prescr psychiatrist/ or other family doctor	ribed medication i	n the past 6 months by someone oth	er than a pediatrician,
SkipInstruct	tions:	<1> if CMHDIFF=1,R,D and DIFF6M PMEDOTH]	1=2,R,D then [got	to TRETHELP]; else [goto NSDUH:	21]; <2,R,D> [goto

Question ID:	CMS.01	2_04.000 Instrument Variable Name:	PMEDOTH	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	d if necessary.			
	Who	FIRST prescribed the medication? Was	it		
	Soi	neone else?			
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who were prescri family doctor, psychiatrist or neurologi	1	st 6 months by someone othe	er than a pediatrician,
SkipInstruct	tions:	<1,2,R,D> if CMHDIFF=1,R,D and DI	IFF6M=2,R,D then [goto	TRETHELP]; else [goto NS	SDUH21]

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	DRAFT 2013 NHIS Questionnaire - Sample Child Child Mental Health Services					
Document Version Date: 08-Aug-12						
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					
UniverseTex	<b>At:</b> 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					
SkipInstruct	tions: <1,2,R,D> [goto NSDUH3]					
Question ID:	CMS.015_00.000 Instrument Variable Name: NSDUH3 QuestionnaireFileName: Sample Child					
QuestionText:	At any time DURING THE PAST 6 MONTHS did [fill1: S.C. name] attend a school for students with difficulties with emotions, concentration, behavior, or being able to get along with others?					
1	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]

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# DRAFT 2013 NHIS Questionnaire - Sample Child

## **Child Mental Health Services**

Question ID:	CMS.015_00.010 Instrument Variable Name:	NSDUH31	QuestionnaireFileName:	Sample Child
QuestionText:	Was it a day school or school where {S.C. nat	me} stayed overni	ight or longer?	
1	Day School			
2	Overnight School			
7	Refused			
9	Don't know			
UniverseTex	<b>At:</b> Sample children 4-17 who currently ha emotions, concentration, behavior, or b			d a special needs
SkipInstruct	tions: <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
UniverseTex	t: Sample children 4-17 who participated in a special needs day school with program for these difficulties
SkipInstruct	ions: <1-5,R,D> [goto NSDUH4];

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	DRAFT 2013 NHIS Questionnaire - Sample Child				
Child Mental Health Services					
	Document Version Date: 08-Aug-12				
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				
UniverseTex	<b>ct:</b> 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				
SkipInstruc	tions: <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 socia	al worker		
4	School speech, occupational or physical therap	pist		
5	Other school official			
7	Refused			
9	Don't know			
UniverseTex	<b>xt:</b> Sample children 4-17 who participated in	n a school progra	m for difficulties with emotions, co	oncentration, behavior
SkipInstruct	tions: <1-5,R,D> age 4-6 [goto TRETWHR1];	; else [goto TRET	WHR2]	

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## **Child Mental Health Services**

Question ID:	CMS.020_01.000 Instrument Variable Name:	TRETWHR1	QuestionnaireFileName:	Sample Child
QuestionText:	Now I'd like to ask about places other than counseling for difficulties with emotions, co			
	DURING THE PAST 6 MONTHS, did [fill	1: 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			
UniverseTex	t: Sample children 4-6 who had at least	minor difficulties		
SkipInstruct	SkipInstructions: <1> [goto TRETWHO1] <2,R,D> [goto TRETWHR2]			
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	
SkipInstruction	s: <1,3-6,R,D> [goto TRETWHR2] <2> [goto TRTMHP1]	

#### **Child Mental Health Services**

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Question ID:	CMS.020_03.000 Instrument Variable Name	TRTMHP1	QuestionnaireFileName:	Sample Child
QuestionText:	You just told me [S.C. name] received tre nurse. Who was this?	eatment from a psychia	trist, psychologist, clinical social	worker or psychiatric
	*Enter all that apply, separate with comm	nas		
1	Psychiatrist			
2	Psychologist			
3	Clinical social worker			
4	Psychiatric nurse			
7	Refused			
9	Don't know			
UniverseTex	xt: Sample children 4-6 who received provider	counseling or treatmen	t at daycare, child care, or play gro	oup from mental health
SkipInstruct	tions: <1-4,R,D>[goto TRETWHR2]			
		e: TRETWHR2	QuestionnaireFileName:	

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]

## **Child Mental Health Services**

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 we	orker 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			
UniverseTex	t: Sample children 4-17 who received co	ounseling at an offi	ce, clinic or community center	
SkipInstruct	tions: <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
UniverseTex	Sample children 4-17 who received counseling or treatment at an office, clinic or community center from mental health provider
SkipInstruct	tions: <1-4,R,D> [goto TRETWHR3]

## **Child Mental Health Services**

Document Version Date: 08-Aug-12

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 te	acher or counselor?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who had at least	minor difficulties		
SkipInstruct	ions: <1> [goto TRETWHO3] <2,R,D> [go	to TRETWHR4]		
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 wo	orker or psychiatric	nurse	
3	Speech, occupational or physical therapist			
4	Religious or spiritual counselor or advisor			
5	Probation or juvenile corrections officer or of	court counselor		
6	Other			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who received co	ounseling at home fr	om visiting teacher or counselor	
SkipInstruct	ions: <1,3-6,R,D> [goto TRETWHR4] <2>	[goto TRTMHP3]		

## **Child Mental Health Services**

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<ul> <li>You just told me [S.C. name] received treatment from a psychiatrist, psychologist, clinical social worker or psychiatrist nurse. Who was this?</li> <li>*Enter all that apply, separate with commas</li> <li>Psychiatrist</li> </ul>
1 Psychiatrist
2 Psychologist
3 Clinical social worker
4 Psychiatric nurse
7 Refused
9 Don't know
<b>iverseText:</b> Sample children 4-17 who received counseling or treatment at home from mental health provider
pInstructions: <1-4,R,D> [goto TRETWHR4]
<b>ρInstructions:</b> <1-4,R,D> [goto TRETWHR4]

Question ID:	CMS.023_01.000 Instrument Variable Name:	TRETWHR4	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, did [fill1	: SC name] receive	treatment or counseling for these of	lifficulties
	In a hospital emergency room, crisis center, o	or emergency shelte	r?	
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who had at least	minor difficulties		
SkinInstruct	(2) $(2)$	to TDETWID5]		

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

## **Child Mental Health Services**

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 w	orker 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			
UniverseTex	t: Sample children 4-17 who received c	counseling at hospita	/ER/crisis center/shelter	
SkipInstruct	ions: <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
UniverseTex	Sample children 4-17 who received counseling or treatment at hospital/ER/crisis center/shelter from mental health provider
SkipInstruct	tions: <1-4,R,D> [goto TRETWHR5]

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# DRAFT 2013 NHIS Questionnaire - Sample Child

## **Child Mental Health Services**

Question ID:	CMS.024_01.000 Instrument Variable Name: TRETWHR5 QuestionnaireFileName: Sample	Child
QuestionText:	t: DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties	3
	At a day treatment program in a hospital or in your community?	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	<b>Fext:</b> Sample children 4-17 who had at least minor difficulties	
SkipInstruct	uctions: <1> [goto TRETWHO5] <2,R,D> [goto TRETWHR6]	
Question ID:	: CMS.024_02.000 Instrument Variable Name: TRETWHO5 QuestionnaireFileName: Sample	Child
QuestionText:	t: (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	
UniverseTex	<b>Text:</b> Sample children 4-17 who received counseling at day treatment program in a hospital or community	
SkipInstruct	uctions: <1,3-6,R,D> [goto TRETWHR6] <2> [goto TRTMHP5]	

## **Child Mental Health Services**

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
UniverseTex	<b>xt:</b> Sample children 4-17 who received counseling or treatment at day treatment program in a hospital or community from mental health provider
SkipInstruct	tions: <1-4,R,D>[goto TRETWHR6]

Question ID:	CMS.025_01.000 Instrument Variable Name:	TRETWHR6	QuestionnaireFileName:	Sample Child
QuestionText:	DURING THE PAST 6 MONTHS, did [fill]	1: SC name] receive t	reatment or counseling for these	difficulties
	Any other place?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	<b>Sample children 4-17 who had at leas</b>	t minor difficulties		
SkipInstruct	tions: <1> [goto TRETWHO6] <2,R,D> [goto TRETWHO6] <2,	oto OVERNT6M]		

## **Child Mental Health Services**

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 w	orker or psychiatric m	ırse	
3	Speech, occupational or physical therapist			
4	Religious or spiritual counselor or advisor			
5	Probation or juvenile corrections or court of	counselor		
6	Other			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who received of	counseling at another p	lace	
SkipInstruct	ions: <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 treatm nurse. Who was this?	nent from a psycl	niatrist, psychologist, clinical social v	vorker or psychiatric
	*Enter all that apply, separate with commas			
1	Psychiatrist			
2	Psychologist			
3	Clinical social worker			
4	Psychiatric nurse			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who received co	ounseling or treat	nent at another place from mental hea	alth provider
SkipInstruct	ions: <1-4,R,D> [goto OVERNT6M]			

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	DRAFT 2013 NHIS Questionnaire - Sample Child
	Child Mental Health Services
	Document Version Date: 08-Aug-12
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
UniverseTex	<b>xt:</b> 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
SkipInstruct	tions: $\langle 1 \rangle$ [goto OVERWHCH] $\langle 2, R, D \rangle$ [goto SH1]
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

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]

## **Child Mental Health Services**

Question ID:	CMS.070_00	)()) Instrument Va	riable Name:	SH1	QuestionnaireFileName:	Sample Child
QuestionText:	DURING difficulties		THS, did [fill1	: S.C. name] ta	ake part in a self-help group for child	en and youth with these
1	Yes					
2	No					
7	Refused					
9	Don't kno	N				
UniverseTex		ple children 4-17 w vior, or being able	-		d at least minor difficulties with emot nths	ions, concentration,
SkipInstruct	tions: <1 (	,R,D> [goto SH2]				
Question ID:	CMS.080_00	000 Instrument Va	riable Name:	SH2	QuestionnaireFileName:	Sample Child
-	_	THE PAST 6 MON			QuestionnaireFileName: se the Internet to seek treatment or co	*
-	– DURING	THE PAST 6 MON				*
QuestionText:	– DURING difficulties	THE PAST 6 MON				*
QuestionText:	– DURING difficulties Yes	THE PAST 6 MON				*
QuestionText: 1 2	– DURING difficulties Yes No	THE PAST 6 MON ?				*
2 7	- DURING difficulties Yes No Refused Don't kno	THE PAST 6 MON ? w	THS, did [fill] /ho currently h	: S.C. name] u ave or have had	se the Internet to seek treatment or co d at least minor difficulties with emot	unseling for these

## **Child Mental Health Services**

Question ID:	CMS.100_00.000       Instrument Variable Name:       CASEM6M       QuestionnaireFileName:       Sample Ch	uild
QuestionText:	Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators where find or organize treatment for children's difficulties with emotions, concentration, behavior, or being able to get others.	
	*Read if necessary: This type of help is sometimes called care coordination or case management. People or age do this work might also help you develop a service plan, contact providers for you, and provide support to you 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 o	r agency?
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentrate behavior, or being able to get along in the past 6 months	ıtion,
SkipInstruct	<ul> <li>statistical state of the state</li></ul>	T6M=1 or

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			
UniverseTex	Sample children 4-17 who received help from case managers/care coordinators in the past 6 months			
SkipInstruct	tions: <1-10,R,D> [goto TRETHELP]			

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	DRAFT 2013 NHIS Questionnaire - Sample Child						
	Child Mental Health Services						
	Document Version Date: 08-Aug-12						
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, concentration, behavior, or being able to get 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						
UniverseTe	xt: Sample children 4-17 who received treatment in the past 6 months						
SkipInstruc	tions: <1-4,R,D> if CMHDIFF=2-4 and DIFF6M=1 [goto TRPAYPHI]; else [goto next section]						
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?

1Yes2No7Refused9Don't knowSample 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 received some type of treatment or counseling in the past 6 months

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

#### **Child Mental Health Services**

Document Version Date: 08-Aug-12

Organian ID:	CMC 120, 02,000 Instrument Veriable Names TDDA VCCH OugstignneinsEileNemet Church Child
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
UniverseTex SkipInstruct	behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months
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	Defeed

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 received some type of treatment or counseling in the past 6 months

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

#### **Child Mental Health Services**

Document Version Date: 08-Aug-12

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
UniverseTex SkipInstruct	behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months
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 CHIP/SCHIP program?/ [STNAME1]]?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	<b>xt:</b> Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration,

# 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 received some type of treatment or counseling in the past 6 months

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

#### **Child Mental Health Services**

Document Version Date: 08-Aug-12

Question ID:	CMS.120_0	06.000 Instrument Variable Name:	TRPAYMIL	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if months.	necessary: Please tell me who pay	s or paid for [fill1: S.	C. name]'s treatment or counseling	g during the past 6
	Military	health care?			
1	Yes				
2	No				
7	Refused	1			
9	Don't k	now			
UniverseText:		ample children 4-17 who currently chavior, or being able to get along i ast 6 months			
	r				
SkipInstruct	-	1,2,R,D>[goto TRPAYSHP]			
SkipInstruct Question ID: QuestionText:	tions: < CMS.120_( *Read if		TRPAYSHP	QuestionnaireFileName: C. name]'s treatment or counseling	Sample Child g during the past 6
Question ID:	tions: < CMS.120_( *Read if months.	1,2,R,D> [goto TRPAYSHP] 07.000 Instrument Variable Name:	s or paid for [fill1: S.	C. name]'s treatment or counseling	*
Question ID:	tions: < CMS.120_( *Read if months.	1,2,R,D> [goto TRPAYSHP] )7.000 Instrument Variable Name: `necessary: Please tell me who pay	s or paid for [fill1: S.	C. name]'s treatment or counseling	*

- 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 and received some type of treatment or counseling in the past 6 months

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

## **Child Mental Health Services**

Question ID:	CMS.120_09.000 Instrument Variable Nam	e: TRPAYIHS	QuestionnaireFileName:	Sample Child
QuestionText:	*Read if necessary: Please tell me who months.	pays or paid for [fill1: S.C	C. name]'s treatment or counselin	g during the past 6
	Indian Health Service?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who curren behavior, or being able to get alor past 6 months	2		· · · · ·
SkipInstruct	ions: <1,2,R,D> [goto TRPAYOTH]			

Question ID:	CMS.12	0_10.000 Instrument Variable Name:	TRPAYOTH	QuestionnaireFileName:	Sample Child
QuestionText:	*Read mont	d if necessary: Please tell me who pays hs.	or paid for [fill1: S.C	2. name]'s treatment or counseling	g during the past 6
	Some	other source?			
1	Yes				
2	No				
7	Refu	sed			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who currently h behavior, or being able to get along in past 6 months			
SkipInstruct	tions:	<1,2,R,D> if TRPAYPHI=2,R,D and TRPAYCHP=2,R,D and TRPAYMIL TRPAYOTH=2,R,D [goto TRETFRE else [goto TRTNEED1]	=2,R,D and TRPAYS		

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# DRAFT 2013 NHIS Questionnaire - Sample Child

## **Child Mental Health Services**

Question ID:	CMS.12	0_12.000 Instrument Variable Name:	TRETFREE	QuestionnaireFileName:	Sample Child
QuestionText:	Was	ALL OF THE treatment or counseling [	[fill1: S.C. name] RE	CEIVED during the past 6 month	s free?
1	Yes				
2	No				
7	Ref	ised			
9	Dor	't know			
UniverseTex	xt:	Sample children 4-17 who did not pay	y for treatment		
SkipInstruct	tions:	<1,2,R,D>[goto TRTNEED1]			

Question ID:	MS.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
UniverseTex	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
SkipInstruct	s: <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	n getting treatment or counseling.	
	Help was too expensive?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	<b>st:</b> Sample children 4-17 who currently didn't get it in the past 6 months	y have or have had at lo	east minor difficulties and who nee	eded treatment but
SkipInstruct	tions: <1,2,R,D> [goto NTRTLOC]			

## **Child Mental Health Services**

Question ID: (	CMS.150_0	2.000 Instrument Variable Name:	NTRTLOC	QuestionnaireFileName:	Sample Child
QuestionText:	*Read le	ad-in if necessary:			
	Please te	ll me if any of these reasons kept [fi	ill1: S.C. name] fro	om getting treatment or counseling.	
	You didi	't know where to go?			
1	Yes				
2	No				
7	Refused				
9	Don't k	now			
UniverseText		mple children 4-17 who currently h dn't get it in the past 6 months	nave or have had at	t least minor difficulties and who nee	eded treatment but
SkipInstructio	o <b>ns:</b> <]	,2,R,D> [goto NTRTNEXP]			
Question ID: (	CMS.150_0	3.000 Instrument Variable Name:	NTRTNEXP	QuestionnaireFileName:	Sample Child

Question ID:	CMS.150_03.000 Instrument Variable Name: NTRTNEXP Question	onnaireFileName: Sample Child
QuestionText:	*Read lead-in if necessary:	
	Please tell me if any of these reasons kept [fill1: S.C. name] from getting treatm	nent or counseling.
	You had a negative experience with professionals?	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	Ext: Sample children 4-17 who currently have or have had at least minor diff didn't get it in the past 6 months	iculties and who needed treatment but
SkipInstruct	ctions: <1,2,R,D> [goto NTRTFEAR]	

## **Child Mental Health Services**

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	Question ID:	CMS.150	_04.000 Instrument Variable Name:	NTRTFEAR	QuestionnaireFileName:	Sample Child
You are afraid or you don't like professionals?         Yes         No         Refused         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	QuestionText:	*Read	lead-in if necessary:			
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		Please	e tell me if any of these reasons kept [fi	ill1: S.C. name] fro	m getting treatment or counseling.	
<ul> <li>2 No</li> <li>7 Refused</li> <li>9 Don't know</li> <li>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</li> </ul>		You a	re afraid or you don't like professional	s?		
<ul> <li>7 Refused</li> <li>9 Don't know</li> <li>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</li> </ul>	1	Yes				
<ul> <li>9 Don't know</li> <li>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</li> </ul>	2	No				
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	7	Refus	sed			
didn't get it in the past 6 months	9	Don'	t know			
SkinInstructions: <1.2.R.D>[goto NTRTI OSE]	UniverseTex			ave or have had at	least minor difficulties and who nee	eded treatment but
Suprist actors. (1,2,K,D) [goto (TRTEOSE]	SkipInstruct	tions:	<1,2,R,D> [goto NTRTLOSE]			

Question ID:	CMS.15	0_05.000 Instrument Variable Name:	NTRTLOSE	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	d lead-in if necessary:			
	Pleas	e tell me if any of these reasons kept [fill	1: S.C. name] from gettin	ng treatment or counseling.	
	You	were afraid [fill1: S.C. name] would be ta	aken from your home or t	that you would lose your pare	ental rights or custody?
1	Yes				
2	No				
7	Refu	sed			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who currently has didn't get it in the past 6 months	ve or have had at least m	inor difficulties and who need	ded treatment but
SkipInstruct	tions:	<1,2,R,D> [goto NTRTSAY]			

## **Child Mental Health Services**

Question ID:	CMS.15	0_06.000 Instrument Variable Name:	NTRTSAY	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	d lead-in if necessary:			
	Pleas	e tell me if any of these reasons kept [fi	ll1: S.C. name] fr	rom getting treatment or counseling.	
	You	were afraid of what your family or friend	ds would say?		
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who currently had didn't get it in the past 6 months	ave or have had a	t least minor difficulties and who nee	eded treatment but
SkipInstruct	tions:	<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 [fi	ill1: S.C. name] from	a getting treatment or counseling.	
	You had to wait a long time for an appointm	ient?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who currently h didn't get it in the past 6 months	have or have had at l	east minor difficulties and who nee	ded treatment but
SkipInstruct	tions: <1,2,R,D> [goto NTRTTRAN]			

## **Child Mental Health Services**

	*Read lead-in if necessary: Please tell me if any of these reasons kept [fi You had no way to get there?	ill1: S.C. name] from	a getting treatment or counseling.	
		ill1: S.C. name] from	n 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 h didn't get it in the past 6 months	have or have had at le	east minor difficulties and who ne	eded treatment but
SkipInstructions	<1,2,R,D> [goto NTRTINCV]			

Question ID:	CMS.150	09.000	Instrument Variable	Name:	NTRTINCV		QuestionnaireFileName:	: Sa	ample Child
QuestionText:	*Read	l lead-in i	f necessary:						
	Please	e tell me i	f any of these reasons	s kept [fill	1: S.C. name] from	gettin	ng treatment or counselin	ıg.	
	Servic	es were t	oo inconvenient to us	se?					
1	Yes								
2	No								
7	Refus	sed							
9	Don'	t know							
UniverseTex		1	children 4-17 who cu t it in the past 6 mon	2	ve or have had at lea	ast mi	nor difficulties and who	needed	treatment but
SkipInstruct	tions:	<1,2,R,E	>[goto NTRTFAR]						

## **Child Mental Health Services**

Question ID:	CMS.15	0_10.000 Instrument Variable Name:	NTRTFAR	QuestionnaireFileName:	Sample Child
QuestionText:	*Rea	d lead-in if necessary:			
	Pleas	e tell me if any of these reasons kept [fi	ll1: S.C. name] fi	rom getting treatment or counseling.	
	Servi	ces were too far away?			
1	Yes				
2	No				
7	Refi	ised			
9	Don	't know			
UniverseTex	xt:	Sample children 4-17 who currently h didn't get it in the past 6 months	ave or have had a	at least minor difficulties and who nee	eded treatment but
SkipInstruct	tions:	<1,2,R,D> [goto NTRTCHNO]			

Question ID:	CMS.150	)_11.000 Instrument Variable Name:	NTRTCHNO	QuestionnaireFileName:	Sample Child
QuestionText:	*Read	l lead-in if necessary:			
	Please	e tell me if any of these reasons kept [fill	1: S.C. name] from gettin	ig treatment or counseling.	
	[fill1:	S.C. name] did not want to go?			
1	Yes				
2	No				
7	Refu	sed			
9	Don'	t know			
UniverseTex	xt:	Sample children 4-17 who currently hav didn't get it in the past 6 months	ve or have had at least mi	nor difficulties and who need	ded treatment but
SkipInstruct	tions:	<1,2,R,D> [goto NTRTOTH]			

## **Child Mental Health Services**

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	t [fill1: S.C. name] fron	n getting treatment or counseling.	
	Some other reason?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample children 4-17 who currentl didn't get it in the past 6 months	ly have or have had at le	east minor difficulties and who nee	ded treatment but
SkipInstruct	tions: <1,2,R,D> [goto next section]			

			Questionnaire - Influenza Immur nt Version Date: 08-A	ization	
Question ID:	CFI.005_00.0	10 Instrument Variable Name	⇔ CH1N1_1	QuestionnaireFileName:	Sample Child
QuestionText:	?[F1]				
		THE PAST 12 MONTHS, has ts against influenza for the flu		vaccination? A flu vaccination is u	sually given in the fall
1	Yes				
2	No				
7	Refused				
9	Don't kno	W			
UniverseTex	at: San	nple Child LE 17 years			
SkipInstruct		r [goto CH1N1_2] R,D> [goto next section]			
Question ID:	CFI.005_00.0	20 Instrument Variable Name	e: CH1N1_2	QuestionnaireFileName:	Sample Child

Page 1 of 4

- 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 an vaccine dose

SkipInstructions: <1,2> [goto CH1N1\_3M] <R,D> [goto next section]

		DRAFT 2013 NHIS Qu Child Int	fluenza Immuniz	-	
		Document Y	Version Date: 08-Aug	-12	
Question ID:	CFI.005_00.030	) Instrument Variable Name:	CH1N1_3M	QuestionnaireFileName:	Sample Child
JuestionText:	1 of 2				
	During what	month and year did {S.C. name	e} 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				
10	November				
11	December				
	Refused				
07					
	Don't know	le Child LE 17 who have had on ,D> [ goto CH1N1_4Y] <r> [ξ</r>		ses	
99 UniverseTex SkipInstruct	Don't know at: Sampl tions: <1-12	le Child LE 17 who have had on ,D> [ goto CH1N1_4Y] <r> [g</r>	goto CH1N1_5]	Ses QuestionnaireFileName:	Sample Child
99 UniverseTex SkipInstruct Question ID:	Don't know at: Sampl tions: <1-12	le Child LE 17 who have had or			Sample Child
99 UniverseTex SkipInstruct Question ID:	Don't know (t: Sample (ions: <1-12) CFI.005_00.04( 2 of 2	le Child LE 17 who have had on ,D> [ goto CH1N1_4Y] <r> [g</r>	goto CH1N1_5]		Sample Child
99 UniverseTex SkipInstruct Question ID: QuestionText:	Don't know at: Samp ations: <1-12 CFI.005_00.040 2 of 2 *Enter year of	le Child LE 17 who have had on ,D> [ goto CH1N1_4Y] <r> [٤ ) Instrument Variable Name:</r>	goto CH1N1_5]		Sample Child
99 UniverseTex SkipInstruct Question ID: QuestionText: Year	Don't know at: Sample tions: <1-12 CFI.005_00.040 2 of 2 *Enter year of Year	le Child LE 17 who have had on ,D> [ goto CH1N1_4Y] <r> [٤ ) Instrument Variable Name:</r>	goto CH1N1_5]		Sample Child
99 UniverseTex SkipInstruct Question ID: QuestionText: Year 9997	Don't know at: Sampl ations: <1-12 CFI.005_00.040 2 of 2 *Enter year of Year Refused	le Child LE 17 who have had or ,D> [ goto CH1N1_4Y] <r> [g ) Instrument Variable Name: of most recent flu vaccine.</r>	goto CH1N1_5]		Sample Child
99 UniverseTex SkipInstruct Question ID: QuestionText: Year	Don't know at: Sample tions: <1-12 CFI.005_00.040 2 of 2 *Enter year of Year	le Child LE 17 who have had or ,D> [ goto CH1N1_4Y] <r> [g ) Instrument Variable Name: of most recent flu vaccine.</r>	goto CH1N1_5]		Sample Child
99 UniverseTex SkipInstruct Question ID: QuestionText: Year 9997	Don't know at: Sample tions: <1-12 CFI.005_00.040 2 of 2 *Enter year of Year Refused Don't know	le Child LE 17 who have had on ,D> [ goto CH1N1_4Y] <r> [g ) Instrument Variable Name: of most recent flu vaccine.</r>	goto CH1N1_5] CH1N1_4Y		
99 UniverseTex SkipInstruct Question ID: QuestionText: Year 9997 9999	Don't know at: Sampi ations: <1-12 CFI.005_00.040 2 of 2 *Enter year of Year Refused Don't know at: Sampi dose tions: <valid [If CH [If CH</valid 	<ul> <li>le Child LE 17 who have had on ,D&gt; [ goto CH1N1_4Y] <r> [g</r></li> <li><b>instrument Variable Name:</b></li> <li>of most recent flu vaccine.</li> <li>le Child LE 17 years who have</li> <li>l year,R,D&gt; [goto CH1N1_5]</li> <li>H1N1_3M and CH1N1_4Y = a at 111_3M and CH1N1_4Y = a at 111_4Y = a at 1111_4Y = at 1111_4Y = a at 1111_4Y = at 11111_4Y = at 11111_4Y = at 1111_4Y = at 1111</li></ul>	goto CH1N1_5] CH1N1_4Y had one or more vacc future date] goto ERR date prior to birth] got	QuestionnaireFileName: ine doses and gave month/don't 1_ CH1N1_4Y]	know month of vaccine
99 UniverseTex SkipInstruct Question ID: QuestionText: Year 9997 9999 UniverseTex	Don't know at: Sample ations: <1-12 CFI.005_00.040 2 of 2 *Enter year of Year Refused Don't know at: Sample dose ations: <valide [If CF] [If CF</valide 	<ul> <li>le Child LE 17 who have had on ,D&gt; [ goto CH1N1_4Y] <r> [g</r></li> <li><b>instrument Variable Name:</b></li> <li>of most recent flu vaccine.</li> <li>le Child LE 17 years who have</li> <li>l year,R,D&gt; [goto CH1N1_5]</li> <li>H1N1_3M and CH1N1_4Y = a at 111_3M and CH1N1_4Y = a at 111_4Y = a at 1111_4Y = at 1111_4Y = a at 1111_4Y = at 11111_4Y = at 11111_4Y = at 1111_4Y = at 1111</li></ul>	goto CH1N1_5] CH1N1_4Y had one or more vacc future date] goto ERR date prior to birth] got	QuestionnaireFileName: ine doses and gave month/don't 1_CH1N1_4Y] o ERR2_CH1N1_4Y]	know month of vaccine
99 UniverseTex SkipInstruct Question ID: QuestionText: Year 9997 9999 UniverseTex SkipInstruct	Don't know at: Sample ations: <1-12 CFI.005_00.040 2 of 2 *Enter year of Year Refused Don't know at: Sample dose tions: <valide [If CF] [If CF] [If CF] [If CF] FRR1 *Futu ERR2</valide 	le Child LE 17 who have had on ,D> [ goto CH1N1_4Y] <r> [g ) Instrument Variable Name: of most recent flu vaccine. le Child LE 17 years who have d year,R,D&gt; [goto CH1N1_5] 11N1_3M and CH1N1_4Y = a of 11N1_3M and CH1N1_4Y = a of 11N1_4Y = a of 11N1</r>	goto CH1N1_5] CH1N1_4Y had one or more vacc future date] goto ERR date prior to birth] got	QuestionnaireFileName: ine doses and gave month/don't 1_CH1N1_4Y] o ERR2_CH1N1_4Y]	know month of vaccine

Page	3	of	4
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## Child Influenza Immunization

Question ID:	CFI.005_00.050	Instrument Variable Name:	CH1N1_5	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(trademark).					
1	Flu shot					
2	Flu nasal spra	nasal spray (spray, mist or drop in nose)				
7	Refused	Refused				
9	Don't know	Don't know				
UniverseTex	Sample Child LE 17 years who have had one or more vaccine doses					
SkipInstruct	SkipInstructions: <1-2,R,D> IF CH1N1_2=1 [goto next section]; else if CH1N1_2=2 [goto CH1N1_6M]					

Question ID:	CFI.005_00.060	Instrument Variable Name:	CH1N1_6M	QuestionnaireFileName:	Sample Child
QuestionText:	1 of 2				
	During what n	nonth and year did {S.C. name	e} 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				
UniverseTex	xt: Sample	Child LE 17 years who have h	had more than one	vaccine doses	
SkipInstruct	tions: <1-12,[	D> [ goto CH1N1_7Y] <r> [g</r>	oto CH1N1_8]		

## **Child Influenza Immunization**

Question ID:       CH1005_00.070       Instrument Variable Name:       CH1N1_7Y       QuestionnaireFileName:       Sample Child         Question Text:       2 of 2       *Enter year of next most recent flu vaccine.       *Enter year of next most recent flu vaccine.         Year       Year       Year       *Enter year of next most recent flu vaccine.         Year       Year       Year       Year         9997       Refised       Year       Year         9999       Don't know       Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose         SkipInstruction: <a href="style=" text-add-<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></a>								
<ul> <li>*Enter year of next most recent flu vaccine.</li> <li>Year Year</li> <li>'997 Refused</li> <li>'999 Don't know</li> <li>UniverseText: Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose</li> <li>SkipInstructions: <a href="https://www.valid.goto.ERR1_CHIN1_77">www.valid.goto.ERR1_CHIN1_77</a></li> <li>If CHIN1_6M and CHIN1_77 = a future date] goto.ERR2_CHIN1_77]</li> <li>If CHIN1_6M and CHIN1_77 = a date prior to birth goto.ERR3_CHIN1_77]</li> <li>If CHIN1_6M and CHIN1_77 = a date prior to 12 months ago] goto.ERR3_CHIN1_77]</li> <li>Hard Edit: ERR1_CHIN1_7Y</li> <li>*Future date invalid.</li> <li>ERR2_CHIN1_7Y</li> <li>*Date before birth.</li> <li>ERR3_CHIN1_7Y</li> <li>*Date before birth.</li> <li>ERR3_CHIN1_7Y</li> <li>*Date before birth.</li> <li>ERR3_CHIN1_7Y</li> <li>*Date before 12 months ago.</li> </ul> Question ID: CFL005_00.080 Instrument Variable Name: CHIN1_8 QuestionText: Was this a shot, or was it a vaccine sprayed in the nose? <ul> <li>*Recad if necessary: The flu nasal spray is called FluMist(trademark).</li> <li>I Flu shot</li> <li>Glu nasal spray (spray, mist or drop in nose)</li> <li>Refused</li> <li>Don't know</li> </ul> UniverseText: Sample Child LE 17 years who have more than one vaccine dose	Question ID:	CFI.005_00	.070 Instrume	nt Variable Name:	CH1N1_7Y	QuestionnaireFileName:	Sample Child	
Year       Year         '997       Refused         '999       Don't know         UniverseText:       Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose         SkipInstructions: <valid year,rd=""> [goto CHIN1_8]         [If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y]         [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y]         [If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_CH1N1_7Y]         Hard Edit:       ERR1_CH1N1_7Y         *Future date invalid.         ERR2_CH1N1_7Y         *Future date invalid.         ERR3_CH1N1_7Y         *Date before birth.         ERR3_CH1N1_7Y         *Date before 12 months ago.         Question ID:       CFL005_00.080       Instrument Variable Name:       CH1N1_8       QuestionmaineFileName:       Sample Child         Question Text:       Was this a shot, or was it a vaccine sprayed in the nose?       *Read if necessary: The flu nasal spray is called FluMist(trademark).       1       Flu shot         2       Flu nasal spray (spray, mist or drop in nose)       7       Refused         9       Don't know       9       Don't know         UniverseText:       Sample Child LE 17 years who have more than one vaccine dose</valid>	QuestionText:	2 of 2						
997       Refused         9999       Don't know         UniverseText:       Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose         SkipInstructions: <valid d="" r,="" year,=""> [goto CHIN1_8] [If CHIN1_6M and CHIN1_7Y = a future date] goto ERR1_CHIN1_7Y] [If CHIN1_6M and CHIN1_7Y = a date prior to birth] goto ERR2_CHIN1_7Y] [If CHIN1_6M and CHIN1_7Y = a date prior to 12 months ago] goto ERR3_CHIN1_7Y]         Hard Edit:       ERR1_CHIN1_7Y *Future date invalid. ERR2_CHIN1_7Y *Date before birth. ERR3_CHIN1_7Y *Date before 12 months ago.         Question ID:       CFL005_00.080       Instrument Variable Name:       CHIN1_8       QuestionnaireFileName:       Sample Child         Question ID:       CFL005_00.080       Instrument Variable Name:       CHIN1_8       QuestionnaireFileName:       Sample Child         1       Flu nasal spray is called FluMist(trademark).       1       Flu nasal spray (spray, mist or drop in nose)       7       Refused         3       Don't know       UniverseText:       Sample Child LE 17 years who have more than one vaccine dose</valid>		*Enter y	ear of next most	recent flu vaccine.				
999       Don't know         UniverseText:       Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose         SkipInstructions: <valid d="" r,="" year,=""> [goto CH1N1_8] [If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y] [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y] [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR3_CH1N1_7Y]         Hard Edit:       ERR1_CH1N1_7Y *Future date invalid. ERR2_CH1N1_7Y *Date before birth. ERR3_CH1N1_7Y *Date before 12 months ago.         Question ID:       CFL005_00.080       Instrument Variable Name:       CH1N1_8 CH1N1_8         Question ID:       CFL005_00.080       Instrument Variable Name:       CH1N1_8 CH1N1_6K         Question Text:       Was this a shot, or was it a vaccine sprayed in the nose?       *Read if necessary: The flu nasal spray is called FluMist(trademark).         1       Flu shot       Flu nasal spray (spray, mist or drop in nose)       7         3       Don't know       Sample Child LE 17 years who have more than one vaccine dose</valid>	Year	Year						
UniverseText:       Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of vaccine dose         SkipInstructions: <valid r,d="" year,=""> [goto CH1N1_8]         [If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y]       [If CH1N1_6M and CH1N1_7Y = a future date] goto ERR2_CH1N1_7Y]         [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR3_CH1N1_7Y]       [If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_CH1N1_7Y]         Hard Edit:       ERR1_CH1N1_7Y         * Future date invalid.         ERR3_CH1N1_7Y         * Date before birth.         ERR3_CH1N1_7Y         * Date before 12 months ago.         QuestionText:       Was this a shot, or was it a vaccine sprayed in the nose?         * Read if necessary: The flu nasal spray is called FluMist(trademark).         1       Flu shot         2       Flu nasal spray (spray, mist or drop in nose)         7       Refused         9       Don't know</valid>	9997	Refused	efused					
vaccine dose         SkipInstructions: <valid year,r,d=""> [goto CH1N1_8] [If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y] [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y] [If CH1N1_6M and CH1N1_7Y = a date prior to 12 months ago] goto ERR3_CH1N1_7Y]         Hard Edit:       ERR1_CH1N1_7Y *Future date invalid. ERR2_CH1N1_7Y *Date before birth. ERR3_CH1N1_7Y *Date before 12 months ago.         Question ID:       CF1.005_00.080       Instrument Variable Name:       CH1N1_8       QuestionnaireFileName:       Sample Child         Question ID:       CF1.005_00.080       Instrument Variable Name:       CH1N1_8       QuestionnaireFileName:       Sample Child         Question ID:       CF1.005_00.080       Instrument Variable Name:       CH1N1_8       QuestionnaireFileName:       Sample Child         Question Text:       Was this a shot, or was it a vaccine sprayed in the nose?       *Read if necessary: The flu nasal spray is called FluMist(trademark).       1       Flu nasal spray (spray, mist or drop in nose)       7       Refused       9       Don't know         UniverseText:       Sample Child LE 17 years who have more than one vaccine dose       Sample Child LE 17 years who have more than one vaccine dose</valid>	9999	Don't kı	now					
If CHIN1_6M and CHIN1_77 = a future date] goto ERR1_CHIN1_7Y]         If CHIN1_6M and CHIN1_7Y = a date prior to birth] goto ERR2_CHIN1_7Y]         If CHIN1_6M and CHIN1_7Y = a date prior to birth] goto ERR3_CHIN1_7Y]         If CHIN1_6M and CHIN1_7Y = a date prior to 12 months ago] goto ERR3_CHIN1_7Y]         If CHIN1_6M and CHIN1_7Y = a date prior to 12 months ago] goto ERR3_CHIN1_7Y]         If CHIN1_6M and CHIN1_7Y = a date prior to 12 months ago] goto ERR3_CHIN1_7Y]         If CHIN1_7Y         *Future date invalid.         ERR2_CHIN1_7Y         *Date before birth.         ERR3_CHIN1_7Y         *Date before 12 months ago.         Question ID:       CFL005_00.080         Instrument Variable Name:       CHIN1_8         QuestionText:       Was this a shot, or was it a vaccine sprayed in the nose?         *Read if necessary: The flu nasal spray is called FluMist(trademark).         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 more than one vaccine dose							't know month of	
<ul> <li>*Future date invalid.</li> <li>ERR2_CH1N1_7Y</li> <li>*Date before birth.</li> <li>ERR3_CH1N1_7Y</li> <li>*Date before 12 months ago.</li> </ul> Question ID: CF1.005_00.080 Instrument Variable Name: CH1N1_8 QuestionnaireFileName: Sample Child QuestionText: Was this a shot, or was it a vaccine sprayed in the nose? <ul> <li>*Read if necessary: The flu nasal spray is called FluMist(trademark).</li> <li>1 Flu shot</li> <li>2 Flu nasal spray (spray, mist or drop in nose)</li> <li>7 Refused</li> <li>9 Don't know</li> </ul> UniverseText: Sample Child LE 17 years who have more than one vaccine dose	[If CH1N1_6M and CH1N1_7Y = a future date] goto ERR1_CH1N1_7Y] [If CH1N1_6M and CH1N1_7Y = a date prior to birth] goto ERR2_CH1N1_7Y]				I			
*Date before birth. ERR3_CH1N1_7Y *Date before 12 months ago. Question ID: CFI.005_00.080 Instrument Variable Name: CH1N1_8 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(trademark). 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 more than one vaccine dose								
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QuestionText:       Was this a shot, or was it a vaccine sprayed in the nose?         *Read if necessary: The flu nasal spray is called FluMist(trademark).         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 more than one vaccine dose								
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<ul> <li>*Read if necessary: The flu nasal spray is called FluMist(trademark).</li> <li>1 Flu shot</li> <li>2 Flu nasal spray (spray, mist or drop in nose)</li> <li>7 Refused</li> <li>9 Don't know</li> <li>UniverseText: Sample Child LE 17 years who have more than one vaccine dose</li> </ul>	Question ID:	CF1.005_00	.080 Instrume	nt Variable Name:	CHINI_8	QuestionnaireFileName:	Sample Child	
1Flu shot2Flu nasal spray (spray, mist or drop in nose)7Refused9Don't knowUniverseText:Sample Child LE 17 years who have more than one vaccine dose	QuestionText:	Was this	a shot, or was it	a vaccine sprayed	in the nose?			
<ul> <li>2 Flu nasal spray (spray, mist or drop in nose)</li> <li>7 Refused</li> <li>9 Don't know</li> <li>UniverseText: Sample Child LE 17 years who have more than one vaccine dose</li> </ul>		*Read if	necessary: The	flu nasal spray is ca	alled FluMist(traden	nark).		
<ul> <li>7 Refused</li> <li>9 Don't know</li> <li>UniverseText: Sample Child LE 17 years who have more than one vaccine dose</li> </ul>	1	Flu shot	t					
<ul> <li>9 Don't know</li> <li>UniverseText: Sample Child LE 17 years who have more than one vaccine dose</li> </ul>	2	Flu nasal spray (spray, mist or drop in nose)						
UniverseText: Sample Child LE 17 years who have more than one vaccine dose	7							
	9	Don't kı	now					
SkipInstructions: <1-2,R,D> [goto next section]	UniverseTex	<b>xt:</b> Sa	ample Child LE	17 years who have	more than one vacc	ine dose		
	SkipInstructions: <1-2,R,D> [goto next section]							