

ICPSR 36146

National Health Interview Survey, 2012

*United States Department of Health and
Human Services. Centers for Disease
Control and Prevention. National Center
for Health Statistics*

Sample Child Level Questionnaire (English)

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2012 NHIS Questionnaire - Sample Child**Child Identification****Document Version Date:** 23-May-13

Question ID: CID.001_00.000 **Instrument Variable Name:** CURRES **QuestionnaireFileName:** Sample Child**QuestionText:** * Enter the line number of the person to whom you are speaking.**01-25** Person number of the respondent for Sample Child**UniverseText:** Sample child section not started or not completed

SkipInstructions:

```
if CSTAT ne empty and CSTAT ne '2' THEN
  if ASTAT = empty or ASTAT = '2' THEN
    goto adult.aid.SADULT
  elseif recontact.RCIFLAG ne '1' THEN
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif
  goto back.OUTCOMEB1 procedure
endif

<01-25> if this is NOT an allowable line number
  goto ERR_CURRES
elseif CURRES = a line number entered in KNOWSC2
  store CURRES in CSPAVAIL and CSRESP
  goto CSRELTIV
elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)
  goto KNOAVAIL
else
  goto CSPAVAIL
endif
```

Hard Edit: ERR_CURRES

* You have selected a non-selectable person.

* Please correct.

2012 NHIS Questionnaire - Sample Child**Child Identification****Document Version Date: 23-May-13**

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

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

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

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

* If refused enter CTRL_R.

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

96 No person available

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

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

Hard Edit: ERR_CSPAVAIL

* You have selected a non-selectable person.

* Please correct.

2012 NHIS Questionnaire - Sample Child**Child Identification****Document Version Date: 23-May-13**

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

QuestionText: (book) C1

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

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

UniverseText: Someone identified as knowledgeable about child's health

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

Question ID: CID.040_00.000 **Instrument Variable Name:** CSPVERF_S **QuestionnaireFileName:** Sample Child

QuestionText: * Please verify the following information about the sample child before proceeding:

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

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

- 1 Yes
- 2 No

UniverseText: Respondent is not the person entered in HHRESP or RELRESP_A.

SkipInstructions: <1> goto CSPVERF_A
<2> goto NEWSEX

2012 NHIS Questionnaire - Sample Child**Child Identification****Document Version Date: 23-May-13**

Question ID: CID.041_00.000 **Instrument Variable Name:** NEWSEX **QuestionnaireFileName:** Sample Child

QuestionText: * Ask if appropriate; otherwise, enter your best guess of the person's sex.

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

- 1 Male
- 2 Female

UniverseText: Respondent said child's sex is not correct.

SkipInstructions: <1,2> store NEWSEX in SEX
goto ERR_NEWSEX
reset CSPVERF_S
goto CSPVERF_S

Hard Edit: ERR_NEWSEX

* The gender will now be changed to [fill: NEWSEX].

goto CSPVERF_S (as the default goto)

Question ID: CID.042_00.000 **Instrument Variable Name:** CSPVERF_A **QuestionnaireFileName:** Sample Child

QuestionText: * Please verify the following information about the sample child before proceeding:

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

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

- 1 Yes
- 2 No

UniverseText: Respondent verified child's sex

SkipInstructions: <1> goto CSPVERF_D
<2> goto NEWAGE

2012 NHIS Questionnaire - Sample Child**Child Identification****Document Version Date: 23-May-13**

Question ID: CID.043_00.000 **Instrument Variable Name:** NEWAGE **QuestionnaireFileName:** Sample Child

QuestionText: How old is [fill1: ALIAS of Sample Child]?

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

000-120 Age in years

UniverseText: Respondent said child's age is not correct

SkipInstructions: <0-120, Refused, Don't know>
if NEWAGE = 'Refused' or NEWAGE = 'Don't know' or NEWAGE = AGE
reset CSPVERF_A
goto ERR_NEWAGE
else
store NEWAGE in AGE
goto NEWDOB_M

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: CID.044_00.000 **Instrument Variable Name:** CSPVERF_D **QuestionnaireFileName:** Sample Child

QuestionText: * Please verify the following information about the sample child before proceeding:

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

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

1 Yes

2 No

UniverseText: Respondent verified child's sex

SkipInstructions: <1> if AGE of Sample Child ge '18'
goto CNO_MORE
else
goto child.chs.BWGT_LB
endif
<2> goto NEWDOB_M

2012 NHIS Questionnaire - Sample Child**Child Identification****Document Version Date: 23-May-13**

Question ID: CID.046_01.000 **Instrument Variable Name:** NEWDOB_M **QuestionnaireFileName:** Sample Child

QuestionText: 1 of 3

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

*Enter month of birth.

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

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

SkipInstructions: <01-12, Refused, Don't know> goto NEWDOB_D

Question ID: CID.046_02.000 **Instrument Variable Name:** NEWDOB_D **QuestionnaireFileName:** Sample Child

QuestionText: 2 of 3

* Enter day of birth.

01-31 Day of the month

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

SkipInstructions: <01-31,Refused,Don't know> goto NEWDOB_Y

If days not valid, goto ERR_NEWDOB_D

Hard Edit: ERR_NEWDOB_D

* [fill2: NEWDOB_D] is not a valid day for [fill3: NEWDOB_M].

* Please correct.

2012 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 23-May-13

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

*Data mismatched. Please fix Age or Birthday.

2012 NHIS Questionnaire - Sample Child

Child Identification

Document Version Date: 23-May-13

goto CSPVERF_A (whether suppressed or not)

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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?

* Enter 'M' to record metric measurements.

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

UniverseText: Sample children <18

SkipInstructions: <1-12> [goto BWGT_OZ]
 <13-15> [goto ERR1_BWGT_LB]
 <R,D> [goto CHGT_FT]
 <M> [goto BWGT_GR]
 [If NE <1-15, M, D, R> goto ERR2_BWGT_LB]

Hard Edit: ERR2_BWGT_LB

* Only "1-15" or "M" or "Don't know/Refused" allowed in this field.
 * Please correct.

Soft Edit: ERR1_BWGT_LB

* [fill: BWGT_LB] is an unusually high number.
 * Please verify.

Question ID: CHS.010_02.000 **Instrument Variable Name:** BWGT_OZ **QuestionnaireFileName:** Sample Child

QuestionText: * Enter ounces.

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

UniverseText: Sample children <18 who have a value entered for weight in pounds.

SkipInstructions: <0-15,R,D> [goto CHGT_FT]
 [if BWGT_LB = <0-15, D, R> and BWGT_OZ = <empty> go to CHGT_FT]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.011_00.000 **Instrument Variable Name:** BWGT_GR **QuestionnaireFileName:** Sample Child

QuestionText: * Enter weight in grams.

0500 500 grams or less
 0501-6899 501-6899 grams
 6900 6900+ grams
 9997 Refused
 9999 Don't know

UniverseText: Sample children <18 whose birth weight will be entered in metric.

SkipInstructions: <500-5485, R,D> [goto CHGT_FT]
 <5486-6900> [goto ERR_BWGT_GR]

Soft Edit: ERR_BWGT_GR

* [fill1: BWGT_GR] is an unusually high number (equal to [fill2] pounds, [fill3] ounces).
 * Please verify.

Question ID: CHS.020_01.000 **Instrument Variable Name:** CHGT_FT **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

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

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

* Enter 'M' to record metric measurements.

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

UniverseText: Sample children 12+

SkipInstructions: <empty> [goto CHGT_IN]
 <0-7> [goto CHGT_IN]
 <R,D> [goto CWGT_LB]
 <M> [goto CHGT_M]
 [If NE <0-7, M, D, R> go to ERR_CHGT_FT]

Hard Edit: ERR_CHGT_FT

* Only "0-7" or "M" or "Don't know/Refused" allowed in this field.
 * Please correct.

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.020_02.000 **Instrument Variable Name:** CHGT_IN **QuestionnaireFileName:** Sample Child

QuestionText: * Enter inches.

00-36 0-36 inches
97 Refused
99 Don't know

UniverseText: Sample children 12+ whose height in feet is 0-7 or is left empty.

SkipInstructions: <0-36,R,D> If (CHGT_FT = '0', 'empty') and (CHGT_IN = '0', 'empty')
 goto ERR1_CHGT_IN
 elseif CHGT_FT = '1-7' and CHGT_IN ge '12'
 goto ERR2_CHGT_IN
 elseif (SEX = '1' and
 AGE = '12' and (CHTINCH lt '53' or CHTINCH gt '68')) or
 AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '72')) or
 AGE = '14' and (CHTINCH lt '58' or CHTINCH gt '73')) or
 AGE = '15' and (CHTINCH lt '60' or CHTINCH gt '74')) or
 AGE = '16' and (CHTINCH lt '61' or CHTINCH gt '74')) or
 AGE = '17' and (CHTINCH lt '62' or CHTINCH gt '75')) or
 (SEX = '2' and
 AGE = '12' and (CHTINCH lt '54' or CHTINCH gt '68')) or
 AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '69')) or
 AGE = '14' and (CHTINCH lt '57' or CHTINCH gt '69')) or
 AGE = '15' and (CHTINCH lt '57' or CHTINCH gt '69')) or
 AGE = '16' and (CHTINCH lt '57' or CHTINCH gt '70')) or
 AGE = '17' and (CHTINCH lt '57' or CHTINCH gt '69'))
 goto ERR3_CHGT_IN
 else
 goto CWGT_LB

Hard Edit: ERR1_CHGT_IN

* Must enter an answer in at least the inches item.
 * Please correct.

ERR2_CHGT_IN

* Number of inches exceeds maximum allowed.
 * Please correct.

Soft Edit: ERR3_CHGT_IN

* Please verify that the height was entered correctly. Probe only if necessary.

2012 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 23-May-13

Question ID: CHS.021_01.000 **Instrument Variable Name:** CHGT_M **QuestionnaireFileName:** Sample Child

QuestionText: * Enter height in metric.

* If the child's height is given in centimeters, press 'ENTER' at meters and enter the measure in centimeters (241 centimeters maximum).

0-2 0-2 meters

7 Refused

9 Don't know

Blank Blank

UniverseText: Sample children 12+ whose current height will be entered in metric.

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.021_02.000 **Instrument Variable Name:** CHGT_CM **QuestionnaireFileName:** Sample Child

QuestionText: * Enter centimeters.

000-241 0-241 centimeters

Blank Blank

UniverseText: Sample children 12+ whose weight will be entered in metric, and who entered "0-2" for height in meters or left it empty.

SkipInstructions: <0-241,R,D> If (CHGT_M = '0', 'empty') and (CHGT_CM = '0', 'empty')
 goto ERR1_CHGT_CM
 elseif (CHGT_M eq '2' and CHGT_CM gt '41') or (CHGT_M eq '1' and CHGT_CM gt '141')
 goto ERR2_CHGT_CM
 elseif (SEX = '1' and
 AGE = '12' and (CHTCM lt '137' or CHTCM gt '174')) or
 AGE = '13' and (CHTCM lt '140' or CHTCM gt '184')) or
 AGE = '14' and (CHTCM lt '148' or CHTCM gt '186')) or
 AGE = '15' and (CHTCM lt '152' or CHTCM gt '189')) or
 AGE = '16' and (CHTCM lt '156' or CHTCM gt '189')) or
 AGE = '17' and (CHTCM lt '157' or CHTCM gt '192')) or
 (SEX = '2' and
 AGE = '12' and (CHTCM lt '138' or CHTCM gt '173')) or
 AGE = '13' and (CHTCM lt '141' or CHTCM gt '176')) or
 AGE = '14' and (CHTCM lt '145' or CHTCM gt '176')) or
 AGE = '15' and (CHTCM lt '145' or CHTCM gt '177')) or
 AGE = '16' and (CHTCM lt '145' or CHTCM gt '177')) or
 AGE = '17' and (CHTCM lt '145' or CHTCM gt '176'))
 goto ERR3_CHGT_CM
 else
 goto CWGT_LB

Hard Edit: ERR1_CHGT_CM

* Must enter an answer at least in the centimeters item.

* Please correct.

ERR2_CHGT_CM

* Total height exceeds maximum allowed.

* Please correct.

Soft Edit: ERR3_CHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.022_00.000 **Instrument Variable Name:** CWGT_LB **QuestionnaireFileName:** Sample Child

QuestionText: How much does [fill: S.C. name] weigh now (without shoes)?

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

001-500 1-500 pounds

997 Refused

999 Don't know

M Metric

UniverseText: Sample children 12+

SkipInstructions: <1-500> if CWGT_LB lt '1' or CWGT_LB gt '500'
 goto ERR1_CWGT_LB
 elseif (SEX = '1' and
 AGE = '12' and (CWGT_LB lt '62' or CWGT_LB gt '209')) or
 AGE = '13' and (CWGT_LB lt '70' or CWGT_LB gt '247')) or
 AGE = '14' and (CWGT_LB lt '83' or CWGT_LB gt '266')) or
 AGE = '15' and (CWGT_LB lt '94' or CWGT_LB gt '267')) or
 AGE = '16' and (CWGT_LB lt '98' or CWGT_LB gt '306')) or
 AGE = '17' and (CWGT_LB lt '106' or CWGT_LB gt '317')) or
 (SEX = '2' and
 AGE = '12' and (CWGT_LB lt '62' or CWGT_LB gt '212')) or
 AGE = '13' and (CWGT_LB lt '73' or CWGT_LB gt '238')) or
 AGE = '14' and (CWGT_LB lt '84' or CWGT_LB gt '252')) or
 AGE = '15' and (CWGT_LB lt '84' or CWGT_LB gt '238')) or
 AGE = '16' and (CWGT_LB lt '87' or CWGT_LB gt '257')) or
 AGE = '17' and (CWGT_LB lt '90' or CWGT_LB gt '292'))
 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 lt '2'
 goto ADD1_2
 else
 calculate the BMI (Body Mass Index)
 <R,D> if AGE ge '2'
 goto ADD_1
 else
 goto ADD1_2
 <M> goto CWGT_KG

Hard Edit: ERR1_CWGT_LB

* Weight is out of range (1-500).

* Please correct.

Soft Edit: ERR2_CWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.023_00.000 **Instrument Variable Name:** CWGT_KG **QuestionnaireFileName:** Sample Child

QuestionText: * Enter weight in kilograms.

002-226 2-226 kilograms

UniverseText: Sample children 12+ whose weight will be entered in metric.

SkipInstructions: <2-226> if CWGT_KG lt '2' or CWGT_KG gt '226'
 goto ERR1_CWGT_KG
 elseif (SEX = '1' and
 AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '95')) or
 AGE = '13' and (CWGT_KG = '32' or CWGT_KG = '112')) or
 AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '121')) or
 AGE = '15' and (CWGT_KG = '42' or CWGT_KG = '121')) or
 AGE = '16' and (CWGT_KG = '44' or CWGT_KG = '139')) or
 AGE = '17' and (CWGT_KG = '48' or CWGT_KG = '144')) or
 (SEX = '2' and
 AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '96')) or
 AGE = '13' and (CWGT_KG = '33' or CWGT_KG = '108')) or
 AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '114')) or
 AGE = '15' and (CWGT_KG = '38' or CWGT_KG = '108')) or
 AGE = '16' and (CWGT_KG = '39' or CWGT_KG = '117')) or
 AGE = '17' and (CWGT_KG = '41' or CWGT_KG = '133'))
 goto ERR2_CWGT_KG
 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 lt '2'
 goto ADD1_2
 else
 calculate the BMI (Body Mass Index)
 <R,D> if AGE ge '2'
 goto ADD_1
 else
 goto ADD1_2

Hard Edit: ERR1_CWGT_KG

* Weight is out of range (2-226).
 * Please correct.

Soft Edit: ERR2_CWGT_KG

* Please verify that the weight was entered correctly. Probe only if necessary.

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.031_02.000 **Instrument Variable Name:** ADD1_2 **QuestionnaireFileName:** Sample Child

QuestionText: Has a doctor or health professional ever told you that [fill: S.C. name] had...
an intellectual disability, also known as mental retardation?

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto ADD1_3]

Question ID: CHS.031_03.000 **Instrument Variable Name:** ADD1_3 **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

* Read if necessary.

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

Any other developmental delay?

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

UniverseText: Sample children <2

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.032_01.000 **Instrument Variable Name:** ADD_1 **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

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

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

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

UniverseText: Sample children 2-17

SkipInstructions: <1,2,R,D> [go to ADD_2]

Question ID: CHS.032_02.000 **Instrument Variable Name:** ADD_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

an intellectual disability, also known as mental retardation?

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

UniverseText: Sample children 2-17

SkipInstructions: <1,2,R,D> [go to ADD_3]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date:** 23-May-13

Question ID: CHS.032_03.000 **Instrument Variable Name:** ADD_3 **QuestionnaireFileName:** Sample Child**QuestionText:** ?[F1]

* Read if necessary.

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

Any other developmental delay?

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

UniverseText: Sample children 2-17**SkipInstructions:** <1,2,R,D> [go to CONDL]

Question ID: CHS.060_00.000 **Instrument Variable Name:** CONDL **QuestionnaireFileName:** Sample Child**QuestionText:** (book) C2 ?[F1]

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

*Read if necessary.

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

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

UniverseText: Sample children <18**SkipInstructions:** <1> [goto CONDL1] <2,R,D> [goto CPOX]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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

QuestionText: (book) C2 ?[F1]

Which ones?

* Enter all that apply, separate with commas.

- 01 Down syndrome
- 02 Cerebral palsy
- 03 Muscular dystrophy
- 04 Cystic fibrosis
- 05 Sickle cell anemia
- 06 Autism/Autism spectrum disorder
- 07 Diabetes
- 08 Arthritis
- 09 Congenital heart disease
- 10 Other heart condition

UniverseText: Sample children <18 and CONDL=1

SkipInstructions: <1-10, R,D> [go to CPOX]

Question ID: CHS.070_00.000 **Instrument Variable Name:** CPOX **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: SC Name] EVER had chickenpox?

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

UniverseText: Sample children <18

SkipInstructions: <1> [go to CPOX12MO]
<2, D, R> [go to CASHMEV]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations**

Document Version Date: 23-May-13

Question ID: CHS.072_00.000 **Instrument Variable Name:** CPOX12MO **QuestionnaireFileName:** Sample Child

QuestionText: Has [fill: SC name] had chickenpox DURING THE PAST 12 MONTHS?

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

UniverseText: Sample children <18 who have had chickenpox

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

Question ID: CHS.080_00.000 **Instrument Variable Name:** CASHMEV **QuestionnaireFileName:** Sample Child

QuestionText: ? [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 GE 6 [go to CHPYR];
else if AGE = 4-5 [go to CFLUPNYR];
else if AGE LE 2 [go to CCONDT1_1];
else [go to CCONDT_1]

Question ID: CHS.085_00.000 **Instrument Variable Name:** CASSTILL **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill: SC name] still have asthma?

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

UniverseText: Sample children <18 and doctor has informed that child had asthma

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.090_00.000 **Instrument Variable Name:** CASHYR **QuestionnaireFileName:** Sample Child

QuestionText: The following questions are about [fill: SC name]'s asthma DURING THE PAST 12 MONTHS.

DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?

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

UniverseText: Sample children <18 and doctor has informed that child had asthma

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

Question ID: CHS.100_00.000 **Instrument Variable Name:** CASMERYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did [fill1: SC name] have to visit an emergency room or urgent care center because of [fill2: his/her] asthma?

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

UniverseText: Sample children <18 and doctor has informed that child had asthma

SkipInstructions: <1,2,R,D> if AGE GE 6 [go to CHPYR]; else if AGE = 4-5 [go to CFLUPNYR]; else if AGE LE 2 [go to CCOND1_1]; else [go to CCOND1_1]

Question ID: CHS.105_00.010 **Instrument Variable Name:** CHPYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill1: S.C. name] had ...Hypertension, also called high blood pressure?

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

UniverseText: Sample children 6+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.105_00.020 **Instrument Variable Name:** CHYPMED **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill: S.C. name] take prescription medication to control [fill2: his/her] blood pressure?

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

UniverseText: Sample children 6+ who were ever told they had hypertension

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

Question ID: CHS.105_00.030 **Instrument Variable Name:** CCHLYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill1: S.C. name] had
...High cholesterol?

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

UniverseText: Sample children 6+

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

Question ID: CHS.106_00.010 **Instrument Variable Name:** CFLUPNYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill1: S.C. name] had
...Influenza or pneumonia?

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

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.106_00.020 **Instrument Variable Name:** CCONMED **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill1: S.C. name] had

...Constipation severe enough to require medication?

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

UniverseText: Sample children 4+

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

Question ID: CHS.106_00.030 **Instrument Variable Name:** CSINYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill1: S.C. name] had

...Sinusitis?

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

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.106_00.040 **Instrument Variable Name:** CSTREPYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill1: S.C. name] had
...Strep throat or tonsillitis?

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

UniverseText: Sample children 4+

SkipInstructions: <1,2,R,D> [goto CCONDT_1]

Question ID: CHS.111_01.000 **Instrument Variable Name:** CCONDT1_1 **QuestionnaireFileName:** Sample Child

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

Hay fever?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_2]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_3]

Question ID: CHS.111_03.000 **Instrument Variable Name:** CCONDT1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_4]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.111_04.000 **Instrument Variable Name:** CCONDT1_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_5]

Question ID: CHS.111_05.000 **Instrument Variable Name:** CCONDT1_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_6]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_8]

Question ID: CHS.111_08.000 **Instrument Variable Name:** CCONDT1_8 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Three or more ear infections?

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

UniverseText: Sample children LE 2

SkipInstructions: <1,2,R,D> [go to CCONDT1_9]

2012 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

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Question ID: CHS.111_09.000 **Instrument Variable Name:** CCONDT1_9 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Seizures?

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

UniverseText: Sample children LE 2

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

Question ID: CHS.115_01.000 **Instrument Variable Name:** CCONDT_1 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill: 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

SkipInstructions: <1,2,R,D> [go to CCONDT_2]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.115_02.000 **Instrument Variable Name:** CCONDT_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of respiratory allergy?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_3]

Question ID: CHS.115_03.000 **Instrument Variable Name:** CCONDT_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Any kind of food or digestive allergy?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_4]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.115_04.000 **Instrument Variable Name:** CCONDT_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Eczema or any kind of skin allergy?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_5]

Question ID: CHS.115_05.000 **Instrument Variable Name:** CCONDT_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Frequent or repeated diarrhea or colitis?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_6]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_7]

Question ID: CHS.115_07.000 **Instrument Variable Name:** CCONDT_7 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Frequent or severe headaches, including migraines?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_8]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.115_08.000 **Instrument Variable Name:** CCONDT_8 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Three or more ear infections?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_9]

Question ID: CHS.115_09.000 **Instrument Variable Name:** CCONDT_9 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Seizures?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> [go to CCONDT_10]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.115_10.000 **Instrument Variable Name:** CCONDT_10 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Stuttering or stammering?

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

UniverseText: Sample children = 3-17

SkipInstructions: <1,2,R,D> if AGE GE 6 [go to CHEADYR];
else if AGE = 4-5 [goto CTHOTHYR];
else [goto CHSTATYR]

Question ID: CHS.120_00.010 **Instrument Variable Name:** CHEADYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Recurring headache, other than migraine?

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

UniverseText: Sample children 6+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations**

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Question ID: CHS.120_00.020 **Instrument Variable Name:** CABDOMYR **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Abdominal pain?

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

UniverseText: Sample children 6+**SkipInstructions:** <1,2,R,D> [goto CJNTSYMP]

Question ID: CHS.120_00.030 **Instrument Variable Name:** CJNTSYMP **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 30 DAYS, has [fill1: S.C. name] had any symptoms of pain, aching, or stiffness in or around a joint?

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

UniverseText: Sample children 6+**SkipInstructions:** <1,2,R,D> [goto CPAINECK]

Question ID: CHS.120_00.040 **Instrument Variable Name:** CPAINECK **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Neck pain?

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

UniverseText: Sample children 6+**SkipInstructions:** <1,2,R,D> [goto CPAINLB]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.120_00.050 **Instrument Variable Name:** CPAINLB **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Low back pain?

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

UniverseText: Sample children 6+

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

Question ID: CHS.120_00.060 **Instrument Variable Name:** CMUSCLYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Other muscle or bone pain?

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

UniverseText: Sample children 6+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.120_00.070 **Instrument Variable Name:** CSPNYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Any severe sprains or strains?

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

UniverseText: Sample children 6+

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

Question ID: CHS.120_00.080 **Instrument Variable Name:** CDENYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Dental pain?

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

UniverseText: Sample children 6+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.120_00.090 **Instrument Variable Name:** CPNOTHYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Other chronic pain?

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

UniverseText: Sample children 6+

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

Question ID: CHS.120_00.100 **Instrument Variable Name:** COVRWTYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Problems with being overweight?

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

UniverseText: Sample children 6+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.125_00.010 **Instrument Variable Name:** CTHOTHYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Sore throat other than strep or tonsillitis?

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

UniverseText: Sample children 4+

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

Question ID: CHS.125_00.020 **Instrument Variable Name:** CFEVRYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Fever more than one day?

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

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.125_00.030 **Instrument Variable Name:** CCOLDYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...A head or chest cold?

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

UniverseText: Sample children 4+

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

Question ID: CHS.125_00.040 **Instrument Variable Name:** CNAUSYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Nausea and/or vomiting?

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

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.125_00.050 **Instrument Variable Name:** CFATIGYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Fatigue or lack of energy more than three days?

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

UniverseText: Sample children 4+

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

Question ID: CHS.125_00.060 **Instrument Variable Name:** CFATYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill1: S.C name]

...Regularly had excessive sleepiness during the day?

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

UniverseText: Sample children 4+

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.125_00.070 **Instrument Variable Name:** CINSYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name]

...Regularly had insomnia or trouble sleeping?

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

UniverseText: Sample children 4+

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

Question ID: CHS.210_00.000 **Instrument Variable Name:** CHSTATYR **QuestionnaireFileName:** Sample Child

QuestionText: Compared with 12 months ago, would you say [fill: SC name]'s health is now better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

UniverseText: Sample children < 18

SkipInstructions: <1-3,R,D> [if AGE le <4> goto CCOLD2W; else goto SCHDAYR]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations**

Document Version Date: 23-May-13

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

SkipInstructions: <0-99,996,R,D> [goto CCOLD2W]
<100-240> [go to ERR1_SCHDAYR]
<241-995> [goto ERR2_SCHDAYR]

Hard Edit: ERR2_SCHDAYR

* "241-995" days not allowed in this field.
* Please correct.

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

SkipInstructions: <1,2,R,D> [goto CINTIL2W]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date:** 23-May-13

Question ID: CHS.240_00.000 **Instrument Variable Name:** CINTIL2W **QuestionnaireFileName:** Sample Child

QuestionText: Did [fill: SC name] have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST 2 WEEKS?

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHEARST1]

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

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

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

UniverseText: Sample children <18

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.260_00.000 **Instrument Variable Name:** CVISION **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill1: SC name] have any trouble seeing [fill2: , even when wearing glasses or contact lenses]?

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

UniverseText: Sample children <18

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

Question ID: CHS.270_00.000 **Instrument Variable Name:** CBLIND **QuestionnaireFileName:** Sample Child

QuestionText: Is [fill: SC name] blind or unable to see at all?

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

UniverseText: Sample children <18 having trouble seeing

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

Question ID: CHS.290_00.000 **Instrument Variable Name:** IHSPEQ **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill1: SC name] have any impairment or health problem that requires [fill2: him/her] to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

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

UniverseText: Sample children <18

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.300_00.000 **Instrument Variable Name:** IHMOB **QuestionnaireFileName:** Sample Child

QuestionText: Does [fill1: SC name] have an impairment or health problem that limits [fill2: his/her] ability to (crawl), walk, run, or play?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18

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

Question ID: CHS.310_00.000 **Instrument Variable Name:** IHMOBYR **QuestionnaireFileName:** Sample Child

QuestionText: Is this an impairment or health problem that has lasted, or is expected to last, 12 months or longer?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children <18 that have limited ability to crawl, walk, run, or play

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

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.311_00.000 **Instrument Variable Name:** PROBRX **QuestionnaireFileName:** Sample Child**QuestionText:** ?[F1]

Does [fill1: SC name] NOW have a problem for which [fill2: he/she] has regularly taken prescription medication for at least three months?

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

UniverseText: Sample children <18**SkipInstructions:** <1,2,R,D> [if AGE LE <1> go to CAU.CUSUALPL;
else if AGE GE 3 go to LEARNND;
else if AGE = 2 and SEX = 1 go to CMHAGM11_1;
if AGE = 2 and SEX = 2 go to CMHAGF11_1]

Question ID: CHS.312_00.000 **Instrument Variable Name:** LEARNND **QuestionnaireFileName:** Sample Child**QuestionText:** ?[F1]

Has a representative from a school or a health professional ever told you that [fill: SC name] had a learning disability?

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

UniverseText: Sample children 3-17**SkipInstructions:** <1,2,R,D> if AGE GE 6 go to CDEPRSYR;
if AGE =3 and SEX = 1 go to CMHAGM11_1;
if AGE = 3 and SEX = 2 go to CMHAGF11_1;
else goto CAU.CUSUALPL

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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

UniverseText: Male sample children 2-3

SkipInstructions: <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 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 trouble getting to sleep?

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

UniverseText: Male sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGM11_3]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations**

Document Version Date: 23-May-13

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

UniverseText: Male sample children 2-3**SkipInstructions:** <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

UniverseText: Male sample children 2-3**SkipInstructions:** <0-2,R,D> [go to CAU.CUSUALPL]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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

UniverseText: Female sample children 2-3

SkipInstructions: <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 describe children. For each one, tell me if it has been NOT TRUE, SOMETIMES TRUE, or OFTEN TRUE, of [fill: S.C. name] DURING THE PAST TWO MONTHS.

She:

Has speech problems?

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

UniverseText: Female sample children 2-3

SkipInstructions: <0-2,R,D> [go to CMHAGF11_3]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

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

UniverseText: Female sample children 2-3**SkipInstructions:** <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 necessary.

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

She:

Has been unhappy, sad, or depressed?

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

UniverseText: Female sample children 2-3**SkipInstructions:** <0-2,R,D> [go to CAU.CUSUALPL]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date:** 23-May-13

Question ID: CHS.370_00.010 **Instrument Variable Name:** CDEPRSYR **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 12 MONTHS, has a doctor or other health professional told you that [fill1: S.C. name] had
...Depression?

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

UniverseText: Sample children 6+**SkipInstructions:** <1,2,R,D> [goto CANXNWYR]

Question ID: CHS.370_00.020 **Instrument Variable Name:** CANXNWYR **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 12 MONTHS, has [fill1: S.C name]

...Frequently felt anxious, nervous, or worried?

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

UniverseText: Sample children 6+**SkipInstructions:** <1,2,R,D> [goto CSTRESYR]

2012 NHIS Questionnaire - Sample Child**Child Health Status & Limitations****Document Version Date: 23-May-13**

Question ID: CHS.370_00.030 **Instrument Variable Name:** CSTRESYR **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name]

...Frequently felt stressed?

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

UniverseText: Sample children 6+

SkipInstructions: <1,2,R,D> if SEX=2 and AGE GE 10 [goto MENSTYR]; else [goto CAU.CUSUALPL]

Question ID: CHS.375_00.010 **Instrument Variable Name:** MENSTYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Menstrual problems such as heavy bleeding, bothersome cramping, or premenstrual syndrome (also called PMS)?

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

UniverseText: Female sample children 10+

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

2012 NHIS Questionnaire - Sample Child

Child Health Status & Limitations

Document Version Date: 23-May-13

Question ID: CHS.375_00.020 **Instrument Variable Name:** CGYNYR **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has [fill1: S.C name] had

...Gynecologic problems such as vaginal infection?

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

UniverseText: Female sample children 10+

SkipInstructions: <1,2,R,D> [goto CAU.CUSUALPL]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

QuestionText: The next questions are about health care.

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

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

UniverseText: Sample children <18

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

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization**

Document Version Date: 23-May-13

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

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

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

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

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

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization****Document Version Date: 23-May-13**

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

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

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

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

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

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

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

*Enter all that apply, separate with commas.

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

UniverseText: Sample children <18 who don't have a usual place of care

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

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

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

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

UniverseText: Sample children <18

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

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization****Document Version Date: 23-May-13**

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

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

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

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

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

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

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

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

UniverseText: Sample children <18

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

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

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

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D>[goto CHCDLYR_1]

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization****Document Version Date: 23-May-13**

Question ID: CAU.080_01.000 **Instrument Variable Name:** CHCDLYR1_1 **QuestionnaireFileName:** Sample Child

QuestionText:

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

You couldn't get through on the telephone.

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_2]

Question ID: CAU.080_02.000 **Instrument Variable Name:** CHCDLYR1_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

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

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_3]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

Question ID: CAU.080_03.000 **Instrument Variable Name:** CHCDLYR1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

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

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_4]

Question ID: CAU.080_04.000 **Instrument Variable Name:** CHCDLYR1_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

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

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [goto CHCDLYR1_5]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

Question ID: CAU.080_05.000 **Instrument Variable Name:** CHCDLYR1_5 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

You didn't have transportation.

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D> [if AGE GE <2> goto CHCAFYR1_1; else goto CHCAFYR]

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

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

Prescription medicines?

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

UniverseText: Sample children <2

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

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

QuestionText: * Read if necessary.

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

To see a specialist?

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

UniverseText: Sample children <2

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

Question ID: CAU.133_00.020 **Instrument Variable Name:** CHCAFYRF **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Follow-up care?

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

Question ID: CAU.135_01.000 **Instrument Variable Name:** CHCAFYR1_1 **QuestionnaireFileName:** Sample Child

QuestionText:

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

Prescription medicines?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_2]

Question ID: CAU.135_02.000 **Instrument Variable Name:** CHCAFYR1_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Mental health care or counseling?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_3]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

Question ID: CAU.135_03.000 **Instrument Variable Name:** CHCAFYR1_3 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Dental care (including check-ups)?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_4]

Question ID: CAU.135_04.000 **Instrument Variable Name:** CHCAFYR1_4 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

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

Eyeglasses?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_5]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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 didn't get it because you couldn't afford it...

To see a specialist?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_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 there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Follow-up care?

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

UniverseText: Sample children GE 2

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

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

QuestionText: (book) C4

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

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

UniverseText: Sample children GE 1

SkipInstructions: <0-5,R,D> [if AGE GE <2> goto CHCSYR_1; else go to CHCSYR1_2]

Question ID: CAU.170_01.000 **Instrument Variable Name:** CHCSYR1_2 **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has anyone in the family seen or talked to any of the following health care providers about [fill2: alias]'s health?

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

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_3]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

Question ID: CAU.170_02.000 **Instrument Variable Name:** CHCSYR1_3 **QuestionnaireFileName:** Sample Child

QuestionText: ?[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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_5]

Question ID: CAU.170_03.000 **Instrument Variable Name:** CHCSYR1_5 **QuestionnaireFileName:** Sample Child

QuestionText: ?[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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [goto CHCSYR1_6]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

Question 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

UniverseText: Sample children <2

SkipInstructions: <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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_2]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_3]

Question ID: CAU.175_03.000 **Instrument Variable Name:** CHCSYR_3 **QuestionnaireFileName:** Sample Child

QuestionText: ?[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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_4]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

Question ID: CAU.175_04.000 **Instrument Variable Name:** CHCSYR_4 **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 chiropractor?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_5]

Question ID: CAU.175_05.000 **Instrument Variable Name:** CHCSYR_5 **QuestionnaireFileName:** Sample Child

QuestionText: ?[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 physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCSYR_6]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

UniverseText: 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:** CHCSYR7 **QuestionnaireFileName:** Sample Child

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about [fill2: alias]'s health?

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

UniverseText: Sample children GE 15 who are female

SkipInstructions: <1,2,R,D> [goto CHCSYR8_1]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

SkipInstructions: <1,2,R,D> [goto CHCSYR8_2]

Question ID: CAU.240_02.000 **Instrument Variable Name:** CHCSYR8_2 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to the following about [fill2: alias]'s health?

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

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

UniverseText: Sample children <18

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

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

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

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

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

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

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

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

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

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

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

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

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

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

UniverseText: Sample children <18

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

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization****Document Version Date: 23-May-13**

Question ID: CAU.280_00.000 **Instrument Variable Name:** CHERNOYR **QuestionnaireFileName:** Sample Child**QuestionText:** (book) C5

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

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

UniverseText: Sample children <18**SkipInstructions:** <0,R,D> [goto CHCHYR] <1-8> [goto CERVISND]

Question ID: CAU.281_00.010 **Instrument Variable Name:** CERVISND **QuestionnaireFileName:** Sample Child**QuestionText:** Thinking about [fill: S.C. name]'s most recent emergency room visit, did [fill: he/she] go to the emergency room either at night or on the weekend?

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

UniverseText: Sample children <18 who had at least one ER visit in the past year**SkipInstructions:** <1,2,R,D> [go to CERHOS]

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

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

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

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

SkipInstructions: Q1: <1,R,D> [goto CHCHYR] <2> [go to CERREAS1]
Q2-Q4: <1,2,R,D> [go to CERREAS1]

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

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

... [fill: He/She] didn't have another place to go

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization****Document Version Date: 23-May-13**

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

QuestionText: *Read if necessary.

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

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

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

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

QuestionText: *Read if necessary.

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

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

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

QuestionText: *Read if necessary.

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

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

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

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

QuestionText: *Read if necessary.

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

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

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

QuestionText: *Read if necessary.

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

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

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

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

QuestionText: *Read if necessary.

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

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

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization**

Document Version Date: 23-May-13

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

QuestionText: *Read if necessary.

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

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

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

UniverseText: Q1: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission
Q2-Q4: Sample children <18 who had at least one ER visit in the past year

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

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

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

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

UniverseText: Sample children <18

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

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization
Document Version Date: 23-May-13

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

QuestionText: (book) C6 ?[F1]

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

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

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

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

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

QuestionText: (book) C5 ?[F1]

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

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

UniverseText: Sample children <18

SkipInstructions: <0-8,R,D> [goto CSRGYR]

2012 NHIS Questionnaire - Sample Child**Child Access to Health Care & Utilization****Document Version Date: 23-May-13**

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

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

* Read if necessary.

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

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

UniverseText: Sample children <18

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

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

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

* Enter '95' for 95 or more times.

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

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

SkipInstructions: <1-10,R,D> [goto CMDLONG]
<11-95> [goto ERR_CMDLONG]

Soft Edit: ERR_CMDLONG

[fill2: CSRGNOYR] is an unusually large number. Did [fill1: alias] have [fill2: CSRGNOYR] surgical procedures?

*Please verify.

2012 NHIS Questionnaire - Sample Child

Child Access to Health Care & Utilization

Document Version Date: 23-May-13

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

QuestionText: (book) C4

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

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

UniverseText: Sample children <18

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

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.010_00.000 **Instrument Variable Name:** CVSLWRD **QuestionnaireFileName:** Sample Child

QuestionText: How old was {fill1: S.C. name} when {fill2: he/she} spoke {fill3: his/her} first words other than “ma-ma” or “da-da”?

- 01 6 to 8 months
- 02 9 to 11 months
- 03 12 to 14 months
- 04 15 to 17 months
- 05 18 to 23 months
- 06 24 months (2 years) or later
- 07 Cannot talk
- 97 Refused
- 99 Don't know

UniverseText: Sample children 3+

SkipInstructions: <1-7,R,D> [goto CVSLVYR]

Question ID: CCD.015_00.000 **Instrument Variable Name:** CVSLVYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had any problems or difficulties with {fill2: his/her} VOICE, such as too weak, hoarse, or strained that lasted for a week or longer?

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

UniverseText: Sample children 3+

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

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.020_00.000 **Instrument Variable Name:** CVSLSWYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had a problem swallowing food or beverages that lasted for a week or longer?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3+

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

Question ID: CCD.025_00.000 **Instrument Variable Name:** CVSLSPYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had a problem speaking, such as making speech sounds correctly or stuttering that lasted for a week or longer?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3+

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

Question ID: CCD.030_00.000 **Instrument Variable Name:** CVSLLGYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had a problem learning, using, or understanding words or sentences that lasted for a week or longer?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3+

SkipInstructions: <1,2,R,D> if CVSLVYR=2,R,D and CVSLSWYR=2,R,D and CVSLSPYR=2,R,D and CVSLLGYR=2,R,D [goto CVSLEVER]; else if CVSLVYR=1 or CVSLSWYR=1 or CVSLSPYR=1 or CVSLLGYR=1 [goto CVSLDG]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date:** 23-May-13

Question ID: CCD.035_00.000 **Instrument Variable Name:** CVSLEVER **QuestionnaireFileName:** Sample Child**QuestionText:** Has {fill1: S.C. name} EVER had a voice, swallowing, speech, or language problem that lasted a week or longer?

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

UniverseText: Sample children 3+ who have not had a voice, swallowing, speech, or language problem in the past 12 months**SkipInstructions:** <1> [goto CVSLDG] <2,R,D> [goto next section]

Question ID: CCD.040_00.000 **Instrument Variable Name:** CVSLDG **QuestionnaireFileName:** Sample Child**QuestionText:** Did a health or education professional EVER tell you a diagnosis or reason for {fill1: S.C. name}'s voice, swallowing, speech, or language problem?

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

UniverseText: Sample children 3+ who have ever had a voice, swallowing, speech, or language problem**SkipInstructions:** <1> [goto CVSLDGTP] <2,R,D> (if CVSLVYR=1 or CVSLSWYR=1 or CVSLSPYR=1 or CVSLLGYR=1) [goto applicable CVSLVAG, CVSLSWAG, CVSLSPAG, CVSLLGAG series]; else [goto next section]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.045_00.000 **Instrument Variable Name:** CVSLDGTP **QuestionnaireFileName:** Sample Child

QuestionText: For which problem(s)?

*Read if necessary: Was this for problems with {fill1: S.C. name}'s voice, swallowing, speech, or language?

*Enter all that apply, separate with commas.

- 1 Voice problem
- 2 Swallowing problem
- 3 Speech problem
- 4 Language problem
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3+ who have been given a diagnosis for their voice, swallowing, speech, or language problem

SkipInstructions: <1> [goto CVSLVDG] <2> [goto CVSLSWDG] <3> [goto CVSLSPDG] <4> [goto CVSLLGDG] <R,D> [if CVSLVYR=1 or CVSLSWYR=1 or CVSLSPYR=1 or CVSLLGYR=1 goto CVSLVAG, CVSLSWAG, CVSLSPAG, CVSLLGAG series; else goto next section]

Question ID: CCD.050_00.000 **Instrument Variable Name:** CVSLVDG **QuestionnaireFileName:** Sample Child

QuestionText: What diagnoses or reasons were you told caused {fill1: S.C. name}'s voice problems?

*Enter all that apply, separate with commas.

- 01 Laryngitis caused by colds/strep or by voice misuse/abuse/overuse
- 02 Head/neck injury
- 03 Allergies or airborne irritants
- 04 Tissue damage in throat (accident, intubation, ingestion of caustic material)
- 05 Laryngeal growths (polyps, papillomas, laryngeal web, nodules)
- 06 Cancer anywhere in the head, neck or throat
- 07 Neurological cause (cerebral palsy, muscular dystrophy, etc.)
- 08 Congenital malformation/Birth defect
- 09 Gastroesophageal reflux
- 10 Prescription medication or drugs
- 11 Other
- 97 Refused
- 99 Don't Know

UniverseText: Sample children 3+ who have been given a diagnosis for their voice problem

SkipInstructions: <1-11,R,D> [cycle through CVSLSWDG, CVSLSPDG, CVSLLGDG if applicable]; then if CVSLVYR=1 or CVSLSWYR=1 or CVSLSPYR=1 or CVSLLGYR=1 [goto CVSLVAG, CVSLSWAG, CVSLSPAG, CVSLLGAG series]; else [goto next section]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.055_00.000 **Instrument Variable Name:** CVSLSWDG **QuestionnaireFileName:** Sample Child

QuestionText: What diagnoses or reasons were you told caused {fill1: S.C. name}'s problems swallowing?

*Enter all that apply, separate with commas.

- 01 Neurological cause (cerebral palsy, muscular dystrophy, stroke, etc.)
- 02 Head/neck injury
- 03 Tissue damage in mouth or throat (accident, intubation, ingestion of caustic material)
- 04 Congenital malformation/Birth defect
- 05 Genetic syndrome
- 06 Cancer anywhere in the head, neck or throat
- 07 Asthma
- 08 Prescription medication or drugs
- 09 Other
- 97 Refused
- 99 Don't Know

UniverseText: Sample children 3+ who have been given a diagnosis for their swallowing problem

SkipInstructions: <1-9,R,D> [cycle through CVSLSPDG, CVSLLGDG if applicable]; then if CVSLVYR=1 or CVSLSWYR=1 or CVSLSPYR=1 or CVSLLGYR=1 [goto CVSLVAG, CVSLSWAG, CVSLSPAG, CVSLLGAG series]; else [goto next section]

Question ID: CCD.060_00.000 **Instrument Variable Name:** CVSLSPDG **QuestionnaireFileName:** Sample Child

QuestionText: What diagnoses or reasons were you told caused {fill1: S.C. name}'s speech problems?

*Enter all that apply, separate with commas.

- 01 Hearing loss or deafness
- 02 Developmental speech sound disorder (phonology, articulation, apraxia, dyspraxia, etc.)
- 03 Stuttering
- 04 Congenital malformation/Birth defect (cleft lip/palate, craniofacial anomaly)
- 05 Genetic syndrome
- 06 Neurological cause or disease (cerebral palsy, muscular dystrophy, stroke, etc.)
- 07 Head/neck injury
- 08 Cancer anywhere in the head, neck or throat
- 09 Prescription medication or drugs
- 10 Other
- 97 Refused
- 99 Don't Know

UniverseText: Sample children 3+ who have been given a diagnosis for their speech problem

SkipInstructions: <1-10,R,D> [cycle through CVSLLGDG if applicable]; then if CVSLVYR=1 or CVSLSWYR=1 or CVSLSPYR=1 or CVSLLGYR=1 [goto CVSLVAG, CVSLSWAG, CVSLSPAG, CVSLLGAG series]; else [goto next section]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.065_00.000 **Instrument Variable Name:** CVSLLGDG **QuestionnaireFileName:** Sample Child

QuestionText: What diagnoses or reasons were you told caused {fill1: S.C. name}'s problems learning, using, or understanding words or sentences?

*Enter all that apply, separate with commas.

- 01** Hearing loss or deafness
- 02** Genetic syndrome
- 03** Intellectual disability, also known as mental retardation
- 04** Autism spectrum disorder
- 05** Developmental language-learning disorder (specific language impairment, learning disability, dyslexia)
- 06** Head injury, traumatic brain injury (TBI)
- 07** Other neurological cause (stroke, seizure disorder, etc.)
- 08** Prescription medication or drugs
- 09** Other
- 97** Refused
- 99** Don't Know

UniverseText: Sample children 3+ who have been given a diagnosis for their language problem

SkipInstructions: <1-9,R,D> if CVSLVYR=1 or CVSLSWYR=1 or CVSLSPYR=1 or CVSLLGYR=1 [goto CVSLVAG, CVSLSWAG, CVSLSPAG, CVSLLGAG series]; else [goto next section]

Question ID: CCD.070_00.000 **Instrument Variable Name:** CVSLVAG **QuestionnaireFileName:** Sample Child

QuestionText: At what age did {fill1: S.C. name} FIRST begin to have any voice problems?

* Enter '0' if since birth.

- 00-17** 0-17
- 97** Refused
- 99** Don't know

UniverseText: Sample children 3+ who have had a voice problem in the past 12 months for a week or longer

SkipInstructions: <0-Current Age,R,D> [cycle through CVSLSWAG, CVSLSPAG, CVSLLGAG if applicable, then goto CVSLVPB, CVSLSWPB, CVSLSPPB, CVSLLGPB series]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.075_00.000 **Instrument Variable Name:** CVSLSWAG **QuestionnaireFileName:** Sample Child**QuestionText:** At what age did {fill1: S.C. name} FIRST begin to have any problems swallowing?

* Enter '0' if since birth.

00-17	0-17
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have had a swallowing problem in the past 12 months for a week or longer**SkipInstructions:** <0-Current Age,R,D> [cycle through CVSLSPAG, CVSLLGAG if applicable, then goto CVSLVPB, CVSLSWPB, CVSLSPPB, CVSLLGPB series]

Question ID: CCD.080_00.000 **Instrument Variable Name:** CVSLSPAG **QuestionnaireFileName:** Sample Child**QuestionText:** At what age did {fill1: S.C. name} FIRST begin to have any speech problems?

* Enter '0' if since birth.

00-17	0-17
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have had a speech problem in the past 12 months for a week or longer**SkipInstructions:** <0-Current Age,R,D> [cycle through CVSLLGAG if applicable, then goto CVSLVPB, CVSLSWPB, CVSLSPPB, CVSLLGPB series]

Question ID: CCD.085_00.000 **Instrument Variable Name:** CVSLLGAG **QuestionnaireFileName:** Sample Child**QuestionText:** At what age did {fill1: S.C. name} FIRST begin to have any problems learning, using, or understanding words or sentences?

* Enter '0' if since birth.

00-17	0-17
97	Refused
99	Don't know

UniverseText: Sample children 3+ who have had a language problem in the past 12 months for a week or longer**SkipInstructions:** <0-Current Age,R,D> [goto CVSLVPB, CVSLSWPB, CVSLSPPB, CVSLLGPB series]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.090_00.000 **Instrument Variable Name:** CVSLVPB **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem did {fill1: S.C. name} have with {fill2: his/her} voice?
Would you say it was...

*Read categories below

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3+ who have had a voice problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [cycle through CVSLSWPB, CVSLSPPB, CVSLLGPB if applicable, then goto CVSLVSP, CVSLSWSP, CVSLSPSP, CVSLLGSP series]

Question ID: CCD.095_00.000 **Instrument Variable Name:** CVSLSWPB **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, how much of a swallowing problem did {fill1: S.C. name} have? Would you say it was...

*Read categories below

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3+ who have had a swallowing problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [cycle through CVSLSPPB, CVSLLGPB if applicable, then goto CVSLVSP, CVSLSWSP, CVSLSPSP, CVSLLGSP series]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.100_00.000 **Instrument Variable Name:** CVSLSPPB **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem did {fill1: S.C. name} have with {fill2: his/her} speech?
Would you say it was...

*Read categories below

1	No problem
2	A small problem
3	A moderate problem
4	A big problem
5	A very big problem
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had a speech problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [cycle through CVSLGSPB if applicable, then goto CVSLVSP, CVSLSWSP, CVSLSPSP, CVSLLGSP series]

Question ID: CCD.110_00.000 **Instrument Variable Name:** CVSLLGPB **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem did {fill1: S.C. name} have learning, using or understanding words or sentences? Would you say it was...

*Read categories below

1	No problem
2	A small problem
3	A moderate problem
4	A big problem
5	A very big problem
7	Refused
9	Don't know

UniverseText: Sample children 3+ who have had a language problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [goto CVSLVSP, CVSLSWSP, CVSLSPSP, CVSLLGSP series]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders**

Document Version Date: 23-May-13

Question ID: CCD.115_00.000 **Instrument Variable Name:** CVSLVSP **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} receive speech language therapy or other intervention services for {fill2: his/her} voice problems?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3+ who have had a voice problem in the past 12 months for a week or longer

SkipInstructions: <1> [cycle through CVSLSWSP, CVSLSPSP, CVSLLGSP if applicable; else goto HP series]
<2> [goto CVSLVPE] <R,D> [cycle through the SP series if applicable; else goto next section CBL.010]

Question ID: CCD.120_00.000 **Instrument Variable Name:** CVSLVPE **QuestionnaireFileName:** Sample Child

QuestionText: Did {fill1: S.C. name} EVER receive speech language therapy or other intervention services for {fill2: his/her} voice problems?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3+ who have not had speech language therapy for a voice problem in the past 12 months

SkipInstructions: <1> [cycle through CVSLSWSP, CVSLSPSP, CVSLLGSP if applicable; else goto HP series] <2,R,D> [cycle through SP series if applicable; else goto next section CBL.010]

Question ID: CCD.125_00.000 **Instrument Variable Name:** CVSLSWSP **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} receive speech language therapy or other intervention services for {fill2: his/her} problems swallowing?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 3+ who have had a swallowing problem in the past 12 months for a week or longer

SkipInstructions: <1> [cycle through CVSLSPSP, CVSLLGSP if applicable; else goto HP series] <2> [goto CVSLSWPE] <R,D> [cycle through SP series if applicable; else if CVSLVSP='1' or CVSLVPE='1' goto HP series; else goto next section CBL.010]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.130_00.000 **Instrument Variable Name:** CVSLSWPE **QuestionnaireFileName:** Sample Child

QuestionText: Did {fill1: S.C. name} EVER receive speech language therapy or other intervention services for {fill2: his/her} problems swallowing?

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

UniverseText: Sample children 3+ who have not had speech language therapy for a swallowing problem in the past 12 months

SkipInstructions: <1> [cycle through CVSLSPSP, CVSLLGSP if applicable; else goto HP series] <2,R,D> [cycle through SP series if applicable; else if CVSLVSP='1' or CVSLVPE='1' goto HP series; else goto next section CBL.010]

Question ID: CCD.135_00.000 **Instrument Variable Name:** CVSLSPSP **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} receive speech language therapy or other intervention services for {fill2: his/her} speech problems?

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

UniverseText: Sample children 3+ who have had a speech problem in the past 12 months for a week or longer

SkipInstructions: <1> [cycle through CVSLLGSP if applicable; else goto HP series] <2> [goto CVSLSPPE] <R,D> [cycle through CVSLLGSP if applicable; else if CVSLVSP='1' or CVSLVPE='1' or CVSLSWSP='1' or CVSLSWPE='1' goto HP series; else goto next section CBL.010]

Question ID: CCD.140_00.000 **Instrument Variable Name:** CVSLSPPE **QuestionnaireFileName:** Sample Child

QuestionText: Did {fill1: S.C. name} EVER receive speech language therapy or other intervention services for {fill2: his/her} speech problems?

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

UniverseText: Sample children 3+ who have not had speech language therapy for a speech problem in the past 12 months

SkipInstructions: <1> [cycle through CVSLLGSP if applicable; else goto HP series] <2,R,D> [cycle through CVSLLGSP if applicable; else if CVSLVSP='1' or CVSLVPE='1' or CVSLSWSP='1' or CVSLSWPE='1' goto HP series; else goto next section CBL.010]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.145_00.000 **Instrument Variable Name:** CVSLLGSP **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did {fill1: S.C. name} receive speech language therapy or other intervention services for {fill2: his/her} problems using, learning or understanding words or sentences?

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

UniverseText: Sample children 3+ who have had a language problem in the past 12 months for a week or longer

SkipInstructions: <1,R,D> [if CVSLVSP=1 or CVSLVPE=1 or CVSLSWSP=1 or CVSLSWPE=1 or CVSLSPSP=1 or CVSLSPPE=1 or CVSLLGSP=1 or CVSLLGPE=1 cycle through CVSLVHP, CVSLSWHP, CVSLSPHP, CVSLLGHP if applicable; else goto next section CBL.010] <2> [goto CVSLLGPE]

Question ID: CCD.150_00.000 **Instrument Variable Name:** CVSLLGPE **QuestionnaireFileName:** Sample Child

QuestionText: Did {fill1: S.C. name} EVER receive speech language therapy or other intervention services for {fill2: his/her} problems learning, using, or understanding words or sentences?

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

UniverseText: Sample children 3+ who have not had speech language therapy for a language problem in the past 12 months

SkipInstructions: <1,2,R,D> if CVSLVSP=1 or CVSLVPE=1 or CVSLSWSP=1 or CVSLSWPE=1 or CVSLSPSP=1 or CVSLSPPE=1 or CVSLLGSP=1 or CVSLLGPE=1 [cycle through CVSLVHP, CVSLSWHP, CVSLSPHP, CVSLLGHP if applicable]; else [goto CBL.010]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.155_00.000 **Instrument Variable Name:** CVSLVHP **QuestionnaireFileName:** Sample Child

QuestionText: Who provided this (for {fill1: S.C. name}'s voice problems)?

*Enter all that apply, separate with commas.

- 01 Speech-Language Pathologist
- 02 Early Intervention Specialist/Program
- 03 Occupational/Physical Therapist
- 04 Ear, Nose & Throat Doctor (ENT, or otolaryngologist)
- 05 Audiologist or Hearing Aid Specialist
- 06 Pediatrician or Family Practice Doctor
- 07 Neurologist or Other Specialist
- 08 Nutritionist or Dietician
- 09 Psychiatrist or Psychologist
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children 3+ who have ever had speech language therapy or other intervention services for a voice problem

SkipInstructions: <1-10,R,D> [cycle through CVSLSWHP, CVSLSPHP, CVSLLGHP if applicable]; else [goto CBL.010]

Question ID: CCD.160_00.000 **Instrument Variable Name:** CVSLSWHP **QuestionnaireFileName:** Sample Child

QuestionText: Who provided this (for {fill1: S.C. name}'s problems swallowing)?

*Enter all that apply, separate with commas.

- 01 Speech-Language Pathologist
- 02 Early Intervention Specialist/Program
- 03 Occupational/Physical Therapist
- 04 Ear, Nose & Throat Doctor (ENT, or otolaryngologist)
- 05 Audiologist or Hearing Aid Specialist
- 06 Pediatrician or Family Practice Doctor
- 07 Neurologist or Other Specialist
- 08 Nutritionist or Dietician
- 09 Psychiatrist or Psychologist
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children 3+ who have ever had speech language therapy or other intervention services for a swallowing problem

SkipInstructions: <1-10,R,D> [cycle through CVSLSPHP, CVSLLGHP if applicable]; else [goto CBL.010]

2012 NHIS Questionnaire - Sample Child**Child Communication Disorders****Document Version Date: 23-May-13**

Question ID: CCD.165_00.000 **Instrument Variable Name:** CVSLSPHP **QuestionnaireFileName:** Sample Child

QuestionText: Who provided this (for {fill1: S.C. name}'s speech problems)?

*Enter all that apply, separate with commas.

- 01 Speech-Language Pathologist
- 02 Early Intervention Specialist/Program
- 03 Occupational/Physical Therapist
- 04 Ear, Nose & Throat Doctor (ENT, or otolaryngologist)
- 05 Audiologist or Hearing Aid Specialist
- 06 Pediatrician or Family Practice Doctor
- 07 Neurologist or Other Specialist
- 08 Nutritionist or Dietician
- 09 Psychiatrist or Psychologist
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children 3+ who have ever had speech language therapy or other intervention services for a speech problem

SkipInstructions: <1-10,R,D> [cycle through CVSLLGHP if applicable]; else [goto CBL.010]

Question ID: CCD.170_00.000 **Instrument Variable Name:** CVSLLGHP **QuestionnaireFileName:** Sample Child

QuestionText: Who provided this (for {fill1: S.C. name}'s problems learning, using, or understanding words or sentences)?

*Enter all that apply, separate with commas.

- 01 Speech-Language Pathologist
- 02 Early Intervention Specialist/Program
- 03 Occupational/Physical Therapist
- 04 Ear, Nose & Throat Doctor (ENT, or otolaryngologist)
- 05 Audiologist or Hearing Aid Specialist
- 06 Pediatrician or Family Practice Doctor
- 07 Neurologist or Other Specialist
- 08 Nutritionist or Dietician
- 09 Psychiatrist or Psychologist
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children 3+ who have ever had speech language therapy or other intervention services for a language problem

SkipInstructions: <1-10,R,D> [goto CBL.010]

2012 NHIS Questionnaire - Sample Child**Child Balance****Document Version Date:** 23-May-13

Question ID: CBL.010_00.000 **Instrument Variable Name:** CBALWLK **QuestionnaireFileName:** Sample Child**QuestionText:** At what age did {fill1: S.C. name} take {fill2: his/her} first steps without support?

- 01 6 to 8 months
- 02 9 to 11 months
- 03 12 to 14 months
- 04 15 to 17 months
- 05 18 to 23 months
- 06 24 months (2 years) or later
- 07 Cannot walk
- 97 Refused
- 99 Don't know

UniverseText: Sample children 3+**SkipInstructions:** <1-7,R,D> [goto CBALLIMB]

Question ID: CBL.015_00.000 **Instrument Variable Name:** CBALLIMB **QuestionnaireFileName:** Sample Child**QuestionText:** Does {fill1: S.C. name} have any problem standing, walking, or using {fill2: his/her} arms or legs?

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

UniverseText: Sample children 3+**SkipInstructions:** <1,2,R,D> [goto CBALVRTG]

2012 NHIS Questionnaire - Sample Child**Child Balance****Document Version Date: 23-May-13**

Question ID: CBL.020_00.000 **Instrument Variable Name:** CBALVRTG **QuestionnaireFileName:** Sample Child

QuestionText: These next questions are about balance problems or disorders that children may experience such as feeling unsteady, dizzy, light headed, or woozy or having body or motor coordination problems.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems?

Vertigo, a spinning sensation like a Merry-Go-Round?

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

UniverseText: Sample children 3+

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

Question ID: CBL.025_00.000 **Instrument Variable Name:** CBALSTED **QuestionnaireFileName:** Sample Child

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems?

Poor balance, an unsteady or woozy feeling that makes it difficult to stand up or walk?

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

UniverseText: Sample children 3+

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

2012 NHIS Questionnaire - Sample Child**Child Balance****Document Version Date: 23-May-13**

Question ID: CBL.027_00.000 **Instrument Variable Name:** CBALMOTR **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems?

Problems with body or motor coordination or clumsiness ?

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

UniverseText: Sample children 3+**SkipInstructions:** <1,2,R,D> [goto CBALFALL]

Question ID: CBL.030_00.000 **Instrument Variable Name:** CBALFALL **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems?

Frequent falls?

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

UniverseText: Sample children 3+**SkipInstructions:** <1,2,R,D> [goto CBALPASS]

2012 NHIS Questionnaire - Sample Child**Child Balance****Document Version Date: 23-May-13**

Question ID: CBL.035_00.000 **Instrument Variable Name:** CBALPASS **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems?

Light-headedness, fainting, or feeling {fill2: he/she} is about to pass out?

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

UniverseText: Sample children 3+**SkipInstructions:** <1,2,R,D> [goto CBALOTH]

Question ID: CBL.040_00.000 **Instrument Variable Name:** CBALOTH **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems?

Any other type of balance or dizziness problems?

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

UniverseText: Sample children 3+**SkipInstructions:** <1,2,R,D> if CBALVRTG=1 or CBALSTED=1 or CBALMOTR=1 or CBALFALL=1 or CBALPASS=1 or CBALOTH=1 [goto CBALDGHP]; else [goto CAU.CUSUALPL]

2012 NHIS Questionnaire - Sample Child**Child Balance****Document Version Date: 23-May-13**

Question ID: CBL.045_00.000 **Instrument Variable Name:** CBALDGHP **QuestionnaireFileName:** Sample Child

QuestionText: Did a doctor or other health professional EVER tell you a diagnosis or reason for {fill1: S.C. name}'s dizziness or balance problems?

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

UniverseText: Sample children 3+ who have had episodes of balance problems or dizziness in the past 12 months

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

Question ID: CBL.050_00.000 **Instrument Variable Name:** CBALDIGN **QuestionnaireFileName:** Sample Child

QuestionText: What diagnoses or reasons were you told caused {fill1: S.C. name}'s balance or dizziness problems?

*Enter all that apply, separate with commas.

- 01 Ear infections (inner ear infection, otitis media, fluid in ears)
- 02 Vision problems/Blurred vision
- 03 Positional dizziness or vertigo (BPPV)
- 04 Severe headaches or migraine
- 05 Head or neck injury or concussion
- 06 Neurologic disorders including seizures, stroke, or brain tumors
- 07 Developmental motor coordination disorder ("clumsy" child)
- 08 Malformation of the ear
- 09 Other genetic cause (Asperger Syndrome, Usher's Syndrome, etc.)
- 10 Metabolic problem, such as "low blood sugar" (hypoglycemia)
- 11 Prescription medication or drugs
- 12 Other
- 97 Refused
- 99 Don't Know

UniverseText: Sample children 3+ who have ever been told a diagnosis for their balance problem or dizziness

SkipInstructions: <1-12,R,D> [goto CBALPART]

2012 NHIS Questionnaire - Sample Child**Child Balance****Document Version Date:** 23-May-13

Question ID: CBL.055_00.000 **Instrument Variable Name:** CBALPART **QuestionnaireFileName:** Sample Child**QuestionText:** Did any of these episodes of dizziness or balance problems keep {fill1: S.C. name} from participating in home, school, {fill2: work,} or recreational activities?

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

UniverseText: Sample children 3+ who have had episodes of balance problems or dizziness in the past 12 months**SkipInstructions:** <1,2,R,D> [goto CBALPROB]

Question ID: CBL.060_00.000 **Instrument Variable Name:** CBALPROB **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 12 MONTHS, how much of a problem were these episodes of dizziness or imbalance for {fill1: S.C. name}? Would you say it was...

*Read categories below.

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample children 3+ who have had episodes of balance problems or dizziness in the past 12 months**SkipInstructions:** <1-5,R,D> [goto CBALHPYR]

2012 NHIS Questionnaire - Sample Child**Child Balance****Document Version Date:** 23-May-13

Question ID: CBL.065_00.000 **Instrument Variable Name:** CBALHPYR **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 12 MONTHS, has {fill1: S.C name} seen a doctor, physical or occupational therapist, or other health care professional about these episodes of dizziness or balance problems? Include visits to the Emergency Room, hospital, or health clinics.

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

UniverseText: Sample children 3+ who have had episodes of balance problems or dizziness in the past 12 months**SkipInstructions:** <1,2,R,D> [goto CBALTRET]

Question ID: CBL.070_00.000 **Instrument Variable Name:** CBALTRET **QuestionnaireFileName:** Sample Child**QuestionText:** DURING THE PAST 12 MONTHS, has {fill1: S.C. name} tried methods recommended by a doctor, physical or occupational therapist, or other health care professional for treating {fill2: his/her} episodes of dizziness or balance problems?

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

UniverseText: Sample children 3+ who have had episodes of balance problems or dizziness in the past 12 months**SkipInstructions:** <1,2,R,D>[IF AGE=4-17 goto CMHCOPY;else goto CH1N1_1]

2012 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire

Document Version Date: 23-May-13

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

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

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

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

 * Enter 1 to Continue.

1 Enter 1 to continue

UniverseText: Sample children GE 4

SkipInstructions: <1> [goto CMHMF_1]

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

QuestionText: (book) C7

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

[fill2: He/She]

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

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

UniverseText: Sample children GE 4

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

2012 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 23-May-13

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

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She]

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

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

UniverseText: Sample children GE 4

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

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

QuestionText: (book) C7

* Read if necessary.

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

[fill2: He/She]

...is often unhappy, depressed or tearful.

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

UniverseText: Sample children GE 4

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

2012 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire**Document Version Date: 23-May-13**

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

UniverseText: Sample children GE 4**SkipInstructions:** <1-3,D,R> [goto CMHMF_5]

Question ID: CMB.020_05.000 **Instrument Variable Name:** CMHMF_5 **QuestionnaireFileName:** Sample Child**QuestionText:** (book) C7

* Read if necessary.

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

[fill2: He/She]

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

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

UniverseText: Sample children GE 4**SkipInstructions:** <1-3,D,R> [goto CMHDIFF]

2012 NHIS Questionnaire - Sample Child
Child Mental Health Brief Questionnaire
Document Version Date: 23-May-13

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

QuestionText: (book) C8

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

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

UniverseText: Sample children GE 4

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: Has [fill: SC name] had any difficulties with emotions, concentration, behavior, or getting along with others DURING THE PAST 6 MONTHS, that is since [fill month and year of 6 month reference period]?

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

UniverseText: Sample children 4-17

SkipInstructions: <1> [goto DIFFINTF] <2,R,D> [if CMHDIFF (variable name in layouts is RSCL6) IN ('2','3','4') [goto DIFFINTF]; else [goto PRESCP6M]

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

*Read categories below.

- 1 A lot
- 2 Some
- 3 A little
- 7 Refused
- 9 Don't know

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

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

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

QuestionText: How long have these difficulties been present?

- 1 Less than a month
- 2 1-5 months
- 3 6 to 12 months
- 4 Over a year
- 7 Refused
- 9 Don't know

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

UniverseText: Sample children 4-17

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

Question ID: CMS.011_00.000 **Instrument Variable Name:** PRESHELP **QuestionnaireFileName:** Sample Child

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

*Read categories below.

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date:** 23-May-13

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

QuestionText: Who FIRST prescribed the medication? Was it

...A pediatrician or other family doctor?

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

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

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

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

QuestionText: *Read if necessary.

Who FIRST prescribed the medication? Was it

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: *Read if necessary.

Who FIRST prescribed the medication? Was it

...A neurologist?

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

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

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

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

QuestionText: *Read if necessary.

Who FIRST prescribed the medication? Was it

...Someone else?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

Question ID: CMS.014_00.000 **Instrument Variable Name:** NSDUH21 **QuestionnaireFileName:** Sample Child

QuestionText: Sometimes students get treatment or counseling through the school system for DIFFICULTIES WITH emotions, concentration, behavior, or being able to get along with others.

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

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

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

SkipInstructions: <1,2,R,D> [goto NSDUH3]

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

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

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

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

SkipInstructions: <1> [go to NSDUH31 <2,R,D> [go to NSDUH4]

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

- 1 Day School
- 2 Overnight School
- 7 Refused
- 9 Don't know

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

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

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

QuestionText: Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

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

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

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

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

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

QuestionText: Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

UniverseText: Sample children 4-17 who participated in a school program for difficulties with emotions, concentration, behavior

SkipInstructions: <1-5,R,D> age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: Now I'd like to ask about places other than {S.C.name}'s school where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.

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

At daycare, child care, or play group?

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

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

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

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

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

*Enter all that apply, separate with commas

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

UniverseText: Sample children 4-6 who received counseling or treatment at daycare, child care, or play group from mental health provider

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

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

QuestionText: [fill2: Now I'd like to ask about places other than {S.C. name}'s school where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.]

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

In an office, clinic or center in your community?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

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

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

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

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

*Enter all that apply, separate with commas

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

UniverseText: Sample children 4-17 who received counseling or treatment at an office, clinic or community center from mental health provider

SkipInstructions: <1-4,R,D> [goto TRETWHR3]

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

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

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

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

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

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

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

*Enter all that apply, separate with commas

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

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

SkipInstructions: <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 difficulties...

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

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

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

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

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

*Enter all that apply, separate with commas

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

UniverseText: Sample children 4-17 who received counseling or treatment at hospital/ER/crisis center/shelter from mental health provider

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

At a day treatment program in a hospital or in your community?

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

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

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

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

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

*Enter all that apply, separate with commas

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

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

SkipInstructions: <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 [fill1: SC name] receive treatment or counseling for these difficulties...

Any other place?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: (book) C9

Who provided the treatment or counseling?

*Enter all that apply, separate with commas.

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

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

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

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

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

*Enter all that apply, separate with commas

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

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

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

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

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

QuestionText: Which ones?

*Read list if necessary.

*Enter all that apply, separate with commas.

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

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

SkipInstructions: <1-7,R,D> [goto SH1]

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date:** 23-May-13

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

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

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

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

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

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

Question ID:	CMS.100_00.000	Instrument Variable Name:	CASEM6M	QuestionnaireFileName:	Sample Child
QuestionText:	Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators who help to find or organize treatment for children's difficulties with emotions, concentration, behavior, or being able to get along with others. *Read if necessary: This type of help is sometimes called care coordination or case management. People or agencies that do this work might also help you develop a service plan, contact providers for you, and provide support to you in getting the help your child or adolescent needs. DURING THE PAST 6 MONTHS, did you or [fill1: S.C. name] receive this type of help from any individual or agency?				
	1	Yes			
	2	No			
	7	Refused			
	9	Don't know			
UniverseText:	Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months				
SkipInstructions:	<1> [goto CASEMWHO]; <2,R,D> IF PRESCP6M=1 or NSDUH21=1 or NSDUH3=1 or NSDUH4=1 or TRETWHR1=1 or TRETWHR2=1 or TRETWHR3=1 or TRETWHR4=1 or TRETWHR5=1 or TRETWHR6=1 or OVERNT6M=1 or SH1=1 or SH2=1 or CASEM6M=1 [goto TRETHELP]; else [goto TRTNEED1]				

Question ID:	CMS.110_00.000	Instrument Variable Name:	CASEMWHO	QuestionnaireFileName:	Sample Child
QuestionText:	Who provides help arranging or coordinating [fill1: S.C. name]'s care? *Enter the MAIN answer.				
01	Child welfare/social services/family and child services agency				
02	School or educational system				
03	Mental health agency				
04	Private mental health professional				
05	Juvenile justice agency or court system				
06	Private insurance service				
07	Family or friend				
08	Pediatrician or other family doctor				
09	Family or youth advocacy groups				
10	Other				
97	Refused				
99	Don't know				
UniverseText:	Sample children 4-17 who received help from case managers/care coordinators in the past 6 months				
SkipInstructions:	<1-10,R,D> [goto TRETHELP]				

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

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

SkipInstructions: <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?

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

Question ID: CMS.120_02.000 **Instrument Variable Name:** TRPAYSCH **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

School system?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months**SkipInstructions:** <1,2,R,D> [goto TRPAYSLEF]

Question ID: CMS.120_03.000 **Instrument Variable Name:** TRPAYSLEF **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months**SkipInstructions:** <1,2,R,D> [goto TRPAYMED]

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: (Book) F14

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

Medicaid?

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

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

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

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

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

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

Question ID: CMS.120_06.000 **Instrument Variable Name:** TRPAYMIL **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

Military health care?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months**SkipInstructions:** <1,2,R,D> [goto TRPAYSHP]

Question ID: CMS.120_07.000 **Instrument Variable Name:** TRPAYSHP **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

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

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months**SkipInstructions:** <1,2,R,D> [goto TRPAYIHS]

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

Question ID: CMS.120_09.000 **Instrument Variable Name:** TRPAYIHS **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

Indian Health Service?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months**SkipInstructions:** <1,2,R,D> [goto TRPAYOTH]

Question ID: CMS.120_10.000 **Instrument Variable Name:** TRPAYOTH **QuestionnaireFileName:** Sample Child**QuestionText:** *Read if necessary: Please tell me who pays or paid for [fill1: S.C. name]'s treatment or counseling during the past 6 months.

Some other source?

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

UniverseText: Sample children 4-17 who currently have or have had at least minor difficulties with emotions, concentration, behavior, or being able to get along in the past 6 months and received some type of treatment or counseling in the past 6 months**SkipInstructions:** <1,2,R,D> if TRPAYPHI=2,R,D and TRPAYSCH=2,R,D and TRPAYSLF=2,R,D and TRPAYMED=2,R,D and TRPAYCHP=2,R,D and TRPAYMIL=2,R,D and TRPAYSHR=2,R,D and TRPAYIHS=2,R,D and TRPAYOTH=2,R,D [goto TRETFREE];
else [goto TRTNEED1]

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: Was ALL OF THE treatment or counseling [fill1: S.C. name] RECEIVED during the past 6 months free?

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

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

SkipInstructions: <1,2,R,D>[goto TRTNEED1]

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

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

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

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

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

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

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

Help was too expensive?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: *Read lead-in if necessary:

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

You didn't know where to go?

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

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

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

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

QuestionText: *Read lead-in if necessary:

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

You had a negative experience with professionals?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: *Read lead-in if necessary:

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

You are afraid or you don't like professionals?

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

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

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

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

QuestionText: *Read lead-in if necessary:

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: *Read lead-in if necessary:

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

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

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

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

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

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

QuestionText: *Read lead-in if necessary:

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

You had to wait a long time for an appointment?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: *Read lead-in if necessary:

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

You had no way to get there?

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

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

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

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

QuestionText: *Read lead-in if necessary:

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

Services were too inconvenient to use?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Mental Health Services****Document Version Date: 23-May-13**

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

QuestionText: *Read lead-in if necessary:

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

Services were too far away?

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

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

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

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

QuestionText: *Read lead-in if necessary:

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

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

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

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

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

2012 NHIS Questionnaire - Sample Child

Child Mental Health Services

Document Version Date: 23-May-13

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

QuestionText: *Read lead-in if necessary:

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

Some other reason?

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

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

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

2012 NHIS Questionnaire - Sample Child**Child Influenza Immunization****Document Version Date: 23-May-13**

Question ID: CFI.005_00.030 **Instrument Variable Name:** CH1N1_3M **QuestionnaireFileName:** Sample Child

QuestionText: 1 of 2

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

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

UniverseText: Sample Child LE 17 who have had one or more vaccine doses

SkipInstructions: <1-12,D> [goto CH1N1_4Y] <R> [goto CH1N1_5]

Question ID: CFI.005_00.040 **Instrument Variable Name:** CH1N1_4Y **QuestionnaireFileName:** Sample Child

QuestionText: 2 of 2

*Enter year of most recent flu vaccine.

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

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

SkipInstructions: <valid year,R,D> [goto CH1N1_5]
 [If CH1N1_3M and CH1N1_4Y = a future date] goto ERR1_CH1N1_4Y
 [If CH1N1_3M and CH1N1_4Y = a date prior to birth] goto ERR2_CH1N1_4Y
 [If CH1N1_3M and CH1N1_4Y = a date prior to 12 months ago] goto ERR3_CH1N1_4Y]

Hard Edit: ERR1_CH1N1_4Y
 *Future date invalid.

ERR2_CH1N1_4Y
 *Date before birth.

ERR3_CH1N1_4Y
 *Date before 12 months ago.

2012 NHIS Questionnaire - Sample Child**Child Influenza Immunization****Document Version Date: 23-May-13**

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 spray (spray, mist or drop in nose)
- 7 Refused
- 9 Don't know

UniverseText: Sample Child LE 17 years who have had one or more vaccine doses

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

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

UniverseText: Sample Child LE 17 years who have had more than one vaccine doses

SkipInstructions: <1-12,D> [goto CH1N1_7Y] <R> [goto CH1N1_8]

2012 NHIS Questionnaire - Sample Child**Child Influenza Immunization****Document Version Date: 23-May-13**

Question ID: CFI.005_00.070 **Instrument Variable Name:** CH1N1_7Y **QuestionnaireFileName:** Sample Child

QuestionText: 2 of 2

*Enter year of next most recent flu vaccine.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample Child LE 17 years who have had more than one vaccine doses and gave month/don't know month of 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: 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

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