

**2010 NHIS Questionnaire - Sample Child**  
**Child Identification**

**Document Version Date: 12-Apr-11**

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**Question ID:** CID.001\_00.000    **Instrument Variable Name:** CURRE\$    **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\_CURRE\$  
                          elseif CURRE\$ = a line number entered in KNOWSC2  
                              store CURRE\$ in CSPAVAIL and CSRESP  
                              goto CSRELATIV  
                          elseif KNOWSC2 = 'Don't know' or 'Refused' or empty (no line numbers in KNOWSC2)  
                              goto KNOAVAIL  
                          else  
                              goto CSPAVAIL  
                          endif

## 2010 NHIS Questionnaire - Sample Child Child Identification

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

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

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

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

\* If refused enter CTRL\_R.

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

**96** No person available

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

**SkipInstructions:**

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

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

**QuestionText:** (book) C1

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

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

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

**SkipInstructions:**

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

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

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

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

1        Yes

2        No

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

---

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

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

1        Male

2        Female

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

---

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

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

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

1        Yes

2        No

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

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

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

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

---

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

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

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

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

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

**QuestionText:** 1 of 3

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

\*Enter month of birth.

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

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

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

---

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

**QuestionText:** 2 of 3

\* Enter day of birth.

**01-31**      Day of the month

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

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

              If days not valid, goto ERR\_NEWDOB\_D

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**2010 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.010\_01.000    **Instrument Variable Name:** BWGT\_LB    **QuestionnaireFileName:** Sample Child

**QuestionText:** What was [fill: S.C. name]'s birth weight?

\* Enter 'M' to record metric measurements.

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

**UniverseText:** Sample children <18

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

---

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

**QuestionText:** \* Enter ounces.

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

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

**SkipInstructions:** <0-15,R,D> [goto CHGT\_FT]  
[if BWGT\_LB = <0-15, R, D> and BWGT\_OZ = <empty> go to CHGT\_FT]

---

**Question ID:** CHS.011\_00.000    **Instrument Variable Name:** BWGT\_GR    **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter weight in grams.

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

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

**SkipInstructions:** <500-5485,R,D> [goto CHGT\_FT]  
<5486-6900> [goto ERR\_BWGT\_GR]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.020\_01.000    **Instrument Variable Name:** CHGT\_FT    **QuestionnaireFileName:** Sample Child

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

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

\* Enter 'M' to record metric measurements.

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

**UniverseText:** Sample children 12+

**SkipInstructions:** <empty> [goto CHGT\_IN]  
 <0-7> [goto CHGT\_IN]  
 <R,D> [goto CWGT\_LB]  
 <M> [goto CHGT\_M]  
 [If NE <0-7, M, R, D> go to ERR\_CHGT\_FT]

**Question ID:** CHS.020\_02.000    **Instrument Variable Name:** CHGT\_IN    **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter inches.

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

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

**SkipInstructions:** <0-36> [goto CWGT\_LB]  
 [If both CHGT\_FT and CHGT\_IN are either <empty> or <0>, display ERR1\_CHGT\_IN]  
 [If CHGT\_FT = <0-7> and CHGT\_IN is GE <12> display ERR2\_CHGT\_IN]

**Question ID:** CHS.021\_01.000    **Instrument Variable Name:** CHGT\_M    **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter height in metric.

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

**0-2**        0-2 meters  
**7**         Refused  
**9**         Don't know  
**Blank**     Blank

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

**SkipInstructions:** <0-2> [goto CHGT\_CM]  
 <R,D> [goto CWGT\_LB]  
 <empty> [go to CHGT\_CM]

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**Question ID:** CHS.021\_02.000    **Instrument Variable Name:** CHGT\_CM    **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter centimeters.

**000-241**    0-241 centimeters  
**Blank**    Blank

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

**SkipInstructions:** <0-241> [goto CWGT\_LB]  
 [if CHGT\_M = <empty, 0> and CHGT\_CM = <empty, 0> go to ERR1\_CHGT\_CM]  
 [if CHGT\_M = 2 and CHGT\_CM > 41 goto ERR2\_CHGT\_CM]  
 [if CHGT\_M = 1 and CHGT\_CM >141 goto ERR2\_CHGT\_CM]

**Question ID:** CHS.022\_00.000    **Instrument Variable Name:** CWGT\_LB    **QuestionnaireFileName:** Sample Child

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

\* Enter 'M' to record metric measurements.

\* Enter '500' if 500 pounds or more.

**001-500**    1-500 pounds  
**997**    Refused  
**999**    Don't know  
**M**    Metric

**UniverseText:** Sample children 12+

**SkipInstructions:** <1-500,R,D> [if age ge <2> goto ADD\_1, else, goto ADD1\_2]  
 <M> [goto CWGT\_KG]  
 [if = <501-999> goto ERR1\_CWGT\_LB]  
 [if NE <1-999, M, R, D> goto ERR2\_CWGT\_KG]

**Question ID:** CHS.023\_00.000    **Instrument Variable Name:** CWGT\_KG    **QuestionnaireFileName:** Sample Child

**QuestionText:** \* Enter weight in kilograms.

**002-226**    2-226 kilograms

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

**SkipInstructions:** <2-226> [if AGE ge <2> goto ADD\_1; else goto ADD1\_2]  
 [if CWGT\_KG > 226 goto ERR\_CWGT\_KG]

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

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

Mental Retardation?

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

**UniverseText:** Sample children <2

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

---

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

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

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

Any other developmental delay?

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

**UniverseText:** Sample children <2

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

---

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

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

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

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

**UniverseText:** Sample children 2-17

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

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

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

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

Mental Retardation?

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

**UniverseText:**      Sample children 2-17

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

---

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

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

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

Any other developmental delay?

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

**UniverseText:**      Sample children 2-17

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

---

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.060\_00.000    **Instrument Variable Name:** CONDL    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C2 ?[F1]

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

\*Read if necessary.

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CONDL1] <2,R,D> [goto CPOX]

---

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

**QuestionText:** (book) C2 ?[F1]

Which ones?

\* Enter all that apply, separate with commas.

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

**UniverseText:** Sample children <18 and CONDL=1

**SkipInstructions:** <1-10,R,D> [go to CPOX]  
[If <0> and <1-10> go to ERR\_CONDL]

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.070\_00.000    **Instrument Variable Name:** CPOX    **QuestionnaireFileName:** Sample Child

**QuestionText:** Has [fill: S.C. Name] EVER had chickenpox?

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

**UniverseText:**            Sample children <18

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

---

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

**QuestionText:** Has [fill: S.C. name] had chickenpox DURING THE PAST 12 MONTHS?

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

**UniverseText:**            Sample children <18 who have had chickenpox

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

---

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

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

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

**UniverseText:**            Sample children <18

**SkipInstructions:**        <1> [go to CASSTILL]  
                                 <2,R,D> [if AGE LE 2 go to CCONDT1\_1; if AGE >2 go to CCONDT\_1]

---

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

**QuestionText:** Does [fill: S.C. name] still have asthma?

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

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

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

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

**QuestionText:**    The following questions are about [fill: S.C. name]'s asthma DURING THE PAST 12 MONTHS.  
DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?

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

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

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

---

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

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

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

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

**SkipInstructions:**    <1,2,R,D> [if AGE LE 2 go to CCONDT1\_1,  
else go to CCONDT\_1]

---

**Question ID:** CHS.111\_01.000    **Instrument Variable Name:** CCONDT1\_1    **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:**      Sample children LE 2

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

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

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

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

Any kind of respiratory allergy?

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

**UniverseText:**      Sample children LE 2

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

---

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

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

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

Any kind of food or digestive allergy?

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

**UniverseText:**      Sample children LE 2

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

---

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

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

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

Eczema or any kind of skin allergy?

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

**UniverseText:**      Sample children LE 2

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

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

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

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

Frequent or repeated diarrhea or colitis?

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

**UniverseText:**      Sample children LE 2

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

---

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

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

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

Anemia?

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

**UniverseText:**      Sample children LE 2

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

---

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

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

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

Three or more ear infections?

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

**UniverseText:**      Sample children LE 2

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

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

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

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

Seizures?

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

**UniverseText:**      Sample children LE 2

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

---

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

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

Hay fever?

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

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

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

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

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

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

Any kind of respiratory allergy?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.115\_03.000    **Instrument Variable Name:** CCONDT\_3    **QuestionnaireFileName:** Sample Child

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

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

Any kind of food or digestive allergy?

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

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

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

---

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

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

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

Eczema or any kind of skin allergy?

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

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

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

---

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

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

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

Frequent or repeated diarrhea or colitis?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.115\_06.000    **Instrument Variable Name:** CCONDT\_6    **QuestionnaireFileName:** Sample Child

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

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

Anemia?

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

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

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

---

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

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

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

Frequent or severe headaches, including migraines?

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

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

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

---

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

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

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

Three or more ear infections?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.115\_09.000    **Instrument Variable Name:** CCONDT\_9    **QuestionnaireFileName:** Sample Child

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

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

Seizures?

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

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

**SkipInstructions:**    <1,2,R,D> [go to CCONDT\_10]

---

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

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

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

Stuttering or stammering?

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

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

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

---

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

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

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

**UniverseText:**      Sample children < 18

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

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.220\_00.000    **Instrument Variable Name:** SCHDAYR    **QuestionnaireFileName:** Sample Child

**QuestionText:** DURING THE PAST 12 MONTHS, that is, since [fill1: 12-month ref. date], about how many days did [fill2: S.C. name] miss school because of illness or injury?

\* Enter '996' if child did not go to school in the past 12 months.

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]

---

**Question ID:** CHS.230\_00.000    **Instrument Variable Name:** CCOLD2W    **QuestionnaireFileName:** Sample Child

**QuestionText:**        \* Hand calendar card.

These next questions are about [fill: S.C name]'s recent health during the 2 weeks outlined on that calendar.

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

1        Yes  
2        No  
7        Refused  
9        Don't know

**UniverseText:**        Sample children <18

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

---

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

**QuestionText:** Did [fill: S.C. name] have a stomach or intestinal illness with vomiting or diarrhea that started during those two weeks?

1        Yes  
2        No  
7        Refused  
9        Don't know

**UniverseText:**        Sample children <18

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

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.250\_00.000    **Instrument Variable Name:** CHEARST1    **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:**            Sample children <18

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

---

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

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

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

**UniverseText:**            Sample children <18

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

---

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

**QuestionText:** Is [fill: S.C. name] blind or unable to see at all?

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

**UniverseText:**            Sample children <18 having trouble seeing

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

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CHS.290\_00.000    **Instrument Variable Name:** IHSPEQ    **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:**            Sample children <18

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

---

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

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

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

**UniverseText:**            Sample children <18

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

---

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

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

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.311\_00.000    **Instrument Variable Name:** PROBRX    **QuestionnaireFileName:** Sample Child

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

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1,2,R,D> [if AGE LE <1> go to CUSUALPL;  
if AGE GE <3> go to LEARNND;  
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:** Has a representative from a school or a health professional ever told you that [fill: S.C. name] had a learning disability?

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

**UniverseText:** Sample children 3-17

**SkipInstructions:** <1,2,R,D> [if AGE > 3 go to CUSUALPL;  
if AGE = 3 and SEX = 1 go to CMHAGM11\_1;  
if AGE = 3 and SEX = 2 go to CMHAGF11\_1]

---

**Question ID:** CHS.321\_01.000    **Instrument Variable Name:** CMHAGM11\_1    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

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

HE:

Has been uncooperative?

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

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

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_2]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
Document Version Date: 12-Apr-11

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**Question ID:** CHS.321\_02.000    **Instrument Variable Name:** CMHAGM11\_2    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

\* Read if necessary.

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

HE:

Has trouble getting to sleep?

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

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

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_3]

---

**Question ID:** CHS.321\_03.000    **Instrument Variable Name:** CMHAGM11\_3    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

\* Read if necessary.

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

HE:

Has speech problems?

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

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

**SkipInstructions:** <0-2,R,D> [go to CMHAGM11\_4]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.321\_04.000    **Instrument Variable Name:** CMHAGM11\_4    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

\* Read if necessary.

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

HE:

Has been unhappy, sad, or depressed?

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

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

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

---

**Question ID:** CHS.361\_01.000    **Instrument Variable Name:** CMHAGF11\_1    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

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

SHE:

Has temper tantrums or a hot temper?

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

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

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_2]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Health Status & Limitations**  
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**Question ID:** CHS.361\_02.000    **Instrument Variable Name:** CMHAGF11\_2    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

\* Read if necessary.

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

SHE:

Has speech problems?

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

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

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_3]

---

**Question ID:** CHS.361\_03.000    **Instrument Variable Name:** CMHAGF11\_3    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C3

\* Read if necessary.

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

SHE:

Has been nervous or high-strung?

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

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

**SkipInstructions:** <0-2,R,D> [go to CMHAGF11\_4]

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**2010 NHIS Questionnaire - Sample Child**  
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---

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

**QuestionText:** (book) C3

\* Read if necessary.

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

SHE:

Has been unhappy, sad, or depressed?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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

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

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

---

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

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

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
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**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 Does'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,R,D goto CHCDLYR\_1; else goto CHCCHGYR]

---

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

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

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

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

**SkipInstructions:** <1> [go to CHCCHGHI]  
<2,R,D> [goto to CHCDLYR1\_1]

---

**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 CHCDLYR1\_1]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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**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]

---

**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]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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**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]

---

**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> [if AGE <1 goto CHCSYR1\_2; else goto CDENLONG]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
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**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]

---

**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]

---

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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**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 CDENLONG]

---

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

**QuestionText:**    (book) C4

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

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

**UniverseText:**      Sample children GE 1

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

---

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

**QuestionText:**

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

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

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

**UniverseText:**      Sample children <2

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

---

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CAU.170\_02.000    **Instrument Variable Name:** CHCSYR1\_3    **QuestionnaireFileName:** Sample Child

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

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

A foot doctor?

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

**UniverseText:**      Sample children <2

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

---

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

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

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

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

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

**UniverseText:**      Sample children <2

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

---

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

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

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

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:**      Sample children <2

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

---

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**2010 NHIS Questionnaire - Sample Child**  
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**Question ID:** CAU.175\_01.000    **Instrument Variable Name:** CHCSYR\_1    **QuestionnaireFileName:** Sample Child

**QuestionText:**

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

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

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

**UniverseText:**            Sample children GE 2

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

---

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

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

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

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

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

**UniverseText:**            Sample children GE 2

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

---

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

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

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

A foot doctor?

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

**UniverseText:**            Sample children GE 2

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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

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

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

A chiropractor?

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

**UniverseText:**      Sample children GE 2

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

---

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

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

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

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

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

**UniverseText:**      Sample children GE 2

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

---

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

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

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

A nurse practitioner, physician assistant or midwife?

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

**UniverseText:**      Sample children GE 2

**SkipInstructions:**    <1,2,R,D> [if SEX eq <2> and AGE GE 15 goto CHCSYR7; else goto CHCSYR8\_1]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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

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

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

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

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

---

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

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

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

**UniverseText:** Sample children <18

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

---

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

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

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

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

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

**UniverseText:** Sample children <18

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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

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

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

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

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

---

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

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

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

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

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

---

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

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

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

**UniverseText:** Sample children <18

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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

**QuestionText:**

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:** <0-8,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]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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

**QuestionText:**

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:**

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

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

**UniverseText:** Sample children <18

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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**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]

---

**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> [if AGE 14-17 goto CSUN1HR;  
else if AGE=4-13 goto CMHCOPY;  
else goto CH1N1\_1]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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**Question ID:** CAU.347\_00.010    **Instrument Variable Name:** CSUN1HR    **QuestionnaireFileName:** Sample Child

**QuestionText:**

Now, we are going to ask you about [fill1: SC name]'s skin's reaction to the sun. After several months of not being in the sun very much, if [fill1: SC name] went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to [fill1: SC name]'s skin? (\*Read choices 1-5 only.)

\*Read if necessary: Even if [fill1: SC name] did not go out in the sun, what would happen if [fill1: SC name] did? Use the most recent experience. If none, then think about the past.

\*By "sunburn" we mean even a small part of [fill1: SC name]'s skin turns red or hurts for 12 hours or more.

- 01 Get a severe sunburn with blisters
- 02 Have a moderate sunburn with peeling
- 03 Burn mildly with some or no darkening/tanning
- 04 Turn darker without sunburn
- 05 Nothing would happen to skin
- 06 Do not go out in the sun
- 07 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children age 14-17

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

---

**Question ID:** CAU.347\_00.020    **Instrument Variable Name:** CSUNTAN    **QuestionnaireFileName:** Sample Child

**QuestionText:**

Next, consider that [fill1: SC name] was out in the sun repeatedly, such as every day for two weeks, without sunscreen, a hat, or protective clothing. Which one of these best describes what [fill1: SC name]'s skin would LOOK like? (\*Read choices 1-5 only.)

\*Read if necessary: Even if [fill1: SC name] did not go out in the sun, what would happen if [fill1: SC name] did? Use the most recent experience. If none, then think about the past.

\*By "sunburn" we mean even a small part of [fill1: SC name]'s skin turns red or hurts for 12 hours or more.

- 01 Very dark or deeply tanned
- 02 Dark/moderately tanned
- 03 A little dark/mildly tanned
- 04 Freckled but still light skinned
- 05 Burned repeatedly with little or no darkening or tanning--still light skinned
- 06 Don't go out in the sun
- 07 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children age 14-17

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

---

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**2010 NHIS Questionnaire - Sample Child**  
**Child Access to Health Care & Utilization**  
Document Version Date: 12-Apr-11

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**Question ID:** CAU.347\_00.030    **Instrument Variable Name:** CNBURN    **QuestionnaireFileName:** Sample Child

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

\*Read if necessary: By "sunburn" we mean even a small part of [fill1: S.C. name]'s skin turns red or hurts for 12 hours or more. Also include burns from sunlamps and other indoor tanning devices.

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

**UniverseText:** Sample children age 14-17

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

---

**Question ID:** CAU.350\_00.010    **Instrument Variable Name:** CSNLAMP    **QuestionnaireFileName:** Sample Child

**QuestionText:** During the PAST 12 MONTHS, has [fill1: SC name] used any of the following indoor tanning devices - a sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include a spray-on tan.

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

**UniverseText:** Sample children age 14-17

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

---

**Question ID:** CAU.350\_00.020    **Instrument Variable Name:** CSNNUM    **QuestionnaireFileName:** Sample Child

**QuestionText:** During the PAST 12 MONTHS, how many times has [fill1: SC name] used the following indoor tanning devices - a sunlamp, sunbed, or tanning booth? Do NOT include times [fill1: SC name] has gotten a spray-on tan.

- 001-365 001-365 times
- 997 Refused
- 999 Don't know

**UniverseText:** Sample children 14-17 who have used an indoor tanning device in the past 12 months

**SkipInstructions:** <1-99,R,D> [goto CMHCOPY]  
<100-365> [goto ERR1\_CSNUM]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**  
Document Version Date: 12-Apr-11

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

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

\* The next 6 items contained in CMHMF\_1 through CMHDIFF are included in this survey with permission as indicated below.

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\* 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]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**  
Document Version Date: 12-Apr-11

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**Question ID:** CMB.020\_02.000    **Instrument Variable Name:** CMHMF\_2    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C7

\* Read if necessary.

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

[fill2: He/She]

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

- 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]

---

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**  
Document Version Date: 12-Apr-11

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**Question ID:** CMB.020\_04.000    **Instrument Variable Name:** CMHMF\_4    **QuestionnaireFileName:** Sample Child

**QuestionText:** (book) C7

\* Read if necessary.

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

[fill2: He/She]

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

- 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]

---

**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Brief Questionnaire**  
Document Version Date: 12-Apr-11

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

**QuestionText:** (book) C8

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

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

**UniverseText:** Sample children GE 4

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** Has [fill: SC name] had any difficulties with emotions, concentration, behavior, or getting along with others DURING THE PAST 6 MONTHS, 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 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 PRESCP6M]

---

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

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

\*Read categories below.

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** DURING THE PAST 6 MONTHS, was [fill1: S.C. name] prescribed medication or taking prescription medication for difficulties with emotions, 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 PMEDPED] <2,R,D> if CMHDIFF=1,R,D and DIFF6M=2,R,D then [goto next section]; else [goto NSDUH1]

---

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

**QuestionText:** Who FIRST prescribed the medication? Was it  
...A pediatrician or other family doctor?

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

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

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

---

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

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

Who FIRST prescribed the medication? Was it  
...A psychiatrist, psychologist or other mental health professional?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-May-11

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

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

Who FIRST prescribed the medication? Was it

...Someone else?

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

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

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

---

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

**QuestionText:**    \*Enter the person who prescribed the medication.

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

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

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

---

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

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

- 1        Continue

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

**SkipInstructions:**    <1> [goto NSDUH2]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

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

1      Yes  
2      No  
7      Refused  
9      Don't know

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

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

---

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

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

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

1      Yes  
2      No  
7      Refused  
9      Don't know

**UniverseText:** Sample children 4-17 who 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]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

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

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-5,R,D> age 4-6 [goto TRETWHR1]; else [goto TRETWHR2]

---

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

**QuestionText:** Now I'd like to ask about places 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]

---

**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** (book) C9

Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> [goto TRETWHR2] <8> [goto TRTWHR51]

**Question ID:** CMS.020\_03.000    **Instrument Variable Name:** TRTWHR51    **QuestionnaireFileName:** Sample Child

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

- 97 Refused
- 99 Don't know
- Verbatim Verbatim

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

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

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

**QuestionText:** [fill2: Now I'd like to ask about places where children and adolescents receive treatment or counseling for difficulties with emotions, concentration, behavior, or being able to get along with others.]

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

In an office, clinic or center in your community?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** (book) C9

Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> [goto TRETWHR3] <8> [goto TRTWHR2]

---

**Question ID:** CMS.021\_03.000    **Instrument Variable Name:** TRTWHR2    **QuestionnaireFileName:** Sample Child

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

- 97 Refused
- 99 Don't know
- Verbatim Verbatim

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

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

---

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

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

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

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** (book) C9

Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> [goto TRETWHR4] <8> [goto TRTWHR5]

---

**Question ID:** CMS.022\_03.000    **Instrument Variable Name:** TRTWHR5    **QuestionnaireFileName:** Sample Child

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

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

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

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

---

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

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

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

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** (book) C9

Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> [goto TRETWHR5] <8> [goto TRTWHR54]

**Question ID:** CMS.023\_03.000    **Instrument Variable Name:** TRTWHR54    **QuestionnaireFileName:** Sample Child

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

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

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

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

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

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

At a day treatment program in a hospital or community?

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

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

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

---

**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** (book) C9

Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> [goto TRETWHR6] <8> [goto TRTWHR5]

---

**Question ID:** CMS.024\_03.000    **Instrument Variable Name:** TRTWHR5    **QuestionnaireFileName:** Sample Child

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

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

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

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

---

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

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

Any other place?

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

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

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

---

**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** (book) C9

Who provided the treatment or counseling?

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> [goto OVERNT6M] <8> [goto TRTWHR6]

**Question ID:** CMS.025\_03.000    **Instrument Variable Name:** TRTWHR6    **QuestionnaireFileName:** Sample Child

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

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

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

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

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

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

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

**UniverseText:** Sample children 4-17 who currently have or have 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]

---

**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** Which one?

\*Read list if necessary.

\*Enter all that apply, separate with commas.

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

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

**SkipInstructions:** <1-7,R,D> [goto SH1]

---

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

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

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

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

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

---

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

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

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** Parents and caregivers sometimes get help from people sometimes called case managers or care coordinators who help to find or organize treatment for children's difficulties with emotions, 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> [goto TRPAYPHI]

---

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

**QuestionText:** Who provides help arranging or coordinating [fill1: S.C. name]'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 TRPAYPHI]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

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

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

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

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

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

---

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

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

School system?

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

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

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

---

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

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

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

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** (Book) F14

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

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 had some type of treatment or counseling

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

---

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

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

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

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

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

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

---

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

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

Military health care?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

---

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

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

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

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

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

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

---

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

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

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

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

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

---

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

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

Indian Health Service?

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

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

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

---

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

---

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

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

Some other source?

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

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

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

---

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

**QuestionText:**    \*Enter the name of the other source.

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

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

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

---

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

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

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

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

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

---

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

**QuestionText:** DURING THE PAST 6 MONTHS, has [fill1: S.C. name] needed treatment or counseling for difficulties with emotions, concentration, behavior or being able to get along WITH OTHERS but didn't get it?

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

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

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

---

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

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

Help was too expensive?

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

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

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

---

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

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

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

You didn't know where to go?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-May-11

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

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

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

You had a negative experience with professionals?

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

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

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

---

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

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

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

You are afraid or 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]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

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

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

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

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

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

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

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

---

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

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

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

You had to wait a long time for an appointment?

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

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

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

---

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

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

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

You had no way to get there?

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
Document Version Date: 25-May-11

---

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

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

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

Services were too inconvenient to use?

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

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

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

---

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

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

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

Services were too far away?

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

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

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

---

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

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

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

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

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Mental Health Services**  
**Document Version Date: 25-May-11**

---

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

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

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

Some other reason?

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

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

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

---

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

**QuestionText:**    \*Enter other reason for not getting treatment or counseling.

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

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

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

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 12-Apr-11

---

**Question ID:** CFI.005\_00.010    **Instrument Variable Name:** CH1N1\_1    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine. I will first ask you questions about the vaccine for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about the seasonal flu.

Since October 2009, has {SC name} had a H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

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

**UniverseText:** Sample Child LE 17 years

**SkipInstructions:** <1> [goto CH1N1\_2] <2,R,D> [goto CSHFLUYR]

---

**Question ID:** CFI.005\_00.010.    **Instrument Variable Name:** CH1N1\_1    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

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

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

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

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

**UniverseText:** Sample Child LE 17 years

**SkipInstructions:** <1> [goto CH1N1\_2]  
<2,R,D> IF AGE='8-17' [goto CHP.CHPVHRD];  
          else [goto SCSSN4]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
**Document Version Date: 12-Apr-11**

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**Question ID:** CFI.005\_00.020    **Instrument Variable Name:** CH1N1\_2    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

How many of these H1N1 vaccinations has {S.C. name} received?

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

**UniverseText:** Sample Child LE 17 years who have had an H1N1 vaccine dose

**SkipInstructions:** <1,2> [goto CH1N1\_3M] <R,D> [goto CSHFLUYR]

---

**Question ID:** CFI.005\_00.020.    **Instrument Variable Name:** CH1N1\_2    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

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

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

**UniverseText:** Sample Child LE 17 years who have had a flu vaccine dose

**SkipInstructions:** <1,2> [goto CH1N1\_3M]  
<R,D> IF AGE='8-17' [goto CHP.CHPVHRD];  
          else [goto SCSSN4]

---

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 12-Apr-11

---

**Question ID:** CFI.005\_00.030    **Instrument Variable Name:** CH1N1\_3M    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her/his first/her first} H1N1 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 H1N1 vaccine doses

**SkipInstructions:** <1-12,D> [ goto CH1N1\_4Y] <R> [goto CH1N1\_5]

---

**Question ID:** CFI.005\_00.030.    **Instrument Variable Name:** CH1N1\_3M    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

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]

---

**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
**Document Version Date: 12-Apr-11**

**Question ID:** CFI.005\_00.040    **Instrument Variable Name:** CH1N1\_4Y    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

2 of 2

\*Enter year of {fill: H1N1 flu vaccine/first H1N1 flu vaccine}.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	Don't know

**UniverseText:** Sample Child LE 17 years who have had one or more H1N1 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 October 2009] goto ERR3\_CH1N1\_4Y]

**Question ID:** CFI.005\_00.040.    **Instrument Variable Name:** CH1N1\_4Y    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

2 of 2

\*Enter year of most recent flu vaccine.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	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]

**Question ID:** CFI.005\_00.050    **Instrument Variable Name:** CH1N1\_5    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

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

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

**UniverseText:** Sample Child LE 17 years who have had one or more H1N1 vaccine doses

**SkipInstructions:** <1-2,R,D> if CH1N1\_2=1 [goto CSHFLUYR]; else if CH1N1\_2=2 [goto CH1N1\_6M]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
**Document Version Date: 12-Apr-11**

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**Question ID:** CFI.005\_00.050.    **Instrument Variable Name:** CH1N1\_5    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

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 and AGE='8-17') [goto CHP.CHPVHRD];  
else if (CH1N1\_2=1 and AGE LE 7) [go to SCSSN4];  
else if CH1N1\_2=2 [goto CH1N1\_6M]

---

**Question ID:** CFI.005\_00.060    **Instrument Variable Name:** CH1N1\_6M    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {S.C. name} receive {fill: his/her} second H1N1 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 H1N1 vaccine doses

**SkipInstructions:** <1-12,D> [ goto CH1N1\_7Y] <R> [goto CH1N1\_8]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
Document Version Date: 12-Apr-11

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**Question ID:** CFI.005\_00.060.    **Instrument Variable Name:** CH1N1\_6M    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

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]

---

**Question ID:** CFI.005\_00.070    **Instrument Variable Name:** CH1N1\_7Y    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

2 of 2

\*Enter year of second H1N1 flu vaccine.

- |             |            |
|-------------|------------|
| <b>Year</b> | Year       |
| 9997        | Refused    |
| 9999        | Don't know |

**UniverseText:** Sample Child LE 17 years who have had more than one H1N1 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 October 2009] goto ERR3\_CH1N1\_7Y]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
**Document Version Date: 12-Apr-11**

**Question ID:** CFI.005\_00.070.    **Instrument Variable Name:** CH1N1\_7Y    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

2 of 2

\*Enter year of next most recent flu vaccine.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	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

**Question ID:** CFI.005\_00.080    **Instrument Variable Name:** CH1N1\_8    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

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

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

**UniverseText:** Sample Child LE 17 years who have more than one H1N1 vaccine dose

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

**Question ID:** CFI.005\_00.080.    **Instrument Variable Name:** CH1N1\_8    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was added to the instrument in August 2010.

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

\*Read if necessary: The flu nasal spray is called FluMist(trademark).

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

**UniverseText:** Sample Child LE 17 years who have more than one vaccine dose

**SkipInstructions:** <1-2,R,D> IF AGE='8-17' [goto CHP.CHPVHRD];  
 else IF AGE LE 7 [go to SCSSN4]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
**Document Version Date: 12-Apr-11**

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**Question ID:** CFI.010\_00.000    **Instrument Variable Name:** CSHFLUYR    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

Now I'm going to ask you about the seasonal flu vaccine.

DURING THE PAST 12 MONTHS, has {fill1: SC name} had a seasonal flu shot? A seasonal flu shot is usually given in the fall and protects against influenza for the flu season.

\* Read if necessary.

A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CSHFLU\_M] <2,R,D> [ goto CSPFLUYR ]

---

**Question ID:** CFI.015\_01.000    **Instrument Variable Name:** CSHFLU\_M    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {fill1: SC name} receive {fill2: his/her} most recent seasonal flu shot?

- 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 children <18 who have had a flu shot

**SkipInstructions:** <1-12,D> [ goto CSHFLU\_Y ] <R> [goto CSPFLUYR]

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
**Document Version Date: 12-Apr-11**

**Question ID:** CFI.015\_02.000    **Instrument Variable Name:** CSHFLU\_Y    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

2 of 2

\*Enter year of most recent seasonal flu shot.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	Don't know

**UniverseText:** Sample children <18 who gave a month for their last flu shot or who didn't know the month

**SkipInstructions:** <valid year,R,D> [goto CSPFLUYR]  
 [If CSHFLU\_M and CSHFLU\_Y = a future date] goto ERR1\_CSHFLU\_Y  
 [If CSHFLU\_M and CSHFLU\_Y = a date prior to birth] goto ERR2\_CSHFLU\_Y  
 [If CSHFLU\_M and CSHFLU\_Y = a date prior to 12 months ago] goto ERR3\_CSHFLU\_Y

**Question ID:** CFI.020\_00.000    **Instrument Variable Name:** CSPFLUYR    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

DURING THE PAST 12 MONTHS, has {fill1: SC name} had a seasonal flu vaccine sprayed in {fill2: his/her} nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season.

\* Read if necessary.

This influenza vaccine is called FluMist (trademark).

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

**UniverseText:** Sample children <18

**SkipInstructions:** <1> [goto CSPFLU\_M] <2,R,D> [goto next section]  
 [if CSHFLUYR =1 and CSPFLUYR=1] goto ERR\_CSPFLUYR

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**2010 NHIS Questionnaire - Sample Child**  
**Child Influenza Immunization**  
**Document Version Date: 12-Apr-11**

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**Question ID:** CFI.025\_01.000    **Instrument Variable Name:** CSPFLU\_M    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

1 of 2

During what month and year did {fill1: SC name} receive [fill: his/her] most recent seasonal flu nasal spray?

- 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 children <18 who have had a flu nasal vaccine

**SkipInstructions:** <1-12,D> [ goto CSPFLU\_Y ] <R> [goto next section]

---

**Question ID:** CFI.025\_02.000    **Instrument Variable Name:** CSPFLU\_Y    **QuestionnaireFileName:** Sample Child

**QuestionText:** This question was removed from the instrument in August 2010.

2 of 2

\*Enter year of most recent seasonal flu nasal spray.

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

**UniverseText:** Sample children <18 who gave a month for their flu nasal vaccine or who didn't know the month

**SkipInstructions:** <valid year,R,D> [goto next section]  
[If CSPFLU\_M and CSPFLU\_Y = a future date] goto ERR1\_CSPFLU\_Y]  
[If CSPFLU\_M and CSPFLU\_Y = a date prior to birth] goto ERR2\_CSPFLU\_Y]  
[If CSPFLU\_M and CSPFLU\_Y = a date prior to 12 months ago] goto ERR3\_CSPFLU\_Y]

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**2010 NHIS Questionnaire - Sample Child  
Child HPV****Document Version Date: 12-Apr-11**

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**Question ID:** CHP.010\_00.000    **Instrument Variable Name:** CHPVHRD    **QuestionnaireFileName:** Sample Child**QuestionText:** Two vaccines, or shots, to prevent the human papillomavirus (pap-uh-LOW-muh-vi-rus) or HPV infection are available in the United States. Both vaccines prevent cervical cancer and one also prevents genital warts. The two HPV vaccines are sometimes called CERVARIX® or GARDASIL®. Before this survey, have you ever heard of HPV vaccines or shots?

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

**UniverseText:** Sample children 8+**SkipInstructions:** <1,2,R,D> goto CSHTHPV

---

**Question ID:** CHP.020\_00.000    **Instrument Variable Name:** CSHTHPV    **QuestionnaireFileName:** Sample Child**QuestionText:** Did [fill: SC name] ever receive an HPV shot?

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Refused
- 9 Don't know

**UniverseText:** Sample children 8+**SkipInstructions:** <1> goto CSHHPVDS  
<2,R,D> IF SEX=2 goto CHPVREC;  
          else if SEX=1 goto next section.  
<3> goto next section

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**Question ID:** CHP.030\_00.000    **Instrument Variable Name:** CSHHPVDS    **QuestionnaireFileName:** Sample Child**QuestionText:** How many HPV shots did [fill: SC name] receive?

\* Enter '96' for all shots.

- 01-50 1-50 shots
- 96 All shots
- 97 Refused
- 99 Don't know

**UniverseText:** Sample children 8+ who have received the HPV vaccine or shot**SkipInstructions:** <1-50,96,R,D> IF SEX=2 goto HPVAGE;  
          else if SEX=1 goto next section.  
<51-95> goto ERR\_CSHHPVDS

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**2010 NHIS Questionnaire - Sample Child  
Child HPV****Document Version Date: 12-Apr-11**

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**Question ID:** CHP.035\_00.000    **Instrument Variable Name:** HPVAGE    **QuestionnaireFileName:** Sample Child**QuestionText:** How old was [fill1: SC name] when she received her first HPV shot?

08-17    8-17 years  
97        Refused  
99        Don't know

**UniverseText:** Female sample children 8+ who have received the HPV vaccine or shot**SkipInstructions:** <1-17,R,D> goto next section

---

**Question ID:** CHP.040\_00.000    **Instrument Variable Name:** CHPVREC    **QuestionnaireFileName:** Sample Child**QuestionText:** If [fill1: SC name]'s doctor recommended the HPV vaccine, would you have her get it?

1        Yes  
2        No  
7        Refused  
9        Don't know

**UniverseText:** Female sample children 8+ who have not received an HPV vaccine or shot or refused to say/said don't know if received vaccine or shot**SkipInstructions:** <1> goto CHPVCOST  
<2,D> goto CHPVNOT  
<R> goto next section

---

**Question ID:** CHP.050\_00.000    **Instrument Variable Name:** CHPVNOT    **QuestionnaireFileName:** Sample Child**QuestionText:** What is the MAIN reason you would NOT want [fill: SC name] to get the vaccine?

01        Does not need vaccine  
02        Not sexually active  
03        Too expensive  
04        Too young for vaccine  
05        Doctor didn't recommend it  
06        Worried about safety of vaccine  
07        Don't know where to get vaccine  
08        My spouse/family member is against it  
09        Don't know enough about vaccine  
10        Already has HPV  
11        Other  
97        Refused  
99        Don't know

**UniverseText:** Female sample children 8+ who would not get the HPV vaccine if her doctor recommended it or who said don't know to this information**SkipInstructions:** <1,2,4-11,R,D> goto next section  
<3> goto CHPVLOC

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**2010 NHIS Questionnaire - Sample Child  
Child HPV**

**Document Version Date: 12-Apr-11**

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**Question ID:** CHP.060\_00.000    **Instrument Variable Name:** CHPVCOST    **QuestionnaireFileName:** Sample Child

**QuestionText:** The cost of the vaccine may be about \$360-\$500. Would you have [fill: SC name] get the vaccine if you had to pay this amount?

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

**UniverseText:** Female sample children age 8+ whose respondent would be interested in getting the HPV vaccine for her

**SkipInstructions:** <1,R,D> goto next section  
<2> goto CHPVLOC

---

**Question ID:** CHP.070\_00.000    **Instrument Variable Name:** CHPVLOC    **QuestionnaireFileName:** Sample Child

**QuestionText:** If [fill1: SC name] could get the vaccine free or at a much lower cost, would you have her get it?

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

**UniverseText:** Female sample children age 8+ whose respondent would not pay \$360-\$500 for the HPV vaccine or for whom the main reason not to get the vaccine was because it was too expensive

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

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