

2018 NHIS Draft for Public Comment

Child Annual

Section -- FAM Family Composition

Document Version Date: August 25, 2016

Sample Children 0-17 where ALLFAMSA missing

FAM.005.00.000 Is everyone in this household a member of [Sample Child]'s family? [HELPTTEXT IF ANY HESITATION OR ANY RESPONSE OTHER THAN A QUICK 'YES': People you live with are 'members of your family' if they are related to you by birth, marriage, adoption, fostering or living together as a couple.

>ALLFAMSC< New

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto RELCHR] <2,R,D> [goto WHOFAMSC]

Sample children 0-17 with >1 family in household

FAM.007.00.000 [SHOW ROSTER] Who in this household is a member of [Sample Child]'s family? By 'family member' I mean any person living here who is related to [Sample Child] by birth, marriage, adoption, fostering or living together as a couple.

>WHOFAMSC< New

1	01-25
97	Refused
99	Don't know

<1,2,R,D> [goto RELCHR]

Sample Children 0-17

FAM.010.00.000 What is your relationship to [Sample Child]?

>RELCHR< Revised

01	Mother (biological, step, adoptive, or foster)
02	Father (biological, step, adoptive, or foster)
03	Grandmother
04	Grandfather
05	Other family member (brother/sister, aunt/uncle, niece/nephew, cousin, etc)
06	Legal guardian
07	Other nonrelative
97	Refused
99	Don't know

<1,2> [goto RELCHRTYPE] <3-7,R,D> goto next section

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Sample Children 0-17 with a mother or father as Sample Child respondent

FAM.012.00.000 Are you [Sample Child]'s biological, adoptive, step or foster [mother/father]?

>RELCHRTYPE<

Revised

- 1 Biological [mother/father]
- 2 Adoptive [mother/father]
- 3 Step [mother/father]
- 4 Foster [mother/father]
- 5 [Mother/father], type unspecified
- 7 Refused
- 9 Don't know

<1,2,3,4,5,6,7,8,9,10> [if >1 adult in household, goto OTHERPAR] else [if 0,1 adults in household, goto SCCPLSTAT]

Sample Children 0-17

HIS.500.00.000 Would you say [Sample Child]'s health in general is excellent, very good, good, fair, or poor?

>CHSTAT<

Revised

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

<1-5,R,D> goto [next section]

Sample Children 2-17

VIS.010.00.000

Does [Sample Child] wear glasses [fill if Sample Child 5-17: or contact lenses]?

>CVIS_0<

Revised

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

<1,2,R,D> goto CVIS_1

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Section -- VIS Vision

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Sample Children 2-17

VIS.020.00.000 [When wearing glasses [(if Sample Child 5-17) or contact lenses]], does [Sample Child] have difficulty seeing? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>CVIS_1<

Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto CHEA_0

Sample Children 2-17

HEA.010.00.000 Does [Sample Child] use a hearing aid?

>CHEA_0<

Continuing

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

<1,2,R,D> goto CHEA_1

Sample Children 2-17

HEA.110.00.000 [When using [HIS/HER] hearing aid(s)], does [Sample Child] have difficulty hearing sounds like peoples' voices or music? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>CHEA_1<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto CMOB_0

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Section -- MOB Mobility

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Sample Children 2-17

MOB.010.00.000 Does [Sample Child] use any equipment or receive assistance for walking?

>CMOB_0<

New

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

<1> if AGE 2-4 goto C24MOB_1 else if AGE>=5 goto C517MOB_1<2,R,D> if AGE 2-4 goto C24MOB_3
else if AGE>=5 goto C517MOB_5

Sample Children 2-4 who use equipment or assistance for walking

MOB.020.00.000 Without using [HIS/HER] equipment or assistance, does [Sample Child] have difficulty walking? Would you say [Sample Child] has: some difficulty, a lot of difficulty, or cannot do at all?

>C24MOB_1<

New

- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<2-4,R,D> goto C24MOB_2

Sample Children 2-4 who use equipment or assistance for walking

MOB.030.00.000 When using [HIS/HER] equipment or assistance, does [Sample Child] have difficulty walking? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C24MOB_2<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C24MSC

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Sample Children 2-4 who do not use equipment or assistance for walking

MOB.040.00.000 Compared with children of the same age, does [Sample Child] have difficulty walking? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C24MOB_3<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C24MSC

Sample Children 5-17 who use equipment or assistance for walking

MOB.060.00.000 Without using [HIS/HER] equipment or assistance, does [Sample Child] have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say [Sample Child] has: some difficulty, a lot of difficulty, or cannot do at all?

>C517MOB_1<

New

- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<2,R,D> goto C517MOB_2<3,4> goto C517MOB_3

Sample Children 5-17 who use equipment or assistance for walking and have some difficulty walking 100 yards when using their equipment/assistance

MOB.070.00.000 Without using [HIS/HER] equipment or assistance, does [Sample Child] have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks. Would you say [Sample Child] has: some difficulty, a lot of difficulty, or cannot do at all?

>C517MOB_2<

New

- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<2-4,R,D> goto C517MOB_3

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Sample Children 5-17 who use equipment or assistance for walking and when using their equipment/assistance have no difficulty or some difficulty walking 100 yards.

MOB.080.00.000 When using [HIS/HER] equipment or assistance, does [Sample Child] have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517MOB_3<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1,2,R,D> goto C517MOB_4<3,4> goto C517MSC

Sample Children 5-17 who use equipment or assistance for walking and have no difficulty or some difficulty walking at least 100 yards with their equipment/assistance

MOB.090.00.000 When using [HIS/HER] equipment or assistance, does [Sample Child] have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks. Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517MOB_4<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C517MSC

Sample Children 5-17 who do not use equipment or assistance for walking

MOB.100.02.000 Compared with children of the same age, does [Sample Child] have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517MOB_5<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1,2,R,D> goto C517MOB_6<3,4> goto C517MSC

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Sample Children 5-17 who do not use equipment or assistance for walking and have no difficulty or some difficulty walking 100 yards

MOB.110.00.000 Compared with children of the same age, does [Sample Child] have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks. Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517MOB_6<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C517MSC

Sample Children 2-4

MSC.010.00.000 Compared with children of the same age, does [Sample Child] have difficulty picking up small objects with [HIS/HER] hands? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C24MSC<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C24COM_1

Sample Children 5-17

MSC.100.00.000 Does [Sample Child] have difficulty with self care, such as feeding or dressing? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517MSC<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto C517COM_1]

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Sample Children 2-4

COM.010.00.000 Does [Sample Child] have difficulty understanding you? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C24COM_1<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C24COM_2

Sample Children 2-4

COM.020.00.000 When [Sample Child] speaks, does [HE/SHE] have difficulty being understood by you? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C24COM_2<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto CCOG

Sample Children 5-17

COM.100.00.000 When [Sample Child] speaks, does [HE/SHE] have difficulty being understood by people inside of this household? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517COM_1<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C517COM_2

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Sample Children 5-17

COM.200.00.000 When [Sample Child] speaks, does [HE/SHE] have difficulty being understood by people outside of this household? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517COM_2<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto CCOG]

Sample Children 2-17

COG.010.00.000 Compared with children of the same age, does [Sample Child] have difficulty learning things? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>CCOG<

Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> if AGE 2-4 goto [C24BEH_1] else if AGE>=5 goto C517COG_1]

Sample Children 5-17

COG.200.00.000 Compared with children of the same age, does [Sample Child] have difficulty remembering things? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>CS517COG_1<

Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto C517ANX

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Section -- AFF Affect

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Sample Children 5-17

AFF.010.00.000 How often does [Sample Child] seem anxious, nervous, or worried? Would you say: daily, weekly, monthly, a few times a year, or never?

>CS517ANX<

New

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never
- 7 Refused
- 9 Don't know

<1-5,R,D> [goto C517DEP]

Sample Children 5-17

AFF.020.00.000 How often does [Sample Child] seem sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?

>C517DEP<

New

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never
- 7 Refused
- 9 Don't know

<1-5,R,D> [goto C517BEH_1]

Sample Children 2-4

BEH.010.00.000 Compared with children of the same age, does [Sample Child] have difficulty playing? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C24BEH_1<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto C24BEH_2]

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Sample Children 2-4

BEH.020.00.000 Compared with children of the same age, how much does [Sample Child] kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?

>C24BEH_2<

New

- | | |
|---|------------------|
| 1 | Not at all |
| 2 | The same or less |
| 3 | More |
| 4 | A lot more |
| 7 | Refused |
| 9 | Don't know |

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

Sample Children 5-17

BEH.030.00.000 Compared with children of the same age, how much difficulty does [Sample Child] have controlling [HIS/HER] behavior? Would you say: none, the same or less, more, or a lot more?

>C517BEH_1<

Revised

- | | |
|---|------------------|
| 1 | None |
| 2 | The same or less |
| 3 | More |
| 4 | A lot more |
| 7 | Refused |
| 9 | Don't know |

<1-4,R,D> [goto C517BEH_2]

Sample Children 5-17

BEH.040.00.000 Does [Sample Child] have difficulty focusing on an activity that [HE/SHE] enjoys doing? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517BEH_2<

New

- | | |
|---|---------------------------------|
| 1 | No difficulty |
| 2 | Some difficulty |
| 3 | A lot of difficulty |
| 4 | Cannot do at all / Unable to do |
| 7 | Refused |
| 9 | Don't know |

<1-4,R,D> [goto C517BEH_3]

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Sample Children 5-17

BEH.050.00.000 Does [Sample Child] have difficulty accepting changes in [HIS/HER] routine? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517BEH_3<

New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto C517BEH_4]

Sample Children 5-17

BEH.060.00.000 Does [Sample Child] have difficulty making friends? Would you say [Sample Child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

>C517BEH_4<

Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

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

Sample Children 0-17

AST.080.00.000 Has a doctor or other health professional EVER told you that [Sample Child] had asthma?

>CASHMEV<

Continuing

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

<1> [goto CASSTILL]<2,R,D> [goto next section]

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Section -- AST Asthma

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Sample Children 0-17 ever diagnosed with asthma

AST.085.00.000 Does [Sample Child] still have asthma?

>CASSTILL<

Continuing

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

<1,2,R,D> [goto CASHYR]

Sample Children 0-17 ever diagnosed with asthma

AST.090.00.000 DURING THE PAST 12 MONTHS, has [Sample Child] had an episode of asthma or an asthma attack?

>CASHYR<

Continuing

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

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

Sample Children 0-17 ever diagnosed with asthma

AST.100.00.000 DURING THE PAST 12 MONTHS, did [Sample Child] have to visit an emergency room or urgent care center because of [his/her] asthma?

>CASMERYR<

Continuing

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

<1,2,R,D> [goto next section]

Sample Children 0-17

DIB.150.00.000 Has a doctor or other health professional EVER told you that [Sample Child] had diabetes ?

>CDIAB<

Revised

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

<1,2,R,D> [goto next section]

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Section -- DLD Developmental and Learning
Disabilities

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Sample Children 2-17

DLD.031.01.000 Has a doctor or health professional ever told you that [Sample Child] had Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD)?

>EVADHD<

Continuing

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

<1> [goto CUADHD]<2,R,D> [goto EVID]

Sample Children 2-17 (who had an ADHD diagnosis)

DLD.031.02.000 Does [Sample Child] currently have Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD)?

>CUADHD<

Continuing

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

<1,2,R,D> [goto EVID]

Sample Children 0-17

DLD.032.01.000 Has a doctor or health professional ever told you that [Sample Child] had an intellectual disability, also known as mental retardation?

>EVID<

Continuing

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

<1> [goto CUID]<2,R,D> [goto EVASD]

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Sample Children 0-17 who had an intellectual disability diagnosis

DLD.032.02.000 Does [Sample Child] currently have an intellectual disability, also known as mental retardation?

>CUID<

Continuing

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

<1,2,R,D> [goto EVASD]

Sample Children 2-17

DLD.033.01.010 Has a doctor or health professional ever told you that [Sample Child] had Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

>EVASD<

Continuing

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

<1> [goto CUASD]<2,R,D> [goto EVDD]

Sample Children 2-17 who had an autism spectrum disorder diagnosis

DLD.033.02.010 Does [Sample Child] currently have Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

>CUASD<

Continuing

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

<1,2,R,D> [goto EVDD]

Sample Children 0-17

DLD.034.01.000 Has a doctor or health professional ever told you that [Sample Child] had any other developmental delay?

>EVDD<

Continuing

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

<1> [goto CUDD]<2,R,D> [goto EVLD]

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Sample Children 0-17 who had any other developmental delay diagnosis

DLD.034.02.000 Does [Sample Child] currently have any other developmental delay?

>CUDD<

Continuing

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

<1,2,R,D> [goto EVLD]

Sample Children 2-17

DLD.035.01.000 Has a representative from a school or a health professional ever told you that [Sample Child] had a learning disability?

>EVLD<

Continuing

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

<1> [goto CULD]<2,R,D> [goto next section]

Sample Children 2-17 who had a learning disability diagnosis

DLD.035.02.000 Does [Sample Child] currently have a learning disability?

>CULD<

New

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

<1, 2,R,D> [goto next section]

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Section -- INS Health Insurance

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Sample Children 0-17

INS.050.00.000 The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills. Is [Sample Child] covered by any kind of health insurance or some other kind of health care plan?

>FHICOV< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1,R,D> [goto HIKIND]
<2> [goto MCAIDPRB]

Sample Children 0-17 covered by any kind of health insurance

INS.070.00.000 What kind of health insurance or health care coverage does [Sample Child] have? Is it...Private health insurance, Medicare, Medigap, Medicaid, SCHIP, military health care (TRICARE / CHAMP-VA (not CHAMPUS)), Indian Health Service, state-sponsored health plan, other government plan, or is there no coverage of any type

>HIKIND< Continuing

01	Private health insurance
02	Medicare
03	Medigap
04	Medicaid
05	SCHIP
06	Military Health Care (TRICARE / CHAMP-VA (not CHAMPUS))
07	Indian Health Service
08	State-sponsored health plan
09	Other government plan
10	No coverage of any type
97	Refused
99	Don't know

<1-9> [goto SINCOV1]<10> [if HIKIND = 1-9, goto ERR_HIKIND; else goto MCAIDPRB]<R,D>
[goto MCAIDPRB]

Sample Children 0-17 who are uninsured, refused, or don't know the health insurance coverage

INS.073.00.000 There is a program called Medicaid that pays for health care for persons in need. In this state it is also called [fill]. Is [Sample Child] covered by Medicaid?

>MCAIDPRB< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1-2, R,D> goto SINCOV1

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Section -- INS Health Insurance

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Sample Children 0-17

INS.074.01.000 Is [Sample Child] covered by a separate plan that only pays for dental services?

>SINCOV1<

Revised

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

<1-2, R,D> goto SINCOV2

Sample Children 0-17

INS.074.02.000 Is [Sample Child] covered by a separate plan that only pays for vision services?

>SINCOV2<

Continuing

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

<1-2, R,D> goto SINCOV3

Sample Children 0-17

INS.074.03.000 Is [Sample Child] covered by a separate plan that only pays for prescriptions?

>SINCOV3<

New

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

<1-2, R,D> goto HICHANGE

Sample Children 0-17

INS.075.00.000 I have recorded [Sample Child] is [not covered/covered] by [health insurance/{types of coverage listed in the HIKIND question}]. Is this correct?

>HICHANGE<

Continuing

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

<1,R,D> [goto next selected coverage type]

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Section -- INS Health Insurance

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Sample Children 0-17 with Medicare

INS.090.00.000 What type of Medicare coverage does [Sample Child] have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

>MCPART<

Continuing

- 1 Part A
- 2 Part B
- 3 Part A and Part B
- 7 Refused
- 9 Don't know

<1-3,R,D> [goto MCCHOICE]

Sample Children 0-17 with Medicare

INS.095.00.000 Is [Sample Child] enrolled in a Medicare Advantage plan?

>MCCHOICE<

Continuing

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

<1-2, R,D> goto MCHMO

Sample Children 0-17 with Medicare

INS.100.00.000 Is [Sample Child] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

>MCHMO<

Continuing

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

<1> [goto MCANAME]<2,R,D> [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCPARTD]

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Sample Children 0-17 with a Medicare Advantage plan or a Medicare managed care arrangement

INS.110.00.000 What is the name of [Sample Child]'s Medicare Advantage or Medicare HMO plan?

>MCANAME< New

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto MCPARTD

Sample Children 0-17 with Medicare

INS.118.00.000 Is [Sample Child] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

>MCPARTD< New

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

<1,2 R,D> [goto next selected health coverage type]

Sample Children 0-17 with Medicaid

INS.131.03.000 The next questions are about Medicaid coverage. What is the name of [Sample Child]'s Medicaid health plan?

>MACHNM< New

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto MXCHNG

Sample Children 0-17 with Medicaid coverage

INS.135.00.010 Was [Sample Child]'s Medicaid obtained through Healthcare.gov or the [Health Insurance Marketplace, such as [state Marketplace name]]?

>MXCHNG< New

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

<1,2 R,D> [goto MEDPREM]

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Sample Children 0-17 with Medicaid coverage

INS.135.00.020 A health insurance premium is the amount [Sample Child] or a family member pays each month for health care coverage. Does [Sample Child] or a family member pay a premium for this Medicaid plan?

>MEDPREM<

New

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

<1,2 R,D> [goto next selected health plan]

Sample Children 0-17 enrolled in a private health plan (If Sample Child questionnaire is complete, adult and child are in same family, and Sample Child was enrolled in a private plan, ask if Sample Adult has same plan as Sample Child. If so, skip this section. If not, repeat these questions for each private plan in which Sample Adult is enrolled)

INS.160.00.000 It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of the first plan? Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

>HIPNAM1<

New

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> [goto MORPLAN]<R,D> [goto next selected health plan]

Sample Children 0-17 enrolled in a private health plan

INS.171.00.000 Are there any more private health insurance plans?

>MORPLAN<

Continuing

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

<1> [goto HIPNAM2]<2,R,D> [loop through questions for first health insurance plan, then goto next selected health insurance type]

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Sample Children 0-17 with a second private health insurance plan

INS.172.00.000 What is the name of the next plan?

>HIPNAM2< Continuing

1 Verbatim	Allow 80 characters
7	Refused
9	Don't know

<verbatim, R, D> [goto FHI200] (loop through questions for up to two health insurance plans)

Sample Children 0-17 with private health insurance coverage

INS.200.01.000 Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Is [Sample Child] the policyholder for [plan name]?

>FHI200< Revised

01	Yes
02	No
97	Refused
99	Don't know

<1, R, D> goto PRPLCOV<2> goto PRPLIV

Sample Children 0-17 with private health insurance coverage where the Sample Child is the policyholder

INS.201.01.000 Does this plan cover someone other than [Sample Child]?

>PRPLCOV< Revised

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> [goto PLNWRK]

Sample Children 0-17 with private health insurance coverage where the Sample Child is not the policyholder

INS.201.02.000 Does the policyholder live in [Sample Child]'s household?

>PRPLLIV< New

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> [goto PRPOLH]

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Sample Children 0-17 with private health insurance plan(s) who is not the policyholder

INS.202.01.010 How is [Sample Child] related to the policyholder?

>PRPOLH<

Continuing

- 1 Child
- 2 Spouse
- 3 Former spouse
- 4 Some other relationship
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto PLNWRK]

Sample Children 0-17 with private health insurance coverage

INS.210.01.010 Which one of these categories best describes how this plan was obtained? Was it...

>PLNWRK<

Revised

- 01 Through an employer
- 02 Through a union
- 03 Through a professional association
- 04 Purchased directly
- 05 Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
- 06 Through a state/local government or community program
- 07 Other, specify
- 97 Refused
- 99 Don't know

<1-4,6> [goto PLNPAY]<5,7,R,D> [goto PLNEXCHG]<8> [goto PLNWKSP]

Sample Children 0-17 with private health insurance coverage obtained from other source

INS.211.01.010 *Read if necessary. How was this plan obtained?

>PLNWKSP<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto PLNEXCHG

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Sample Children 0-17 who have private coverage that are not employer based, have not indicated through the exchange (or of unknown origins)

INS.215.01.010 Was the plan obtained through Healthcare.gov or the [Health Insurance Marketplace/Health Insurance Marketplace, such as [state marketplace name]]?

>PLNEXCHG<

Continuing

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

<1,2,R,D> [goto PLNPAY]

Sample Children 0-17 enrolled in a private health plan

INS.220.10.000 Who pays for this health insurance plan? *Enter all that apply, separate with commas.

>PLNPAY<

Continuing

- | | |
|----|--|
| 01 | Self or family (living in the household) |
| 02 | Employer or union |
| 03 | Someone outside the household |
| 04 | Medicare |
| 05 | Medicaid |
| 06 | Children's Health Insurance Program |
| 07 | State or local government or community program |
| 97 | Refused |
| 99 | Don't know |

<1> [goto HICOSTN] <2-7,R,D> [goto HDHP]

Sample Children 0-17 with private health insurance plans paid for by self or family

INS.230.11.000 1 of 2 How much does [Sample Child]'s family currently spend for health insurance premiums for [^HIPNAM1, HIPNAM2] plan? Please include payroll deductions for premiums.

>HICOSTN<

Continuing

- | | |
|-------------|------------|
| 00001-99995 | 1-99995 |
| 99997 | Refused |
| 99999 | Don't know |

<1-99995> [goto HICOSTT]<R> [store "R" in HICOSTT and goto HDHP1]<D> [store "D" in HICOSTT and goto HDHP1]

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Sample Children 0-17 with private health insurance plans with a valid response to HICOSTN

INS.230.12.000 2 of 2 * Enter time period for premium payments.

>HICOSTT<

Continuing

- 01 Once a week
- 02 Once every 2 weeks
- 03 Once a month
- 04 Twice a month
- 05 Every two months
- 06 Quarterly (every 3 months)
- 07 Once a year
- 08 Twice a year
- 97 Refused
- 99 Don't know

<1-8,R,D> [goto HDHP]

Sample Children 0-17 with private health insurance plans

INS.241.01.000

[If only 1 person is covered by the plan]: Is the annual deductible for medical care for this plan less than \$1,300 or \$1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here. [If more than 1 person is covered by the plan]: Is the family annual deductible for medical care for this plan less than \$2,600 or \$2,600 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

>HDHP<

Continuing

- 1 less than [\$1,300/2,600]
- 2 [\$1,300/2,600] or more
- 7 Refused
- 9 Don't know

<1> [goto PRRXCOV] <2, R, D> [go to HSAHRA]

Sample Children 0-17 with high deductible private health plans

INS.242.01.000

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts

>HSAHRA<

Continuing

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

<1,2,R,D> [goto PRRXCOV]

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Sample Children 0-17 with private health insurance coverage

INS.249.01.010 Does the plan pay for any of the costs for medicines prescribed by a doctor?

>PRXCOV<

Continuing

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

<1,2,R,D> [goto PRDNCOV]

Sample Children 0-17 with private health insurance coverage

INS.249.02.010 Does the plan pay for any of the costs for dental care?

>PRDNCOV<

Continuing

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

<1,2,R,D> [goto PRVSCOV]

Sample Children 0-17 with private health insurance coverage

INS.249.03.010 Does the plan pay for any of the costs for routine vision care, such as glasses and contacts lenses?

>PRVSCOV<

New

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

<1,2,D,R> If second private health insurance plan loop through private coverage questions; else, goto next health insurance type chosen

Sample Children 0-17 with a CHIP plan

INS.250.00.000 Earlier I recorded that [Sample Child] is covered by the Children's Health Insurance Program. What is the name of the plan?

>STNAME1<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto CHXCHNG

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Sample Children 0-17 with a CHIP plan

INS.250.01.010 Was [Sample Child]'s CHIP plan obtained through Healthcare.gov or the [Health Insurance Marketplace [such as state Marketplace name]]?

>CHXCHNG<

Continuing

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

<1,2,R,D> goto STRFPRM1

Sample Children 0-17 with a CHIP plan

INS.250.02.020 A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?

>STRFPRM1<

Continuing

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

<1,2,R,D> goto next selected insurance type chosen

Sample Children 0-17 with a state-sponsored plan

INS.251.00.000 Earlier I recorded that [Sample Child] is covered by a state-sponsored plan. What is the name of the plan?

>STNAME2<

Continuing

- 1 **Verbatim** Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto OPXCHNG

Sample Children 0-17 with a state-sponsored plan

INS.251.01.010 Was [Sample Child]'s state-sponsored plan obtained through Healthcare.gov or the [Health Insurance Marketplace [such as state Marketplace name]]?

>OPXCHNG<

Continuing

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

<1,2,R,D> goto STRFPRM2

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Sample Children 0-17 with a state-sponsored plan

INS.251.02.020 A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this state-sponsored plan?

>STRFPRM2<

Continuing

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

<1,2,R,D> goto next selected insurance type chosen

Sample Children 0-17 with an other government plan

INS.252.00.000 Earlier I recorded that [Sample Child] is covered by an other government program. What is the name of the plan?

>STNAME3<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto OGXCHNG

Sample Children 0-17 with an other government plan

INS.252.01.010 Was [Sample Child]'s other government plan obtained through Healthcare.gov or the [Health Insurance Marketplace [such as state Marketplace name]]?

>OGXCHNG<

Continuing

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

<1,2,R,D> goto STRFPRM3

Sample Children 0-17 with an other government plan

INS.252.02.020 A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this other government program plan?

>STRFPRM3<

Revised

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

<1,2,R,D> goto next selected insurance type chosen

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Sample Children 0-17 with military health care

INS.270.00.000 Earlier I recorded that you are covered by military health care. What types of military health care are you covered by?*

Enter all that apply, separate with commas.

>MILSPC<

Continuing

- 1 TRICARE (CHAMPUS)
- 2 CHAMP-VA (do not include CHAMPUS)
- 3 Other
- 7 Refused
- 9 Don't know

<1-3,R,D> [goto HILAST]

Sample Children 0-17 without known health insurance or with only single service plans

HIC.280.00.000 How long has it been since [Sample Child] last had health care coverage?

>HILAST<

Continuing

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

<1-6,R,D> goto HISTOP

Sample Children 0-17 with current health insurance coverage who did not have health insurance for some period of time in the past 12 months

HIC.285.00.000 IN THE PAST 12 MONTHS, How many months was [Sample Child] without coverage? * If less than 1 month, enter '1'.

>HILASTMY<

New

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

<1-12,R,D> goto HISTOP

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Section -- HIC Health Insurance Continuity

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Sample Children 0-17 without known health insurance or with only single service plans

HIC.290.00.000 Which of these are reasons [Sample Child] does not have health insurance? *Mark all that apply

>HISTOP<

Revised

- 01 Person in family with health insurance lost job, changed employer, or retired
- 02 Age
- 03 Left school
- 04 Employer does not offer coverage
- 05 Not eligible for coverage
- 06 Cost is too high
- 07 Lost Medicaid or public coverage
- 08 Do not need coverage / healthy
- 09 Other (specify)
- 97 Refused
- 99 Don't know

<1-9,R,D> goto MEDBILL

Sample Children 0-17 who have another reason for not having coverage

HIC.295.00.000 *Read if necessary. What is [Sample Child's] other reason for not having coverage?

>HISTOPOT<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto MEDBILL

Sample Children 0-17 with known health insurance coverage that is not a single service plan

HIC.300.00.000 In the PAST 12 MONTHS, was there any time when [Sample Child] did NOT have ANY health insurance or coverage?

>HINOTYR<

Continuing

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

<1> [goto HINOTMYR]<2,R,D> [goto MEDBILL]

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Sample Children 0-17 with known health insurance coverage and did not have health insurance for some period of time in the past 12 months

HIC.310.00.000 In the PAST 12 MONTHS, about how many months were you without coverage?
* If less than 1 month, enter '1'.

>HINOTMYR< Continuing
01-12 1-12
97 Refused
99 Don't know

<1-12,R,D> [goto MEDBILL]

Sample Children 0-17

PAY.325.00.010 In the past 12 months did anyone in the family have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

>MEDBILL< Continuing
1 Yes
2 No
7 Refused
9 Don't know

<1,R,D> [goto MEDBNOP]<2> [goto next section]

Sample Children 0-17 in families that had problems paying medical bills in the past 12 months

PAY.327.00.010 Does anyone in the family currently have any medical bills that you are unable to pay at all?

>MEDBNOP< Continuing
1 Yes
2 No
7 Refused
9 Don't know

<1,2,R,D> [goto CWORPAY]

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Section -- PAY Difficulty Paying for Insurance

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Sample Children 0-17

PAY.328.00.000 If [Sample Child] gets sick or have an accident, how worried are you that your family will be able to pay his/her medical bills? Are you very worried, somewhat worried, or not at all worried?

>CWORPAY<

New

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried
- 7 Refused
- 9 Don't know

<1-3,R,D> [goto next section]

Sample Children 1-17

DNC.010.00.000 About how long has it been since [Sample Child] last had a dental examination or cleaning? *Read if necessary: Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

>CDENPREV<

New

- 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

<1,2> [goto CDENDLY]<0,3-5,R,D> [goto CDENLONG]

Sample Children 1-17

DNC.020.00.000 About how long has it been since [Sample Child] last saw a dentist for any reason? *Read if necessary: Include all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

>CDENLONG<

New

- 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

<0-5,R,D> [goto CDENDLY]

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Section -- DNC Dental Care

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Sample Children 1-17

DNC.030.00.000 During the past 12 months, has [Sample Child] been delayed in getting dental care because of the cost?

>CDENDLY<

New

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

<1,2,R,D> [goto CDENND]

Sample Children 1-17

DNC.040.00.000 During the past 12 months, was there any time when [Sample Child] needed dental care, but did not get it because of the cost?

>CDENND<

New

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

<1,2,R,D>[goto next section]

Sample Children 0-17

UTZ.110.00.000 Now [that we finished talking about dental care,] I would like to ask you about [Sample Child]'s [other] health care. About how long has it been since [Sample Child] last saw any doctor or other health professional about [his/her] health?*Read if necessary: Include doctors seen while [he/she] was a patient in a hospital.*Read if necessary: Do not include dental care

>CLASTDR<

New

- 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

<1-5,R,D> goto CUSUALPL

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Section -- UTZ Utilization

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Sample Children 0-17

UTZ.120.00.000 Is there a place that [Sample Child] USUALLY goes to if [he/she] is sick?

>CUSUALPL<

Continuing

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

<1,3,R,D> goto CPLKIND1<2> goto CWELL

Sample Children 0-17 with 1+ usual place of care or who don't know or refused to answer if they have a usual place of care

UTZ.130.00.000 What kind of place [is it/does [he/she] go to most often] – a doctor's office or health center; a walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store; an emergency room; or some other place?*Read if necessary: A doctor's office or health center is a place where [he/she] sees the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where [his/her] medical records are on file.*Read if necessary: Walk-in clinics, retail clinics and urgent care centers are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

>CPLKIND1<

Revised

- 1 A doctor's office or health center
- 2 Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store
- 3 Emergency Room
- 4 Some other place
- 5 Does not go to one place most often
- 7 Refused
- 9 Don't know

<1-5,R,D> goto CWELL

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Sample Children 0-17

UTZ.140.00.000 About how long has it been since [Sample Child] last saw a doctor or other health professional for a “well [baby/child] visit,” physical examination, preventive care, or general purpose check-up? *Read if necessary: This kind of visit typically includes: height and weight measurements, vaccinations, and vision or hearing checks. The doctor or health professional may also discuss topics related to [Sample Child]’s health such as [his/her] growth and development, diet and exercise, safety habits, and sleep patterns. These visits are usually scheduled in advance and occur when [he/she] is not sick. *If a wellness exam was combined with a sick care visit, include this visit.

>CWell<

New

- | | |
|---|--|
| 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 |

<0> goto CURGENT<1-5,R,D> goto CWLPLACE

Sample Children 0-17 who have ever had a preventive visit

UTZ.150.00.000 [Fill1: What kind of place did [Sample Child] get [his/her] most recent “well [baby/child] visit,” physical examination, preventive care, or general purpose check-up? *Read if necessary: This kind of visit typically includes: height and weight, vaccinations, and vision or hearing checks. The doctor or health professional may also discuss topics related to [Sample Child]’s health such as [his/her] growth and development, diet and exercise, safety habits, and sleep patterns. These visits are usually scheduled in advance and occur when [he/she] is not sick. *If a wellness exam was combined with a sick care visit, include this visits location.

>CWLPLACE<

New

- | | |
|---|---|
| 1 | A doctor’s office or health center |
| 2 | Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store |
| 3 | Emergency Room |
| 4 | Some other place |
| 6 | Does not go to one place most often |
| 7 | Refused |
| 9 | Don't know |

<1-4,6,R,D> goto CURGENT

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Section -- UTZ Utilization

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Sample Children 0-17

UTZ.160.00.000 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [Sample Child] gone to a walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store about [his/her] health?*Enter 96 if number >96*Read if necessary: Walk-in clinics, retail clinics and urgent care centers are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

>CURGENT<

New

00	None
01-96	1-96
97	Refused
99	Don't know

<0-96, R,D> goto CEMERG

Sample Children 0-17

UTZ.170.00.000 DURING THE PAST 12 MONTHS, HOW MANY TIMES has [Sample Child] gone to a HOSPITAL EMERGENCY ROOM about [his/her] health? This includes emergency room visits that resulted in a hospital admission.

>CEMERG<

Continuing

00	None
01-96	1-96
97	Refused
99	Don't know

<0-96, R,D> goto CHOSP

Sample Children 0-17

UTZ.180.00.000 DURING THE PAST 12 MONTHS, has [Sample Child] been hospitalized overnight? Do not include an overnight stay in the emergency room.

>CHOSP<

Revised

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> goto [CMEDDLY]

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Section -- UTZ Utilization

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Sample Children 0-17

UTZ.190.00.000 During the past 12 months, has [Sample Child] been delayed in getting medical care because of the cost?

>CMEDDLY<

Revised

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

<1,2,R,D>[goto CMEEND]

Sample Children 0-17

UTZ.200.00.000 During the past 12 months, was there any time when [Sample Child] needed medical care, but did not get it because of the cost?

>CMEEND<

Revised

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

<1,2,R,D>[goto next section]

Sample Children 2-17

MHC.010.00.000 During the past 12 months, did [Sample Child] take any prescription medication to help with [his/her] emotions, concentration, behavior or mental health?

>CMHRX <

New

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

<1,2,R,D>[goto CMHTHPRY]

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Section -- MHC Mental Health Care

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Sample Children 2-17

MHC.020.00.000 DURING THE PAST 12 MONTHS, did [Sample Child] receive counseling, therapy, or other non-medication treatment from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>CMHTHPRY<

Revised

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

<1,2,R,D>[goto CMHTHDLY]

Sample Children 2-17

MHC.030.00.000 During the past 12 months, has [Sample Child] been delayed in getting counseling, therapy, or other non-medication treatment from a mental health professional because of the cost?

>CMHTHDLY<

Revised

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

<1,2,R,D>[goto CMHTHND]

Sample Children 2-17

MHC.040.00.000 During the past 12 months, was there any time when [Sample Child] needed counseling, therapy, or other non-medication treatment from a mental health professional, but did not get it because of the cost?

>CMHTHND<

New

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

<1,2,R,D>[goto next section]

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Child Annual

Section -- PTC Physical and other therapeutic care

Document Version Date: August 25, 2016

Sample Children 0-17

PTC.010.00.000 DURING THE PAST 12 MONTHS, has [Sample Child] had an eye exam from an optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses)?

>CVISCARE<

Continuing

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

<1,2,R,D> [goto CPTOTRT]

Sample Children 0-17

PTC.020.00.000 DURING THE PAST 12 MONTHS, did [Sample Child] receive physical therapy, speech therapy, rehabilitative therapy, occupational therapy, respiratory therapy or other special therapy?

>CPTOTRT<

Revised

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

<1,2,R,D> [goto CHOME]

Sample Children 0-17

PTC.030.00.000 During the past 12 months did [Sample Child] receive care at home from a nurse or other health professional?

>CHOME<

Continuing

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

<1,2,R,D> [goto next section]

Sample Children 0-17

PMD.120.00.000 DURING THE PAST 12 MONTHS, was [Sample Child] prescribed medication by a doctor or other health professional?

>CRX12MO<

New

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

<1,2,R,D> [goto CRXDLY]

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Section -- PMD Prescription medications

Document Version Date: August 25, 2016

Sample Children 0-17

PMD.130.00.000 DURING THE PAST 12 MONTHS, did you delay filling a prescription for [Sample Child] to save money?

>CRXDLY<

New

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

<1,2,R,D> [goto CRXEND]

Sample Children 0-17

PMD.140.00.000 During the past 12 months, was there any time when [Sample Child] needed prescription medication, but did not get it because of the cost?

>CRXEND<

Revised

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

<1,2,R,D>[goto next section]

Sample Children 0-17

IMM.110.00.000 DURING THE PAST 12 MONTHS, has [Sample Child] had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

>SHTFLUYR<

Revised

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

<1> [goto SHTFLUNUM] <2,R,D> [goto next section]

Sample Children 0-17 who have had a flu shot in the past 12 months

IMM.120.00.000 In the past 12 months, how many vaccinations has [Sample Child] received?

>SHTFLUNUM<

Revised

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

<1,2> [goto FLUVAC_1M] <R,D> [goto next section]

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Section -- IMM Immunization

Document Version Date: August 25, 2016

Sample Children 0-17 who have had one or more vaccine doses in the past 12 months

IMM.130.00.000 1 of 2 During what month and year did [Sample Child] receive [his/her] most recent flu vaccine?

>FLUVAC_1M<

Revised

- 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

<1-12,D> [goto FLUVAC_1Y] <R> [goto FLUVAC_2M]

Sample Children 0-17 who have had one or more vaccine doses in the past 12 months and gave month/don't know month of vaccine dose

IMM.140.00.000 2 of 2 *Enter year of most recent flu vaccine.

>FLUVAC_1Y<

Revised

- 7 Refused
- 9 Don't know

<valid year,R,D> and FLUSHTNUM = 2 [goto FLUVAC_2M] else goto next section [If FLUVAC_1M and FLUVAC_1Y = a future date] goto ERR1_ CH1N1_4Y [If FLUVAC_1M and FLUVAC_1Y = a date prior to birth] goto ERR2_ CH1N1_4Y [If FLUVAC_1M and FLUVAC_1Y = a date prior to 12 months ago] goto ERR3_ CH1N1_4Y]

2018 NHIS Draft for Public Comment**Child Annual****Section -- IMM** Immunization**Document Version Date:** August 25, 2016

Sample Children 0-17 who have had two vaccine doses in the past 12 months

IMM.150.00.000 1 of 2 During what month and year did [Sample Child] receive [his/her] next most recent flu vaccine?

>FLUVAC_2M<

Revised

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

<1-12> goto FLUVAC_2Y<R,D> goto next section

Sample Children 0-17 who have had two vaccine doses and gave month/don't know month of vaccine dose

IMM.160.00.000 2 of 2 *Enter year of next most recent flu vaccine.

>FLUNVAC_2Y<

Revised

7	Refused
9	Don't know

<valid year,R,D> and FLUSHTNUM = 2 [goto FLUVAC_2M] else goto next section [If FLUVAC_2M and FLUVAC_2Y = a future date] goto ERR1_CH1N1_4Y [If FLUVAC_2M and FLUVAC_2Y = a date prior to birth] goto ERR2_CH1N1_4Y [If FLUVAC_2M and FLUVAC_2Y = a date prior to 12 months ago] goto ERR3_CH1N1_4Y]

Sample Children 3-5

SCH.100.00.000 Is [Sample Child] attending or enrolled in school? * Read if necessary: school includes nursery school, kindergarten or elementary school.

>SSCHOL<

New

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto SCHDAYR]<2,R,D> [goto SPDEV]

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Section -- SCH Schooling

Document Version Date: August 25, 2016

Sample Children 3-5 who attend school and Sample Children 6-17

SCH.150.00.000 DURING THE PAST 12 MONTHS about how many days did [Sample Child] miss school because of illness, injury, or disability?* Enter '996' if child did not goto school in the past 12 months.

>SCHDAYR<

Revised

000-365	0-365
997	Refused
999	Don't know

<0-99,996,R,D> [goto SPEDEV]<100-240> [goto ERR1_SCHDAYR]<241-995> [goto ERR2_SCHDAYR]

Sample Children 0-17

SCH.200.00.000 Has [Sample Child] ever received Special Education or Early Intervention Services?

>SPEDEV<

Revised

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto SPEDCUR]<2,R,D> [goto next section]

Sample Children 0-17 who ever received special education services

SCH.220.00.000 Does [Sample Child] now receive Special Education or Early Intervention Services?

>SPEDCUR<

New

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto SPEDEM]<2,R,D> [goto next section]

Sample Children 0-17 who currently receive special education services

SCH.240.00.000 Does [Sample Child] receive these services to help with [his/her] emotions, concentration, behavior, or mental health?

>SPEDEM<

Revised

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> [goto next section]

2018 NHIS Draft for Public Comment**Child Annual****Section -- PAR** Parental Demographics**Document Version Date:** August 25, 2016

Sample Children 0-17 with any adults in the household in addition to Sample Child respondent

PAR.014.00.000 If 2+ adult in the household then ask: Does [Sample Child] have any (other) parents or other people who act as (his/her) parents living here?

>OTHERPAR<

New

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

<1> [goto RELCHPAR] <2,R,D> [goto SCCPLSTAT]

Sample Children 0-17 with any parents (or adults who act as parents) in the household other than the Sample Child respondent

PAR.016.00.000 What is their relationship to [Sample Child]?

>RELCHPAR<

Revised

- | | |
|----|---|
| 01 | Mother (biological, step, adoptive, or foster) |
| 02 | Father (biological, step, adoptive, or foster) |
| 03 | Grandmother |
| 04 | Grandfather |
| 05 | Other family member (brother/sister, aunt/uncle, niece/nephew, cousin, etc) |
| 06 | Legal guardian |
| 07 | Other nonrelative |
| 97 | Refused |
| 99 | Don't know |

<1,2> [goto RELCHPARTYPE]<7> [goto RELCHPARMULT]<3-6,R,D> [goto SCCPLSTAT]

Sample Children 0-17 with any mother or father in the household other than the Sample Child respondent

PAR.018.00.000 Is that [Sample Child]'s biological, adoptive, step or foster [mother/father]?

>RELCHPARTYPE<

Revised

- | | |
|---|-----------------------------------|
| 1 | Biological [mother/father] |
| 2 | Adoptive [mother/father] |
| 3 | Step [mother/father] |
| 4 | Foster [mother/father] |
| 5 | [Mother/father], type unspecified |
| 7 | Refused |
| 9 | Don't know |

<1,2,3,4,5,6,7,8,9,10> & RLCHPAR = 6 [goto RELCHPARMULT] <1,2,3,4,5,6,7,8,9,10> & RELCHPAR ne 6 [goto SCCPLSTAT]

2018 NHIS Draft for Public Comment**Child Annual**

Section -- PAR Parental Demographics

Document Version Date: August 25, 2016

Sample Children 0-17 with 2+ relatives of the same type (RELCHPAR=6)

PAR.020.00.000 [ENTER NUMBER AND TYPE OF RELATIVES & THEIR ROSTER LINE NUMBERS]

>RELCHPARMULT Revised

	Line number
7	Refused
9	Don't know

[1-25,R,D> goto SCCPLSTAT

Sample Children 0-17 with 2+ mothers or 2+ fathers in household

PAR.025.00.000 Confirm gender of parents (under development)

>SCCPLSTAT< New

Sample Children 0-17

PAR.030.00.000 *NOTE: This question seeks to obtain marital status of persons in the family acting as parents of the Sample Child. If child has a mother and a father in the household, and respondent is one of them, ask: Are you and [Sample Child]'s [fill with other parent: father/mother] now married, divorced, separated, or living together as an unmarried couple? If SCCPLSTAT = 2, and respondent is a parent to the child, ask: Are you and [Sample Child]'s other [fill with other parent: mother/father] now married, divorced, separated, or living together as a couple? If child has one mother in the household but not any fathers, or one father in the household but not any mothers, and the respondent is that one parent, ask: Are you now married, widowed, divorced, separated, or never married? If child has a mother and a father in the household, and respondent is not one of them, ask: Are [Sample Child]'s parents now married, divorced, separated, or living together as a couple? If respondent has two mothers or two fathers, and respondent is not a parent to the child, ask: Are [Sample Child]'s [mothers/fathers] now married, divorced, separated, or living together as a couple? If child has one mother in the household but not any fathers, or one father in the household but not any mothers, and the respondent is not that one parent, ask: Is [Sample Child]'s [mother/father] now married, widowed, divorced, separated, or never married? If child has neither a mother nor a father in the household, ask: Are you now married, widowed, divorced, separated, or never married?

>MARITALSC< New

1	Married
2	Widowed [GRAYED OUT FOR 2-PARENT HOUSEHOLDS]
3	Divorced
4	Separated
5	Never Married
6	Living together as a couple [GRAYED OUT FOR 1-PARENT HOUSEHOLDS]
7	Refused
9	Don't know

<1,6> & no parents in household [goto SPOUSSC]; <6> & any parents in household [goto COHABSC];
 <2,3,4,5,R,D> & no parents in household [goto FOSTERSC]; <1,2,3,4,5,R,D> & any parents in household
 [goto next section]

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Section -- PAR Parental Demographics

Document Version Date: August 25, 2016

Sample Children 0-17 with a married or cohabiting Sample Adult respondent and no parents in household

PAR.032.00.000 Does your [spouse/partner] currently live in the household with [Sample Child]?

>SPOUSSC<

Revised

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

<1> [goto SPOUS2SC]; <2,R,D> & MARITALSC = 6 [goto COHABSC]; <2,R,D> & MARITALSC ne 6 and no mother or father in household [goto FOSTERSC]; <2,R,D> & MARITALSC ne 6 and any mother or father in household [goto next section]

Sample Children 0-17 with a married or cohabiting Sample Adult respondent whose spouse/partner is present and no parents in household

PAR.033.00.000 [SHOW ROSTER] Which person is your [spouse/partner]?

>SPOUS2SC<

Revised

- | | |
|---|-------------|
| | Line number |
| 7 | Refused |
| 9 | Don't know |

<1,R,D> & MARITALSC = 6 [goto COHABSC]; <1,R,D> & MARITALSC ne 6 and no parents in household [goto FOSTERSC]; <1,R,D> & MARITALSC ne 6 and any parents in household [goto next section]

Sample Children 0-17 with cohabiting parents or cohabiting respondent in household

PAR.035.00.000 NOTE: This question seeks to obtain marital status of persons in the family acting as parents of the sample child. If respondent is a parent and MARITALSC=6, ask: What is your current legal marital status? If child has a mother and a father in the household, and respondent is not one of them, and MARITALSC=6, ask: What is the current legal marital status of [Sample Child]'s parents? If SCCPLSTAT = 2, and respondent is not a parent to the child, and MARITALSC=6, ask: What is the current legal marital status of [Sample Child]'s [fill:mothers/fathers]? If child has neither a mother nor a father in the household, and MARITALSC=6, ask: What is your current legal marital status?

>COHABSC<

Revised

- | | |
|---|---------------|
| 1 | Married |
| 2 | Widowed |
| 3 | Divorced |
| 4 | Separated |
| 5 | Never Married |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> if no mother or father in household [goto FOSTERSC]; else if any mother or father in household [goto next section]

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Section -- PAR Parental Demographics

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Sample Children 0-17 with no parents in the household

PAR.040.00.000 Is [Sample Child] currently in foster care? That is, is there an adult acting as a foster parent to [Sample Child] under the supervision of a state or county child welfare agency?

>FOSTERSC<

Revised

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

<1,2,R,D> [goto P1EDUC]

Sample Children 0-17

PAR.100.00.000 Was [parent name #1] [and/or parent name #2] born outside the United States?

>PARBORN<

New

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

<1,2,R,D> goto next section

Sample Children 0-17

DEM.100.03.000 What is [Sample Child]'s date of birth? Please give month, day, and year for the date of birth.* Enter month of birth.

>AGEDOB_3<

Revised

- 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

<1-12,R,D> [goto AGEDOB_4]

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Section -- DEM Demographics

Document Version Date: August 25, 2016

Sample Children 0-17

DEM.100.04.000 What is [Sample Child]'s date of birth?Please give month, day, and year for the date of birth.* Enter day of birth.

>AGEDOB_4<

Revised

01-31	1-31
97	Refused
99	Don't know

<1-31,R,D> [goto AGEDOB_5] Only allow valid days for month entered. If days not valid, [goto ERR_AGEDOB_4] ELSE [goto AGEDOB_5]

Sample Children 0-17

DEM.100.05.000 What is [Sample Child]'s date of birth?Please give month, day, and year for the date of birth.* Enter year of birth.

>AGEDOB_5<

Revised

1900-2030	1900-2030
9997	Refused
9999	Don't know

<1900-2030,R,D> [goto next section]

Sample Children 0-17

NAT.001.00.000 Was [Sample Child] born in the United States?

>PLBORN<

Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1> [store "1" in CITIZEN, goto PLBORN1]<2, R, D> [goto USYR]

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Section -- NAT Nativity

Document Version Date: August 25, 2016

Sample Children 0-17 born in the United States

NAT.001.00.000 In what state was [Sample Child] born?

>PLBORN1<

Continuing

- 01 Alabama
 - 02 Alaska
 - 03 Arizona
 - 04 Arkansas
 - 05 California
 - 06 Colorado
 - 07 Connecticut
 - 08 Delaware
 - 09 District of Columbia
 - 10 Florida
 - 11 Georgia
 - 12 Hawaii
 - 13 Idaho
 - 14 Illinois
 - 15 Indiana
 - 16 Iowa
 - 17 Kansas
 - 18 Kentucky
 - 19 Louisiana
 - 20 Maine
 - 21 Maryland
 - 22 Massachusetts
 - 23 Michigan
 - 24 Minnesota
 - 25 Mississippi
 - 26 Missouri
 - 27 Montana
 - 28 Nebraska
 - 29 Nevada
 - 30 New Hampshire
 - 31 New Jersey
 - 32 New Mexico
 - 33 New York
 - 34 North Carolina
 - 35 North Dakota
 - 36 Ohio
 - 37 Oklahoma
 - 38 Oregon
 - 39 Pennsylvania
 - 40 Rhode Island
 - 41 South Carolina
 - 42 South Dakota
 - 43 Tennessee
 - 44 Texas
 - 45 Utah
-

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Section -- NAT Nativity

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46	Vermont
47	Virginia
48	Washington
49	West Virginia
50	Wisconsin
51	Wyoming
57	United States (state unknown)
97	Refused
99	Don't know

<1-51,57,R,D> [goto next section]

Sample Children 0-17 not born in the United States

NAT.004.00.000 In what year did [Sample Child] come to the United States to stay?

>USYR<

Continuing

1900-Current Year	1900-Current Year
9997	Refused
9999	Don't know

<1880-Current Year, R, D> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]

Sample Children 0-17 not born in the United States or a United States territory

NAT.006.00.000 Is [Sample Child] a CITIZEN of the United States? (under development)

>CITIZEN<

Revised

1	Yes, born in one of the 50 United States or the District of Columbia
2	Yes, born in Puerto Rico, Guam, United States Virgin Islands, or other U.S. territory
3	Yes, born abroad to American parent(s)
4	Yes, born abroad and adopted by American parent(s)
5	Yes, U.S. citizen by naturalization
6	No, not a citizen of the United States
7	Refused
9	Don't know

<1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto PARBORN]<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; elseif Age>=5, goto ENGLANG else goto next section]<1-6,R,D> [if age >=5 goto ENGLANG else goto next section]

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Section -- NAT Nativity

Document Version Date: August 25, 2016

Sample Children 5-17

NAT.010.00.000 How well does [Sample Child] speak English? Would you say...*Read categories below.

>ENGLANG<

Revised

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all
- 7 Refused
- 9 Don't know

<1-4,R,D> goto next section

Sample Children 0-17

HOU.110.00.000 About how long has [Sample Child] lived in this house/apartment?

>HOUSELONG<

New

- 0 Never
- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-3,R,D> goto HOUSEMOVE<4-6> goto HOUSEBILL

Sample Children 0-17 who have lived in the house for less than 3 years

HOU.120.00.000 During the last 3 years, how many places, including this house/apartment, has [Sample Child] lived in for 3 months or longer? Do NOT include second homes or vacation rentals/homes. *If the number of moves is 12 or more enter "12"

>HOUSEMOVE<

New

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

<1-12,R,D> goto [HOUSEOWN]

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Section -- HOU Housing

Document Version Date: August 25, 2016

Sample Children 0-17

HOU.130.00.000 Housing costs refer to the money that you and your household spend on utility bills, rent, mortgage payments, and property taxes. Overall, how difficult was it for you to afford your housing costs during the past year? Would you say very difficult, somewhat difficult, not very difficult, or not difficult at all

>HOUSEBILL<

New

- | | |
|---|----------------------|
| 1 | Very difficult |
| 2 | Somewhat difficult |
| 3 | Not very difficult |
| 4 | Not difficult at all |
| 7 | Refused |
| 9 | Don't know |

<1-4,R,D> [goto HOUSEOWN]

Sample Children 0-17

HOU.280.00.000 Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by someone in your family?

>HOUSEOWN<

Revised

- | | |
|---|-----------------------|
| 1 | Owned or being bought |
| 2 | Rented |
| 3 | Other arrangement |
| 7 | Refused |
| 9 | Don't know |

<1,3,R,D> goto [HOUSEBILL]

<2> goto [FGAH]

Sample Children 0-17 living in a house/apartment that is being rented

HOU.282.00.000 Is your family paying lower rent because the Federal, State, or local government is paying part of the cost?* Read if necessary. Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

>FGAH<

Revised

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

<1,2,R,D> goto HOUSEBILL

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Section -- FEM Employment of family members

Document Version Date: August 25, 2016

Persons 18+

FEM.180.00.000 Now I'm going to ask you about you [and some of the other members of your family.][Do you/does [ALIAS]] work for pay at a job or business?* If the respondent says he/she works, but not for pay, at a family-owned job or business, enter '1' for yes.

>EMP_4<

Revised

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

<1> goto EMP_5; <2,R,D> if there is another adult in the family repeat EMP_4 for the next adult 18+; else goto next section

Persons 18+ other than the Sample Adult who work for pay at a job or business

FEM.190.00.000 Do you/does [ALIAS]] usually work 35 hours or more in total at [fill2: his/her] job(s)?

>EMP_5<

Revised

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

<1,2,R,D> if another adult in the family goto EMP_4 for the next adult 18+; else goto next section

Sample Children 0-17

INC.001.00.000 The next questions are about YOUR TOTAL FAMILY income in [the last calendar year] BEFORE TAXES. Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

>FINCINT<

Continuing

- | | |
|---|------------|
| 1 | Allow 1 |
| 7 | Refused |
| 9 | Don't know |

<1> goto FINC_1<R,D> goto next section

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Section -- INC Family Income

Document Version Date: August 25, 2016

Sample Children 0-17

INC.010.00.000 IN [THE LAST CALENDAR YEAR], did [YOU/ANY FAMILY MEMBERS 18 AND OLDER] receive income from wages, salaries, commissions, bonuses, or tips?

>FINC_1<

Continuing

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

<1,2,R,D> goto FINC_2

Sample Children 0-17

INC.020.00.000 IN THE [LAST CALENDAR YEAR], did YOU OR ANY FAMILY MEMBERS 18 AND OLDER receive self-employment income from nonfarm or farm businesses, including proprietorships and partnerships?

>FINC_2<

New

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

<1,2,R,D> goto FINC_3

Sample Children 0-17

INC.030.00.000 IN THE [LAST CALENDAR YEAR], did ANY FAMILY MEMBERS LIVING HERE receive income from interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

>FINC_3<

New

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

<1,2,R,D> goto FINC_4

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Section -- INC Family Income

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Sample Children 0-17

INC.040.00.000 IN [THE LAST CALENDAR YEAR], did ANY FAMILY MEMBERS LIVING HERE receive income from Social Security or Railroad Retirement?

>FINC_4<

New

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

<1,2,R,D> goto FINC_5

Sample Children 0-17

INC.050.00.000 IN [THE LAST CALENDAR YEAR], did ANY FAMILY MEMBERS LIVING HERE receive Supplemental Security Income (SSI)?

>FINC_5<

New

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

<1,2,R,D> goto FINC_6

Sample Children 0-17

INC.060.00.000 IN [THE LAST CALENDAR YEAR], did ANY FAMILY MEMBERS LIVING HERE receive any public assistance or welfare payments from the state or local welfare office?

>FINC_6<

New

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

<1,2,R,D> goto FINC_7

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Section -- INC Family Income

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Sample Children 0-17

INC.070.00.000 IN [THE LAST CALENDAR YEAR], did ANY FAMILY MEMBERS LIVING HERE receive income from retirement, survivor, or disability pensions?

>FINC_7<

New

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> goto FINC_8

Sample Children 0-17

INC.080.00.000 IN [THE LAST CALENDAR YEAR], did ANY FAMILY MEMBERS LIVING HERE receive any other sources of income such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

>FINC_8<

New

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> goto FINCTOT

Sample Children 0-17

INC.090.00.000 [fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?* Enter '999,995' if the reported income is greater than \$999,995.

>FINCTOT<

New

000001-999995	\$1-\$999,995
999997	Refused
999999	Don't know

<0-999> goto ERR1_FINCTOT<250001-999995> goto ERR2_FINCTOT<1000-250000> goto next section<R,D> goto FPOV250

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Section -- INC Family Income

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Respondents who don't know or refuse the total family income

INC.100.00.000 Was your total family income from all sources less than [250% of poverty threshold] or [250% of poverty threshold] or more?

>FPOV250<

Continuing

- 1 Less than [250% of poverty threshold]
- 2 [250% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1> goto FPOV138<2> if there are 1 or 2 people in the family goto FINC75;else if there are 4, 7,8, or 9 people in the family then goto FPOV400;else if there are 3, 5 or, 6 people in the then goto FINC100<R,D> goto next section

Respondent answered less than 250% of poverty at FPOV250

INC.110.00.000 Was your total family income from all sources less than [138% of poverty threshold] or [138% of poverty threshold] or more?

>FPOV138<

Continuing

- 1 Less than [138% of poverty threshold]
- 2 [138% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1> goto FPOV100<2> goto FPOV200<R,D> goto next section

Respondent answered less than 138% of poverty at FPOV138

INC.120.00.000 Was your total family income from all sources less than [100% poverty threshold] or [100% poverty threshold] or more?

>FPOV100<

Continuing

- 1 Less than [100% of poverty threshold]
- 2 [100% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1,2,R,D> goto next section

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Respondent answered 138% of poverty or more at FPOV138

INC.130.00.000 Was your total family income from all sources less than [200% of poverty threshold] or [200% of poverty threshold] or more?

>FPOV200<

Continuing

- 1 Less than [200% of poverty threshold]
- 2 [200% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1,2,R,D> goto next section

Respondent answered 250% of poverty threshold or more at FPOV250 and he/she is from a 1 or 2 person family

INC.140.00.000 Was your total family income from all sources less than \$75,000 or \$75,000 or more?

>FINC75<

Revised

- 1 Less than \$75,000
- 2 \$75,000 or more
- 7 Refused
- 9 Don't know

<1> goto FPOV400<2> goto FINC100<R,D> goto next section

Respondent answered \$75,000 or more at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 3, 5, or 6 person family

INC.150.00.000 Was your total family income from all sources less than \$100,000 or \$100,000 or more?

>FINC100<

Continuing

- 1 Less than \$100,000
- 2 \$100,000 or more
- 7 Refused
- 9 Don't know

<1> if there are 1, 2, 5, or 6 people in the family goto next section;else if there are 3 people in the family goto FPOV400<2> if PCNT if there are 1, 2, or 3 people in the family goto FINC150;else if there are 5 or 6 people in the family then goto FPOV400<R,D> [goto next section]

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Respondent answered less than \$75,000 at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered less than \$100,000 at FINC100 and he/she is from a 3 person family; or the respondent answered \$100,000 or more at FINC100 and he/she

INC.160.00.000 Was your total family income from all sources less than [fill: 400% of poverty threshold] or [fill: 400% of poverty threshold] or more?

>FPOV400<

Revised

- 1 Less than [400% of poverty threshold]
- 2 [400% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1> if there are 9 or more people in the family then goto FINC150;else goto next section<2> if there are 1,2,3, 7, or 8 people in the family goto next section;else if there are 4,5, or 6 people in the family goto FINC150<R,D> goto next section

Respondent answered \$100,000 or more at FINC100 and he/she is from a 1, 2, or 3 person family; or the respondent answered 400% of poverty or more at FPOV400 and he/she is from a 4, 5, or 6 person family; or the respondent answered less than 400% of poverty

INC.170.00.000 Was your total family income from all sources less than \$150,000 or \$150,000 or more?

>FINC150<

Continuing

- 1 Less than \$150,000
- 2 \$150,000 or more
- 7 Refused
- 9 Don't know

<1,2,R,D> goto next section

Sample Children 0-17

FOO.110.00.000 At any time IN THE LAST 12 MONTHS did any family members living here receive [food stamp benefits/SNAPNAME or food stamp benefits]?

>FSNAP<

Continuing

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

<1,2,R,D> If family includes females between the ages of 12 and 55 or children between the ages of 0 and 5, goto FWIC, if family includes children 6-17 goto FLUNCH

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Section -- FOO Food Related Programs

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Sample Children 0-17 living in families with females 12-55 years of age or children 0-5 years of age

FOO.120.00.000 At any time DURING THE LAST 12 MONTHS did [you or any family members living here] receive benefits from the WIC program, that is, the Women, Infants, and Children program?

>FWIC<

Continuing

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

<1,2,R,D> If family includes children 5-17 goto FLUNCH, else goto FSUFF

Sample Children living in families with children between the ages of 5-17

FOO.130.00.000 At any time IN THE LAST 12 MONTHS, did [[Sample Child] or any child in your family] receive free or reduced-cost breakfasts or lunches at school?*Read if necessary: The National School Lunch Program and the School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.

>FLUNCH<

Continuing

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

<1,2,R,D> goto FSUFF

Sample Children 0-17

FOO.140.00.000 Which of these statements best describes the food eaten in your household in the last 12 months: —enough of the kinds of food we want to eat; —enough, but not always the kinds of food we want; —sometimes not enough to eat; or, —often not enough to eat?

>FSUFF<

Continuing

- 1 Enough of the kinds of food we want to eat
- 2 Enough but not always the kinds of food we want
- 3 Sometimes not enough to eat
- 4 Often not enough to eat
- 7 Refused
- 9 Don't know

<1-4,R,D> goto CURWRK

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Section -- LNK Linkage

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Sample Children 0-17

LNK.005.01.000 What is [Sample Child]'s full name?

>LINKA_FNAME< New

1 Verbatim	Allow 20 characters
7	Refused
9	Don't know

<verbatim, R, D> go to [LINKA_MNAME]

Sample Children 0-17

LNK.005.02.000 *Enter middle name

>LINKA_MNAME< New

1 Verbatim	Allow 20 characters
7	Refused
9	Don't know

<verbatim, R, D> go to [LINKA_LNAME]

Sample Children 0-17

LNK.005.03.000 *Enter last name

>LINKA_LNAME< New

1 Verbatim	Allow 20 characters
7	Refused
9	Don't know

<verbatim,R,D> [goto SCSSN4]

Sample Children 0-17

LNK.052.00.000 Finally, we would like the last four digits of [Sample Child]'s Social Security Number. This information will help us link [Sample Child]'s survey data with other health-related records, and allow us to conduct additional research without taking up your time with more questions. The National Center for Health Statistics uses this information for research purposes only. Providing this information is voluntary. Federal laws authorize us to ask for this information and require us to keep it strictly private. There will be no effect on [Sample Child]'s benefits if you do not provide this information.]* Read if necessary: The specific federal laws are the Public Health Service Act (Title 42, United States Code, Section 242K) and the Confidential Information Protection and Statistical Efficiency Act (Title V of Public Law 107-347).What are the last four digits of [Sample Child]'s Social Security Number?* Enter 'N' if no Social Security Number.

>SCSSN4< Continuing

0000-9999	Last four digits of the SSN
9997	Refused
9999	Don't know

<0001-9999> goto next section] <N,R,D>[goto SCRLINK]

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Section -- LNK Linkage

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Sample child 0-17 where the response to SCSSN4 was no SSN, refused, or don't know

LNK.055.00.000 May we try to link [Sample Child]'s survey data without a Social Security Number?* Read if necessary: Any data obtained will be kept strictly private as required by law (Public Health Service Act, which is Title 42, United States Code, Section 242K; and the Confidential Information Protection and Statistical Efficiency Act, which is Title V of Public Law 107-347).

>SCRLINK< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> [goto next section]

Sample Children 0-17

TEL.330.01.000 What is your telephone number?* Enter the area code and the number, or enter "N" if no phone.

>TELENUM_C< Revised

2000000000 - 9999999996	2000000000 - 9999999996
9999999997	Refused
9999999999	Don't know
N	No phone

<2000000000 - 9999999996, D, R> store in HPHONE1_C, goto CURWRK_C<0-1999999999> GOTO ERR_TELENUM<N> goto TELCEL

Sample Children 0-17

TEL.331.00.000 Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

>CURWRK_C< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> goto PHONELIVE_C

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Section -- TEL Telephone ownership

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Sample Children 0-17

TEL.336.00.000 Do you live with anyone who has a working cell phone?

>PHONELIVE_C< Revised

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

<1, 2,R,D> goto [next section]

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Child Condition Rotate

Section -- RCN Conditions

Document Version Date: August 25, 2016

Sample Children 0-17

RCN.110.00.000 DURING THE PAST 12 MONTHS, has [Sample Child] had... Hay fever or seasonal allergies?

>CHAYFYR<

Revised

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

<1,2,R,D> [goto CRSPALYR]

Sample Children 0-17

RCN.120.00.000 * Read if necessary. DURING THE PAST 12 MONTHS, has [Sample Child] had ... Any other kind of respiratory allergy?

>CRSPALYR<

Revised

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

<1,2,R,D> [goto CDGALYR]

Sample Children 0-17

RCN.130.00.000 * Read if necessary. DURING THE PAST 12 MONTHS, has [Sample Child] had ... Any kind of food or digestive allergy?

>CDGALYR<

Continuing

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

<1,2,R,D> [goto CSKNALYR]

Sample Children 0-17

RCN.140.00.000 * Read if necessary. DURING THE PAST 12 MONTHS, has [Sample Child] had ... Eczema or any kind of skin allergy?

>CSKNALYR<

Continuing

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

<1,2,R,D> [goto next section]

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Child Mental Health Rotator

Section -- SDQ SDQ questionnaire

Document Version Date: August 25, 2016

Sample Children 4-17

SDQ.100.00.000 *The following statements are not to be read to the respondent. They are displayed and included here for legal reasons. *
The next 25 items contained in sdq1 through sdq25 as well as 8 impact questions are included in this survey with permission as indicated below.*The SDQ questions are copyrighted by Robert Goodman, Ph.D., FRCPSYCH, MRCP. State and local agencies may use these questions without charge and without seeking separate permission provided the wording is not modified, all the questions are retained, and Dr. Goodman's copyright is acknowledged.* Enter 1 to Continue

>SDQCOPY<

New

1 Continue

<1> goto SDQ1

Sample Children 4-17

SDQ.101.00.000 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 [Sample Child] DURING THE PAST SIX MONTHS. {HE/SHE}...is considerate of other people's feelings

>SDQ1<

New

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

<1-3,R,D> [goto SDQ2]

Sample Children 4-17

SDQ.102.00.000 (HE/SHE)... is restless, overactive, cannot stay still for long*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ2<

New

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

<1-3,R,D> [goto SDQ3]

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Child Mental Health Rotate

Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.103.00.000 {HE/SHE}...often COMPLAINS of headaches, stomach-aches or sickness*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ3<

New

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

<1-3,R,D> [goto SDQ4]

Sample Children 4-17

SDQ.104.00.000 {HE/SHE}...shares readily with other [(if AGE=4-10) children; for example, toys, treats, pencils/(if AGE 11-17) youth; for example, CD's, games, food]*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ4<

New

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

<1-3,R,D> [goto SDQ5]

Sample Children 4-17

SDQ.105.00.000 {HE/SHE}...often loses temper*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ5<

New

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

<1-3,R,D> [goto SDQ6]

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Child Mental Health Rotate

Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.106.00.000 HE/SHE ...[(if AGE=4-10:)is rather solitary, prefers to play alone /(if AGE=11-17 would rather be alone than with other youth)*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ6<

New

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

<1-3,R,D> [goto SDQ7]

Sample Children 4-17

SDQ.107.00.000 {HE/SHE}...is generally well behaved, usually does what adults request*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ7<

Continuing

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

<1-3,R,D> [goto SDQ8]

Sample Children 4-17

SDQ.108.00.000 {HE/SHE}...has many worries, or often seems worried*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ8<

Continuing

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

<1-3,R,D> [goto SDQ9]

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Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.109.00.000 {HE/SHE}...is helpful if someone is hurt, upset or feeling ill*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ9<

New

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

<1-3,R,D> [goto SDQ10]

Sample Children 4-17

SDQ.110.00.000 {HE/SHE}...is constantly fidgeting or squirming*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ10<

New

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

<1-3,R,D> [goto SDQ11]

Sample Children 4-17

SDQ.111.00.000 {HE/SHE}...has at least one good friend*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ11<

New

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

<1-3,R,D> [goto SDQ12]

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Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.112.00.000 {HE/SHE}...often fights with other [(if AGE=4-10) children/(if AGE=11-17) youth] or bullies them*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ12<

New

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

<1-3,R,D> [goto SDQ13]

Sample Children 4-17

SDQ.113.00.000 {HE/SHE}...is often unhappy, depressed or tearful*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ13<

Continuing

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

<1-3,R,D> [goto SDQ14]

Sample Children 4-17

SDQ.114.00.000 {HE/SHE}...is generally liked by other [(if AGE=4-10) children/(if AGE=11-17) youth]*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ14<

New

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

<1-3,R,D> [goto SDQ15]

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Child Mental Health Rotate

Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.115.00.000 {HE/SHE}...is easily distracted, concentration wanders*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ15<

New

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

<1-3,R,D> [goto SDQ16]

Sample Children 4-17

SDQ.116.00.000 {HE/SHE}...is nervous (if AGE=4-10: or clingy) in new situations, easily loses confidence/is nervous in new situations, easily loses confidence*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ16<

New

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

<1-3,R,D> [goto SDQ17]

Sample Children 4-17

SDQ.117.00.000 {HE/SHE}...is kind to younger children*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ17<

New

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

<1-3,R,D> [goto SDQ18]

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Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.118.00.000 DURING THE PAST 6 MONTHS. {HE/SHE}...Often lies OR cheats*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ18<

New

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

<1-3,R,D> [goto SDQ19]

Sample Children 4-17

SDQ.119.00.000 {HE/SHE}...is picked on or bullied by other [FILL: (if age=4-10) children/(if AGE=11-17) youth]*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ19<

New

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

<1-3,R,D> [goto SDQ20]

Sample Children 4-17

SDQ.120.00.000 {HE/SHE}...often offers to help others (such as parents, teachers, and (if AGE=4-10: other) children)*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ20<

New

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

<1-3,R,D> [goto SDQ21]

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Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.121.00.000 {HE/SHE} ...thinks things out before acting*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ21<

New

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

<1-3,R,D> [goto SDQ22]

Sample Children 4-17

SDQ.122.00.000 {HE/SHE} ...steals from home, school or elsewhere*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ22<

New

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

<1-3,R,D> [goto SDQ23]

Sample Children 4-17

SDQ.123.00.000 {HE/SHE} ...gets along better with adults than with other [FILL: (if AGE=4-10) children/(if AGE=11-17) youth]

*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ23<

Continuing

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

<1-3,R,D> [goto SDQ24]

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Section -- SDQ SDQ questionnaire

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Sample Children 4-17

SDQ.124.00.000 {HE/SHE}...has many fears, is easily scared?*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ24<

New

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

<1-3,R,D> [goto SDQ25]

Sample Children 4-17

SDQ.125.00.000 {HE/SHE}...has a good attention span, sees chores or homework through to the end*Read if necessary: Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [Sample Child] DURING THE PAST SIX MONTHS.

>SDQ25<

Continuing

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

<1-3,R,D> [goto SDQIMP]

Sample Children 4-17

SDQ.201.00.000 Overall, do you think that [Sample Child] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

>SDQIMP1<

Continuing

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

<1,R,D> [goto next section]<2,3,4> [goto SDQIMP2]

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Child Mental Health Rotate

Section -- SDQ SDQ questionnaire

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Sample Children 4-17 who have had minor, definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people

SDQ.202.00.000 How long have these difficulties been present?

>SDQIMP2<

New

- 1 Less than a month
- 2 1-5 months
- 3 6-12 months
- 4 Over a year
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto SDQIMP3]

Sample Children 4-17 who have had minor, definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people

SDQ.203.00.000 Do the difficulties upset or distress your child? Would you say not at all, only a little, a medium amount, or a great deal?

>SDQIMP3<

New

- 1 Not at all
- 2 Only a little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto SDQIMP4]

Sample Children 4-17 who have had minor, definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people

SDQ.204.00.000 Do the difficulties interfere with your child's everyday life in the following areas?...Home life. Would you say not at all, only a little, a medium amount, or a great deal?

>SDQIMP4<

New

- 1 Not at all
- 2 Only a little
- 3 A medium amount
- 4 A great deal
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto SDQIMP5]

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Child Mental Health Rotate

Section -- SDQ SDQ questionnaire

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Sample Children 4-17 who have had minor, definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people

SDQ.205.00.000 *Read if necessary: Do the difficulties interfere with your child's everyday life in the following areas?...Friendships. Would you say not at all, only a little, a medium amount, or a great deal?

>SDQIMP5<

New

- | | |
|---|-----------------|
| 1 | Not at all |
| 2 | Only a little |
| 3 | A medium amount |
| 4 | A great deal |
| 7 | Refused |
| 9 | Don't know |

<1-4,R,D> [goto SDQIMP6]

Sample Children 4-17 who have had minor, definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people

SDQ.206.00.000 *Read if necessary: Do the difficulties interfere with your child's everyday life in the following areas?...Classroom learning. Would you say not at all, only a little, a medium amount, or a great deal?

>SDQIMP6<

New

- | | |
|---|-----------------|
| 1 | Not at all |
| 2 | Only a little |
| 3 | A medium amount |
| 4 | A great deal |
| 7 | Refused |
| 9 | Don't know |

<1-4,R,D> [goto SDQIMP7]

Sample Children 4-17 who have had minor, definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people

SDQ.207.00.000 *Read if necessary: Do the difficulties interfere with your child's everyday life in the following areas?...Leisure activities. Would you say not at all, only a little, a medium amount, or a great deal?

>SDQIMP7<

New

- | | |
|---|-----------------|
| 1 | Not at all |
| 2 | Only a little |
| 3 | A medium amount |
| 4 | A great deal |
| 7 | Refused |
| 9 | Don't know |

<1-4,R,D> [goto SDQIMP8]

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Child Mental Health Rotate

Section -- SDQ SDQ questionnaire

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Sample Children 4-17 who have had minor, definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people

SDQ.208.00.000 Do the difficulties put a burden on you or the family as a whole? Would you say not at all, only a little, a medium amount, or a great deal?

>SDQIMP8<

New

- | | |
|---|-----------------|
| 1 | Not at all |
| 2 | Only a little |
| 3 | A medium amount |
| 4 | A great deal |
| 7 | Refused |
| 9 | Don't know |

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

Sample Children 0-17

ACE.110.00.000 Has [Sample Child] ever been the victim of violence or witnessed violence in [his/her] neighborhood?

>ACE1<

New

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

<1-2,R,D> [goto ACE2]

Sample Children 0-17

ACE.120.00.000 Did [Sample Child] ever live with a parent or guardian who served time in jail or prison after [Sample Child] was born?

>ACE2<

New

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

<1-2,R,D> [goto ACE3]

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Child Mental Health Rotate

Section -- ACE Child Stressful Life Events

Document Version Date: August 25, 2016

Sample Children 0-17

ACE.130.00.000 Did [Sample Child] ever live with anyone who was mentally ill or suicidal, or severely depressed?

>ACE3<

New

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

<1-2,R,D> [goto ACE4]

Sample Children 0-17

ACE.140.00.000 Did [Sample Child] ever live with anyone who had a problem with alcohol or drugs?

>ACE4<

New

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

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

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Child Physical Activity & Sleep Rotate

Section -- BMI Body Measurements

Document Version Date: August 25, 2016

Sample Children 10-17

BMI.100.01.000 How tall is [Sample Child] 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 96 to record metric measurements.

>CHGT_FT< Continuing

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

<0-7> [goto CHGT_IN]<R,D> [goto CWGT_LB]<96> [goto CHGT_M][if CHGT_FT NE<0-7,R,D,M> goto ERR1_CHGT_FT]

Sample Children 10-17 whose height in feet is 0-7 or is left empty

BMI.100.02.000 How tall is [Sample Child] without shoes?* Enter '0' if exactly [fill1: CHGT_FT] feet tall.

>CHGT_IN< Continuing

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

<0-36,R,D> If (CHGT_FT = '0', 'empty') and (CHGT_IN = '0', 'empty')goto ERR1_CHGT_INelseif CHGT_FT = '1-7' and CHGT_IN ge '12'goto ERR2_CHGT_INelseif (SEX = '1' and AGE = '12' and (CHTINCH lt '53' or CHTINCH gt '68')) or AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '72')) or AGE = '14' and (CHTINCH lt '58' or CHTINCH gt '73')) or AGE = '15' and (CHTINCH lt '60' or CHTINCH gt '74')) or AGE = '16' and (CHTINCH lt '61' or CHTINCH gt '74')) or AGE = '17' and (CHTINCH lt '62' or CHTINCH gt '75')) or (SEX = '2' and AGE = '12' and (CHTINCH lt '54' or CHTINCH gt '68')) or AGE = '13' and (CHTINCH lt '55' or CHTINCH gt '69')) or AGE = '14' and (CHTINCH lt '57' or CHTINCH gt '69')) or AGE = '15' and (CHTINCH lt '57' or CHTINCH gt '69')) or AGE = '16' and (CHTINCH lt '57' or CHTINCH gt '70')) or AGE = '17' and (CHTINCH lt '57' or CHTINCH gt '69'))goto ERR3_CHGT_IN else goto CWGT_LB

Sample Children 10-17 whose current height will be entered in metric

BMI.110.01.000 How tall is [Sample Child] without shoes?* 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).

>CHGT_M< Continuing

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

<empty> goto ERR_CHGT_M<0-2> goto CHGT_CM<R,D> goto CWGT_LB

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Child Physical Activity & Sleep Rotate

Section -- BMI Body Measurements

Document Version Date: August 25, 2016

Sample Children 10-17 whose height will be entered in metric, and who entered "0-2" for height in meters or left it empty.

BMI.110.02.000 How tall is [Sample Child] without shoes?* 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).

>CHGT_CM<

Continuing

000-241	0-241 centimeters
997	Refused
999	Don't know

<0-241,R,D> If (CHGT_M = '0', 'empty') and (CHGT_CM = '0', 'empty') goto ERR1_CHGT_CM elseif (CHGT_M eq '2' and CHGT_CM gt '41') or (CHGT_M eq '1' and CHGT_CM gt '141') goto ERR2_CHGT_CMelseif (SEX = '1' and AGE = '12' and (CHTCM lt '137' or CHTCM gt '174')) or AGE = '13' and (CHTCM lt '140' or CHTCM gt '184')) or AGE = '14' and (CHTCM lt '148' or CHTCM gt '186')) or AGE = '15' and (CHTCM lt '152' or CHTCM gt '189')) or AGE = '16' and (CHTCM lt '156' or CHTCM gt '189')) or AGE = '17' and (CHTCM lt '157' or CHTCM gt '192')) or (SEX = '2' and AGE = '12' and (CHTCM lt '138' or CHTCM gt '173')) or AGE = '13' and (CHTCM lt '141' or CHTCM gt '176')) or AGE = '14' and (CHTCM lt '145' or CHTCM gt '176')) or AGE = '15' and (CHTCM lt '145' or CHTCM gt '177')) or AGE = '16' and (CHTCM lt '145' or CHTCM gt '177')) or AGE = '17' and (CHTCM lt '145' or CHTCM gt '176'))goto ERR3_CHGT_CM else goto CWGT_LB

Sample Children 10-17

BMI.200.00.000 How much does [Sample Child] weigh now without shoes?* Enter 996 to record metric measurements.* Enter '500' if 500 pounds or more.

>CWGT_LB<

Continuing

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

<1-500> if CWGT_LB lt '1' or CWGT_LB gt '500'goto ERR1_CWGT_LBelseif (SEX = '1' and AGE = '12' and (CWGT_LB lt '62' or CWGT_LB gt '209')) or AGE = '13' and (CWGT_LB lt '70' or CWGT_LB gt '247')) or AGE = '14' and (CWGT_LB lt '83' or CWGT_LB gt '266')) or AGE = '15' and (CWGT_LB lt '94' or CWGT_LB gt '267')) or AGE = '16' and (CWGT_LB lt '98' or CWGT_LB gt '306')) or AGE = '17' and (CWGT_LB lt '106' or CWGT_LB gt '317')) or (SEX = '2' and AGE = '12' and (CWGT_LB lt '62' or CWGT_LB gt '212')) or AGE = '13' and (CWGT_LB lt '73' or CWGT_LB gt '238')) or AGE = '14' and (CWGT_LB lt '84' or CWGT_LB gt '252')) or AGE = '15' and (CWGT_LB lt '84' or CWGT_LB gt '238')) or AGE = '16' and (CWGT_LB lt '87' or CWGT_LB gt '257')) or AGE = '17' and (CWGT_LB lt '90' or CWGT_LB gt '292'))goto ERR2_CWGT_LB else goto [next section]<M> goto CWGT_KG

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Child Physical Activity & Sleep Rotate

Section -- BMI Body Measurements

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Sample Children 10-17 whose weight will be entered in metric,

BMI.210.00.000 How much does [Sample Child] weigh now without shoes? * Enter '226' if 226 kilograms or more.

>CWGT_KG<

Continuing

002-226	2-226 kilograms
226	Enter 226 for 226 kilograms or more
997	Refused
999	Don't know

<2-226> if CWGT_KG lt '2' or CWGT_KG gt '226' goto ERR1_CWGT_KG else if (SEX = '1' and AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '95')) or AGE = '13' and (CWGT_KG = '32' or CWGT_KG = '112')) or AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '121')) or AGE = '15' and (CWGT_KG = '42' or CWGT_KG = '121')) or AGE = '16' and (CWGT_KG = '44' or CWGT_KG = '139')) or AGE = '17' and (CWGT_KG = '48' or CWGT_KG = '144')) or (SEX = '2' and AGE = '12' and (CWGT_KG = '28' or CWGT_KG = '96')) or AGE = '13' and (CWGT_KG = '33' or CWGT_KG = '108')) or AGE = '14' and (CWGT_KG = '38' or CWGT_KG = '114')) or AGE = '15' and (CWGT_KG = '38' or CWGT_KG = '108')) or AGE = '16' and (CWGT_KG = '39' or CWGT_KG = '117')) or AGE = '17' and (CWGT_KG = '41' or CWGT_KG = '133')) goto ERR2_CWGT_KG else goto [next section]

Sample Children 6-17

PHY.010.00.000 In the past 12 months, did [Sample Child] play or participate on a sports team or club or take sports lessons either at school or in the community?

>PASPORTS<

New

1	Yes
2	No
7	Refused
9	Don't know

<1-2,R,D> [goto PAGYM]

Sample Children 6-17

PHY.020.00.000 In a typical week during the school year does [Sample Child] go to a physical education or gym class?

>PAGYM<

New

1	Yes
2	No
7	Refused
9	Don't know

<1-2,R,D> [goto PACOUNT]

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Child Physical Activity & Sleep Rotate

Section -- PHY Physical Activity

Document Version Date: August 25, 2016

Sample Children 6-17

PHY.030.00.000 In a typical week during the school year, how often does [Sample Child] exercise, play a sport, or participate in physical activity for at least 60 minutes a day? Would you say every day, most days, some days, few days, or no days? *READ IF NECESSARY Please include exercise in and out of school

>PACOUNT<

New

- 1 Every day
- 2 Most days
- 3 Some days
- 4 Few days
- 5 No days
- 7 Refused
- 9 Don't know

<1-5,R,D> [goto next section]

Sample Children 6-17

NHC.001.00.000 These next questions ask about your neighborhood and community. Where you live, are there roads, sidewalks, paths or trails where [Sample Child] can walk or ride a bicycle?

>SIDEWALK<

New

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

<1-2,D> [goto PARKS]<R> [goto next section]

Sample Children 6-17

NHC.002.00.000 *Read if necessary: Where you live...Are there parks or playgrounds close enough for [Sample Child] to walk or bike to?

>PARKS<

New

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

<1-2,R,D> [goto TRAFFIC]

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Child Physical Activity & Sleep Rotate

Section -- NHC Neighborhood

Document Version Date: August 25, 2016

Sample Children 6-17

NHC.003.00.000 *Read if necessary: Where you live...Does traffic make it unsafe for [Sample Child] to walk or ride a bicycle, even with an adult?

>TRAFFIC<

New

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

<1-2,R,D> [goto CRIME]

Sample Children 6-17

NHC.004.00.000 *Read if necessary: Where you live...Does crime make it unsafe for [Sample Child] to walk or ride a bicycle, even with an adult?

>CRIME<

New

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

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

Sample Children 0-17

SED.010.00.000 On a typical day during the school year, about how much time does [Sample Child] usually spend playing with a smartphone or computer, watching TV or movies, or playing video games? Would you say none, less than an hour, 1 hour, 2 hours, 3 hours, or 4 or more hours?

>WSCREEN<

New

- 1 None
- 2 Less than an hour
- 3 1 hours
- 4 2 hours
- 5 3 hours
- 6 4 hour or more hours
- 7 Refused
- 9 Don't know

<1-6,R,D> [goto SSCREEN]

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Child Physical Activity & Sleep Rotate

Section -- SED Screen Time

Document Version Date: August 25, 2016

Sample Children 0-17

SED.020.00.000 On a typical Saturday or Sunday during the school year, about how much time does [Sample Child] usually spend playing with a smartphone or computer, watching TV or movies, or playing video games? Would you say none, less than an hour, 1 hour, 2 hours, 3 hours, or 4 or more hours?

>SSCREEN<

New

- | | |
|---|----------------------|
| 1 | None |
| 2 | Less than an hour |
| 3 | 1 hours |
| 4 | 2 hours |
| 5 | 3 hours |
| 6 | 4 hour or more hours |
| 7 | Refused |
| 9 | Don't know |

<1-6,R,D> [goto next section]

Sample Children 3-17

SLP.070.01.000 Including naps, how much sleep does you usually get in a 24 hour period...on a typical school day /weekday?
[FR note: Record the number of hours]

>SLPHRWK<

New

- | | |
|-------|------------|
| 00-24 | 0-24 |
| 97 | Refused |
| 99 | Don't know |

<0-23> goto [SLPMNWK]<24,R,D> goto [SLPHRWKE]

Sample Children 3-17

SLP.070.02.000 Including naps, how much sleep does [Sample Child] usually get in a 24 hour period on a typical [fill: school day /(if child is not in school)/weekday]? [FR note: Record the number of minutes]

>SLPMNWK<

New

- | | |
|-------|------------|
| 00-59 | 0-59 |
| 97 | Refused |
| 99 | Don't know |

<0-59,R,D> goto [SLPHRWKE]

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Child Physical Activity & Sleep Rotate

Section -- SLP Sleep

Document Version Date: August 25, 2016

Sample Children 3-17

SLP.080.01.000 Including naps, how much sleep does [Sample Child] usually get in a 24 hour period on a typical [fill: non-school day / (if child is not in school)/weekend day]? [FR note: Record the number of hours]

>SLPHRWKE<

New

00-24	0-24
97	Refused
99	Don't know

<0-23> goto [SLPMNWKE] <R,D> goto [STROUBLE]

Sample Children 3-17

SLP.080.02.000 Including naps, how much sleep does [Sample Child] usually get in a 24 hour period on a typical [fill: non-school day / (if child is not in school)/weekend day]? [FR note: Record the number of minutes]

>SLPMNWKE<

New

00-59	0-59
97	Refused
99	Don't know

<0-59,R,D> goto [STROUBLE]

Sample Children 3-17

SLP.300.00.000 How often does [Sample Child] have trouble falling asleep or staying asleep? Would you say, always, usually, sometimes, rarely, or never?

>STROUBLE<

New

1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	Refused
9	Don't know

<1-5,R,D> [goto STIRED]

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Child Physical Activity & Sleep Rotate

Section -- SLP Sleep

Document Version Date: August 25, 2016

Sample Children 3-17

SLP.400.00.000 How often does [Sample Child] seem tired during the daytime? Would you say, always, usually, sometimes, rarely, or never?

>STIRED<

New

- | | |
|---|------------|
| 1 | Always |
| 2 | Usually |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| 7 | Refused |
| 9 | Don't know |

<1-5,R,D> [goto BEDTIME]

Sample Children 3-17

SLP.500.00.000 Does [Sample Child] have a regular bedtime on school [if child is not yet in school replace with: week] nights?

>BEDTIME<

New

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

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