

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Sample Child respondent available **Variable Name:** AVAIL_C

Universe Description: Sample Children 0-17 and at least two adults in the sample child family

Question Text: I have recorded that [fill:you/adult's name(s)] [fill:are/is] knowledgeable about and responsible for [sample child]'s health care. [Fill:Are you/Who is] currently available and willing to answer these questions?

* Enter line number of available respondent from list or press F9 to set up a callback if no one is available or refused.

Skip Instructions: <01-25> if (AVAIL_C IN Roster.bREL.bPerson[PX_C].PARENTS) and (Roster.HHC.tbINAME.bPerson.ONOFFCAMPUS IN (1,RF,DK) and HHRESPSC_FLG ne 1) [goto VFYONCMAP_C]
else if (AVAIL_C IN Roster.bREL.bPerson[PX_C].PARENTS) and (Roster.HHC.tbINAME.bPerson.ONOFFCAMPUS IN (1,RF,DK) and HHRESPSC_FLG=1)[goto VFYALL_C] else [goto RELTIV_C]
<RF> if callback set up for sample adult [goto THANKS1] else [goto THANKS2]
<F9> [goto bCallback.ARRANGE_CALLBACK]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Relationship to Sample Child **Variable Name:** RELTIV_C

Universe Description: Sample Children 0-17 where someone who was identified as knowledgeable about child's health is available AND available person knowledgeable about Sample Child's health was not previously identified as the parent or foster parent OR there is only one adult in sample child's family and that adult has not been identified as a parent/foster parent.

Question Text: What is your relationship to [sample child]?

1. Parent (Biological, adoptive, or step)
2. Grandparent
3. Aunt/Uncle
4. Brother/Sister
5. Other relative
6. Legal guardian
7. Foster parent
8. Other non-relative

Skip Instructions: <1,2,3,6,7> if Roster.HHC.tbINAME.bPerson.ONOFFCAMPUS IN (1,RF,DK) and HHRESPSC_FLG ne 1 [goto VFYONCAMP_C]
else [goto VFYALL_C]
<4,5,8,RF,DK> [goto VFYRESP_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Verify responsibility for Sample Child's health **Variable Name:** VFYRESP_C

Universe Description: Sample Children 0-17 where person identified as Child respondent is Brother/Sister, Other Relative, Other Non-relative, Refused or Don't Know.

Question Text: To confirm, are you RESPONSIBLE FOR [sample child]'s health care?

1. Yes
2. No

Skip Instructions: <1> if Roster.HHC.tbINAME.bPerson.ONOFFCAMPUS IN (1,RF,DK) and HHRESPSC_FLG ne 1
[goto VFYONCAMP_C]

else [goto VFYALL_C]

<2,DK,RF> [goto AVAIL_C] ...also delete person from list presented in AVAIL_C

Section Name: VFY **Periodicity:** Annual Core

Variable Description: On or off campus **Variable Name:** VFYONCAMP_C

Universe Description: A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C AND Sample Child living in on-campus housing and the sample child respondent is not the household respondent

Question Text: I want to confirm some information.

Does [sample child] live in on-campus housing or off-campus housing?

1. On campus
2. Off campus

Skip Instructions: <1,RF,DK> [goto VFYALL_C]

<2> [goto NOMORE_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Verify sex, age, national origin, race **Variable Name:** VFYALL_C

Universe Description: A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C.

Question Text: * Please verify the following information about the sample child before proceeding:
[fill:reported sex, age, national origin, race]

1. Yes

2. No

Skip Instructions: <1> [goto VFYDEM_C]

<2> [goto BMONTH_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Which is incorrect **Variable Name:** VFYDEM_C

Universe Description: Sample children 0-17 would like to change demographic information

Question Text: * Read if necessary: What should I change?

* Mark all that apply

1. Sex

2. Age

3. Hispanic Origin

4. Race

Skip Instructions: If '1' NOT IN VFYDEM_C and GEN.SEX_FINAL[PX_C] IN ('DK','RF') [goto SEXGUESS_C]

elseif '1' IN VFYDEM_C [goto NEWSEX_C]

elseif '2' IN VFYDEM_C [goto NEWAGENO_C]

elseif '3' IN VFYDEM_C [goto NEWNATORG_C]

elseif '4' IN VFYDEM_C [goto NEWRACE_C]

<RF,DK> If GEN.SEX_FINAL[PX_C] IN ('DK','RF') [goto SEXGUESS_C]

else [goto BMONTH_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: New sex of Sample Child **Variable Name:** NEWSEX_C

Universe Description: Respondent said sample child's sex is not correct

Question Text: Is [sample child] male or female?

1. Male
2. Female

Skip Instructions: if GEN.SEX_FINAL[PX_C]=DK,RF and NEWSEX_C=DK,RF [goto SEXGUESS_C]

elseif '2' IN VFYDEM_C [goto NEWAGENO_C]

elseif '3' IN VFYDEM_C [goto NEWNATORG_C]

elseif '4' IN VFYDEM_C [goto NEWRACE_C]

else [goto BMONTH_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Sex guess **Variable Name:** SEXGUESS_C

Universe Description: Sample children for whom there is no sex provided by the household respondent and did not give a sex when asked to verify information

Question Text: *Enter your best guess of [sample child]'s sex

1. Male
2. Female

Skip Instructions: <1,2>

if '2' IN VFYDEM_C [goto NEWAGENO_C]

elseif '3' IN VFYDEM_C [goto NEWNATORG_C]

elseif '4' IN VFYDEM_C [goto NEWRACE_C]

else [goto BMONTH_C]

National Health Interview Survey Draft Sample Child Questionnaire 2018-R

Section Name: VFY **Periodicity:** Annual Core

Variable Description: New age-number **Variable Name:** NEWAGENO_C

Universe Description: Sample Children 0-17 whose age is not correct

Question Text: * 1 of 2

How old is [sample child]?

* Enter number for age.

Skip Instructions: <0-120> [goto NEWAGETP_C]

<RF, DK> if '3' IN VFYDEM_C [goto NEWNATORG_C]

elseif '4' IN VFYDEM_C [goto NEWRACE_C]

else [goto BMONTH_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: New age-time period **Variable Name:** NEWAGETP_C

Universe Description: Valid number entered at NEWAGENO_C

Question Text: * 2 of 2

* Enter number for age time period.

1. Day(s)

2. Week(s)

3. Month(s)

4. Year(s)

Skip Instructions: <1,2,3,4> if '3' IN VFYDEM_C [goto NEWNATORG_C]

elseif '4' IN VFYDEM_C [goto NEWRACE_C]

else [goto BMONTH_C]

National Health Interview Survey Draft Sample Child Questionnaire 2018-R

Section Name: VFY **Periodicity:** Annual Core

Variable Description: New Hispanic origin **Variable Name:** NEWNATORG_C

Universe Description: Sample Children 0-17 whose Hispanic Origin is not correct

Question Text: Is [sample child] Hispanic or Latino?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> if '4' IN VFYDEM_C [goto NEWRACE_C]
else [goto BMONTH_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: New race **Variable Name:** NEWRACE_C

Universe Description: Sample Children 0-17 whose race is not correct

Question Text: What race or races is [sample child]? Please select 1 or more of these categories:

White, Black/African American, American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, Asian, or some other race?

Enter all that apply, separate with commas.

1. White
2. Black/African American
3. American Indian
4. Alaska Native
5. Native Hawaiian
6. Other Pacific Islander
7. Asian
8. Some other race

Skip Instructions: <1-8,DK,RF> [goto BMONTH_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Month of birth **Variable Name:** BMONTH_C

Universe Description: A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C AND date of birth was verified as incorrect fewer than 2 times

Question Text: * 1 of 3

What is [sample child]'s date of birth?

Please give month, day, and year for the date of birth.

* Enter month of birth.

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

Skip Instructions: <1-12,RF,DK> [goto BDAY_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Day of birth **Variable Name:** BDAY_C

Universe Description: A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C AND date of birth was verified as incorrect fewer than 2 times

Question Text: * 2 of 3

* Enter day of birth.

Skip Instructions: <1-31,RF,DK> Only allow valid days for month entered. if days not valid [goto ERR_BDAY_C]
else [goto BYEAR_C]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Year of birth **Variable Name:** BYEAR_C

Universe Description: A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C AND date of birth was verified as incorrect fewer than 2 times

Question Text: * 3 of 3

* Enter year of birth.

Skip Instructions: <1900-current year,RF,DK>

if (BYEAR_C gt current year) or (BYEAR_C=current year and BMONTH_C gt current month) or (BYEAR_C=current year and BMONTH_C=current month and BDAY_C gt current day) [goto ERR_BYEAR_C]

elseif BDAY_C=29 and BMONTH_C=2 and (BYEAR=2000 or BYEAR_C/4 remainder ne 0) [goto ERR_BDAYLEAP_C]

elseif AGETEMP_C in ('RF','DK') AND BYEAR_C in ('RF','DK') [goto NOMORE_C]

elseif ((AGE_CALC_C ne AGETEMP_C) AND (AGE_CALCMINUS1_C ne empty and AGE_CALCMINUS1_C ne AGETEMP_C)) AND DOB_COUNT_C le 1 [goto VFYDOB_C]

elseif (AGETEMP_C eq AGE_CALC_C or AGE_CALCMINUS1_C) or DOB_COUNT_C=1

 if AGE_FINAL ge 18 [goto NOMORE_C]

 elseif NATO_FINAL=1 [goto HISPTYPE_C]

 elseif RACE_FINAL=6 [goto PITYPE_C]

 elseif RACE_FINAL=7 [goto ASI]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Verify date of birth **Variable Name:** VFYDOB_C

Universe Description: Sample Children whose age provided in either HHC or NEWAGE_C does not match either age calculated from date of birth information.

Question Text: There is a difference between the age the computer calculated from [sample child]'s date of birth of [fill:age calculated from date of birth] and the age I had previously recorded of [fill:previously recorded age].

I recorded [sample child]'s [fill:date of birth as [fill: child's date of birth]]

1. Yes

2. No

Skip Instructions: <1,RF,DK> if GEN.AGE_FINAL[PX_C] ge 18 [goto NOMORE_C]

elseif NATO_FINAL=1 [goto HISPTYPE_C]

elseif RACE_FINAL = '6' [goto PITYPE_C]

elseif RACE_FINAL = '7' [goto ASIANTYPE_C]

elseif RACE_FINAL = '8' [goto RACEOTHER_C]

elseif multiple races are selected [goto MLTRACE_C]

elseif RACE not IN ('6','7','8') and no more than 1 race is selected [goto next section]

<2> if DOB_COUNT_C le 1 [goto BMONTH_C]

elseif GEN.AGE_FINAL[PX_C] ge 18 [goto NOMORE_C]

elseif NATO_FINAL=1 [goto HISPTYPE_C]

elseif RACE_FINAL = '6' [goto PITYPE_C]

elseif RACE_FINAL = '7' [goto ASIANTYPE_C]

elseif RACE_FINAL = '8' [goto RACEOTHER_C]

elseif multiple races are selected [goto MLTRACE_C]

elseif RACE not IN ('6','7','8') and no more than 1 race is selected [goto next section]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Hispanic origin **Variable Name:** HISPTYPE_C

Universe Description: Respondent is of Hispanic Origin

Question Text: What is [sample child]'s Hispanic or Latino ancestry or origin, such as Mexican, Mexican American, Chicano/Chicana, Central or South American, Puerto Rican, Cuban, Dominican (Republic), or Other Hispanic, Latino/Latina, or Spanish -- and if [sample child] has more than one, tell me all of them.

* Enter all that apply, separate with commas.

1. Mexican, Mexcian American, or Chicano(a)
2. Central American
3. South American
4. Puerto Rican
5. Cuban
6. Dominican (Republic)
7. Other Hispanic, Latino, or Spanish (specifiy)

Skip Instructions: <7> [goto HISPOTH_C]

<1-6, DK, RF>

if GEN.RACE_FINAL[PX_C]=6 [goto PITYPE_C]

elseif RACE_FINAL=7 [goto ASIANTYPE_C]

elseif RACE_FINAL=8 [goto RACEOTHER_C]

elseif RACE_FINAL has multiple values selected [goto MLTRACE_C]

else [goto next section]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Pacific Islander origin **Variable Name:** PITYPE_C

Universe Description: Respondent identifies race as Pacific Islander

Question Text: I have recorded that [sample child] is Pacific Islander. What specific ethnic group or groups is [sample child]-- such as Guamanian or Chamorro, Samoan, or other Pacific Islander? If [sample child] is more than one, tell me all of them.

1. Guamanian or Chamorro
2. Samoan
3. Other Pacific Islander

Skip Instructions: <1-3,RF,DK> if GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 [goto RACEOTHER_C]
elseif GEN.RACE_FINAL[PX_C] has multiple values selected [goto MLTRACE_C]
else [goto next section]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Asian origin **Variable Name:** ASIANTYPE_C

Universe Description: Sample Child identifies race as Asian

Question Text: I have recorded that [sample child] is Asian. What specific ethnic group or groups is [sample child]-- such as Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian? If [sample child] is more than one, tell me all of them.

1. Asian Indian
2. Chinese
3. Filipino
4. Japanese
5. Korean
6. Vietnamese
7. Other Asian

Skip Instructions: <7> [goto ASIANOTHER_C]

<1-6,RF,DK>

elseif GEN.RACE_FINAL[PX_C]=8 [goto RACEOTHER_C]

elseif GEN.RACE_FINAL[PX_C] has multiple values selected [goto MLTRACE_C] else [goto next section]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Other race specify **Variable Name:** RACEOTHER_C

Universe Description: Respondent identifies as some other race

Question Text: What other race or races is [sample child]?

Skip Instructions: <allow 80, RF, DK> if multiple responses to GEN.RACE_FINAL[PX_C] [goto MLTRACE_C]
else [goto next section]

Section Name: VFY **Periodicity:** Annual Core

Variable Description: Multiple races **Variable Name:** MLTRACE_C

Universe Description: Person identified as having multiple races

Question Text: Which one of these groups, that is [fill:previously listed race(s)] would you say BEST represents [sample child]'s race?

1. White
2. Black/African American
3. American Indian
4. Alaska Native
5. Native Hawaiian
6. Other Pacific Islander
7. Asian
8. Some other race

Skip Instructions: <1-8,RF,DK> [goto next section]

Section Name: HIS **Periodicity:** Annual Core

Variable Description: General health status **Variable Name:** PHSTAT_C

Universe Description: Sample Children 0-17

Question Text: Would you say [sample child]'s health in general is excellent, very good, good, fair, or poor?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Skip Instructions: <1-5,RF,DK> [goto next section]

Section Name: AST **Periodicity:** Annual Core

Variable Description: Ever had asthma **Variable Name:** ASEV_C

Universe Description: Sample Children 0-17

Question Text: Has a doctor or other health professional EVER told you that [sample child] had asthma?

1. Yes
2. No

Skip Instructions: <1> [goto ASTILL_C]

<2,RF,DK> [goto next section]

Section Name: AST **Periodicity:** Annual Core

Variable Description: Still have asthma **Variable Name:** ASTILL_C

Universe Description: Sample Children 0-17 who were ever told they have asthma

Question Text: Does [sample child] still have asthma?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto ASAT12M_C]

Section Name: AST **Periodicity:** Annual Core

Variable Description: Asthma episode past 12m **Variable Name:** ASAT12M_C

Universe Description: Sample Children 0-17 who were ever told they had asthma

Question Text: During the past 12 months, has [sample child] had an episode of asthma or an asthma attack?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto ASER12M_C]

Section Name: AST **Periodicity:** Annual Core

Variable Description: Asthma ER visit, past 12m **Variable Name:** ASER12M_C

Universe Description: Sample Children 0-17 who were ever told they had asthma

Question Text: During the past 12 months, did [sample child] have to visit an emergency room or urgent care center because of his/her asthma?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: DIB **Periodicity:** Annual Core

Variable Description: Ever had prediabetes **Variable Name:** PREDIB_C

Universe Description: Sample children 0-17

Question Text: Has a doctor or other health professional EVER told you that [sample child] had prediabetes or borderline diabetes?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto DIBEV_C]

Section Name: DIB **Periodicity:** Annual Core

Variable Description: Ever had diabetes **Variable Name:** DIBEV_C

Universe Description: Sample Children 0-17

Question Text: [Fill:Not including prediabetes has/Has] a doctor or other health professional EVER told you that [sample child] had diabetes?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Ever had ADD/ADHD **Variable Name:** ADHDEV_C

Universe Description: Sample Children 2-17

Question Text: Has a doctor or other health professional ever told you that [sample child] had Attention-Deficit/Hyperactivity Disorder or ADHD or Attention-Deficit Disorder or ADD?

1. Yes
2. No

Skip Instructions: <1> [goto ADHDNW_C]

<2,RF,DK> [goto IDEV_C]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Currently has ADD/ADHD **Variable Name:** ADHDNW_C

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

Question Text: Does [sample child] currently have Attention-Deficit/Hyperactivity Disorder or ADHD or Attention-Deficit Disorder or ADD?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto IDEV_C]

National Health Interview Survey Draft Sample Child Questionnaire 2018-R

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Ever had intellectual disability **Variable Name:** IDEV_C

Universe Description: Sample Children 0-17

Question Text: Has a doctor or other health professional ever told you that [sample child] had an intellectual disability, also known as mental retardation?

1. Yes
2. No

Skip Instructions: <1> [goto IDNW_C]

<2,RF,DK> [goto ASDEV_C] if AGE GE 002 and AGE LE 017 , else [goto DDEV_C]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Currently has intellectual disability **Variable Name:** IDNW_C

Universe Description: Sample Children 0-17 who had an intellectual disability diagnosis

Question Text: Does [sample child] currently have an intellectual disability, also known as mental retardation?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto ASDEV_C] if AGE GE 002 and AGE LE 017 , else [goto DDEV_C]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Ever had autism **Variable Name:** ASDEV_C

Universe Description: Sample Children 2-17

Question Text: Has a doctor or other health professional ever told you that [sample child] had Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

1. Yes
2. No

Skip Instructions: <1> [goto ASDNW_C]

<2,RF,DK> [goto DDEV_C]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Currently has autism **Variable Name:** ASDNW_C

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

Question Text: Does [sample child] currently have Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto DDEV_C]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Ever had developmental delay **Variable Name:** DDEV_C

Universe Description: Sample Children 0-17

Question Text: Has a doctor or other health professional ever told you that [sample child] had any other developmental delay?

1. Yes
2. No

Skip Instructions: <1> [goto DDNW_C]

<2,RF,DK> [goto LDEV_C] if AGE GE 002 and AGE LE 017 , else [goto next section]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Currently has developmental delay **Variable Name:** DDNW_C

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

Question Text: Does [sample child] currently have any other developmental delay?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto LDEV_C] if AGE GE 002 and AGE LE 017 , else [goto next section]

National Health Interview Survey Draft Sample Child Questionnaire 2018-R

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Ever had learning disability **Variable Name:** LDEV_C

Universe Description: Sample Children 2-17

Question Text: Has a representative from a school or a health professional ever told you that [sample child] had a learning disability?

1. Yes
2. No

Skip Instructions: <1> [goto LDNW_C]

<2,RF,DK> [goto next section]

Section Name: DLD **Periodicity:** Annual Core

Variable Description: Currently has learning disability **Variable Name:** LDNW_C

Universe Description: Sample Children 2-17 who had a learning disability diagnosis

Question Text: Does [sample child] currently have a learning disability?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: VIS **Periodicity:** Annual Core

Variable Description: Wear glasses/contact lenses **Variable Name:** WEARGLSS_C

Universe Description: Sample Children 2-17

Question Text: Does [sample child] wear glasses [fill:or contact lenses (if child is 5-17 years old)]?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto VISIONDF_C]

Section Name: VIS **Periodicity:** Annual Core

Variable Description: Difficulty seeing **Variable Name:** VISIONDF_C

Universe Description: Sample Children 2-17

Question Text: [Fill:When wearing glasses/contacts does/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?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: HEA **Periodicity:** Annual Core

Variable Description: Use hearing aid **Variable Name:** HEARAIID_C

Universe Description: Sample Children 2-17

Question Text: Does [sample child] use a hearing aid?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto HEARINGDF_C]

Section Name: HEA **Periodicity:** Annual Core

Variable Description: Difficulty hearing sounds **Variable Name:** HEARINGDF_C

Universe Description: Sample Children 2-17

Question Text: [Fill:When using his/her hearing aid(s) does/Does] [sample child] have difficulty hearing sounds like people's voices or music? Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Use of equipment **Variable Name:** EQUIP_C

Universe Description: Sample Children 2-17

Question Text: Does [sample child] use any equipment or receive assistance for walking?

1. Yes
2. No

Skip Instructions: <1> if AGE_FINAL 2-4 [goto NOEQWLKDF_C]

else if AGE_FINAL ge 5 [goto NOEQWLKDF100_C]

<2,RF,DK> if AGE_FINAL 2-4 [goto WLKDF_C]

else if AGE_FINAL ge 5 [goto WLKDF100_C]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking without equipment **Variable Name:** NOEQWLKDF_C

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

Question Text: Without 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?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto EQWLKDF_C]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking with equipment **Variable Name:** EQWLKDF_C

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

Question Text: When using his/her equipment or assistance, does [sample child] have difficulty walking?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking **Variable Name:** WLKDF_C

Universe Description: Sample Children 2-4 who do not use equipment or assistance for walking or Refused or Don t Know

Question Text: 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?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking 100 yards without equipment **Variable Name:** NOEQWLKDF100_C

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

Question Text: 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: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-3,RF,DK> [goto NOEQWLKDF500_C]

<4> [goto EQWLKDF100_C]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking 500 yards without equipment **Variable Name:** NOEQWLKDF500_C

Universe Description: Sample Children 5-17 who use equipment or assistance for walking and have no, some or a lot difficulty walking 100 yards when not using their equipment/assistance or Refused or Don't Know

Question Text: 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.

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto EQWLKDF100_C]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking 100 yards with equipment **Variable Name:** EQWLKDF100_C

Universe Description: Sample Children 5-17 who use equipment or assistance for walking.

Question Text: 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.

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-3,RF,DK> [goto EQWLKDF500_C]

<4> [goto next section]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking 500 yards with equipment **Variable Name:** EQWLKDF500_C

Universe Description: Sample Children 5-17 who use equipment or assistance for walking and have no, some or a lot of difficulty walking 100 yards when using their equipment/assistance or Refused or Don't Know

Question Text: 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.

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking 100 yards **Variable Name:** WLKDF100_C

Universe Description: Sample Children 5-17 who do not use equipment or assistance for walking or Refused or Don't Know

Question Text: 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?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-3,RF,DK> [goto WLKDF500_C]

<4> [goto next section]

Section Name: MOB **Periodicity:** Annual Core

Variable Description: Difficulty walking 500 yards **Variable Name:** WLKDF500_C

Universe Description: Sample Children 5-17 who do not use equipment or assistance for walking and have no difficulty, some difficulty, or a lot of difficulty walking 100 yards or Refused or Don't Know

Question Text: 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.

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: UPP **Periodicity:** Annual Core

Variable Description: Picking up items difficulty **Variable Name:** PICKUPDF_C

Universe Description: Sample Children 2-4

Question Text: Compared with children of the same age, does [sample child] have difficulty picking up small objects with his/her hands?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: UPP **Periodicity:** Annual Core

Variable Description: Self care difficulty **Variable Name:** SELFCAREDF_C

Universe Description: Sample Children 5-17

Question Text: Does [sample child] have difficulty with self care, such as feeding or dressing?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: COM **Periodicity:** Annual Core

Variable Description: Child's difficulty understanding **Variable Name:** UNDRSTYOU_C

Universe Description: Sample Children 2-4

Question Text: Does [sample child] have difficulty understanding you?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto UNDRSTCHD_C]

Section Name: COM **Periodicity:** Annual Core

Variable Description: Difficulty understanding child **Variable Name:** UNDRSTCHD_C

Universe Description: Sample Children 2-4

Question Text: When [sample child] speaks, does he/she have difficulty being understood by you?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: COM **Periodicity:** Annual Core

Variable Description: Difficulty understanding child inside household **Variable Name:** UNDRSTIHH_C

Universe Description: Sample Children 5-17

Question Text: When [sample child] speaks, does he/she have difficulty being understood by people inside of this household?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto UNDRSTOHH_C]

Section Name: COM **Periodicity:**

Variable Description: Difficulty understanding child outside household **Variable Name:** UNDRSTOHH_C

Universe Description: Sample Children 5-17

Question Text: When [sample child] speaks, does he/she have difficulty being understood by people outside of this household?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: COG **Periodicity:** Annual Core

Variable Description: Difficulty learning **Variable Name:** LEARNDF_C

Universe Description: Sample Children 2-17

Question Text: Compared with children of the same age, does [sample child] have difficulty learning things?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> if AGE IN('002','003','004') [goto next section]

else if AGE GE '005' [goto REMEMBERDF_C]

Section Name: COG **Periodicity:** Annual Core

Variable Description: Difficulty remembering **Variable Name:** REMEMBERDF_C

Universe Description: Sample Children 5-17

Question Text: Compared with children of the same age, does [sample child] have difficulty remembering things?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: ANX **Periodicity:** Annual Core

Variable Description: Seems anxious/nervous/worried **Variable Name:** ANXFREQ_C

Universe Description: Sample Children 5-17

Question Text: How often does [sample child] seem anxious, nervous, or worried? Would you say: daily, weekly, monthly, a few times a year, or never?

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never

Skip Instructions: <1-5,RF,DK> [goto next section]

Section Name: DEP **Periodicity:** Annual Core

Variable Description: Seems sad/depressed **Variable Name:** DEPFREQ_C

Universe Description: Sample Children 5-17

Question Text: How often does [sample child] seem sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never

Skip Instructions: <1-5,RF,DK> [goto next section]

Section Name: BEH **Periodicity:** Annual Core

Variable Description: Difficulty playing **Variable Name:** BEHDFPLYG_C

Universe Description: Sample Children 2-4

Question Text: 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?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto BEHKBHYG_C]

Section Name: BEH **Periodicity:** Annual Core

Variable Description: Kick, bite or hit **Variable Name:** BEHKBHYG_C

Universe Description: Sample Children 2-4

Question Text: 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?

1. Not at all
2. The same or less
3. More
4. A lot more

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: BEH **Periodicity:** Annual Core

Variable Description: Control behavior **Variable Name:** BEHDFCNTR_C

Universe Description: Sample Children 5-17

Question Text: 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?

1. None
2. The same or less
3. More
4. A lot more

Skip Instructions: <1-4,RF,DK> [goto BEHDFFCSC_C]

Section Name: BEH **Periodicity:** Annual Core

Variable Description: Difficulty focusing **Variable Name:** BEHDFFCSC_C

Universe Description: Sample Children 5-17

Question Text: Does [sample child] have difficulty focusing on an activity that he/she enjoys doing?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto BEHDFCHG_C]

Section Name: BEH **Periodicity:** Annual Core

Variable Description: Difficulty with changes in routine **Variable Name:** BEHDFCHG_C

Universe Description: Sample Children 5-17

Question Text: Does [sample child] have difficulty accepting changes in his/her routine?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto BEHDFMKFR_C]

Section Name: BEH **Periodicity:** Annual Core

Variable Description: Difficulty making friends **Variable Name:** BEHDFMKFR_C

Universe Description: Sample Children 5-17

Question Text: Does [sample child] have difficulty making friends?

*Read if necessary: Would you say [sample child] has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard time with new people **Variable Name:** BSCNWPPL_C

Universe Description: Sample Children with Age under 2 years

Question Text: These next questions are about [sample child]'s behavior. Think about what you would expect of other children the same age, and tell me how much each statement applies to [sample child].

Does [sample child] have a hard time being with new people? Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCNWPLCS_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard time in new places **Variable Name:** BSCNWPLCS_C

Universe Description: Sample Children with Age under 2 years

Question Text: Does [sample child] have a hard time in new places? Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCCHG_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard time with change **Variable Name:** BSCCHG_C

Universe Description: Sample Children with Age under 2 years

Question Text: Does [sample child] have a hard time with change?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCHLOPPL_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Held by other people **Variable Name:** BSCHLOPPL_C

Universe Description: Sample Children with Age under 2 years

Question Text: Does [sample child] mind being held by other people?

Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCCRYALT_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Cries a lot **Variable Name:** BSCCRYALT_C

Universe Description: Sample Children with Age under 2 years

Question Text: Does [sample child] cry a lot?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCCLMDWN_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard time calming down **Variable Name:** BSCCLMDWN_C

Universe Description: Sample Children with Age under 2 years

Question Text: Does [sample child] have a hard time calming down?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCFUSSY_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Fussy or irritable **Variable Name:** BSCFUSSY_C

Universe Description: Sample Children with Age under 2 years

Question Text: Is [sample child] fussy or irritable?

Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCSTHE_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard to comfort **Variable Name:** BSCSTHE_C

Universe Description: Sample Children with Age under 2 years

Question Text: Is it hard to comfort [sample child]?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCSCHD_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard to keep on schedule **Variable Name:** BSCSCHD_C

Universe Description: Sample Children with Age under 2 years

Question Text: Is it hard to keep [sample child] on a schedule or routine?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCPTSLP_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard to put to sleep **Variable Name:** BSCPTSLP_C

Universe Description: Sample Children with Age under 2 years

Question Text: Is it hard to put [sample child] to sleep?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCSTYSLP_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Trouble staying asleep **Variable Name:** BSCSTYSLP_C

Universe Description: Sample Children with Age under 2 years

Question Text: Does [sample child] have trouble staying asleep?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto BSCPRLKSL_C]

Section Name: BSC **Periodicity:** Annual Core

Variable Description: Hard to get sleep due to SC **Variable Name:** BSCPRLKSL_C

Universe Description: Sample Children with Age under 2 years

Question Text: Is it hard for [fill:you/members of your family] to get enough sleep because of [sample child]?

* Read if necessary: Would you say not at all, somewhat, or very much?

1. Not at all
2. Somewhat
3. Very much

Skip Instructions: <1-3,RF,DK> [goto next section]

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Section Name: SCH **Periodicity:** Annual Core

Variable Description: Days of school missed **Variable Name:** SCHDYSMSS_C

Universe Description: Sample Children 5-17

Question Text: During the past 12 months, about how many days of school did [sample child] miss because of illness, injury, or disability?

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

Skip Instructions: <0-99,996,RF,DK> [goto SCHSPEDEV_C]

<100-365> [goto ERR1_SCHDYSMSS_C]

<366-995> [goto ERR2_SCHDYSMSS_C]

Section Name: SCH **Periodicity:** Annual Core

Variable Description: Ever received Special Education **Variable Name:** SCHSPEDEV_C

Universe Description: Sample Children 0-17

Question Text: Has [sample child] ever received services through an Individualized Education Plan or an Individualized Family Service Plan?

1. Yes

2. No

Skip Instructions: <1> [goto SCHSPED_C]

<2,RF,DK> [goto next section]

Section Name: SCH **Periodicity:** Annual Core

Variable Description: Received Special Education **Variable Name:** SCHSPED_C

Universe Description: Sample Children 0-17 who ever received special education services

Question Text: During the past 12 months, has [sample child] received services through an Individualized Education Plan or an Individualized Family Service Plan?

1. Yes

2. No

Skip Instructions: <1> [goto SCHSPEDEM_C]

<2,RF,DK> [goto next section]

Section Name: SCH **Periodicity:** Annual Core

Variable Description: Receive services for mental health problems **Variable Name:** SCHSPEDEM_C

Universe Description: Sample Children 0-17 who have received services in the past 12 months

Question Text: Does [sample child] receive these services to help with his/her emotions, concentration, behavior, or mental health?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Have health insurance **Variable Name:** HICOV_C

Universe Description: Sample Children 0-17

Question Text: The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and the Children's Health Insurance Program 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?

1. Yes
2. No

Skip Instructions: <1,R,D> [goto HIKIND_C]

<2> [goto MCAIDPRB_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Kind(s) of health insurance **Variable Name:** HIKIND_C

Universe Description: Sample Children 0-17 covered by any kind of health insurance or health care coverage or refused/don't know if they have insurance or health care coverage.

Question Text: What kinds of health insurance or health care coverage does [sample child] have? Is it...Private health insurance, Medicare, Medigap, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, VA health care, and CHAMP-VA, Indian Health Service, state-sponsored health plan, or an other government program?

* Enter all that apply, separate with commas.

1. Private health insurance
2. Medicare
3. Medigap
4. Medicaid
5. Children's Health Insurance Program (CHIP)
6. Military Health Care (TRICARE / VA health care / CHAMP-VA (not CHAMPUS))
7. Indian Health Service
8. State-sponsored health plan
9. Other government program
10. No coverage of any type

Skip Instructions: if > 1 answer selected and (<10> in HIKIND_C) goto ERR1_HIKIND_C

else if HIKIND_C=RF,DK or (<10> in HIKIND_C) goto MCAIDPRB_C

else goto SINCOVDE_C

Section Name: INS **Periodicity:** Annual Core

Variable Description: Covered by Medicaid **Variable Name:** MCAIDPRB_C

Universe Description: Sample Children 0-17 who have indicated they are uninsured, refused, or don't know if they are insured

Question Text: There is a program called Medicaid that pays for health care for persons in need. [if STMEDICAID ne empty, fill: "In [fill: State Name] it is also called [fill: State Medicaid Program Name]."

else fill: blank] Is [sample child] covered by Medicaid?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SINCOVDE_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Single service plan-dental **Variable Name:** SINCOVDE_C

Universe Description: Sample Children 0-17

Question Text: Is [sample child] covered by a separate plan that only pays for dental services?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SINCOVVS_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Single service plan-vision **Variable Name:** SINCOVVS_C

Universe Description: Sample Children 0-17

Question Text: Is [sample child] covered by a separate plan that only pays for vision services?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SINCOVRX_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Single service plan-prescriptions **Variable Name:** SINCOVRX_C

Universe Description: Sample Children 0-17

Question Text: Is [sample child] covered by a separate plan that only pays for prescriptions?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto HICHANGE_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Confirm coverage types **Variable Name:** HICHANGE_C

Universe Description: Sample Children 0-17

Question Text: I have recorded [sample child] is [fill:covered by plan(s)/not covered by health insurance]. Is this correct?

1. Yes
2. No

Skip Instructions: <1,RF,DK>

if '02' in HIKIND_C [goto MCPART_C]

else if '04' in HIKIND_C or MCAIDPRB_C=1[goto MACHMN_C]

else if '01' in HIKIND_C [goto SET_INSPRI_FLAG]

else if '03' in HIKIND_C [goto SET_INSPRI_FLAG]

else if '05' in HIKIND_C [goto CHNAME_C]

else if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else if '07' in HIKIND_C [goto HINOTYR_C]

else [goto HILAST_C]

<2> [goto ERR1_HICHANGE_C]

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Section Name: INS **Periodicity:** Annual Core

Variable Description: Type of Medicare coverage **Variable Name:** MCPART_C

Universe Description: Sample Children 0-17 with Medicare

Question Text: What type of Medicare coverage does [sample child] have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

1. Part A- hospital only
2. Part B- medical only
3. Both Part A and Part B

Skip Instructions: <1-3,RF,DK> [goto MCCHOICE_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Medicare Advantage plan **Variable Name:** MCCHOICE_C

Universe Description: Sample Children 0-17 with Medicare

Question Text: Is [sample child] enrolled in a Medicare Advantage plan?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto MCHMO_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Medicare HMO **Variable Name:** MCHMO_C

Universe Description: Sample Children 0-17 with Medicare

Question Text: Is [sample child] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

1. Yes
2. No

Skip Instructions: <1> [goto MCANAME_C]

<2,RF,DK> if MCCHOICE_C=1 [goto MCANAME_C]

else if MCCHOICE_C=2,RF,DK, [goto MCPARTD_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Name of Medicare HMO **Variable Name:** MCANAME_C

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

Question Text: What is the name of [sample child]'s Medicare Advantage or Medicare HMO plan?

Skip Instructions: <verbatim, RF, DK> [goto MCPARTD_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Medicare Part D **Variable Name:** MCPARTD_C

Universe Description: Sample Children 0-17 with Medicare

Question Text: Is [sample child] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK>

if '04' in HIKIND_C or MCAIDPRB_C=1[goto MACHMN_C]

else if '01' in HIKIND_C [goto SET_INSPRI_FLAG]

else if '03' in HIKIND_C [goto SET_INSPRI_FLAG]

else if '05' in HIKIND_C [goto CHNAME_C]

else if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Name of Medicaid plan **Variable Name:** MACHMN_C

Universe Description: Sample Children 0-17 with Medicaid coverage

Question Text: The next questions are about Medicaid coverage. What is the name of [sample child]'s Medicaid health plan?

Skip Instructions: <allow 80, RF, DK> [goto MAXCHNG_C]

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Section Name: INS **Periodicity:** Annual Core

Variable Description: Medicaid through Marketplace **Variable Name:** MAXCHNG_C

Universe Description: Sample Children 0-17 with Medicaid coverage

Question Text: Was [sample child]'s Medicaid obtained through Healthcare.gov or the [fill: state Marketplace name]?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto MAPREM_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Pay Medicaid premium **Variable Name:** MAPREM_C

Universe Description: Sample Children 0-17 with Medicaid coverage

Question Text: 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?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto MADEDUC_C]

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Section Name: INS **Periodicity:** Annual Core

Variable Description: Medicaid deductible **Variable Name:** MADEDUC_C

Universe Description: Sample Children 0-17 with Medicaid coverage

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does [sample child]'s health plan have an annual deductible?

1. Yes

2. No

Skip Instructions: <1> [goto MAHDHP_C]

<2,RF,DK>

if '01' in HIKIND_C [goto SET_INSPRI_FLAG]

else if '03' in HIKIND_C [goto SET_INSPRI_FLAG]

else if '05' in HIKIND_C [goto CHNAME_C]

else if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Medicaid HDHP **Variable Name:** MAHDHP_C

Universe Description: Sample Children 0-17 with Medicaid coverage who have a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: \$1,300] or [fill: \$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.

1. less than \$1,300
2. \$1,300 or more

Skip Instructions: <1,2,RF,DK>

if '01' in HIKIND_C [goto SET_INSPRI_FLAG]
else if '03' in HIKIND_C [goto SET_INSPRI_FLAG]
else if '05' in HIKIND_C [goto CHNAME_C]
else if '08' in HIKIND_C [goto OPNAME_C]
else if '09' in HIKIND_C [goto OGNAME_C]
else if '06' in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Covered by same plan-plan 1 **Variable Name:** PLANNAME1_C

Universe Description: Sample Children 0-17 with private health insurance coverage, where the Sample Adult interview has already been conducted, the Sample Adult is in the same family, and the Sample Adult also had private health insurance, and the first private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Question Text: Earlier we recorded that [fill:you/sample adult's name] [fill:were/was] covered by [fill:insurance plan name]. Is [sample child] covered by this same plan as [fill:you/sample adult's name]?

1. Yes
2. No

Skip Instructions: <1> if Adult.INS.bPlan[1].POLHLD_A ne 1 [goto POLHLDA1_C],

if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1 [goto PLANNAME2_C] else [goto MORPLAN_C]

<2,RF,DK> if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1 [goto PLANNAME2_C] else [goto HIPNAM1_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Policyholder for Plan 1 **Variable Name:** POLHLDA1_C

Universe Description: Sample Children 0-17 with a shared private health plan with the Sample Adult, where the child is not the policyholder for their first private plan or refused or don't know.

Question Text: 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 [fill:insurance plan name]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1 [goto PLANNAME2_C]

else [goto MORPLAN_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Covered by same plan-plan 2 **Variable Name:** PLANNAME2_C

Universe Description: Sample Children 0-17 with private health insurance coverage, where the Sample Adult interview has already been conducted, the Sample Adult is in the same family, and the Sample Adult also had private health insurance, and listed two plans. The second private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Question Text: Earlier we recorded that [fill:you/sample adult's name] [fill:were/was] covered by a second plan [fill:insurance plan name]. Is [sample child] covered by this same plan as [fill:you/sample adult's name]?

1. Yes

2. No

Skip Instructions: <1> if Adult.INS.bPlan[2].POLHLD_A ne 1 [goto POLHLDA2_C],

else if PLANNAME1_C IN('2','RF','DK') [goto MORPLAN_C]

else if '05' in HIKIND_C [goto CHNAME_C]

else if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

<2,RF,DK> if PLANNAME1_C IN('2','RF','DK',empty) [goto HIPNAM1_C]

else [goto MORPLAN_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Policyholder for Plan 2 **Variable Name:** POLHLDA2_C

Universe Description: Sample Children 0-17 with a shared private health plan with the Sample Adult, where the adult is not the policyholder for their second private plan or refused or don't know

Question Text: * Read if necessary: 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 [fill:insurance plan name]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> if PLANNAME1_C IN('2','RF','DK',empty) [goto MORPLAN_C]

else if '05' in HIKIND_C [goto CHNAME_C]

else if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Name of private health plan **Variable Name:** HIPNAM1_C

Universe Description: Sample Children 0-17 enrolled in a Medigap plan or private health insurance and the sample child did not share or refused or did not know if they shared or did not have a value for both of the two listed private plans for the sample adult

Question Text: It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of [sample child]'s 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.

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Skip Instructions: <allow 80,RF,DK> [goto MORPLAN_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: More private plans **Variable Name:** MORPLAN_C

Universe Description: Sample Children 0-17 enrolled in a private health plan where the name of the plan was given or don't know or refused or the sample child only shared one private plan with the Sample Adult

Question Text: Is [sample child] covered by any other private health insurance plans?

1. Yes
2. No

Skip Instructions: <1> [goto HIPNAM2_C]

<2,RF,DK>

if (PLANNAME1_C = 1 or PLANNAME2_C = 1) then

 if '05' in HIKIND_C [goto CHNAME_C]

 else if '08' in HIKIND_C [goto OPNAME_C]

 else if '09' in HIKIND_C [goto OGNAME_C]

 else if '06' in HIKIND_C [goto MILSPC_C]

 else [goto HINOTYR_C]

else [goto bPlan[1].POLHLD_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Name of private health plan **Variable Name:** HIPNAM2_C

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

Question Text: What is the name of that private health insurance plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Skip Instructions: <allow 80,RF,DK> [goto bPlan[1].POLHLD_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Policyholder for private plan **Variable Name:** POLHLD_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know.

Question Text: I am going to ask you some questions about [if PlanNum=1 then

if HIPNAM1_C IN('RF','DK') fill: 'this plan'

Else fill: '[fill:insurance plan name]'

if PlanNum=2 then

if HIPNAM2_C IN('RF','DK') fill: 'this plan'

Else fill: '[fill:insurance plan name]'. 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 [if PlanNum=1 then

if HIPNAM1_C IN('RF','DK') fill: 'this plan'

Else fill: '[fill:insurance plan name]'

if PlanNum=2 then

if HIPNAM2_C IN('RF','DK') fill: 'this plan'

Else fill: '[fill:insurance plan name]'?)

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto PRPLCOV_C]

<2> [goto PLNWRK_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Plan coverage for others **Variable Name:** PRPLCOV_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and where the Sample Child is the policyholder or refused or don't know.

Question Text: Does this plan cover someone other than [sample child]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PLNWRK_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: How plan obtained **Variable Name:** PLNWRK_C

Universe Description: Sample Children with private health insurance coverage where a plan name was given or refused or don't know.

Question Text: Which one of these categories best describes how this plan was obtained? Was it obtained through an employer or union, purchased directly, obtained through Healthcare.gov or the Affordable Care Act, also known as Obamacare, obtained through a state/local government or community program or obtained in some other way?

1. Through an employer or union
2. Purchased directly
3. Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
4. Through a state/local government or community program
5. Other

Skip Instructions: <1,3> [goto PLNPAY_C]

<2,4,RF,DK> [goto PLNEXCHG_C]

<5> [goto PLNWKSP_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Plan obtained-specify **Variable Name:** PLNWKSP_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and private health insurance coverage was obtained from an other source

Question Text: * Read if necessary: How was this plan obtained?

Skip Instructions: <allow 80,RF,DK> [goto PLNEXCHG_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Obtained through Marketplace **Variable Name:** PLNEXCHG_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and who have private coverage that is directly purchased, or obtained through a state, local, government or community program, or obtained another way, or refused/don't know how obtained

Question Text: Was the plan obtained through Healthcare.gov or the Health Insurance Marketplace [fill: state Marketplace name]?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto PLNPAY_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Who pays for plan **Variable Name:** PLNPAY_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and were enrolled in a private health plan where a plan name was given or refused or don't know.

Question Text: Who pays for this health insurance plan?

* Enter all that apply, separate with commas.

1. Self or family (living in the household)
2. Employer or union
3. Someone outside the household
4. Medicare
5. Medicaid
6. Other government program

Skip Instructions: <1-6,RF,DK> if '1' IN PLNPAY_C [goto HICOSTN_C]

else [goto PRDEDUC_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Premium amount-number **Variable Name:** HICOSTN_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know who paid for by self or family

Question Text: How much does [sample child]'s family currently spend for health insurance premiums for [if PlanNum=1 then

if HIPNAM1_C IN('RF','DK') and HIPNAM2_C= empty fill: '[sample child]'s plan'

else if HIPNAM1_C IN('RF','DK') fill: '[sample child]'s first plan'

Else fill: '[sample child]'s [fill:insurance plan name] plan'

if PlanNum=2 then

if HIPNAM2_C IN('RF','DK'))? Please include payroll deductions for premiums.

Skip Instructions: <20000-99995> [goto ERR1_HICOSTN_C]

<1-19999> [goto HICOSTT_C]

<RF,DK> [goto PRDEDUC_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Premium amount-time period **Variable Name:** HICOSTT_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know who gave a premium amount.

Question Text: * Enter time period for premium payments.

1. Once a week
2. Once every 2 weeks
3. Once a month
4. Twice a month
5. Every two months
6. Quarterly (every 3 months)
7. Once a year
8. Twice a year

Skip Instructions: <1-8,RF,DK> [goto PRDEDUC_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Plan deductible **Variable Name:** PRDEDUC_C

Universe Description: Sample Children 0-17 with private health insurance plans where a plan name was given or refused or don't know.

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does [sample child]'s health plan have an annual deductible?

1. Yes
2. No

Skip Instructions: <1> [goto PRHDHP_C]

<2,RF,DK> [goto PRRXCOV_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: High deductible **Variable Name:** PRHDHP_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know with a deductible

Question Text: Is the [fill:family (if child covered by other family member's plan)] annual deductible for medical care for this plan less than [fill: \$2,600/\$1,300] or [fill: \$2,600/\$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.

1. less than [fill: \$2,600/\$1,300]
2. [fill: \$2,600/\$1,300] or more

Skip Instructions: <1> [goto PRRXCOV_C]

<2,RF,DK> [goto HSAHRA_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Health savings account **Variable Name:** HSAHRA_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know with a high deductible

Question Text: There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds. These are DIFFERENT from Flexible Spending Accounts. Do you have one of these accounts or funds with this plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PRRXCOV_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Plan pays for prescriptions **Variable Name:** PRRXCOV_C

Universe Description: Sample Children 0-17 with private health insurance coverage where the name of the plan was given or refused or don't know.

Question Text: Does the plan pay for any of the costs for medications prescribed by a doctor?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PRDNCOV_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Plan pays for dental care **Variable Name:** PRDNCOV_C

Universe Description: Sample Children 0-17 with private health insurance coverage where the plan name was given or refused or don't know.

Question Text: Does the plan pay for any of the costs for dental care?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PRVSCOV_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Plan pays for vision care **Variable Name:** PRVSCOV_C

Universe Description: Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know.

Question Text: Does the plan pay for any of the costs for routine vision care, such as glasses and contact lenses?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> If there is another plan [goto bPlan for next plan]

else if '05' in HIKIND_C [goto CHNAME_C]

else if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Name of CHIP plan **Variable Name:** CHNAME_C

Universe Description: Sample Children 0-17 with a CHIP plan

Question Text: Earlier I recorded that [sample child] is covered by the Children's Health Insurance Program or CHIP. What is the name of the plan?

Skip Instructions: <allow 80,RF,DK> [goto CHXCHNG_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: CHIP through Marketplace **Variable Name:** CHXCHNG_C

Universe Description: Sample Children 0-17 with a CHIP plan

Question Text: Was [sample child]'s CHIP plan obtained through Healthcare.gov or the [fill: state Marketplace name]?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto CHPREM_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Pay CHIP premium **Variable Name:** CHPREM_C

Universe Description: Sample Children 0-17 with a CHIP plan

Question Text: 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 CHIP plan?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto CHDEDUC_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: CHIP deductible **Variable Name:** CHDEDUC_C

Universe Description: Sample Children 0-17 with a CHIP plan

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does [sample child]'s health plan have an annual deductible?

1. Yes
2. No

Skip Instructions: <1> [goto CHHDHP_C]

<2,RF,DK> if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: CHIP HDHP **Variable Name:** CHHDHP_C

Universe Description: Sample Children with a CHIP plan who have a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: \$1,300] or [fill: \$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.

1. less than \$1,300
2. \$1,300 or more

Skip Instructions: <1,2,RF,DK> if '08' in HIKIND_C [goto OPNAME_C]

else if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Name of state plan **Variable Name:** OPNAME_C

Universe Description: Sample Children 0-17 with a state-sponsored plan

Question Text: Earlier I recorded that [sample child] is covered by a state-sponsored plan. What is the name of the plan?

Skip Instructions: <verbatim,RF,DK> [goto OPXCHNG_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: State plan through Marketplace **Variable Name:** OPXCHNG_C

Universe Description: Sample Children 0-17 with a state-sponsored plan

Question Text: Was [sample child]'s state-sponsored plan obtained through Healthcare.gov or the [fill: state Marketplace name]?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto OPPREM_C]

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Section Name: INS **Periodicity:** Annual Core

Variable Description: Premium for state plan **Variable Name:** OPPREM_C

Universe Description: Sample Children 0-17 with a state-sponsored plan

Question Text: 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 state-sponsored plan?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto OPDEDUC_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: State plan deductible **Variable Name:** OPDEDUC_C

Universe Description: Sample Children 0-17 with a state-sponsored plan

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does [sample child]'s health plan have an annual deductible?

1. Yes
2. No

Skip Instructions: <1>[goto OPHDHP_C]

<2,RF,DK> if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: State plan HDHP **Variable Name:** OPHDHP_C

Universe Description: Sample Children 0-17 with a state-sponsored plan with a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: \$1,300] or [fill: \$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.

1. less than \$1,300
2. \$1,300 or more

Skip Instructions: <1,2,RF,DK> if '09' in HIKIND_C [goto OGNAME_C]

else if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Name of government program plan **Variable Name:** OGNAME_C

Universe Description: Sample Children 0-17 who have an other government plan

Question Text: Earlier I recorded that [sample child] is covered by an other government program. What is the name of the plan?

Skip Instructions: <allow 80,RF,DK> [goto OGXCHNG_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Government plan through Marketplace **Variable Name:** OGXCHNG_C

Universe Description: Sample Children 0-17 who have an other government plan

Question Text: Was [sample child]'s other government plan obtained through Healthcare.gov or the [fill: state Marketplace name]?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto OGPREM_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Premium for government plan **Variable Name:** OGPREM_C

Universe Description: Sample Children 0-17 who have an other government plan

Question Text: 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 plan?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto OGDEDUC_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Other government deductible **Variable Name:** OGDEDUC_C

Universe Description: Sample Children 0-17 with an other government plan

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does [sample child]'s health plan have an annual deductible?

1. Yes
2. No

Skip Instructions: <1> [goto OGDHDP_C]

<2,RF,DK> if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Other government HDHP **Variable Name:** OGDHDP_C

Universe Description: Sample Children 0-17 with an other government plan with a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: \$1,300] or [fill: \$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.

1. less than \$1,300
2. \$1,300 or more

Skip Instructions: <1,2,RF,DK> if '06' in HIKIND_C [goto MILSPC_C]

else [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Types of military health care **Variable Name:** MILSPC_C

Universe Description: Sample Children 0-17 with military related health care

Question Text: Earlier I recorded that [sample child] is covered by military related health care. What types of military related health care is he/she covered by?

* Enter all that apply, separate with commas.

2. TRICARE (CHAMPUS)

3. CHAMP-VA (do not include CHAMPUS)

Skip Instructions: <2-3,RF,DK> [goto HINOTYR_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Length since last health coverage **Variable Name:** HILAST_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

Question Text: How long has it been since [sample child] last had health care coverage that paid for doctor's visits or hospital stays?

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <1> [goto HILASTMY_C]

<2,3> [goto HISTOPJOB_C]

<4,5,6,0,RF,DK> [goto RSNHICOST_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Number of months without coverage **Variable Name:** HILASTMY_C

Universe Description: Sample Children 0-17 without known health insurance who last had insurance at some time within the last 12 months

Question Text: In the past 12 months, how many months was [sample child] without coverage?

* If less than 1 month, enter '1'.

Skip Instructions: <1-12,RF,DK> [goto HISTOPJOB_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - retired/lost job **Variable Name:** HISTOPJOB_C

Universe Description: Sample Children 0-17 who have been uninsured for less than 3 years

Question Text: Think about the last time that [sample child] did have health care coverage. I am going to read a list of reasons why someone might no longer be enrolled in coverage. Please tell me, yes or no, if this is a reason why [sample child] is no longer enrolled in his/her last health care plan.

The policyholder retired, lost a job, or changed employer?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPMISS_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - missed deadline **Variable Name:** HISTOPMISS_C

Universe Description: Sample Children 0-17 who have been uninsured for less than 3 years

Question Text: *Read if necessary: Is [sample child] no longer enrolled in his/her last health care plan because...

A deadline was missed for signing up or paying for his/her coverage?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPAGE_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - age/left school **Variable Name:** HISTOPAGE_C

Universe Description: Sample Children 0-17 who have been uninsured for less than 3 years

Question Text: *Read if necessary: Is [sample child] no longer enrolled in his/her last health care plan because...
He/She became ineligible because of his/her age or because he/she left school?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPCOST_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - cost increase **Variable Name:** HISTOPCOST_C

Universe Description: Sample Children 0-17 who have been uninsured for less than 3 years

Question Text: Read if necessary: Is [sample child] no longer enrolled in his/her last health care plan because...
The cost for the coverage increased?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPELIG_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - not eligible Medicaid **Variable Name:** HISTOPELIG_C

Universe Description: Sample Children 0-17 who have been uninsured for less than 3 years

Question Text: Read if necessary: Is [sample child] no longer enrolled in his/her last health care plan because...
He/She had Medicaid, CHIP, or other public coverage, but [fill:was] no longer eligible?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHICOST_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - not affordable **Variable Name:** RSNHICOST_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

Question Text: There are many reasons why people do not have health insurance coverage. Is [sample child] currently uninsured because coverage is not affordable?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIWANT_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - do not need/want **Variable Name:** RSNHIWANT_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

Question Text: There are other reasons that people do not have health insurance coverage. [Fill:In addition to cost/Is] [sample child] currently uninsured because...

...your family does not need or want coverage for [sample child]?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIELIG_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - not eligible **Variable Name:** RSNHIELIG_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Question Text: * Read if necessary: There are other reasons that people do not have health insurance coverage. [Fill:In addition to cost/Is] [sample child] currently uninsured because...

...he/she is not eligible for coverage?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHICONF_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - signing up difficult **Variable Name:** RSNHICONF_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Question Text: * Read if necessary: There are other reasons that people do not have health insurance coverage. [Fill:In addition to cost/Is] [sample child] currently uninsured because...

...the process of signing up for coverage for [sample child] is too difficult or confusing?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIMEET_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - cannot find plan **Variable Name:** RSNHIMEET_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Question Text: *Read if necessary: There are other reasons that people do not have health insurance coverage. [Fill:In addition to cost/Is] [sample child] currently uninsured because...

...your family cannot find a plan that meets [sample child]'s needs?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIWAIT_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - not started **Variable Name:** RSNHIWAIT_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Question Text: *Read if necessary: There are other reasons that people do not have health insurance coverage. [Fill:In addition to cost/Is] [sample child] currently uninsured because...

...you applied for coverage for [sample child] but it has not started yet?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIOTH_C]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Reasons no insurance - another reason **Variable Name:** RSNHIOTH_C

Universe Description: Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Question Text: Is there another reason that [sample child] currently does not have health insurance coverage?

1. Yes
2. No

Skip Instructions: <1> [goto RSNHIOTHSP_C]

<2,RF,DK> [goto next section]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Other reason for no insurance **Variable Name:** RSNHIOTHSP_C

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

Question Text: What is the other reason for not having coverage?

Skip Instructions: <allow 80,RF,DK> [goto next section]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Time without insurance, past 12m **Variable Name:** HINOTYR_C

Universe Description: Sample Children 0-17 with known health insurance coverage or responded yes to the medicaid probe

Question Text: In the past 12 months, was there any time when [sample child] did NOT have ANY health insurance or coverage?

1. Yes
2. No

Skip Instructions: <1> [goto HINOTMYR_C]

<2,RF,DK> [goto next section]

Section Name: INS **Periodicity:** Annual Core

Variable Description: Number of months without coverage **Variable Name:** HINOTMYR_C

Universe Description: 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

Question Text: In the past 12 months, about how many months was [sample child] without coverage?

* If less than 1 month, enter '1'.

Skip Instructions: <1-12,RF,DK> [goto next section]

Section Name: PAY **Periodicity:** Annual Core

Variable Description: Problems paying medical bills, past 12m **Variable Name:** PAYBLL12M_C

Universe Description: Sample Children 0-17 living in same family as the Sample Adult when the PAY section of the Sample Adult has not been completed

or Sample Children living in same family as Sample Adult when the Sample Child respondent is not the Sample Adult and the Sample Adult answered don't or refused to PAYBILL12M_A and PAYNOBLLNW_A

or Sample children living in different families than the Sample Adult.

Question Text: In the past 12 months did anyone in [sample child]'s 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.

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto PAYNOBLLNW_C]

<2> [goto PAYWORRY_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: PAY **Periodicity:** Annual Core

Variable Description: Unable to pay medical bills at all, past 12m **Variable Name:** PAYNOBLLNW_C

Universe Description: Sample Children 0-17 who said someone in their family had trouble paying bills and Sample Adult and Sample Child are in the same family and Sample Adult PAY section has not been completed OR the Sample Child and Sample Adult are not in the same family AND said anyone in their family had problems paying medical bills in the past 12 months or refused or didn't know if they had problems paying medical bills.

Question Text: Does anyone in [sample child]'s family currently have any medical bills that you are unable to pay at all?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto PAYWORRY_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: PAY **Periodicity:** Annual Core

Variable Description: Worried about medical bills **Variable Name:** PAYWORRY_C

Universe Description: Sample Children 0-17

Question Text: If [sample child] gets sick or has 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?

1. Very worried
2. Somewhat worried
3. Not at all worried

Skip Instructions: <1-3,RF,DK> [goto next section]

National Health Interview Survey Draft Sample Child Questionnaire 2018-R

Section Name: DNC **Periodicity:** Rotating Core

Variable Description: Time since last dental cleaning **Variable Name:** DENPREV_C

Universe Description: Sample Children 1-17 or Refused or Don't know age

Question Text: 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.

0. Never
1. Within the past year (anytime less than 12 months ago)
2. Within the last 2 years (1 year but less than 2 years ago)
3. Within the last 3 years (2 years but less than 3 years ago)
4. Within the last 5 years (3 years but less than 5 years ago)
5. Within the last 10 years (5 years but less than 10 years ago)
6. 10 years ago or more

Skip Instructions: <1> [goto DENDL12M_C]

<0,2-6,RF,DK> [goto DENLONG_C]

Section Name: DNC **Periodicity:** Rotating Core

Variable Description: Time since last saw dentist **Variable Name:** DENLONG_C

Universe Description: Sample Children 1-17 or refused or don't know age who have never seen a dentist for an exam or cleaning or have seen a dentist for an exam or cleaning more than 1 year ago or refused or didn't know when they last saw a dentist for an exam or cleaning

Question Text: About how long has it been since [sample child] last saw a dentist or other dental care provider 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.

0. Never
1. Within the past year (anytime less than 12 months ago)
2. Within the last 2 years (1 year but less than 2 years ago)
3. Within the last 3 years (2 years but less than 3 years ago)
4. Within the last 5 years (3 years but less than 5 years ago)
5. Within the last 10 years (5 years but less than 10 years ago)
6. 10 years ago or more

Skip Instructions: <0-6,RF,DK> [goto DENDL12M_C]

Section Name: DNC **Periodicity:** Rotating Core

Variable Description: Delayed dental care **Variable Name:** DENDL12M_C

Universe Description: Sample Children 1-17 or Refused or Don't Know age

Question Text: During the past 12 months, has [sample child] been delayed in getting dental care because of the cost?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto DENNG12M_C]

National Health Interview Survey Draft Sample Child Questionnaire 2018-R

Section Name: DNC **Periodicity:** Rotating Core

Variable Description: Needed dental care **Variable Name:** DENNG12M_C

Universe Description: Sample Children 1-17 or refused or don't know age

Question Text: During the past 12 months, was there any time when [sample child] needed dental care, but did not get it because of the cost?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Time since seen doctor **Variable Name:** LASTDR_C

Universe Description: Sample Children 0-17

Question Text: 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 a patient in a hospital.

* Read if necessary: Do not include dental care.

0. Never
1. Within the past year (anytime less than 12 months ago)
2. Within the last 2 years (1 year but less than 2 years ago)
3. Within the last 3 years (2 years but less than 3 years ago)
4. Within the last 5 years (3 years but less than 5 years ago)
5. Within the last 10 years (5 years but less than 10 years ago)
6. 10 years ago or more

Skip Instructions: <0-6,RF,DK> [goto USUALPL_C]

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Usual place of care **Variable Name:** USUALPL_C

Universe Description: Sample Children 0-17

Question Text: Is there a place that [sample child] USUALLY goes to if he/she is sick?

1. Yes
2. There is NO place
3. There is MORE THAN ONE place

Skip Instructions: <1,3,RF,DK> [goto USPLKIND_C]

<2> [goto WELLVIS_C]

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Place of usual care **Variable Name:** USPLKIND_C

Universe Description: 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

Question Text: What kind of place [fill: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, urgent care centers, and retail clinics are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

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

Skip Instructions: <1-5,RF,DK> [goto WELLVIS_C]

Section Name: UTZ **Periodicity:** Rotating Core

Variable Description: Time since wellness visit **Variable Name:** WELLVIS_C

Universe Description: Sample Children 0-17 and UTZ is in rotation

Question Text: About how long has it been since [sample child] last saw a doctor or other health professional for a well [fill: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 other health professional may also discuss topics related to [sample child]'s health such as his/her growth and development, diet and exercise, safety, 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.

- 0. Never
- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the last 2 years (1 year but less than 2 years ago)
- 3. Within the last 3 years (2 years but less than 3 years ago)
- 4. Within the last 5 years (3 years but less than 5 years ago)
- 5. Within the last 10 years (5 years but less than 10 years ago)
- 6. 10 years ago or more

Skip Instructions: <0> [goto URGENT12M_C]

<1-6,RF,DK> [goto WELLKIND_C]

Section Name: UTZ **Periodicity:** Rotating Core

Variable Description: Place for last wellness visit **Variable Name:** WELLKIND_C

Universe Description: Sample Children 0-17 who have ever had a preventive visit or refuse or don't know if they had a preventive visit

Question Text: At what kind of place did [sample child] get his/her most recent well [fill: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 other health professional may also discuss topics related to [sample child]'s health such as his/her growth and development, diet and exercise, safety, 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's location.

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

Skip Instructions: <1-4,RF,DK> [goto URGENT12M_C]

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Times visited walk-in clinic **Variable Name:** URGENT12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, how many times has [sample child] gone to a walk-in clinic such as an urgent care center, or clinic in a pharmacy or grocery store about his/her health?

* Enter '96' if number is 96 or greater.

* Read if necessary: Walk-in clinics, urgent care centers, and retail clinics are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

Skip Instructions: <0-96,RF,DK> [goto EMERGE12M_C]

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Times visited hospital ER **Variable Name:** EMERGE12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, how many times has [sample child] gone to a HOSPITAL EMERGENCY ROOM about his/her health?

* Read if necessary: This includes emergency room visits that resulted in a hospital admission.

* Enter '96' if number is 96 or more.

Skip Instructions: <0-96,RF,DK> if AGE GE 001 [goto HOSPONGT_C]

else [goto MEDDL12M_C]

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Hospitalized overnight **Variable Name:** HOSPONGT_C

Universe Description: Sample Children 1-17

Question Text: During the past 12 months, has [sample child] been hospitalized overnight? [Fill:Do not include an overnight stay in the emergency room (if child had been to emergency room in past year)]

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MEDDL12M_C]

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Delayed medical care **Variable Name:** MEDDL12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, has [sample child] been delayed in getting medical care because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MEDNG12M_C]

National Health Interview Survey Draft Sample Child Questionnaire 2018-R

Section Name: UTZ **Periodicity:** Annual Core

Variable Description: Needed medical care **Variable Name:** MEDNG12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, was there any time when [sample child] needed medical care, but did not get it because of the cost?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: PMD **Periodicity:** Annual Core

Variable Description: Prescribed medication **Variable Name:** RX12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, was [sample child] prescribed medication by a doctor or other health professional?

1. Yes
2. No

Skip Instructions: <1> [goto RXDL12M_C]

<2,RF,DK> [goto RXDG12M_C]

Section Name: PMD **Periodicity:** Annual Core

Variable Description: Delayed filling prescription **Variable Name:** RXDL12M_C

Universe Description: Sample Children 0-17 who had been prescribed medication in the past 12 months

Question Text: During the past 12 months, did you delay filling a prescription for [sample child] to save money?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto RXDG12M_C]

Section Name: PMD **Periodicity:** Annual Core

Variable Description: Needed prescriptions **Variable Name:** RXDG12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, was there any time when [sample child] needed prescription medication, but did not get it because of the cost?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: IMM **Periodicity:** Annual Core

Variable Description: Flu vaccine **Variable Name:** SHTFLU12M_C

Universe Description: Sample Children 0-17

Question Text: There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. DURING THE PAST 12 MONTHS, has [sample child] had a flu vaccination?

*Read if necessary: A flu vaccination is usually given in the fall and protects against influenza for the flu season.

1. Yes
2. No

Skip Instructions: <1> [goto SHTFLUNUM_C]

<2,RF,DK> [goto next section]

Section Name: IMM **Periodicity:** Annual Core

Variable Description: Number of flu vaccines **Variable Name:** SHTFLUNUM_C

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

Question Text: DURING THE PAST 12 MONTHS, how many flu vaccinations has [sample child] received?

1. 1 vaccination
2. 2 or more vaccinations

Skip Instructions: <1,2> [goto FLUVAC1M_C]

<RF,DK> [goto next section]

Section Name: IMM **Periodicity:** Annual Core

Variable Description: Month of most recent flu vaccine **Variable Name:** FLUVAC1M_C

Universe Description: Sample Children 0-17 who have had one or more shots in the past 12 months

Question Text: * 1 of 2

During what month and year did [sample child] receive his/her most recent flu vaccine?

* Enter month of most recent flu vaccine.

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

Skip Instructions: <1-12,DK>[goto FLUVAC1Y_C]

<RF> if SHTFLUNUM_C= 2 [goto FLUVAC2M_C]

else if SHTFLUNUM_C= 1 [goto next section]

Section Name: IMM **Periodicity:** Annual Core

Variable Description: Year of most recent flu vaccine **Variable Name:** FLUVAC1Y_C

Universe Description: Sample Children 0-17 who have had one or more shots in the past 12 months and gave month/don't know month of flu shot

Question Text: * 2 of 2

* Enter year of most recent flu vaccine.

Skip Instructions: <current year, current year-1,RF,DK> and SHTFLUNUM_C = 2 [goto FLUVAC2M_C]
else [goto next section]

if FLUVAC1M_C and FLUVAC1Y_C = a future date [goto ERR1_ FLUVAC1Y_C];

if FLUVAC1M_C and FLUVAC1Y_C = a date prior to birth [goto ERR2_ FLUVAC1Y_C];

if FLUVAC1M_C and FLUVAC1Y_C = a date prior to 12 months ago [goto ERR3_ FLUVAC1Y_C]

Section Name: IMM **Periodicity:** Annual Core

Variable Description: Month of next most recent flu vaccine **Variable Name:** FLUVAC2M_C

Universe Description: Sample Children 0-17 who have had two or more flu shots in the past 12 months

Question Text: * 1 of 2

During what month and year did [sample child] receive his/her NEXT most recent flu vaccine?

* Enter month of next most recent flu vaccine.

1. January

2. February

3. March

4. April

5. May

6. June

7. July

8. August

9. September

10. October

11. November

12. December

Skip Instructions: <1-12,DK> [goto FLUVAC2Y_C]

<RF> [goto next section]

Section Name: IMM **Periodicity:** Annual Core

Variable Description: Year of next most recent flu vaccine **Variable Name:** FLUVAC2Y_C

Universe Description: Sample Children 0-17 who have had two or more flu shots and gave month/don't know month of 2nd vaccine dose

Question Text: * 2 of 2

* Enter year of next most recent flu vaccine.

Skip Instructions: <current year, current year-1,RF,DK> [goto next section]

If FLUVAC2M_C and FLUVAC2Y_C = a date prior to birth [goto ERR2 FLUVAC2Y_C]

If FLUVAC2M_C and FLUVAC2Y_C = a date prior to 12 months ago [goto ERR3_ FLUVAC2Y_C]

Section Name: PTC **Periodicity:** Rotating Core

Variable Description: Had eye exam **Variable Name:** EYEEX12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, has [sample child] had an eye exam from an eye specialist such as an optometrist, ophthalmologist, or eye doctor?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto THERA12M_C]

Section Name: PTC **Periodicity:** Rotating Core

Variable Description: Received therapy **Variable Name:** THERA12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, did [sample child] receive physical therapy, speech therapy, rehabilitative therapy, or occupational therapy?

*Do not include mental health therapy

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HOMEHC12M_C]

Section Name: PTC **Periodicity:** Rotating Core

Variable Description: Receive care at home **Variable Name:** HOMEHC12M_C

Universe Description: Sample Children 0-17

Question Text: During the past 12 months, did [sample child] receive care at home from a nurse or other health professional?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: MHC **Periodicity:** Rotating Core

Variable Description: Medications for emotions **Variable Name:** MHRX_C

Universe Description: Sample Children 2-17

Question Text: During the past 12 months, did [sample child] take any prescription medication to help with his/her emotions, concentration, behavior or mental health?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto MHTHRPY_C]

Section Name: MHC **Periodicity:** Rotating Core

Variable Description: Receive counseling/therapy **Variable Name:** MHTHRPY_C

Universe Description: Sample Children 2-17

Question Text: 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?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto MHTHDLY_C]

Section Name: MHC **Periodicity:** Rotating Core

Variable Description: Delayed counseling **Variable Name:** MTHDLY_C

Universe Description: Sample Children 2-17

Question Text: 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?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto MTHND_C]

Section Name: MHC **Periodicity:** Rotating Core

Variable Description: Needed counseling **Variable Name:** MTHND_C

Universe Description: Sample Children 2-17

Question Text: 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?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Considerate of other people's feelings **Variable Name:** SDQ1_C

Universe Description: Sample Children 4-17

Question Text: 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.

[sample child] is considerate of other people's feelings?

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ2_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Restless, cannot stay still **Variable Name:** SDQ2_C

Universe Description: Sample Children 4-17

Question Text: [sample child] is restless, overactive, cannot stay still for long? Please tell me if it has been NOT TRUE, SOMEWHAT TRUE, or CERTAINLY TRUE for [sample child] DURING THE PAST SIX MONTHS.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ3_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Complains of headaches **Variable Name:** SDQ3_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ4_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Shares readily **Variable Name:** SDQ4_C

Universe Description: Sample Children 4-17

Question Text: [sample child] shares readily with other [fill: children, for example, toys, treats, pencils (if child is 4-10 years old)/youth, for example, books, games, food (if child is 11-17 years old)]?

* 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ5_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Often loses temper **Variable Name:** SDQ5_C

Universe Description: Sample Children 4-17

Question Text: [sample child] often loses his/her 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ6_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Solitary, prefers to be alone **Variable Name:** SDQ6_C

Universe Description: Sample Children 4-17

Question Text: [sample child] [fill:is rather solitary, prefers to play alone (if child is 4-10 years old)/would rather be along than with other youth (if child is 11-17 years old)]?

* 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ7_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Well behaved **Variable Name:** SDQ7_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ8_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Many worries **Variable Name:** SDQ8_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ9_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Helpful to others **Variable Name:** SDQ9_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ10_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Constantly fidgeting/squirming **Variable Name:** SDQ10_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ11_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: At least one good friend **Variable Name:** SDQ11_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ12_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Often fights with others **Variable Name:** SDQ12_C

Universe Description: Sample Children 4-17

Question Text: [sample child] often fights with other [fill:child/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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ13_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Often unhappy/depressed/tearful **Variable Name:** SDQ13_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ14_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Liked by other children/youth **Variable Name:** SDQ14_C

Universe Description: Sample Children 4-17

Question Text: [sample child] is generally liked by other [fill:child/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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ15_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Easily distracted **Variable Name:** SDQ15_C

Universe Description: Sample Children 4-17

Question Text: [sample child] is easily distracted, his/her 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ16_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Nervous in new situation **Variable Name:** SDQ16_C

Universe Description: Sample Children 4-17

Question Text: [sample child] is nervous [fill:or clingy (if child is 4-10 years old)] in new situations, he/she 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ17_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Kind to younger children **Variable Name:** SDQ17_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ18_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Lies or cheats **Variable Name:** SDQ18_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ19_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Picked on or bullied by others **Variable Name:** SDQ19_C

Universe Description: Sample Children 4-17

Question Text: [sample child] is picked on or bullied by other [fill:child/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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ20_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Offers to help others **Variable Name:** SDQ20_C

Universe Description: Sample Children 4-17

Question Text: [sample child] often offers to help others, such as parents, teachers, and [fill:other (if child is 4-10 years old)] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ21_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Thinks things out before acting **Variable Name:** SDQ21_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ22_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Steals from home/school/elsewhere **Variable Name:** SDQ22_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ23_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Gets along better with adults than children/youth **Variable Name:** SDQ23_C

Universe Description: Sample Children 4-17

Question Text: [sample child] gets along better with adults than with other [fill:child/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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ24_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Many fears, easily scared **Variable Name:** SDQ24_C

Universe Description: Sample Children 4-17

Question Text: [sample child] 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQ25_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Good attention span **Variable Name:** SDQ25_C

Universe Description: Sample Children 4-17

Question Text: [sample child] has a good attention span, sees work 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.

1. Not true
2. Somewhat true
3. Certainly true

Skip Instructions: <1-3,RF,DK> [goto SDQIMP1_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Difficulties with emotions, behaviors **Variable Name:** SDQIMP1_C

Universe Description: Sample Children 4-17

Question Text: Overall, do you think that [sample child] has difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people? Would you say no difficulties, minor difficulties, definite difficulties, or severe difficulties?

1. No - no difficulties
2. Yes - minor difficulties
3. Yes - definite difficulties
4. Yes - severe difficulties

Skip Instructions: <1,RF,DK> [goto next section]

<2,3,4> [goto SDQIMP2_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Length of time with difficulties **Variable Name:** SDQIMP2_C

Universe Description: 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

Question Text: How long have these difficulties been present? Would you say less than a month, 1-5 months, 6-12 months, or over a year?

1. Less than a month
2. 1-5 months
3. 6-12 months
4. Over a year

Skip Instructions: <1-4,RF,DK> [goto SDQIMP3_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Difficulties upset/distress SC **Variable Name:** SDQIMP3_C

Universe Description: 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

Question Text: Do the difficulties upset or distress [sample child]? Would you say not at all, only a little, a medium amount, or a great deal?

1. Not at all
2. Only a little
3. A medium amount
4. A great deal

Skip Instructions: <1-4,RF,DK> [goto SDQIMP4_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Difficulties interfere with home life **Variable Name:** SDQIMP4_C

Universe Description: 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

Question Text: Do the difficulties interfere with [sample 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?

1. Not at all
2. Only a little
3. A medium amount
4. A great deal

Skip Instructions: <1-4,RF,DK> [goto SDQIMP5_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Difficulties interfere with friendships **Variable Name:** SDQIMP5_C

Universe Description: 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

Question Text: Do the difficulties interfere with [sample 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?

1. Not at all
2. Only a little
3. A medium amount
4. A great deal

Skip Instructions: <1-4,RF,DK> [goto SDQIMP6_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Difficulties interfere with classroom learning **Variable Name:** SDQIMP6_C

Universe Description: 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

Question Text: * Read if necessary: Do the difficulties interfere with [sample child]'s everyday life in the following areas?

...Classroom learning?

* Read if necessary: Would you say not at all, only a little, a medium amount, or a great deal?

1. Not at all
2. Only a little
3. A medium amount
4. A great deal

Skip Instructions: <1-4,RF,DK> [goto SDQIMP7_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Difficulties interfere with leisure activities **Variable Name:** SDQIMP7_C

Universe Description: 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

Question Text: * Read if necessary: Do the difficulties interfere with [sample child]'s everyday life in the following areas?

...Leisure activities?

* Read if necessary: Would you say not at all, only a little, a medium amount, or a great deal?

1. Not at all
2. Only a little
3. A medium amount
4. A great deal

Skip Instructions: <1-4,RF,DK> [goto SDQIMP8_C]

Section Name: SDQ **Periodicity:** Rotating Core

Variable Description: Difficulties put burden on family **Variable Name:** SDQIMP8_C

Universe Description: 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

Question Text: 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?

1. Not at all
2. Only a little
3. A medium amount
4. A great deal

Skip Instructions: <1-4,RF,DK> [goto next section]

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Section Name: SLE **Periodicity:** Rotating Core

Variable Description: Victim of/witnessed violence **Variable Name:** VIOLENEV_C

Universe Description: Sample Children 0-17

Question Text: Has [sample child] ever been the victim of violence or witnessed violence in his/her neighborhood?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto JAILEV_C]

Section Name: SLE **Periodicity:** Rotating Core

Variable Description: Lived with incarcerated parent **Variable Name:** JAILEV_C

Universe Description: Sample Children 0-17

Question Text: Did [sample child] ever live with a parent or guardian who served time in jail or prison after [sample child] was born?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto MENTDEPEV_C]

Section Name: SLE **Periodicity:** Rotating Core

Variable Description: Lived with mentally ill/depressed **Variable Name:** MENTDEPEV_C

Universe Description: Sample Children 0-17

Question Text: Did [sample child] ever live with anyone who was mentally ill or severely depressed?

1. Yes
2. No

Skip Instructions: <1-2,RF,DK> [goto ALCDRUGEV_C]

Section Name: SLE **Periodicity:** Rotating Core

Variable Description: Lived with alcohol/drug problem **Variable Name:** ALCDRUGEV_C

Universe Description: Sample Children 0-17

Question Text: Did [sample child] ever live with anyone who had a problem with alcohol or drugs?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** RELCHPAR_C

Universe Description: Sample Children 0-17 with at least one parent in the household that is not a foster parent

Question Text: [Fill:Are you/Is parent's name] [sample child]'s biological, adoptive, or step [fill:father/mother]?

1. Biological
2. Adoptive
3. Step

Skip Instructions: <1-3,RF,DK> PARCOMP1R_FLG=1 and NATUSBORN_A=1,2,RF,DK [goto next section]

elseif <1-3,RF,DK> PARCOMP1R_FLG=1 and NATUSBORN_A=empty [goto tbIPARBORN]

elseif <1-3,RF,DK> and ALLRESPARNUM_C=1 [goto MARITAL1_C]

elseif <1-3,RF,DK> and ALLRESPARNUM_C=2 [goto MARITAL2_C]

elseif <1-3,RF,DK> and ALLRESPARNUM_C GE 3 [goto MARITAL3_C]

elseif ALLRESPARNUM_C=2 and SARESPSC_FLG=1 and SCRESPPAR_FLG=1 and line number of SPOUSEWHO_A = RPALIAS1 or line number of SPOUSEWHO_A = RPALIAS2 [goto tbIPARBORN]

elseif ALLRESPARNUM_C=2 and SARESPSC_FLG=1 and SCRESPPAR_FLG=1 and line number of PARTNERWHO_A = RPALIAS1 or line number of PARTNERWHO_A = RPALIAS2 [goto EVRMARRIEDP_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** EVRMARRIEDP_C

Universe Description: Sample children 0-17 with two residential parents and the Sample Adult is Sample Child respondent and is a parent of the Sample Child and the Sample Adult cohabitates with a partner who is the other residential parent

Question Text: Has [fill:partner's name] ever been married?

1. Yes
2. No

Skip Instructions: <1> [goto LEGALSTATP_C]

<2,RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Marital status **Variable Name:** LEGALSTATP_C

Universe Description: Sample Children 0-17 with one residential parent who has been married

Question Text: What is [fill:partner's name]'s current legal marital status?

1. Married
2. Widowed
3. Divorced
4. Separated

Skip Instructions: <1-4,RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** MARITAL1_C

Universe Description: Sample children 0-17 where marital status/cohabitation is not previously known for the one residential parent

Question Text: The next questions are about marriage and cohabitation. [Fill:Are you/Is parent's name] married, living with a partner together as an unmarried couple, or neither?

1. Married
2. Living with a partner as an unmarried couple
3. Neither

Skip Instructions: <1> [goto SPOUSLIV1_C]

<2> [goto PARTNERWHO1_C]

<3,RF,DK> [goto EVRMARRIED1_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Spouse of resident parent live in HH with SC **Variable Name:** SPOUSLIV1_C

Universe Description: Sample children 0-17 with one residential parent who is married

Question Text: Does [fill:your/parent's name] spouse currently live in the household with [sample child]?

1. Yes
2. No

Skip Instructions: <1> [goto SPOUSWHO1_C]

<2> [goto SPOUSEP1_C]

<RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Separated from spouse **Variable Name:** SPOUSEP1_C

Universe Description: Sample Children 0-17 who have a residential parent in the household who is married and spouse does not live in the household.

Question Text: Does [fill:your/parent's name] spouse not live here because [fill:you/parent's name] and [fill:your/parent's name] spouse are legally separated?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Which person to resident parent is spouse **Variable Name:** SPOUSWHO1_C

Universe Description: Sample Children 0-17 with one resident parent where one parent lives in the house with spouse

Question Text: Which person is [fill:your/parent's name] spouse?

* Only one residential parent was identified earlier in the interview, it is likely the parent referenced in the previous question does not live in the household.

* Enter line number of spouse.

* If respondent names someone not on the roster enter 'N'

Skip Instructions: <1-25> [goto SPOUSSEX1_C] if SEX= 1 , 2 for person selected at SPOUSWHO1_C and SEX= 1 , 2 for RPALIAS1

else [goto tbIPARBORN]

<N,RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Confirm gender of spouse **Variable Name:** SPOUSSEX1_C

Universe Description: Sample children 0-17 with one residential parent when there is one residential parent who has a sex listed and the spouse of the residential parent lives in the household and also has a sex listed.

Question Text: I have previously recorded that [fill:parent's name] is [fill:male/female] and that [fill:spouse of parent's name] is [fill:male/female]. Is that correct?

1. Yes
2. No

Skip Instructions: <1,RF,DK>[goto tbIPARBORN]

<2> [goto FIXSPOUSSEX1]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** FIXSPOUSSEX1_C

Universe Description: Sample children 0-17 with one residential parents who is married to another individual in the household and there is incorrect information about the sex of either parent.

Question Text: Which was not correct?

Skip Instructions: <1-25> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Which person in HH is partner **Variable Name:** PARTNERWHO1_C

Universe Description: Sample children 0-17 with a residential parent who is living with unmarried partner in household (partner is not a parent)

Question Text: Which person is [fill:your/parent's name] partner?

* Enter line number of partner.

* If respondent names someone not on the roster enter 'N'

Skip Instructions: <1-25> if SEX of person selected at PARTNEWHO1_C IN (1 , 2) and SEX of RPALIAS1 IN (1 , 2) [goto PARTNERSEX1_C]

else [goto EVRMARRIED1_C]

<N,RF,DK> [goto EVRMARRIED1_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Confirm gender of partner **Variable Name:** PARTNERSEX1_C

Universe Description: Sample children with a residential parent who is living with unmarried partner in household (partner is not a parent)

Question Text: I have previously recorded that [fill:you/parent's name] is [fill:male/female] and that [fill:partner of parent's name] is [fill:male/female]. Is that correct?

1. Yes
2. No

Skip Instructions: <1,RF,DK> [goto EVRMARRIED1_C]

<2> [goto FIXPARTSX1_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** FIXPARTSX1_C

Universe Description: Sample children 0-17 with one residential parent who is the partner of another individual in the household and there is incorrect information about the sex of either partner.

Question Text: Which was not correct?

[Display RPALIAS1 and Alias[RPALIAS1] and PARTNERWHO1_C and [fill: Alias[SPOUSWHO1_C]]]

Skip Instructions: <1-25> [goto EVRMARRIED1_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** EVRMARRIED1_C

Universe Description: Sample children 0-17 with one residential parent and the parent is cohabitating with a partner or is neither married nor living with a partner OR marital housing status is refused or don't know

Question Text: [Fill: Have you/has parent's name] ever been married?

1. Yes
2. No

Skip Instructions: <1> [goto LEGALSTAT1_C]

<2,RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Marital status **Variable Name:** LEGALSTAT1_C

Universe Description: Sample Children 0-17 with one residential parent who has been married

Question Text: What is [fill:your/parent's name] current legal marital status?

1. Married
2. Widowed
3. Divorced
4. Separated

Skip Instructions: <1-4,RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** MARITAL2_C

Universe Description: Sample children 0-17 with two residential parents [and marital status is not yet known on both parents].

Question Text: The next questions are about marriage and cohabitation. [Fill: Are you/Is parent's name] married, living together as an unmarried couple, or neither?

* If respondent says the two individuals are not in a relationship with each other, enter '3'

1. Married
2. Living with a partner as an unmarried couple
3. Neither

Skip Instructions: <1> [goto SPOUSSEX2_C] if SEX[RPALIAS1]='1','2' and SEX[RPALIAS2]='1','2'

else [goto tbIPARBORN]

<2> [goto PARTNERSEX2_C] if SEX[RPALIAS1]='1','2' and SEX[RPALIAS2]='1','2'

else [goto EVRMARRIED2A_C]

<3,RF,DK> [goto EVRMARRIED2A_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Confirm gender of spouse **Variable Name:** SPOUSSEX2_C

Universe Description: Sample children 0-17 with two residential parents who are married to each other and sex is not refused/don't know for both parents.

Question Text: I have previously recorded that [fill:you/parent's name] is [fill:male/female] and that [fill:parent's name] is [fill:male/female]. Is that correct?

1. Yes
2. No

Skip Instructions: <1,RF,DK>[goto tbIPARBORN]

<2> [goto FIXSPOUSSEX2_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** FIXSPOUSSEX2_C

Universe Description: Sample children 0-17 with two residential parents who are married to each other and sex is not refused/don't know for both parents and sex was incorrect for one or both parents.

Question Text: Which was not correct?

Skip Instructions: <1-25> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Confirm gender of partner **Variable Name:** PARTNERSEX2_C

Universe Description: Sample children 0-17 with two residential parents who are cohabitating with each other and sex is not refused/don't know for both parents.

Question Text: I have previously recorded that [fill:you/parent's name] is [fill:male/female] and that [fill:parent's name] is [fill:male/female]. Is that correct?

1. Yes
2. No

Skip Instructions: <1,RF,DK> [goto EVRMARRIED2A_C]

<2> [goto FIXPARTSX2_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** FIXPARTSX2_C

Universe Description: Sample children 0-17 with two residential parents who are cohabitating with each other and sex was male or female for both parents and sex is incorrect for one or both parents.

Question Text: Which was not correct?

Skip Instructions: <1-25> [goto EVRMARRIED2A]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** EVRMARRIED2A_C

Universe Description: Sample children 0-17 with two residential parents who are cohabitating with each other, or the two parents aren't in a relationship with each other, or their relationship is refused/don't know

Question Text: [Fill: Have you/has parent's name] ever been married?

1. Yes
2. No

Skip Instructions: <1> [goto LEGALSTAT2A_C]

<2,RF,DK> [goto EVRMARRIED2B_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Marital status **Variable Name:** LEGALSTAT2A_C

Universe Description: Sample children 0-17 with two residential parents who are cohabitating with each other, or the two parents aren't in a relationship with each other, or their relationship is refused/don't know, and the first residential parent has ever been married.

Question Text: What is [fill:your/parent's name] current legal marital status?

1. Married
2. Widowed
3. Divorced
4. Separated

Skip Instructions: <1-4,RF,DK> [goto EVRMARRIED2B_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** EVRMARRIED2B_C

Universe Description: Sample children 0-17 with two residential parents who are cohabitating with each other, or the two parents aren't in a relationship with each other, or their relationship is refused/don't know

Question Text: [Fill: Have you/Has parent's name] ever been married?

1. Yes
2. No

Skip Instructions: <1> [goto LEGALSTAT2B_C]

<2,RF,DK> [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Marital status **Variable Name:** LEGALSTAT2B_C

Universe Description: Sample children 0-17 with two residential parents who are cohabitating with each other, or the two parents aren't in a relationship with each other, or their relationship is refused/don't know, and the second residential parent has ever been married.

Question Text: What is [fill:your/parent's name] current legal marital status?

1. Married
2. Widowed
3. Divorced
4. Separated

Skip Instructions: <1-4,RF,DK> [goto tbIPARBORN_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** MARITAL3_C

Universe Description: Sample Children 0-17 with 3 or more residential parents

Question Text: [Fill:The next questions are about marriage and cohabitation, some of these questions may be repetitive [Fill:Are you/Is parent's name] married, living with a partner together as an unmarried couple, or neither?

1. Married
2. Living with a partner as an unmarried couple
3. Neither

Skip Instructions: <1> [goto SPOUSLIV3_C]

<2> [goto PARTNERWHO3_C]

<3,RF,DK> [goto EVRMARRIED3_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Spouse of resident parent live in HH with SC **Variable Name:** SPOUSLIV3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is married

Question Text: Does [fill:your/parent's spouse's name] currently live in the household with [sample child]?

1. Yes
2. No

Skip Instructions: <1> [goto SPOUSWHO3_C]

<2> [goto SPOUSEP3_C]

<RF,DK> loop through table for remaining parents else [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Separated from spouse **Variable Name:** SPOUSEP3_C

Universe Description: Sample children 0-17 when there are three or more residential parents in the family and at least one is married and their spouse doesn't live in the household

Question Text: Does [fill:your/parent's name] spouse not live here because [fill:you/parent's name] and [fill:your/parent's name] spouse are legally separated?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> loop through table for remaining parents else [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Which person to resident parent is spouse **Variable Name:** SPOUSWHO3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is married and one spouse lives in the household

Question Text: Which person is [fill:your/parent's name] spouse?

* Enter line number of spouse.

* If respondent names someone not on the roster enter 'N'

Skip Instructions: <1-25> if SEX_FINAL[SPOUSWHO3_C] IN (1 , 2) and SEX_FINAL[RowNum] IN (1 , 2) [goto SPOUSSEX3_C]

else loop through table for remaining parent else [goto tbIPARBORN]

<N,RF,DK> loop through table for remaining parent else [goto tbIPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Confirm gender of spouse **Variable Name:** SPOUSSEX3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is married and one spouse lives in the household and the sex of the residential parent of interest is not refused/don't know and the sex of the spouse of this parent is not refused/don't know.

Question Text: I have previously recorded that [fill:you/parent's name] is [fill:male/female] and that [fill:spouse of parent's name] is [fill:male/female]. Is that correct?

1. Yes

2. No

Skip Instructions: <1,RF,DK> loop through table for remaining parent else [goto tblPARBORN]

<2> [goto FIXSPOUSSEX3_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** FIXSPOUSSEX3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is married and one spouse lives in the household and the sex of the residential parent of interest is not refused/don't know and the sex of the spouse of this parent is not refused/don't know, and the sex of one or both individuals was incorrect.

Question Text: Which was not correct?

Skip Instructions: <1-25> loop through table for remaining parent else [goto tblPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Which person in HH is partner **Variable Name:** PARTNERWHO3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is cohabitating with a partner

Question Text: Which person is [fill: your or alias name's] partner?

* Enter line number of partner.

* If respondent names someone not on the roster enter 'N'

Skip Instructions: <1-25> if SEX_FINAL[ParentNum] IN (1 , 2) and SEX_FINAL[PARTNERWHO3_C] IN (1 , 2)[goto PARTNERSEX3_C]

else [goto EVRMARRIED3_C]

<N,RF,DK> [goto EVRMARRIED3_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Confirm gender of partner **Variable Name:** PARTNERSEX3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is cohabitating with a partner and the partner lives in the household and the sex for the residential parent is not refused/don't and the sex for the partner is not refused/don't know

Question Text: I have previously recorded that [fill:your/parent's name] is [fill:male/female] and that [fill:partner of parent's name] is [fill:male/female]. Is that correct?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto EVRMARRIED3_C]

<2> [goto FIXPARTSX3_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** FIXPARTSX3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is cohabitating with a partner and the partner lives in the household and the sex for the residential parent is not refused/don't and the sex for the partner is not refused/don't know, and the sex of one or both of the individuals is incorrect.

Question Text: Which was not correct?

Skip Instructions: <1-25> [goto EVRMARRIED3_C]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: **Variable Name:** EVRMARRIED3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is either cohabitating or not in relationship with anyone else in the household, or the marriage/cohabitation status is refused/don't know

Question Text: [Fill:Have you/has parent's name] ever been married?

1. Yes

2. No

Skip Instructions: <1> [goto LEGALSTAT3_C]

<2,RF,DK> loop through table for remaining parent else [goto tblPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Marital status **Variable Name:** LEGALSTAT3_C

Universe Description: Sample Children 0-17 with three or more resident parents where one parent is either cohabitating or not in relationship with anyone else in the household, or the marriage/cohabitation status is refused/don't know, and the residential parent had ever been married

Question Text: What is [fill:your/parent's name] current legal marital status?

1. Married
2. Widowed
3. Divorced
4. Separated

Skip Instructions: <1-4,RF,DK> loop through table for remaining parent else [goto tblPARBORN]

Section Name: PAR **Periodicity:** Annual Core

Variable Description: Residential parents born in the US/US territory **Variable Name:** PARBORN_C

Universe Description: Sample Children 0-17 except One residential parent family where the sample adult is the sample child respondent and the sample adult is the residential parent of the sample child and marital status is already known for the sample adult from the adult questionnaire and whether they were born in the US or US territory is known

Question Text: [Fill:Were you/Was parent's name] born in the United States or a U.S. territory?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> loop through table for remaining parent else [goto next section]

Section Name: NAT **Periodicity:** Annual Core

Variable Description: Born in U.S. or U.S. territory **Variable Name:** NATUSBORN_C

Universe Description: Sample Children 0-17

Question Text: Was [sample child] born in the United States or a United States territory?

1. Yes
2. No

Skip Instructions: <1> [goto NATSTBORN_C]

<2> [goto NATUSYR_C]

<RF,DK> [goto next section]

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Section Name: NAT **Periodicity:** Annual Core

Variable Description: State or U.S. territory of birth **Variable Name:** NATSTBORN_C

Universe Description: Sample Children 0-17 born in the United States or U.S. territory

Question Text: In what state or U.S. territory was [sample child] born?

Skip Instructions: <1-56,RF,DK> [goto next section]

Section Name: NAT **Periodicity:** Annual Core

Variable Description: Year came to U.S. **Variable Name:** NATUSYR_C

Universe Description: Sample Children 0-17 not born in the United States or U.S. territory

Question Text: In what year did [sample child] come to the United States to stay?

Skip Instructions: <2000-Current Year,RF,DK>

if NATUSYR_C gt current year [goto ERR1_NATUSYR_C]

if NATUSYR_C lt VFY.DEMBIRYR_C [goto ERR2_NATUSYR_C]

else goto [CITIZEN_C]

Section Name: NAT **Periodicity:** Annual Core

Variable Description: Is child U.S. citizen **Variable Name:** CITIZEN_C

Universe Description: Sample children 0-17 not born in the United States or U.S. territory

Question Text: Is [sample child] a citizen of the United States?

1. Yes

2. No

Skip Instructions: <1> [goto NATCTZN_C]

<2,RF,DK> [goto next section]

Section Name: NAT **Periodicity:** Annual Core

Variable Description: How child became U.S. citizen **Variable Name:** NATCTZN_C

Universe Description: Sample Children 0-17 not born in the United States or a United States territory, but are United States citizens

Question Text: Was [sample child] born abroad to an American parent, born abroad and adopted by an American parent, or did [sample child] become a U.S. citizen by naturalization?

1. Born abroad to American parent
2. Born abroad and adopted by an American parent
3. Became U.S. citizen by naturalization

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: FEM **Periodicity:** Annual Core

Variable Description: Other family members work **Variable Name:** FEMWORK_C

Universe Description: Sample Child is not in the same family as the Sample Adult OR Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked OR Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked OR Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent. AND Person is in Sample Child's family and over the age of 18

Question Text: [fill:Do you/Does alias' name] work for pay at a job or business?

* If the respondent says [elseif GEN.SEX_FINAL=1 fill "he works"

elseif GEN.SEX_FINAL=2 fill "she works"

elseif GEN.SEX_FINAL=DK,RF fill "they work"], but not for pay, at a family-owned job or business, enter '1' for yes.

1. Yes
2. No

Skip Instructions: <1> [goto FEMWKFT_C]

<2,DK,RF> if there is another adult in the family [goto FEMWORK_C] for the next adult 18+

else [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FEM **Periodicity:** Annual Core

Variable Description: Other family work 35+ hours per week **Variable Name:** FEMWKFT_C

Universe Description: Sample Child is not in the same family as the Sample Adult OR Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked OR Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked OR Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent. AND Person is in Sample Child's family and over the age of 18 AND The adult in question works for pay at a job or business

Question Text: [fill:Do you/Does alias' name] usually work 35 hours or more in total at [fill:his/her/your] job(s)?

1. Yes

2. No

Skip Instructions: <1,2,DK,RF> if another adult in the family [goto FEMWORK_C] for the next adult 18+ else [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income from wages **Variable Name:** INCWRKO_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: IN [fill:year prior to current year], did [if one adult family fill:"you" else fill:"you or any family members 18 or older"] receive income from wages, salaries, commissions, bonuses, tips, or self-employment?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCINTER_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income from accounts **Variable Name:** INCINTER_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: IN [fill:year prior to current 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?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto INCSSRR_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income from SS/Railroad Retirement **Variable Name:** INCSSRR_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: * Read if necessary: In [fill:year prior to current year], did [if one adult/one child family fill: "you", else fill: "you or any family members"] receive...

Income from Social Security or Railroad Retirement?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto INCSSISDI_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Family income from SSDI **Variable Name:** INCSSISSDI_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Read if necessary: In [fill:year prior to current year], did ANY FAMILY MEMBERS LIVING HERE receive...

Supplemental Security Income, SSI, or Social Security Disability Income, SSDI?

1. Yes
2. No

Skip Instructions: <1> if ASTAT=0[goto INCWELF_C]

else[goto SSISSDISA_C]

<2,RF,DK> [goto INCWELF_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Own income from SSDI **Variable Name:** SSISDISA_C

Universe Description: Sample Children 0-17 where someone in the family gets SSI or SSDI and their is a Sample Adult selected in the family and Sample Adult and Sample Child are in the same family and the

Sample Child INC section has not been completed OR the Sample Adult and Sample Child are in the same family and the person who answered the Sample Adult questions is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused OR the Sample Adult and Sample Child are not in the same family

Question Text: In this survey, we select one adult from every household and ask them additional questions about that person. In this family, [fill:sample adult name] was selected. [fill:He/She] has/have not yet been asked most of these questions, but while we are asking about family income, I would like to ask you one or two questions about [fill:sample adult name].

In [fill:year prior to current year], did [fill:sample adult name] receive Supplemental Security Income, SSI, or Social Security Disability Income, SSDI?

1. Yes

2. No

Skip Instructions: <1> if AGE_A le 64 [goto SSDISELF_C] else [goto INCWELF_C]

<2,RF,DK> [goto INCWELF_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Whether SA receives SSDI for disability **Variable Name:** SSDISELF_C

Universe Description: Sample Children 0-17 living in families where a SA who is less than 65 gets SSI or SSDI and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the person who answered the Sample Adult questions is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: [fill:Do/Does] [fill:You/Sample adult name] get SSDI because of [fill:Your/his/her/their] OWN disability?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCWELF_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income from public assistance **Variable Name:** INCWELF_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: In [fill:year prior to current year], did [if one adult/one child family fill: "you", else fill: "you or any family members"] receive

...Any public assistance or welfare payments from the state or local welfare office?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto INCRETIRE_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income from retirement **Variable Name:** INCRETIRE_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: * Read if necessary: In [fill:year prior to current year], did [if one adult/one child family fill: "you", else fill: "you or any family members"] receive

...Income from retirement, survivor, or disability pensions?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto INCOTHR_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income from other sources **Variable Name:** INCOTHR_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: * Read if necessary: In [fill:year prior to current year], did [if one adult/one child family fill: "you", else fill: "you or any family members"] receive

...Any other sources of income such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCTOTAL_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Total family income **Variable Name:** INCTOTAL_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: 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.

Skip Instructions: <0-999> [goto ERR1_INCTOTAL_C]

<250001-999995> [goto ERR2_INCTOTAL_C]

<1000-250000> [goto next section]

<RF,DK> [goto INC250PCT_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income 250% poverty **Variable Name:** INC250PCT_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than [fill: 250% of poverty level] or [fill: 250% of poverty level] or more?

1. Less than [fill: 250% of poverty level]
2. [fill: 250% of poverty level] or more

Skip Instructions: <1> [goto INC138PCT_C]

<2> if there are 1 or 2 people in the family [goto INC75K_C];

else if there are 4, 7, 8, or 9 people in the family then [goto INC400K_C];

else if there are 3, 5 or, 6 people in the family then [goto INC100K_C]

<RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income 138% poverty **Variable Name:** INC138PCT_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than [fill: 138% of poverty level] or [fill: 138% of poverty level] or more?

1. Less than [fill: 138% of poverty level]
2. [fill: 138% of poverty level] or more

Skip Instructions: <1> [goto INC100PCT_C]

<2> [goto INC200PCT_C]

<RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income 100% poverty **Variable Name:** INC100PCT_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than [fill: 100% of poverty level] or [fill: 100% of poverty level] or more?

1. Less than [fill: 100% of poverty level]
2. [fill: 100% of poverty level] or more

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income 200% poverty **Variable Name:** INC200PCT_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than [fill: 200% of poverty level] or [fill: 200% of poverty level] or more?

1. Less than [fill: 200% of poverty level]
2. [fill: 200% of poverty level] or more

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income over/under 75K **Variable Name:** INC75K_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than \$75,000 or \$75,000 or more?

1. Less than \$75,000
2. \$75,000 or more

Skip Instructions: <1> [goto INC400K_C]

<2> [goto INC100K_C]

<RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income over/under 100K **Variable Name:** INC100K_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than \$100,000 or \$100,000 or more?

1. Less than \$100,000
2. \$100,000 or more

Skip Instructions: <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 INC400K_C]

<2> if PCNT if there are 1, 2, or 3 people in the family [goto INC150K_C];

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income 400% poverty **Variable Name:** INC400PCT_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than [TBD] or [TBD] or more?

1. Less than [fill: 400% of poverty level]
2. [fill: 400% of poverty level] or more

Skip Instructions:

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC **Periodicity:** Annual Core

Variable Description: Income over/under 150K **Variable Name:** INC150K_C

Universe Description: Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Question Text: Was your total family income from all sources less than \$150,000 or \$150,000 or more?

1. Less than \$150,000
2. \$150,000 or more

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO **Periodicity:** Annual Core

Variable Description: Receive food stamps, past 12m **Variable Name:** FSNAP12M_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult FOO section was not the Sample Child respondent and this person answered all questions asked in the FOO section with RF or DK.

Question Text: At any time IN THE LAST 12 MONTHS did any family members living here receive [fill:food stamp benefits/name of state specific food stamp program]?

1. Yes
2. No

Skip Instructions: <1> [goto FSNAP30D_C]

<2,RF,DK> if PCNTF1255_C GE 1 or PCNTC05_C GE 1, [goto FWIC12M_C]

else if PCNTC617_C GE 1 [goto FLUNCH12M_C]

else [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO **Periodicity:** Supplement

Variable Description: Received food stamps, past 30d **Variable Name:** FSNAP30D_C

Universe Description: Sample Child 0-17 and someone in the family received food stamps in the past 12 months and Sample Adult and Sample Child are in the same family and the Sample Adult FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult FOO section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the FOO section with RF or DK.

Question Text: Did any family members living here receive [fill:food stamp benefits/name of state specific food stamp program] in the LAST 30 days?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> if PCNTF1255_C GE 1 or PCNTC05_C GE 1, [goto FWIC12M_C]

else if PCNTC517_C GE 1 [goto FLUNCH12M_C]

else [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO **Periodicity:** Annual Core

Variable Description: Received WIC benefits, past 12m **Variable Name:** FWIC12M_C

Universe Description: Sample Children 0-17 living in families with females 12-55 years of age or children 0-5 years of age and Sample Adult and Sample Child are in the same family and the Sample Adult FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult FOO section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the FOO section with RF or DK.

Question Text: At any time during the last 12 months did any family members living here receive benefits from the WIC program, that is, the Women, Infants, and Children program?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> If PCNTC517_C GE 1 [goto FLUNCH12M_C]

else [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO **Periodicity:** Annual Core

Variable Description: Free or reduced meals at school **Variable Name:** FLUNCH12M_C

Universe Description: Sample Children living in families with children between the ages of 5-17 and and Sample Child are in the same family and the Sample Adult FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult FOO section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the FOO section with RF or DK.

Question Text: At any time in the last 12 months, did [fill:[sample child]/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.

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Worry food would run out **Variable Name:** FDSRUNOUT_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

Question Text: "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your family in the last 30 days?

1. Often true
2. Sometimes true
3. Never true

Skip Instructions: <1-3,RF,DK> [goto FDSLAST_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Food didn't last **Variable Name:** FDSLAST_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

Question Text: "The food that we bought just didn't last, and we didn't have money to get more." Was that often true, sometimes true, or never true for your family in the last 30 days?

1. Often true
2. Sometimes true
3. Never true

Skip Instructions: <1-3,RF,DK> [goto FDSBALANCE_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Afford balance meals **Variable Name:** FDSBALANCE_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

Question Text: "We couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for your family in the last 30 days?

1. Often true
2. Sometimes true
3. Never true

Skip Instructions: <1-2> [goto FDSSKIP_C]

<3,RF,DK> if FDSRUNOUT_C IN (1,2) OR FDSLAST_C IN (1,2) [goto FDSSKIP_C];

else [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Cut the size or skip meals **Variable Name:** FDSSKIP_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals and said that they or other adults in their family cut the size of their meals or skipped meals due to cost.

Question Text: In the last 30 days, did you or other adults in your family ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No

Skip Instructions: <1> [goto FDSSKIPDAYS_C]

<2,RF,DK> [goto FDSLESS_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: How many days **Variable Name:** FDSSKIPDAYS_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent respondent answered they skipped meals due to cost

Question Text: In the last 30 days, how many days did this happen?

Skip Instructions: <1-30,RF,DK> [goto FDSLESS_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Eat less than should **Variable Name:** FDSLESS_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

Question Text: In the last 30 days, did you or other adults in your family ever eat less than you felt you should because there wasn't enough money for food?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto FDSHUNGRY_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Ever hungry **Variable Name:** FDSHUNGRY_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

Question Text: In the last 30 days, were you or other adults in your family ever hungry but didn't eat because there wasn't enough money for food?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto FDSWEIGHT_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Lose weight **Variable Name:** FDSWEIGHT_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

Question Text: In the last 30 days, did you or other adults in your family lose weight because there wasn't enough money for food?

1. Yes
2. No

Skip Instructions: <1> [goto FDSNOTEAT_C]

<2,RF,DK> if FDSSKIP_C=1 or FDSLESS_C=1 or FDSHUNGRY_C=1 [goto FDSNOTEAT_C]; else [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: Not eat for day **Variable Name:** FDSNOTEAT_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered they cut the size of the meals, skipped meals, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food.

Question Text: In the last 30 days, did you or other adults in your family ever not eat for a whole day because there wasn't enough money for food?

1. Yes
2. No

Skip Instructions: <1> [goto FDSNEDAYS_C]

<2,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS **Periodicity:** Supplement

Variable Description: How many days **Variable Name:** FDSNEDAYS_C

Universe Description: Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and adults in the family have ever not eaten for a whole day because there wasn't enough money for food in the last 30 days

Question Text: In the last 30 days, how many days did this happen?

Skip Instructions: <1-30,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: HOU **Periodicity:** Annual Core

Variable Description: Length of time in house/apartment **Variable Name:** HOUYRSLIV_C

Universe Description: Sample Children 0-17

Question Text: About how long has [sample child] lived in this house/apartment?

1. Less than 1 year
2. 1 to 3 years
3. 4 to 10 years
4. More than 10 years

Skip Instructions: <1-4,RF,DK> if ((SAMEFAM_FLG=1 and HOU_FLG_A=blank) or (SAMEFAM_FLG ne 1) or (SAMEFAM_FLG=1 and HOU_FLG_A=2 and SARESPSC_FLG ne 1)) [goto HOUTENURE_C]

else [goto next section]

Section Name: HOU **Periodicity:** Annual Core

Variable Description: Residence owned/rented **Variable Name:** HOUTENURE_C

Universe Description: Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult HOU section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the HOU section with RF or DK.

Question Text: Is this house/apartment owned or rented by you [fill:or someone in your family]?

* If house has a mortgage, record as owned.

1. Owned or being bought
2. Rented
3. Other arrangement

Skip Instructions: <1,3,RF,DK> [goto next section]

<2> [got HOUGVASST_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: HOU **Periodicity:** Annual Core

Variable Description: Paying lower rent **Variable Name:** HOUGVASST_C

Universe Description: Sample Children 0-17 living in a house/apartment that is being rented and Sample Adult and Sample Child are in the same family and the Sample Adult HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult HOU section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the HOU section with RF or DK.

Question Text: Is anyone in 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.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: REC **Periodicity:** Annual Core

Variable Description: First name **Variable Name:** LNKFNAME_C

Universe Description: Sample Children 0-17

Question Text: What is [sample child]'s full name?

* Enter first name.

Skip Instructions: <allow 20,DK> [goto LNKMNAME_C]

<RF> [goto next section]

Section Name: REC **Periodicity:** Annual Core

Variable Description: Middle name **Variable Name:** LNKMNAME_C

Universe Description: Sample Children 0-17

Question Text: * Enter middle name.

*Press "Enter" to skip to last name if child has no middle name.

Skip Instructions: <allow 20,RF,DK> [goto LNKLNAME_C]

Section Name: REC **Periodicity:** Annual Core

Variable Description: Last name **Variable Name:** LNKLNAME_C

Universe Description: Sample Children 0-17

Question Text: * Enter last name.

Skip Instructions: <allow 20,RF,DK> [goto next section]

Section Name: TEL **Periodicity:** Annual Core

Variable Description: Landline phone **Variable Name:** TELCURWRK_C

Universe Description: Sample Children 0-17 who live in the same family as a sample adult, where TELCURWRK_A has not be asked

OR who live in the same family as a sample adult, where TELCURWRK_A was answered dk/rf and the sample child respondent is not the sample adult

OR who do not live in the same family as the sample adult.

Question Text: Is there at least one telephone INSIDE [sample child]'s home that is currently working and is not a cell phone?

1. Yes
2. No

Skip Instructions: <1,2,RF,DK> [goto PHONELIVE_C]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: TEL **Periodicity:** Annual Core

Variable Description: Working cell phone **Variable Name:** PHONELIVE_C

Universe Description: Sample Children 0-17 who are not in the same family as the Sample Adult or are in the same family as the sample adult who said they did not have a cellphone or did not answer the question about living in a household with someone who has a cell phone.

Question Text: Does [sample child] live with anyone who has a working cell phone?

1. Yes
2. No

Skip Instructions: <1, 2,RF,DK> [goto next section]

[IF SAMPLE ADULT QUESTIONNAIRE IS COMPLETE, AND SAMPLE CHILD AND SAMPLE ADULT ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

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Section Name: LNK **Periodicity:** Annual Core

Variable Description: Last four digits SSN **Variable Name:** SSN4_C

Universe Description: Sample Children 0-17

Question Text: What are the last four digits of [sample child]'s Social Security Number?

* Enter 'N' if no Social Security Number.

Skip Instructions: if SSN4_C=Adult.LNK.SSN4_A [goto ERR1_SSN4_C]

elseif SSN4_C=000-999 [goto ERR2_SSN4_C]

elseif SSN4_C NOT IN ('N','DK','RF','000-999','0001-9999') [goto ERR3_SSN4_C]

<0001-9999> [goto next section]

<N,RF,DK> [goto RLINK_C]

Section Name: LNK **Periodicity:** Annual Core

Variable Description: Link without SSN **Variable Name:** RLINK_C

Universe Description: Sample child 0-17 where SSN was refused, don't know or not available.

Question Text: May we try to link [sample child]'s survey data without a Social Security Number?

*Read if necessary: Any data obtained are protected by strict federal laws, including the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act, which is Title 5 of Public Law 107-347; and the Privacy Act of 1974, which is 5 U.S.C. § 552a. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note), which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]