## Child Preventive Health Supplement (CS) Section

BOX\_01

IF ANY RU MEMBERS < OR = 17 YEARS OF AGE OR IN AGE |
CATEGORIES 1 THROUGH 4, CONTINUE WITH LOOP\_01 |

OTHERWISE, GO TO BOX\_08 |

LOOP\_01

FOR FACE FIRMENT IN THE DILMEMBERS\_DOSTER

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK CS01-END\_LP01

\_\_\_\_\_

LOOP DEFINITION: LOOP\_01 COLLECTS INFORMATION

ABOUT A CHILD'S RESISTANCE TO ILLNESS, HEALTH NEEDS

A CHILD MAY HAVE BECAUSE OF A HEALTH CONDITION

(LWIM), RATINGS ON THE CHILD'S BEHAVIOR AND

RELATIONSHIPS (CIS), HEALTH CARE THE CHILD RECEIVED

IN THE LAST YEAR (CAHPS), AND INFORMATION ABOUT THE

CHILD'S USE OF CLINICAL PREVENTIVE SERVICES. THIS

LOOP CYCLES ON EACH PERSON IN THE RU-MEMBERS-ROSTER

WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT OR INSTITUTIONALIZED RU MEMBER

## AND

- PERSON IS NOT DECEASED
- PERSON IS < OR = 17 YEARS OF AGE OR IN AGE CATEGORIES 1 THROUGH 4

-----

CS01			
	{PERSON'S FIRST MIDDLE AND LAST NAME}		
	SHOW CARD CS-1.		
	{Now I'd like to talk about (PERSON).}		
	The following are statements about (PERSON)'s genera	l heal	th status.
	How true or false is each of these statements for (P	ERSON)	?
	1 = DEFINITELY TRUE 4 = MOSTLY FALSE 2 = MOSTLY TRUE 5 = DEFINITELY FALSE 3 = DON'T KNOW		
CS01_01 ======			
	a. (PERSON) seems to be less healthy than other children that I know.	(	)
CS01_02 ======			
	b. (PERSON) has never been seriously ill.	(	)
CS01_03			
	c. When there is something going around, (PERSON) usually catches it.	(	)
CS01_04 ======			
	d. I expect (PERSON) will have a very healthy life.	(	)
CS01_05 ======			
	e. I worry more about (PERSON)'s health than other people worry about their children's health.	(	)
	REFUSED (-7) ALLOWED ON ALL ENTRY FIELDS.	   	
	DISPLAY "Now I'd like to talk about (PERSON)."  NOT FIRST CYCLE THROUGH LOOP_01. OTHERWISE (TO IS, IF IT IS THE FIRST CYCLE THROUGH LOOP_01),  A NULL DISPLAY.	HAT	

PROGRAMMER NOTE: CS01_01 AND CS01_03 WERE   PREVIOUSLY NUMBERED HE55_01 AND HE55_03,   RESPECTIVELY.
{PERSON'S FIRST MIDDLE AND LAST NAME}
The next questions are about (PERSON)'s health needs and whether (PERSON) has a health condition. A <b>health condition</b> can be physical, mental or behavioral. <b>Health conditions</b> may affect a child's development, daily functioning or need for services.
PRESS ENTER TO CONTINUE.
Does (PERSON) currently need or use medicine prescribed by a doctor, other than vitamins?
YES
Is this because of <b>any</b> medical, behavioral or other health condition?
YES       1         NO       2 {CS04}         REF       -7 {CS04}         DK       -8 {CS04}

CS02 ====

CS03 ====

CS030V1 ======

MEPS FAMES September 2	Panel 6 Round 5 Child Preventive Health Supplement (CS) Section 7, 2002
CS030V2	
	Is this a condition that has lasted or is expected to last for at least 12 months?
	YES       1         NO       2         REF       -7         DK       -8
CS04 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Does (PERSON) need or use more medical care, mental health or educational services than is usual for most children of the same age?
	YES       1         NO       2 {CS05}         REF       -7 {CS05}         DK       -8 {CS05}
CS040V1	
	Is this because of <b>any</b> medical, behavioral or other health condition?
	YES
CS040V2	
	Is this a condition that has lasted or is expected to last for

at least 12 months?

YES 1
NO 2
REF7
DK8

CS05	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Is (PERSON) <b>limited or prevented</b> in any way in (his/her) ability to do the things most children of the same age can do?
	YES
CS050V1	
======	
	Is this because of <b>any</b> medical, behavioral or other health condition?
	YES
CS050V2	
	Is this a condition that has lasted or is expected to last for at least 12 months?
	YES

MEPS FAMES September 2	Panel 6 Round 5 Child Preventive Health Supplement (CS) Section 27, 2002
CS06	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Does (PERSON) need or get <b>special therapy</b> such as physical, occupational or speech therapy?
	YES
CS060V1	
	Is this because of <b>any</b> medical, behavioral or other health condition?
	YES       1         NO       2 {CS07}         REF       -7 {CS07}         DK       -8 {CS07}
CS060V2	
	Is this a condition that has lasted or is expected to last for at least 12 months?
	YES

CS07	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Does (PERSON) have any kind of emotional, developmental or behavioral problem for which (he/she) needs or gets treatment or counseling?
	YES
CS070V =====	
	Is this a condition that has lasted or is expected to last for at least 12 months?
	YES
BOX_02 =====	
	IF RU MEMBER BEING ASKED ABOUT IS AGED 5-17 YEARS,     INCLUSIVE, OR IN AGE CATEGORIES 3 OR 4, CONTINUE     WITH CS08
	OTHERWISE, GO TO CS09

CS08

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-2.

The following questions are about some aspects of (PERSON)'s health.

In this series of questions, please rate (PERSON) on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem.

In general, how much of a problem do you think (PERSON) has with:

PROBE: Please rate on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem, how much of a problem you think (PERSON) has with (ACTIVITY).

CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.

a.	Getting along with (his/her) mother?	(	)
b.	Getting along with (his/her) father?	(	)
c.	Feeling unhappy or sad?	(	)
d.	(His/Her) behavior at school?	(	)
e.	Having fun?	(	)
f.	Getting along with other adults?	(	)
g.	Feeling nervous or afraid?	(	)
h.	Getting along with brothers and sisters?	(	)
i.	Getting along with other kids?	(	)
j.	Getting involved in activities like sports or		
	hobbies?	(	)
k.	(His/Her) schoolwork?	(	)
1.	(His/Her) behavior at home?	(	)
m.	Staying out of trouble?	(	)
	b. c. d. e. f. g. h. i. j.	<ul> <li>c. Feeling unhappy or sad?</li> <li>d. (His/Her) behavior at school?</li> <li>e. Having fun?</li> <li>f. Getting along with other adults?</li> <li>g. Feeling nervous or afraid?</li> <li>h. Getting along with brothers and sisters?</li> <li>i. Getting along with other kids?</li> <li>j. Getting involved in activities like sports or hobbies?</li> <li>k. (His/Her) schoolwork?</li> <li>l. (His/Her) behavior at home?</li> </ul>	b. Getting along with (his/her) father?  c. Feeling unhappy or sad?  d. (His/Her) behavior at school?  e. Having fun?  f. Getting along with other adults?  g. Feeling nervous or afraid?  h. Getting along with brothers and sisters?  i. Getting along with other kids?  j. Getting involved in activities like sports or hobbies?  k. (His/Her) schoolwork?  l. (His/Her) behavior at home?

ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE TEXT OF THE QUESTION. HOWEVER, THE VALUES OF ALL THE ANSWER CATEGORIES ARE:

0 = NO PROBLEM

2 = SOME PROBLEM

4 = VERY BIG PROBLEM

-7 = REF

-8 = DK

99 = INAPPLICABLE

NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS IN CAPI. THE FIRST SCREEN (CS08A) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:

- THE SHOW CARD LINE
- THE FIRST THREE BLOCKS OF TEXT
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- CS08 01 (a.) THROUGH CS08 08 (h.) DISPLAYED IN TWO COLUMNS, WITH CS08\_01, CS08\_02, CS08\_03, CS08 04 IN THE FIRST COLUMN AND CS08 05, CS08\_06, CS08\_07, AND CS08\_08 IN THE SECOND COLUMN

THE SECOND SCREEN (CS08B) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:

- THE SHOW CARD LINE
- THE PROBE
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- CS08 09 (i.) THROUGH CS08 13 (m.) DISPLAYED IN TWO COLUMNS, WITH CS08 09 AND CS08 10 IN THE FIRST COLUMN AND CS08\_11, CS08\_12, AND CS08\_13 IN THE SECOND COLUMN

PROGRAMMER NOTE: CS08 WAS PREVIOUSLY NUMBERED

HE50.

CS09

{PERSON'S FIRST MIDDLE AND LAST NAME}

The following questions are about the health care (PERSON) received in the last 12 months. A **health provider** could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else (PERSON) would see for health care.

In the last 12 months, not counting the times (PERSON) needed health care right away, did you make any **appointments** for (PERSON) with a doctor or other health provider for health care?

YES		
NO	2	{CS11}
REF	7	{CS11}
DK	8	{CS11}

CS10

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, how often did (PERSON) get an appointment for health care as soon as you wanted?

NEVER	1
SOMETIMES	2
USUALLY	3
ALWAYS	4
REF	7
DK	8

C	S	1	1
=	=	=	=

{PERSON'S FIRST MIDDLE AND LAST NAME}

In the last 12 months, did (PERSON) have an illness, injury, or condition that **needed care right away** from a clinic, emergency room, or doctor's office?

YES	1	
NO	2	{CS13}
REF	7	{CS13}
DK	8	{CS13}

CS12

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, when (PERSON) needed **care right away** for an illness, injury, or condition, how often did (PERSON) get care as soon as you wanted?

NEVER	1
SOMETIMES	2
USUALLY	3
ALWAYS	4
REF	-7
DK	-8

MEPS FAMES Panel 6 Round 5 Child Preventive Health Supplement (CS) Section September 27, 2002	
CS13 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	In the last 12 months, not counting times (PERSON) went to an emergency room, how many times did (PERSON) go to a doctor's office or clinic?
	NONE       0 {CS20}         1 TIME       1         2 TIMES       2         3 TIMES       3         4 TIMES       4         5 TO 9 TIMES       5         10 OR MORE TIMES       6         REF       -7         DK       -8
	[Code One]
CS14A =====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	In the last 12 months, did you or a doctor believe (PERSON) needed any care, tests, or treatment?
	YES       1         NO       2 {CS15}         REF       -7 {CS15}         DK       -8 {CS15}
CS14 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	SHOW CARD CS-4.
	In the last 12 months, how much of a problem, if any, was it to

In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatments for (PERSON) that you or a doctor believed necessary?

A BIG PROBLEM	. 1
A SMALL PROBLEM	. 2
NOT A PROBLEM	. 3
REF	-7
DK	-8

CS15 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	SHOW CARD CS-3.
	In the last 12 months, how often did (PERSON)'s doctors or other health providers listen carefully to you?
	NEVER       1         SOMETIMES       2         USUALLY       3         ALWAYS       4         REF       -7         DK       -8
	[Code One]
CS16 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	SHOW CARD CS-3.
	In the last 12 months, how often did (PERSON)'s doctors or other health providers <b>explain things</b> in a way you could understand?
	NEVER       1         SOMETIMES       2         USUALLY       3         ALWAYS       4         REF       -7         DK       -8
	[Code One]

MEPS FAMES 1 September 2'	Panel 6 Round 5 Child Preventive Health Supplement (CS) Section 7, 2002
CS17	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	SHOW CARD CS-3.
	In the last 12 months, how often did (PERSON)'s doctors or other health providers show respect for what you had to say?
	NEVER       1         SOMETIMES       2         USUALLY       3         ALWAYS       4         REF       -7         DK       -8         [Code One]
CS18 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	SHOW CARD CS-3.
	In the last 12 months, how often did (PERSON)'s doctors or other health providers <b>spend enough time</b> with you and (PERSON)?
	NEVER       1         SOMETIMES       2

 NEVER
 1

 SOMETIMES
 2

 USUALLY
 3

 ALWAYS
 4

 REF
 -7

 DK
 -8

CS	319
==	==

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-5.

We want to know your rating of all your child's health care in the last 12 months from all doctors and other health providers.

Using **any number from 0 to 10** where 0 is the worst health care possible, and 10 is the best health care possible, what number would you rate all of (PERSON)'s health care?

ENTER RATING FROM 0-10:

[Enter Small Number]       -7         REF       -7         DK       -8
RANGE CHECK: 0-10

CS20

{PERSON'S FIRST MIDDLE AND LAST NAME}

When you answer the next questions, do not include dental visits.

**Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think (PERSON) needed to see a specialist?

```
      YES
      1

      NO
      2 {CS22}

      REF
      -7 {CS22}

      DK
      -8 {CS22}
```

MEPS FAMES I September 27	Panel 6 Round 5 Child Preventive Health Supplement (CS) Section 7, 2002
CS21	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	SHOW CARD CS-4.
	In the last 12 months, how much of a problem, if any, was it to see a specialist that (PERSON) needed to see?
	A BIG PROBLEM 1 A SMALL PROBLEM 2 NOT A PROBLEM 3 REF -7 DK -8
	[Code One]
CS22 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	The following questions are about amounts and types of preventive care (PERSON) may receive when (he/she) goes to see a doctor or other health provider.
	Has a doctor or other health provider ever measured (PERSON)'s height?
	YES       1         NO       2 {CS23}         REF       -7 {CS23}         DK       -8 {CS23}
CS220V =====	

When was that?

WITHIN PAST	YEAR	1
WITHIN PAST	2 YEARS	2
MORE THAN 2	YEARS	3
REF		-7
DK		- 8

CS23 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	About how tall is (PERSON) without shoes?
	PROBE FOR INCHES IF NOT REPORTED.
CS23_01 ======	
	ENTER FEET:
	[Enter Feet] -7 {CS24} DK -8 {CS24}
	SOFT RANGE CHECK: 0 TO 7
CS23_02	
	ENTER INCHES:
	[Enter Inches] -7 DK -8
	SOFT RANGE CHECK: 0-12
	EDIT: IF FEET (CS23_01) = 0, INCHES (CS23_02)     MUST BE 1-30. IF FEET (CS23_01) > 0, INCHES     (CS23_02) MUST BE 0-12.
	PROGRAMMER NOTE: CS23 WAS PREVIOUSLY NUMBERED     HE56.

MEPS FAMES I September 27	Panel 6 Round 5 Child Preventive Health Supplement (CS) Section 7, 2002
CS24	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever measured (PERSON)'s weight?
	YES       1         NO       2 {CS25}         REF       -7 {CS25}         DK       -8 {CS25}
CS240V =====	
	When was that?
	WITHIN PAST YEAR

CS25	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	About how much does (PERSON) weigh without shoes?
	{PROBE FOR OUNCES IF NOT REPORTED.}
CS25_01	
	ENTER POUNDS:
	[Enter Pounds]       -7 {BOX_03}         DK       -8 {BOX_03}
	SOFT RANGE CHECK: 1 TO 300
	IF CS25_01 IS < OR = 20 POUNDS, CONTINUE WITH   CS25_02 AND DISPLAY 'PROBE FORREPORTED.'   IF CS25_01 IS > 20 POUNDS, GO TO BOX_03
CS25_02	
	ENTER OUNCES:
	[Enter Ounces]       -7         REF       -7         DK       -8
	SOFT RANGE CHECK: 0-15
	EDIT: IF POUNDS (CS25_01) = 0, THEN OUNCES MUST   BE 1-16.
	PROGRAMMER NOTE: CS25 WAS PREVIOUSLY NUMBERED   HE57.

BOX_03	
	IF RU MEMBER BEING ASKED ABOUT IS AGED 3-6 YEARS,     INCLUSIVE, OR IN AGE CATEGORIES 2 OR 3, CONTINUE     WITH CS26
	OTHERWISE, GO TO BOX_04
CS26	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever checked (PERSON)'s vision?
	CODE '3' IF RESPONDENT VOLUNTEERS THAT DOCTOR TRIED TO CHECK VISION, BUT (PERSON) WAS UNCOOPERATIVE.
	YES       1         NO       2         TRIED, BUT (PERSON) WAS UNCOOPERATIVE       3         REF       -7         DK       -8
BOX_04 =====	
	IF RU MEMBER BEING ASKED ABOUT IS > OR = 2 YEARS     OF AGE OR IN AGE CATEGORIES 2 THROUGH 4, CONTINUE     WITH CS27
	OTHERWISE, GO TO BOX_05

CS27	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever measured (PERSON)'s blood pressure?
	CODE '3' IF RESPONDENT VOLUNTEERS THAT DOCTOR TRIED TO MEASURE BLOOD PRESSURE, BUT (PERSON) WAS UNCOOPERATIVE.
	YES
CS270V =====	
	When was that?
	WITHIN PAST YEAR       1         WITHIN PAST 2 YEARS       2         MORE THAN 2 YEARS       3         REF       -7         DK       -8
	[Code One]

MEPS FAMES Panel 6 Round 5 Child Preventive Health Supplement (CS) Section September 27, 2002
CS28
{PERSON'S FIRST MIDDLE AND LAST NAME}
Has a doctor or other health provider ever given you or (PERSON advice about (PERSON) having regular dental check-ups?
YES       1         NO       2 {CS29}         REF       -7 {CS29}         DK       -8 {CS29}
PRESS F1 FOR DEFINITION OF "ADVICE TO YOU".
CS280V =====
When was that?
WITHIN PAST YEAR       1         WITHIN PAST 2 YEARS       2         MORE THAN 2 YEARS       3         REF       -7

[Code One]

DK .....-8

CS29	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) eating healthy?
	YES
	PRESS F1 FOR DEFINITION OF "ADVICE TO YOU".
CS290V =====	
	When was that?
	WITHIN PAST YEAR
	[Code One]

MEPS FAMES September 2	Panel 6 Round 5 Child Preventive Health Supplement (CS) Section 27, 2002
CS30 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever given you or (PERSON) advice about the amount and kind of exercise, sports, or physically active hobbies (PERSON) should have?
	YES       1         NO       2 {BOX_05}         REF       -7 {BOX_05}         DK       -8 {BOX_05}
	PRESS F1 FOR DEFINITION OF "ADVICE TO YOU".
CS300V =====	
	When was that?
	WITHIN PAST YEAR       1         WITHIN PAST 2 YEARS       2         MORE THAN 2 YEARS       3         REF       -7

[Code One]

DK .....-8

## BOX\_05

IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 < OR = 40 POUNDS,
OR
- IF CS25 IS CODED 'REF' OR 'DK'
AND
- PERSON < OR = 4 YEARS OF AGE (OR IN AGE
CATEGORIES 1 OR 2),
CONTINUE WITH CS31</pre>

-----

\_\_\_\_\_

```
IF RU MEMBER BEING ASKED ABOUT:
```

- HAS A WEIGHT AT CS25 > 40 AND < OR = 80 POUNDS OR
- IF CS25 IS CODED 'REF' OR 'DK'
- PERSON > 4 AND < OR = 9 YEARS OF AGE (OR IN AGE CATEGORY 3),

GO TO CS32

\_\_\_\_\_

IF RU MEMBER BEING ASKED ABOUT:

- HAS A WEIGHT AT CS25 > 80 POUNDS,

OR

- IF CS25 IS CODED 'REF' OR 'DK'
- PERSON > 9 YEARS OF AGE (OR IN AGE CATEGORY 4), GO TO CS33

\_\_\_\_\_

CS31

## {PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a child safety seat while riding in the car?

YES	1	
NO	2 ·	{BOX_06}
REF	·7 ·	{BOX_06}
DK	-8 -	{BOX_06}

PRESS F1 FOR DEFINITION OF "ADVICE TO YOU".

CS310V =====

When was that?

WITHIN PAST	YEAR	1	{BOX_06}
WITHIN PAST	2 YEARS	2	{BOX_06}
MORE THAN 2	YEARS	3	{BOX_06}
REF		7	{BOX_06}
DK		8	{BOX_06}

CS32	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a booster seat when riding in the car?
	YES       1         NO       2 {BOX_05A}         REF       -7 {BOX_05A}         DK       -8 {BOX_05A}
	PRESS F1 FOR DEFINITION OF "ADVICE TO YOU".
CS320V	
	When was that?
	WITHIN PAST YEAR
	[Code One]
BOX_05A ======	
	IF CS25 IS CODED 'REF' OR 'DK' FOR RU MEMBER BEING    ASKED ABOUT AND PERSON IS IN AGE CATEGORY 3,     CONTINUE WITH CS33
	OTHERWISE, GO TO BOX_06

MEPS FAMES Panel 6 Round 5 Child Preventive Health Supplement (CS) Section September 27, 2002		
CS33		
	{PERSON'S FIRST MIDDLE AND LAST NAME}	
	Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using lap and shoulder belts when driving or riding in a car?	
	YES       1         NO       2 {BOX_06}         REF       -7 {BOX_06}         DK       -8 {BOX_06}	
	PRESS F1 FOR DEFINITION OF "ADVICE TO YOU".	
CS330V =====		
	When was that?	
	WITHIN PAST YEAR	
BOX_06 =====		
	IF RU MEMBER BEING ASKED ABOUT IS > OR = 2 YEARS     OF AGE OR IN AGE CATEGORIES 2 THROUGH 4, CONTINUE     WITH CS34	

OTHERWISE, GO TO CS35

CS34	
====	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a helmet when riding a bicycle or motorcycle?
	YES
	PRESS F1 FOR DEFINITION OF "ADVICE TO YOU (ABOUT HELMETS)".
CS340V =====	
	When was that?
	WITHIN PAST YEAR
	[Code One]

CS35	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	Has a doctor or other health provider ever given you advice about how smoking in the house can be bad for (PERSON)'s health?
	YES       1         NO       2 {BOX_07}         REF       -7 {BOX_07}         DK       -8 {BOX_07}
	PRESS F1 FOR DEFINITION OF "ADVICE TO YOU".
CS350V =====	
	When was that?
	WITHIN PAST YEAR
	[Code One]
BOX_07 =====	
	IF RU MEMBER BEING ASKED ABOUT IS > OR = 12 YEARS     OF AGE OR IN AGE CATEGORY 4, CONTINUE WITH CS36
	OTHERWISE, GO TO END_LP01

CS36	
	{PERSON'S FIRST MIDDLE AND LAST NAME}
	The last time (PERSON) had a health care visit, did a doctor or other health provider spend any time alone with (PERSON) without a parent, relative or guardian in the room?
	YES       1         NO       2         REF       -7         DK       -8
END_LP01	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO   MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS,     END LOOP_01 AND CONTINUE WITH BOX_08
BOX_08 =====	
	GO TO NEXT QUESTIONNAIRE SECTION