

NLSY79 Children and Young Adults

CSH-INTRO

READ TO MOTHER/GUARDIAN:

Now I'd like to ask you some questions about *Child Name's* general state of health and *(his/her)* physical characteristics.

Lead In(s): CS-6K[0-2], CS-11[default], CS-14[0], CS-18[Default]

CSH-1

CAPI CHECK: IS CHILD CURRENTLY ATTENDING, OR HAS HE/SHE EVER ATTENDED REGULAR SCHOOL, NURSERY SCHOOL OR PRESCHOOL?

Lead In(s): CSH-INTRO[Default]

CSH-2A

Does *Child Name* have any physical, emotional, or mental condition that limits or prevents *(his/her)* ability to...

...attend school regularly?

1 Yes

0 No

Lead In(s): CSH-1[Default],

CSH-2B

(Does *(he/she)* have any physical, emotional, or mental condition that limits or prevents *(his/her)* ability to...)

...do regular school work?

1 Yes

0 No

Lead In(s): CSH-2A[Default]

CSH-2C

Does *(he/she)* have any physical, emotional, or mental condition that limits or prevents *(his/her)* ability to...

...do usual childhood activities such as play, or participate in games or sports?

1 Yes

0 No

Lead In(s): CSH-1[0:0], CSH-2B[Default]

CSH-3A

Does *(he/she)* have any physical, emotional, or mental condition that requires...

...frequent attention or treatment from a doctor or other health professional?

1 Yes

0 No

Lead In(s): CSH-2C[Default]

CSH-3B

Does *Child Name* have any physical, emotional, or mental condition that requires...

...regular use of any medicine or drug (other than vitamins)?

1 Yes

0 No

Lead In(s): CSH-3A[Default]

CSH-3C

Does *(he/she)* have any physical, emotional, or mental condition that requires...

...use of any special equipment, such as a brace, crutches, a wheelchair, special shoes, a helmet, a special bed, a breathing mask, an air filter, or a catheter and so on?

1 Yes

0 No

Lead In(s): CSH-3B[Default]

CSH-4

CAPi CHECK: DID CHILD HAVE ANY LIMITING CONDITIONS IN CSH-2A, CSH-2B, CSH-2C, CSH-3A, CSH-3B, OR CSH-3C? IF SO, GO TO CSH-5. OTHERWISE, GO TO CSH-6.

Lead In(s): CSH-3C[Default]

CSH-5-A

What (is/are) *Child Name's* health condition(s) or limitation(s)?
(INTERVIEWER: PROBE AS NECESSARY: What is it called?)
RECORD VERBATIM AND CODE ALL THAT APPLY.

- 1 Learning disability
- 2 Minimal brain dysfunction, minimal cerebral dysfunction, attention deficit disorder
- 3 Hyperkineses, hyperactivity
- 4 [Asthma](#)
- 5 Respiratory disorder or sinus infection
- 6 Speech impairment
- 7 Serious hearing difficulty or deafness
- 8 Serious difficulty in seeing or blindness
- 9 Serious emotional disturbance
- 10 Allergic condition(s)
- 11 Crippled, orthopedic handicap
- 12 Mental retardation
- 13 Heart trouble
- 14 Chronic nervous disorder
- 16 Chronic ear problems or infections
- 17 Blood disorder or immune deficiency (e.g. sickle cell anemia)
- 18 Epilepsy/Seizures
- 95 Other (SPECIFY)

Lead In(s): CSH-4[Default]

CSH-5A

CAPi CHECK: IF CHILD IS 11 MONTHS OLD OR YOUNGER, GO TO CSH-6.

Lead In(s): CSH-5[Default]

CSH-5B

How long has *Child Name* had (this/these) limitation(s)?

INTERVIEWER: ENTER IN YEARS.

CODE 00 = LESS THAN ONE YEAR AND 95 = ALL (*his/her*) LIFE.

Enter answer : |_|_|

Lead In(s): CSH-5A[Default]