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

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

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

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

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

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.

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)

CSH-5A

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

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]