

2007 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 12-Jul-06

Question ID: FAU.010_00.000 **Instrument Variable Name:** FDMED12M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]
<2,R,D> [goto FNMED12M]

Question ID: FAU.020_00.000 **Instrument Variable Name:** PDMED12M **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

For which family member was medical care delayed?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

SkipInstructions: goto FNMED12M

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FAU.030_00.000 **Instrument Variable Name:** FNMED12M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]

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Question ID: FAU.040_00.000 **Instrument Variable Name:** PNMED12M **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who didn't get needed care?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

SkipInstructions: goto FHOSPYR

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent.
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Question ID: FAU.050_00.000 **Instrument Variable Name:** FHOSPYR **QuestionnaireFileName:** Family

QuestionText: ?[F1]

[fill1: were you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]
<2,R,D> [goto FHCHM2W]

Question ID: FAU.060_00.000 **Instrument Variable Name:** PHOSPYR **QuestionnaireFileName:** Family

QuestionText: *Ask or verify. Enter applicable line number(s), separate with commas.

Who was in a hospital overnight?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)

SkipInstructions: goto HOSPNO

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Question ID: FAU.070_00.000 **Instrument Variable Name:** HOSPNO **QuestionnaireFileName:** Family

QuestionText: ? [F1]

How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

- 001-365 1-365 times
- 997 Refused
- 999 Don't know

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-10> [goto HPNITE]
<11-365> [goto ERR_HOSPNO]
<R,D> [goto HPNITE]

Question ID: FAU.110_00.000 **Instrument Variable Name:** HPNITE **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

- 001-365 1-365 nights
- 997 Refused
- 999 Don't know

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]
<51-365> [goto ERR1_HPNIITE]

if HOSPNO gt HPNITE, goto ERR2_HPNIITE

Question ID: FAU.120_00.000 **Instrument Variable Name:** FHCHM2W **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Hand calendar card.

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

Do not include dental care. Do not include care while an overnight patient in a hospital.

During those 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]
<2,R,D> [goto FHCPH2W]

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Question ID: FAU.130_00.000 **Instrument Variable Name:** PHCHM2W **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care at home?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: goto PHCHMN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FAU.140_00.000 **Instrument Variable Name:** PHCHMN2W **QuestionnaireFileName:** Family

QuestionText: How many home visits did [fill: you/ ALIAS] receive during those 2 WEEKS?

* Enter '50' for 50 or more visits.

- 01-50 1-50 home visits
- 97 Refused
- 99 Don't know

UniverseText: All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]
<15-50> [goto ERR_PHCPHMN2W]

Question ID: FAU.150_00.000 **Instrument Variable Name:** FHCPH2W **QuestionnaireFileName:** Family

QuestionText: During those 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]
<2,R,D> [goto FHCDV2W]

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Question ID: FAU.160_00.000 **Instrument Variable Name:** PHCPH2W **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was the phone call about?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

SkipInstructions: goto PHCPHN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FAU.170_00.000 **Instrument Variable Name:** PHCPHN2W **QuestionnaireFileName:** Family

QuestionText: During those 2 WEEKS, how many telephone calls [fill: did you make/were made about ALIAS]?

* Enter '50' for 50 or more phone calls.

- 01-50 1-50 calls
- 97 Refused
- 99 Don't know

UniverseText: All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]
<15-50> [goto ERR_PHCPHN2W]

Question ID: FAU.180_00.000 **Instrument Variable Name:** FHCDV2W **QuestionnaireFileName:** Family

QuestionText: During those 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?

[fill2: Do not include times during an overnight hospital stay.]

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]
<2,R,D> [goto F10DVYR]

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Question ID: FAU.190_00.000 **Instrument Variable Name:** PHCDV2W **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

SkipInstructions: goto PHCDVN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FAU.200_00.000 **Instrument Variable Name:** PHCDVN2W **QuestionnaireFileName:** Family

QuestionText: How many times did [fill: you/ALIAS] visit a doctor or other health care professional during those 2 WEEKS?

* Enter '50' for 50 or more visits.

- 01-50 1-50 times
- 97 Refused
- 99 Don't know

UniverseText: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]
<15-50> [goto ERR_PHCDVN2W]

Question ID: FAU.210_00.000 **Instrument Variable Name:** F10DVYR **QuestionnaireFileName:** Family

QuestionText: During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]
<2,R,D> [goto FHICOV]

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Question ID: FAU.220_00.000 **Instrument Variable Name:** P10DVYR **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care 10 or more times?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

SkipInstructions: goto FHICOV

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