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2007 NHIS Questionnaire - Sample Adult Adult Access to Health Care & Utilization

Document Version Date: 12-Jul-06

 Question ID:
 AAU.020_00.000
 Instrument Variable Name:
 AUSUALPL
 QuestionnaireFileName:
 Sample Adult

QuestionText: Is there a place that you USUALLY go to when you are sick or need advice about your health?

1 Yes

2 There is NO place

There is MORE THAN ONE place

7 Refused

9 Don't know

UniverseText: Sample adults GE 18 years

SkipInstructions: <1,3> [go to APLKIND]

<2,D,R> [go to AHCPLKND]

Question ID: AAU.030_00.000 Instrument Variable Name: APLKIND QuestionnaireFileName: Sample Adult

QuestionText: ['If AUSUALPL = 1] What kind of place is it - a clinic, doctor's office, emergency room, or some other place? ['Else, if

AUSUALPL = 3] What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other

place?

1 Clinic or health center

2 Doctor's office or HMO

3 Hospital emergency room

4 Hospital outpatient department

5 Some other place

6 Doesn't go to one place most often

7 Refused9 Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

SkipInstructions: <1 - 5> [go to AHCPLROU]

<6,R,D> [go to AHCPLKND]

Question ID: AAU.035_00.000 Instrument Variable Name: AHCPLROU QuestionnaireFileName: Sample Adult

QuestionText: Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as

a physical examination or check up?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who reported place goes most often as

a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some

other place

SkipInstructions: <1> [goto AHCCHGYR]

<2,R,D> [go to AHCPLKND]

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Document Version Date: 12-Jul-06

Question ID: AAU.037_00.000 AHCPLKND **Instrument Variable Name:** QuestionnaireFileName: Sample Adult What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or QuestionText: check-up? 0 Doesn't get preventive care anywhere Clinic or health center 1 2 Doctor's office or HMO Hospital emergency room 3 Hospital outpatient department 4 Some other place 5 6 Doesn't go to one place most often 7 Refused 9 Don't know Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who UniverseText: have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care. <0-6,R,D> if AUSUALPL = 2,R,D goto AHCDLY_1 SkipInstructions: ELSE goto AHCCHGYR **Question ID:** AAU.040 00.000 **AHCCHGYR Instrument Variable Name:** QuestionnaireFileName: Sample Adult QuestionText: At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care? 1 Yes No 2 Refused 7 9 Don't know Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual UniverseText: source of routine/preventive care] <1>[goto AHCCHGHI] SkipInstructions: <2,R,D>[goto AHCDLY_1] **Question ID:** AAU.050_00.000 **Instrument Variable Name: AHCCHGHI** QuestionnaireFileName: Sample Adult QuestionText: Was this change for a reason related to health insurance? 1 Yes 2 No 7 Refused 9 Don't know Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place UniverseText:

for health care in past 12 months

<1,2,R,D>[goto AHCDLY_1]

SkipInstructions:

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Document Version Date: 12-Jul-06

Question ID: AAU.061_01.000 **Instrument Variable Name:** AHCDLY_1 QuestionnaireFileName: Sample Adult There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in QuestionText: the PAST 12 MONTHS? You couldn't get through on the telephone 1 Yes 2 No Refused 7 Don't know Sample adults 18+ UniverseText: <1,2,R,D>[goto AHCDLY_2] SkipInstructions: **Question ID:** AAU.061_02.000 AHCDLY_2 **Instrument Variable Name:** QuestionnaireFileName: Sample Adult * Read Lead-in if Necessary QuestionText: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? ...You couldn't get an appointment soon enough. Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: <1,2,R,D>[goto AHCDLY_3] SkipInstructions: **Question ID:** AAU.061_03.000 AHCDLY_3 Sample Adult **Instrument Variable Name:** QuestionnaireFileName: QuestionText: * Read Lead-in if Necessary There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? ...Once you get there, you have to wait too long to see the doctor. Yes 1 No 2 7 Refused

9

UniverseText:

SkipInstructions:

Don't know

Sample adults 18+

<1,2,R,D>[goto AHCDLY_4]

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Document Version Date: 12-Jul-06

Question ID: AAU.061_04.000 Instrument Variable Name: AHCDLY_4 QuestionnaireFileName: Sample Adult * Read Lead-in if Necessary QuestionText: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? ...The (clinic/doctor's) office wasn't open when you could get there. Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: <1,2,R,D>[goto AHCDLY_5] SkipInstructions: **Question ID:** AAU.061_05.000 AHCDLY_5 Sample Adult **Instrument Variable Name:** QuestionnaireFileName: QuestionText: * Read Lead-in if Necessary There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? ...You didn't have transportation. 1 Yes 2 No 7 Refused Don't know Sample adults 18+ UniverseText: <1,2,R,D>[goto AHCAFY_1] SkipInstructions: **Question ID:** AAU.111_01.000 AHCAFY_1 Sample Adult **Instrument Variable Name:** QuestionnaireFileName: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because QuestionText: you couldn't afford it? ...Prescription medicines. 1 Yes 2 No 7 Refused 9 Don't know

Sample adults 18+

<1,2,R,D>[goto AHCAFY_2]

UniverseText:

SkipInstructions:

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Document Version Date: 12-Jul-06

Question ID: AAU.111_02.000 **Instrument Variable Name:** AHCAFY_2 QuestionnaireFileName: Sample Adult * Read Lead-in if Necessary. QuestionText: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? ...Mental health care or counseling. Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: <1,2,R,D>[goto AHCAFY_3] SkipInstructions: **Question ID:** AAU.111_03.000 AHCAFY_3 Sample Adult **Instrument Variable Name:** QuestionnaireFileName: QuestionText: * Read Lead-in if Necessary. DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? ...Dental care (including check ups). 1 Yes 2 No 7 Refused Don't know Sample adults 18+ UniverseText: <1,2,R,D>[goto AHCAFY_4] SkipInstructions: **Question ID:** AAU.111_04.000 **Instrument Variable Name:** AHCAFY_4 Sample Adult QuestionnaireFileName: QuestionText: * Read Lead-in if Necessary. DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? ...Eyeglasses. 1 Yes 2 No Refused Don't know

UniverseText:

SkipInstructions:

Sample adults 18+

<1,2,R,D>[goto ADENLONG]

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Document Version Date: 12-Jul-06

Question ID: AAU.135_00.000 **Instrument Variable Name: ADENLONG** Sample Adult QuestionnaireFileName: (book) A11 QuestionText: About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. 0 Never 1 6 months or less 2 More than 6 mos, but not more than 1 yr ago 3 More than 1 yr, but not more than 2 yrs ago 4 More than 2 yrs, but not more than 5 yrs ago 5 More than 5 years ago 7 Refused 9 Don't know Sample adults 18+ UniverseText: <0-5,R,D>[goto AHCSY1_1] SkipInstructions: **Question ID:** AAU.141_01.000 AHCSY1_1 **Instrument Variable Name:** QuestionnaireFileName: Sample Adult QuestionText: DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health? ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker. Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: <1,2,R,D>[goto AHCSY1_2] SkipInstructions: **Question ID:** AAU.141_02.000 **Instrument Variable Name:** AHCSY1_2 QuestionnaireFileName: Sample Adult * Read Lead-in if Necessary. QuestionText: DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health? ...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses). 1 Yes 2 No 7 Refused 9 Don't know

Sample adults 18+

<1,2,R,D>[goto AHCSY1_3]

UniverseText:

SkipInstructions:

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Document Version Date: 12-Jul-06

Question ID: AAU.141_03.000 **Instrument Variable Name:** AHCSY1_3 QuestionnaireFileName: Sample Adult * Read Lead-in if Necessary. QuestionText: DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health? ...A foot doctor. 1 Yes 2 No 7 Refused Don't know Sample adults 18+ UniverseText: SkipInstructions: <1,2,R,D>[goto AHCSY1_4] **Question ID:** AAU.141_04.000 **Instrument Variable Name:** AHCSY1_4 QuestionnaireFileName: Sample Adult QuestionText: * Read Lead-in if Necessary. DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health? ...A chiropractor. Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: SkipInstructions: <1,2,R,D>[goto AHCSY1_5] **Question ID:** AAU.141_05.000 AHCSY1 5 Sample Adult **Instrument Variable Name:** QuestionnaireFileName: QuestionText: * Read Lead-in if Necessary. DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health? ...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist. 1 Yes 2 No 7 Refused Don't know

SkipInstructions: <1,2,R,D>[goto AHCSY1_6]

UniverseText:

Sample adults 18+

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Document Version Date: 12-Jul-06

Question ID: AAU.141_06.000 Instrument Variable Name: AHCSY1_6 QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following

health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[if SEX=1goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

Question ID: AAU.200_00.000 Instrument Variable Name: AHCSYR7 QuestionnaireFileName: Sample Adult

QuestionText: * Read lead-in if necessary

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following

health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

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

UniverseText: Sample adults 18+ who are female

SkipInstructions: <1,2,R,D> [go to AHCSY8_8]

Question ID: AAU.211_01.000 Instrument Variable Name: AHCSY8_8 QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following

health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist,

psychiatrist, or ophthalmologist).

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [go to AHCSY8_9]

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Document Version Date: 12-Jul-06

Question ID: AAU.211_02.000 **Instrument Variable Name:** AHCSY8_9 QuestionnaireFileName: Sample Adult * Read Lead-in if Necessary. QuestionText: DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health? ...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)? Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: <1> [goto AHCSYR10] SkipInstructions: <2,R,D> [goto AHERNOYR] **Question ID:** AAU.230_00.000 **Instrument Variable Name:** AHCSYR10 Sample Adult QuestionnaireFileName: Does that doctor treat children and adults (a doctor in general practice or family medicine)? QuestionText: Yes 1 2 No 7 Refused Don't know Sample adults 18+ who have seen or talked to a general doctor during the past 12 months UniverseText: <1,2,R,D> [go to AHERNOYR] SkipInstructions: **Question ID:** AAU.240_00.000 **AHERNOYR** Sample Adult **Instrument Variable Name:** QuestionnaireFileName: QuestionText: (book) A12 DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)? 00 None 01 1 2-3 02 03 4-5 6-7 04 8-9 05 10-12 06 13-15 07 80 16 or more Refused

UniverseText: Sample adults 18+

Don't know

97 99

SkipInstructions: <0 - 8,R,D> [go to AHCHYR]

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Document Version Date: 12-Jul-06

Question ID: AAU.250_00.000 **Instrument Variable Name:** AHCHYR QuestionnaireFileName: Sample Adult DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional? QuestionText: 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample adults 18+ SkipInstructions: <1>[goto AHCHMOYR] <2,R,D>[goto AHCNOYR] **Question ID:** AAU.260_00.000 **Instrument Variable Name: AHCHMOYR** QuestionnaireFileName: Sample Adult During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional? QuestionText: 01-12 01-12 months Refused 97 99 Don't know Sample adults 18+ who received home care from a health professional during the past 12 months UniverseText: <1-12,R,D>[goto AHCHNOYR] SkipInstructions: **Question ID:** AAU.270_00.000 **AHCHNOYR** Sample Adult **Instrument Variable Name:** QuestionnaireFileName: QuestionText: (book) A13 What was the total number of home visits received during {Fill1: that month/Fill2: those months}? 01 02 2-3 03 4-5 6-7 04 8-9 05 10-12 06 13-15 07 80 16 or more 97 Refused 99 Don't know

Sample adults 18+ who received home care from a health professional during the past 12 months

UniverseText:

SkipInstructions:

<1-8,R,D>[goto AHCNOYR]

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2007 NHIS Questionnaire - Sample Adult Adult Access to Health Care & Utilization

Document Version Date: 12-Jul-06

Question ID: AAU.280_00.000 **Instrument Variable Name: AHCNOYR** QuestionnaireFileName: Sample Adult (book) A12 QuestionText: DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS. None 00 01 1 02 2-3 03 4-5 04 6-7 8-9 05 06 10-12 07 13-15 80 16 or more Refused 97 99 Don't know Sample adults 18+ UniverseText: SkipInstructions: <0-8,R,D>[goto ASRGYR] **Question ID:** AAU.290_00.000 ASRGYR Sample Adult **Instrument Variable Name:** QuestionnaireFileName: DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or QuestionText: outpatient? * Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths. Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: <1>[goto ASRGNOYR] SkipInstructions: <2,R,D> [goto AMDLONG] **Question ID:** AAU.300_00.000 **Instrument Variable Name: ASRGNOYR** Sample Adult QuestionnaireFileName: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during QuestionText:

* Enter "95" for 95 or more times.

the PAST 12 MONTHS?

01-94 1-94 Times
 95 95+ times
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG]

<11-95> [goto ERR_ASGYR]

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Document Version Date: 12-Jul-06

Question ID: AAU.305_00.000 **Instrument Variable Name: AMDLONG** QuestionnaireFileName: Sample Adult (book) A11 ? [F1] QuestionText: About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital. Never 0 6 months or less 1 2 More than 6 mos, but not more than 1 yr ago 3 More than 1 yr, but not more than 2 yrs ago More than 2 yrs, but not more than 5 yrs ago 4 5 More than 5 years ago 7 Refused 9 Don't know Sample adults 18+ UniverseText: <0-5,R,D> [goto SHTFLUYR] SkipInstructions: **Question ID:** AAU.310_00.000 SHTFLUYR **Instrument Variable Name:** QuestionnaireFileName: Sample Adult QuestionText: DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASHFLU_M] <2,R,D> [goto SPRFLUYR]

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Document Version Date: 12-Jul-06

Question ID:	AAU.312_01.000	Instrument Variable Name:	ASHFLU_M	QuestionnaireFileName:	Sample Adult	
QuestionText:	1 of 2					
During what month and year did you receive your most recent flu shot?						
01	January					
02	February					
03	March					
04	April					
05	May					
06	June					
07	July					
08	August					
09	September					
10	October					
11	November					
12	December					
97	Refused					
99	Don't know					
UniverseTex	t: Sample a	adults 18+ who have had a flu	shot			
SkipInstructions: <1-12,D> [goto ASHFLU_Y] <r> [goto SPRFLUYR]</r>						
Question ID: AAU.312_02.000 Instrument Variable Name: ASHFLU_Y Questionnaire		QuestionnaireFileName:	Sample Adult			
Question 1D.	AAO.312_02.000	nisti ument variable ivame.	ASIII LO_I	Questionnam er nervame.	Sample Addit	
QuestionText:	2 of 2					
	*Enter year of	*Enter year of most recent flu shot.				
2004	2004					
2005	2005					
2006	2006					
9997	Refused					
9999	Don't know					
UniverseTex	t: Sample a	Sample adults 18+ who gave a month for their last flu shot or who didn't know the month				
	•					
SkipInstruct		<valid year,r,d=""> [goto SPRFLUYR]</valid>				
		[If ASHFLU_M and ASHFLU_Y = a future date] goto ERR1_ASHFLU_Y				
		[If ASHFLU_M and ASHFLU_Y = a date prior to birth] goto ERR2_ASHFLU_Y				
	[If ASH]	[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago] goto ERR3_ASHFLU_Y				

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Document Version Date: 12-Jul-06

Question ID: AAU.315_00.000 **Instrument Variable Name: SPRFLUYR** QuestionnaireFileName: Sample Adult DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health QuestionText: professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season. * Read if necessary: This influenza vaccine is called FluMist (trademark). Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: SkipInstructions: <1> [goto ASPFLU M] [if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1 SPRFLUYR [if AGE GE 50] goto ERR2_SPRFLUYR <2,D,R> [goto SHTPNUYR] **Question ID:** AAU.318_01.000 **Instrument Variable Name:** ASPFLU_M QuestionnaireFileName: Sample Adult QuestionText: 1 of 2 During what month and year did you receive your most recent flu nasal spray? 01 January February 02 03 March April 04 May 05 June 06 07 July August 80 09 September

10

11

12

97

99

UniverseText:

SkipInstructions:

October

November

December

Sample adults 18+ who have had a flu nasal vaccine

<1-12,D> [goto ASPFLU_Y] <R> [goto SHTPNUYR]

Refused Don't know

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2007 NHIS Questionnaire - Sample Adult Adult Access to Health Care & Utilization

Document Version Date: 12-Jul-06

Question ID: AAU.318_02.000 Instrument Variable Name: ASPFLU_Y QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

 2004
 2004

 2005
 2005

 2006
 2006

 9997
 Refused

 9999
 Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn't know the month

SkipInstructions: <valid year, R,D> [goto SHTPNUYR]

[If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y

[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

Question ID: AAU.320_00.000 Instrument Variable Name: SHTPNUYR QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the

pneumococcal vaccine.

Yes
 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,D,R> [goto APOX]

Question ID: AAU.330_00.000 Instrument Variable Name: APOX QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had chickenpox?

Yes
 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APOX12MO]

<2,R,D> [goto AHEP]

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Document Version Date: 12-Jul-06

Question ID: AAU.340_00.000 **Instrument Variable Name:** APOX12MO QuestionnaireFileName: Sample Adult Have you had chickenpox in the PAST 12 MONTHS? QuestionText: Yes 1 2 No 7 Refused 9 Don't know UniverseText: Sample adults 18+ who have ever had chickenpox SkipInstructions: <1,2,R,D> [goto AHEP] **Question ID:** AAU.350_00.000 **Instrument Variable Name: AHEP** QuestionnaireFileName: Sample Adult Have you EVER had hepatitis? QuestionText: Yes 1 2 No 7 Refused Don't know Sample adults 18+ UniverseText: <1> [goto SHTHEPB] **SkipInstructions:** <2,R,D> [goto AHEPLIV] **Question ID:** AAU.360_00.000 **Instrument Variable Name:** AHEPLIV QuestionnaireFileName: Sample Adult QuestionText: Have you ever lived with someone who had hepatitis? 1 Yes 2 No 7 Refused 9 Don't know Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis UniverseText: <1,2,R,D> [goto SHTHEPB] SkipInstructions: **Question ID:** AAU.370_00.000 **Instrument Variable Name: SHTHEPB** Sample Adult QuestionnaireFileName: QuestionText: Have you EVER received the hepatitis B vaccine? * Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus. Yes 1 2 No 7 Refused 9 Don't know Sample adults 18+ UniverseText: <1> [goto SHEPDOS] SkipInstructions:

<2,R,D> [goto next section]

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Document Version Date: 12-Jul-06

Question ID: AAU.380_00.000 Instrument Variable Name: SHEPDOS QuestionnaireFileName: Sample Adult

QuestionText: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1 Received at least 3 doses2 Received less than 3 doses

7 Refused9 Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

SkipInstructions: <1,2,R,D> [goto next section]