

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.010\_00.000    **Instrument Variable Name:** HYPEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Now I am going to ask you about certain medical conditions.  
Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HYPDIFV]  
<2,R,D> [goto CHDEV]

**Question ID:** ACN.020\_00.000    **Instrument Variable Name:** HYPDIFV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

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

**UniverseText:** Sample adults 18+ who were told they had hypertension

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

**Question ID:** ACN.020\_00.010    **Instrument Variable Name:** HYPYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.031\_01.000    **Instrument Variable Name:** CHDEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

... Coronary heart disease?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CHDYR] <2,R,D> [goto ANGEV]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.031\_01.010    **Instrument Variable Name:** CHDYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Coronary heart disease?

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

**UniverseText:** Sample adults 18+ who were ever told they had coronary heart disease

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

**Question ID:** ACN.031\_02.000    **Instrument Variable Name:** ANGEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

... Angina, also called angina pectoris?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ANGYR] <2,R,D> [goto MIEV]

**Question ID:** ACN.031\_02.020    **Instrument Variable Name:** ANGYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Angina, also called angina pectoris?

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

**UniverseText:** Sample adults 18+ who were ever told they had angina

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date:** 17-Jul-06

**Question ID:** ACN.031\_03.000    **Instrument Variable Name:** MIEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A heart attack (also called myocardial infarction)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto MIEVYR] <2,R,D> [goto HRTEV]

**Question ID:** ACN.031\_03.030    **Instrument Variable Name:** MIEVYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...A heart attack (also called myocardial infarction)?

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

**UniverseText:** Sample adults 18+ who were ever told they had a heart attack

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

**Question ID:** ACN.031\_04.000    **Instrument Variable Name:** HRTEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRTYR] <2,R,D> [goto STREV]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.031\_04.040    **Instrument Variable Name:** HRTYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

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

**UniverseText:** Sample adults 18+ who were ever told they had any kind of heart condition not previously mentioned

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

**Question ID:** ACN.031\_05.000    **Instrument Variable Name:** STREV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A stroke?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto STRYR] <2,R,D> [goto EPHEV]

**Question ID:** ACN.031\_05.050    **Instrument Variable Name:** STRYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...A stroke?

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

**UniverseText:** Sample adults 18+ who were ever told they had a stroke

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date:** 17-Jul-06

**Question ID:** ACN.031\_06.000    **Instrument Variable Name:** EPHEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Emphysema?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto EPHYR] <2,R,D> [goto AASMEV]

**Question ID:** ACN.031\_06.060    **Instrument Variable Name:** EPHYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...A stroke?

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

**UniverseText:** Sample adults 18+ who were ever told they had emphysema

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

**Question ID:** ACN.080\_00.000    **Instrument Variable Name:** AASMEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had asthma?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AASSTILL]  
<2,R,D> [goto ULCEV]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.085\_00.000    **Instrument Variable Name:** AASSTILL    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you still have asthma?

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

**UniverseText:** Sample adults 18+ who were ever told they have asthma

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

**Question ID:** ACN.090\_00.000    **Instrument Variable Name:** AASMYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

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

**UniverseText:** Sample adults 18+ who were ever told they had asthma

**SkipInstructions:** <1> [goto AASMERYR]  
<2,R,D> [go to ULCEV]

**Question ID:** ACN.100\_00.000    **Instrument Variable Name:** AASMERYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

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

**UniverseText:** Sample adults 18+ with asthma episode/attack in past 12 months

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

**Question ID:** ACN.110\_00.000    **Instrument Variable Name:** ULCEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...An ulcer? This could be a stomach, duodenal or peptic ulcer.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ULCYR]  
<2,R,D>[goto CHLEV]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.120\_00.000    **Instrument Variable Name:** ULCYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had an ulcer?

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

**UniverseText:** Sample adults 18+ who were ever told they had an ulcer

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

**Question ID:** ACN.121\_01.010    **Instrument Variable Name:** CHLEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...High cholesterol?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CHLYR] <2,R,D> [goto GUMDISEV]

**Question ID:** ACN.121\_02.020    **Instrument Variable Name:** CHLYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...High cholesterol?

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

**UniverseText:** Sample adults 18+ who were ever told they had high cholesterol

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

**Question ID:** ACN.121\_03.030    **Instrument Variable Name:** GUMDISEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...Gum disease?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto GUMDISYR] <2,R,D> [goto PHOBIAEV]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.121\_04.040    **Instrument Variable Name:** GUMDISYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Gum disease?

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

**UniverseText:** Sample adults 18+ who were ever told they had gum disease

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

**Question ID:** ACN.121\_05.050    **Instrument Variable Name:** PHOBIAEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...Phobia or fears?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto PHOBIAYR] <2,R,D> [goto AFLUPNEV]

**Question ID:** ACN.121\_06.060    **Instrument Variable Name:** PHOBIAYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Phobia or fears?

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

**UniverseText:** Sample adults 18+ who were ever told they had phobia or fears

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.121\_07.070    **Instrument Variable Name:** AFLUPNEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...Influenza or pneumonia?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AFLUPNYR] <2,R,D> [goto PRCIREV]

**Question ID:** ACN.121\_08.080    **Instrument Variable Name:** AFLUPNYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Influenza or pneumonia?

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

**UniverseText:** Sample adults 18+ who were ever told they had influenza or pneumonia

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

**Question ID:** ACN.121\_09.090    **Instrument Variable Name:** PRCIREV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...Poor circulation in your legs?

\*Include peripheral vascular disease, Intermittent Claudication or cramping.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto PRCIRYR] <2,R,D> [goto UREV]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.121\_10.100    **Instrument Variable Name:** PRCIRYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Poor circulation in your legs?

\*Include peripheral vascular disease, Intermittent Claudication or cramping.

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

**UniverseText:** Sample adults 18+ who were ever told they had poor circulation in their legs

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

**Question ID:** ACN.121\_11.110    **Instrument Variable Name:** UREV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...Urinary problems such as incontinence, frequent or slow urination or infections?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto URYR] <2,R,D> [goto ADDHYP]

**Question ID:** ACN.121\_12.120    **Instrument Variable Name:** URYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

...Urinary problems such as incontinence, frequent or slow urination or infections?

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

**UniverseText:** Sample adults 18+ who were ever told they had urinary problems

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.123\_01.010    **Instrument Variable Name:** ADDHYP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...Attention Deficit Disorder or Hyperactivity?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.123\_02.020    **Instrument Variable Name:** AUTISM    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Autism?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.123\_03.030    **Instrument Variable Name:** BIPDIS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Bipolar Disorder?

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

**UniverseText:** Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.123\_04.040    **Instrument Variable Name:** DEMENTIA    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    \*Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Dementia, including Alzheimer's disease?

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

**UniverseText:**      Sample adults 18+

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

**Question ID:** ACN.123\_05.050    **Instrument Variable Name:** MANIAPSY    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    Have you EVER been told by a doctor or other health professional that you had

...Mania or psychosis?

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

**UniverseText:**      Sample adults 18+

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

**Question ID:** ACN.123\_06.060    **Instrument Variable Name:** SCHIZPHN    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    \*Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Schizophrenia?

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

**UniverseText:**      Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date:** 17-Jul-06

**Question ID:** ACN.123\_07.070    **Instrument Variable Name:** SEIZURES    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Seizures?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.125\_00.010    **Instrument Variable Name:** BOWLEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto BOWLYR] <2,R,D> [goto ACIDRYR]

**Question ID:** ACN.125\_00.020    **Instrument Variable Name:** BOWLYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

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

**UniverseText:** Sample adults 18+ who have ever had bowel problems

**SkipInstructions:** <1> [goto BOWLTYR] <2,R,D> [goto ACIDRYR]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.125\_00.030    **Instrument Variable Name:** BOWLTYP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Which of these did you have in the past 12 months?

\*Enter all that apply, separate with commas.

- 1 Inflammatory bowel disease
- 2 Irritable bowel
- 3 Constipation severe enough to require medication
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have had bowel problems in the past year

**SkipInstructions:** <1-3,R,D,> [goto ACIDRYR]

**Question ID:** ACN.126\_00.010    **Instrument Variable Name:** ACIDRYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had

...Problems with acid reflux or heartburn?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.126\_00.020    **Instrument Variable Name:** HACHEYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Regular headaches?

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

**UniverseText:** Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.126\_00.030    **Instrument Variable Name:** MEMLOSyr    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    \*Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Memory loss or loss of other cognitive functions?

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

**UniverseText:**    Sample adults 18+

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

**Question ID:** ACN.126\_00.040    **Instrument Variable Name:** SPNYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    \*Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Any severe sprains or strains?

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

**UniverseText:**    Sample adults 18+

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

**Question ID:** ACN.126\_00.050    **Instrument Variable Name:** DENYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    DURING THE PAST 12 MONTHS, have you had

...Dental pain?

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

**UniverseText:**    Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.126\_00.060    **Instrument Variable Name:** ALCTOBYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Excessive use of alcohol or tobacco?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.126\_00.070    **Instrument Variable Name:** SUBABYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Substance abuse, other than alcohol or tobacco?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.126\_00.080    **Instrument Variable Name:** SKNYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Skin problems?

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

**UniverseText:** Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.128\_00.010    **Instrument Variable Name:** INSYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you...

...Regularly had insomnia or trouble sleeping?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.128\_00.020    **Instrument Variable Name:** FATYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you...

...Regularly had excessive sleepiness during the day?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.128\_00.030    **Instrument Variable Name:** DEPYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you...

...Been frequently depressed?

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

**UniverseText:** Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.128\_00.040    **Instrument Variable Name:** ANXYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    \*Read if necessary.

DURING THE PAST 12 MONTHS, have you...

...Been frequently anxious?

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

**UniverseText:**      Sample adults 18+

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

**Question ID:** ACN.130\_00.000    **Instrument Variable Name:** CANEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    Have you EVER been told by a doctor or other health professional that you had

...Cancer or a malignancy of any kind?

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

**UniverseText:**      Sample adults 18+

**SkipInstructions:**    <1> [goto CANKIND\_1]  
                         <2,R,D> [goto DIBEV]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.140\_00.001    **Instrument Variable Name:** CANKIND\_1    **QuestionnaireFileName:** Sample Adult

**QuestionText:**    What kind of cancer was it?

\* Enter code for the first kind of cancer.

- 01    Bladder
- 02    Blood
- 03    Bone
- 04    Brain
- 05    Breast
- 06    Cervix
- 07    Colon
- 08    Esophagus
- 09    Gallbladder
- 10    Kidney
- 11    Larynx-windpipe
- 12    Leukemia
- 13    Liver
- 14    Lung
- 15    Lymphoma
- 16    Melanoma
- 17    Mouth/tongue/lip
- 18    Ovary
- 19    Pancreas
- 20    Prostate
- 21    Rectum
- 22    Skin (non-melanoma)
- 23    Skin (DK what kind)
- 24    Soft tissue (muscle or fat)
- 25    Stomach
- 26    Testis
- 27    Throat - pharynx
- 28    Thyroid
- 29    Uterus
- 30    Other
- 97    Refused
- 99    Don't know

**UniverseText:**    Sample adults 18+ who were ever told they had cancer

**SkipInstructions:**    <1-30,R,D>[goto CANAGE\_1]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1\_CANKIND\_1

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2\_CANKIND\_1

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

Question ID: ACN.140\_00.002 Instrument Variable Name: CANKIND\_2 QuestionnaireFileName: Sample Adult

**QuestionText:**

\* Enter code for the second kind of cancer.

\* Enter '96' for no more.

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix
- 07 Colon
- 08 Esophagus
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-windpipe
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary
- 19 Pancreas
- 20 Prostate
- 21 Rectum
- 22 Skin (non-melanoma)
- 23 Skin (DK what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus
- 30 Other
- 96 No more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND\_1.

**SkipInstructions:** <1-30,R,D>[goto CANAGE\_2]  
<96> goto DIBEV

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1\_CANKIND\_2

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2\_CANKIND\_2

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

Question ID: ACN.140\_00.003 Instrument Variable Name: CANKIND\_3 QuestionnaireFileName: Sample Adult

**QuestionText:**

\* Enter code for the third kind of cancer.

\* Enter '96' for no more.

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix
- 07 Colon
- 08 Esophagus
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-windpipe
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary
- 19 Pancreas
- 20 Prostate
- 21 Rectum
- 22 Skin (non-melanoma)
- 23 Skin (DK what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus
- 30 Other
- 96 No more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND\_2.

**SkipInstructions:** <1-30,R,D>[goto CANAGE\_3]  
<96> [goto DIBEV]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1\_CANKIND\_3

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2\_CANKIND\_3

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.140\_00.004    **Instrument Variable Name:** CANKIND\_4    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Enter '95' if respondent offers more than 3 kinds of cancer.

\* Enter '96' for no more.

95 More than three kinds  
96 No more

**UniverseText:** Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND\_3

**SkipInstructions:** <95,96> [goto DIBEV]

**Question ID:** ACN.150\_00.001    **Instrument Variable Name:** CANAGE\_1    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when [fill: CANKIND\_1 /this cancer] was first diagnosed?

001-100 1-100 years  
997 Refused  
999 Don't know

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-100, D> [goto CANKIND\_2]  
<R> and <R> at CANKIND\_1 [goto DIBEV]  
<R> and CANKIND\_1 NE <R> [goto CANKIND\_2]

If number in CANAGE\_1 greater than person years old (AGE) goto ERR\_CANAGE\_1

**Question ID:** ACN.150\_00.002    **Instrument Variable Name:** CANAGE\_2    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when [fill: CANKIND\_2 /this cancer] was first diagnosed?

001-100 1-100 years  
997 Refused  
999 Don't know

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-100, D> [goto CANKIND\_3]  
<R> and <R> at CANKIND\_2 [goto DIBEV]  
<R> and CANKIND\_2 NE <R> [goto CANKIND\_3]

If number in CANAGE\_2 greater than person years old (AGE) goto ERR\_CANAGE\_2

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.150\_00.003    **Instrument Variable Name:** CANAGE\_3    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when [fill: CANKIND\_3/this cancer ] was first diagnosed?

- 001-100 1-100 years
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-100, D> [goto CANKIND\_4]  
<R> and <R> at CANKIND\_3 [goto DIBEV]  
<R> and CANKIND\_3 NE <R> [goto CANKIND\_4]

If number in CANAGE\_3 greater than person years old (AGE) goto ERR\_ CANAGE\_3

**Question ID:** ACN.160\_00.000    **Instrument Variable Name:** DIBEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** [fill: Other than during pregnancy, have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?/Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?]

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto DIBAGE]  
<2,3,R,D> [goto AHAYFYR]

**Question ID:** ACN.170\_00.000    **Instrument Variable Name:** DIBAGE    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes?

- 01-84 1-84 years
- 85 85+ years
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

**SkipInstructions:** <1-100 R,D> [goto INSLN]

If number in DIBAGE greater than person years old (AGE) goto ERR\_ DIBAGE

Note: Age is collected as 1-100 in the instrument and later top coded to 1-84 and 85+ years

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.180\_00.000    **Instrument Variable Name:** INSLN    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking insulin?

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

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

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

**Question ID:** ACN.190\_00.000    **Instrument Variable Name:** DIBPILL    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

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

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

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

**Question ID:** ACN.201\_01.000    **Instrument Variable Name:** AHAYFYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Hay fever?

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

**UniverseText:** Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.201\_02.000    **Instrument Variable Name:** SINYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Sinusitis?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.201\_03.000    **Instrument Variable Name:** CBRCHYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Chronic bronchitis?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.201\_04.000    **Instrument Variable Name:** KIDWKYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had  
.....Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

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

**UniverseText:** Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.201\_05.000    **Instrument Variable Name:** LIVYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

.....Any kind of liver condition?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.250\_00.000    **Instrument Variable Name:** JNTSYMP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto JMTHP]  
<2,R,D> [goto ARTH]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.260\_00.000    **Instrument Variable Name:** JMTHP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A4

Which joints are affected?

\* Enter all that apply, separate with commas.

- 01 Shoulder-right
- 02 Shoulder-left
- 03 Elbow-right
- 04 Elbow-left
- 05 Hip-right
- 06 Hip-left
- 07 Wrist-right
- 08 Wrist-left
- 09 Knee-right
- 10 Knee-left
- 11 Ankle-right
- 12 Ankle-left
- 13 Toes-right
- 14 Toes-left
- 15 Fingers/thumb-right
- 16 Fingers/thumb-left
- 17 Other joint not listed
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who had joint pain in the past 30 days

**SkipInstructions:** <1-17,R,D> [goto JNTCHR]

**Question ID:** ACN.270\_00.000    **Instrument Variable Name:** JNTCHR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did your joint symptoms FIRST begin more than 3 months ago?

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

**UniverseText:** Sample adults 18+ with joint pain

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.280\_00.000    **Instrument Variable Name:** JNTHP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER seen a doctor or other health professional for these joint symptoms?

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

**UniverseText:** Sample adults 18+ with joint pain

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

**Question ID:** ACN.290\_00.000    **Instrument Variable Name:** ARTH    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** If ARTH eq <1> or JNTSYMP eq <1> goto ARTHLMT; else [goto PAINECK]

**Question ID:** ACN.295\_00.000    **Instrument Variable Name:** ARTHLMT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

**UniverseText:** Sample adults 18+ with joint pain or arthritis

**SkipInstructions:** <1,2,R,D> if ARTH=1 [goto ARHTYP]; else [goto PAINECK]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.297\_00.010    **Instrument Variable Name:** ARTHTYP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** You just mentioned that you were told by a doctor or other health professional that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Which of these were you told you had?

\*Enter all that apply, separate with commas.

- 1 Arthritis
- 2 Rheumatoid arthritis
- 3 Gout
- 4 Lupus
- 5 Fibromyalgia
- 6 Other joint condition
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who were told they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia

**SkipInstructions:** <1-6,R,D> [goto PAINECK]

**Question ID:** ACN.300\_00.000    **Instrument Variable Name:** PAINECK    **QuestionnaireFileName:** Sample Adult

**QuestionText:** The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

During the PAST THREE MONTHS, did you have

... Neck pain?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.310\_00.000    **Instrument Variable Name:** PAINLB    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary.

During the PAST THREE MONTHS, did you have

... Low back pain?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto PAINLEG]  
<2,R,D> [goto PAINFACE]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.320\_00.000    **Instrument Variable Name:** PAINLEG    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did this pain spread down either leg to areas below the knees?

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

**UniverseText:** Sample adults 18+ with low back pain in the past 3 months

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

**Question ID:** ACN.331\_01.000    **Instrument Variable Name:** PAINFACE    **QuestionnaireFileName:** Sample Adult

**QuestionText:** During the PAST THREE MONTHS, did you have  
... Facial ache or pain in the jaw muscles or the joint in front of the ear?

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

**UniverseText:** Sample adults 18+

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

**Question ID:** ACN.331\_02.000    **Instrument Variable Name:** AMIGR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary:  
During the PAST THREE MONTHS, did you have

...Severe headache or migraine?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ACOLD2W]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.350\_00.000    **Instrument Variable Name:** ACOLD2W    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Hand calendar card

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto AINTIL2W]

**Question ID:** ACN.360\_00.000    **Instrument Variable Name:** AINTIL2W    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> if SEX=1 and age GE 40 [goto PROSTYR]; else if SEX=2 and AGE 18-49 [goto PREGNOW]; else if SEX=2 and AGE 50-55 [goto MENSYR]; else if SEX=2 and AGE 56-57 [goto MENOYR]; else if SEX=2 and AGE GE 58 [goto GYNYR] else [goto AHEARST1]

**Question ID:** ACN.370\_00.000    **Instrument Variable Name:** PREGNOW    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you currently pregnant?

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

**UniverseText:** Female sample adults 18-49 years of age

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.372\_00.010    **Instrument Variable Name:** MENSYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had any menstrual problems such as heavy bleeding, bothersome cramping, or pre-menstrual syndrome (also called PMS)?

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

**UniverseText:** Female sample adults 18-55

**SkipInstructions:** <1,2,R,D> if AGE 45-55 [goto MENOYR]; else [goto GYNYR]

**Question ID:** ACN.372\_00.020    **Instrument Variable Name:** MENOYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had any menopausal problems such as hot flashes, night sweats, or other menopausal symptoms?

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

**UniverseText:** Female sample adults 45-57

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

**Question ID:** ACN.372\_00.030    **Instrument Variable Name:** GYNYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had any gynecologic problems such as a vaginal infection, uterine fibroids, or infertility?

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

**UniverseText:** Female sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto AHEARST1]

**Question ID:** ACN.372\_00.040    **Instrument Variable Name:** PROSTYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had any men's health problems such as prostate trouble, or impotence?

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

**UniverseText:** Male sample adults 40+

**SkipInstructions:** <1,2,R,D> [goto AHEARST1]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.400\_00.010    **Instrument Variable Name:** AHEARST1    **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices.

Is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

- 1      Excellent
- 2      Good
- 3      A little trouble
- 4      Moderate hearing trouble
- 5      A lot of trouble
- 6      Deaf
- 7      Refused
- 9      Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRFAM]  
<2-6,R,D> [goto HRWORS]

**Question ID:** ACN.400\_00.020    **Instrument Variable Name:** HRWORS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Is your hearing WORSE in one ear than the other?

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

**UniverseText:** Sample adults 18+ who have other than excellent hearing

**SkipInstructions:** <1> [goto HRWHICH]  
<2,R,D> [goto HRWHISP]

**Question ID:** ACN.400\_00.030    **Instrument Variable Name:** HRWHICH    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Which ear is worse?

- 1      The right ear
- 2      The left ear
- 7      Refused
- 9      Don't know

**UniverseText:** Sample adults 18+ who hear worse in one ear than the other

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



**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.400\_00.070    **Instrument Variable Name:** HRTALK    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Can you usually HEAR AND UNDERSTAND what a person says without seeing his face if that person TALKS IN A NORMAL VOICE to you from across a quiet room?

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

**UniverseText:** Sample adults 18+ who cannot hear whispers across a quiet room

**SkipInstructions:** <1> [goto HRBACK]  
<2,R,D> [goto HRSHOUT]

**Question ID:** ACN.400\_00.080    **Instrument Variable Name:** HRSHOUT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Can you usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SHOUTS to you from across a quiet room?

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

**UniverseText:** Sample adults 18+ who cannot hear a normal voice across a quiet room

**SkipInstructions:** <1> [goto HRBACK]  
<2,R,D> [goto HRSPEAK]

**Question ID:** ACN.400\_00.090    **Instrument Variable Name:** HRSPEAK    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Can you usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SPEAKS LOUDLY into your [fill: ear/better ear]?

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

**UniverseText:** Sample adults 18+ who cannot hear a shouting voice across a quiet room

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.400\_00.100    **Instrument Variable Name:** HRBACK    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How often do you find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have other than excellent hearing

**SkipInstructions:** <1-5,R,D> [goto HRFRUST]

**Question ID:** ACN.400\_00.110    **Instrument Variable Name:** HRFRUST    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How often does your hearing cause you to feel frustrated when talking to members of your family or to friends? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have other than excellent hearing

**SkipInstructions:** <1-5,R,D> [goto HRSAFETY]

**Question ID:** ACN.400\_00.120    **Instrument Variable Name:** HRSAFETY    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How often does your hearing cause you to worry about your safety while working or doing other activities? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have other than excellent hearing

**SkipInstructions:** <1-5,R,D> if AHEARST1=2,R,D and HRWORS=2,R,D [goto HRFAM];  
else [goto HEARAGE1]

**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.400\_00.130    **Instrument Variable Name:** HEARAGE1    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when you began to have ANY permanent [fill: hearing loss/hearing loss in either ear]?

- 1 At birth
- 2 0 to 2 years of age
- 3 3 to 5 years of age
- 4 6 to 11 years of age
- 5 12 to 19 years of age
- 6 20 to 39 years of age
- 7 40 to 59 years of age
- 8 60 to 69 years of age
- 9 70 or more years of age
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

**SkipInstructions:** <1-9,R,D> [goto HRSUDDEN]

**Question ID:** ACN.400\_00.140    **Instrument Variable Name:** HRSUDDEN    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was your hearing loss sudden or gradual?

\*Read if necessary: Sudden means less than 3 months.

- 1 Sudden
- 2 Gradual
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

**SkipInstructions:** <1,2,R,D> [goto HRCAUS1]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.400\_00.150    **Instrument Variable Name:** HRC AUS1    **QuestionnaireFileName:** Sample Adult

**QuestionText:** What was the MAIN cause of your hearing loss?

- 01 Present at birth because mother had German Measles (Rubella) or Cytomegalovirus (CMV)
- 02 Present at birth for a genetic reason
- 03 Present at birth for some other reason, not including genetic or infectious disease
- 04 Infectious disease after birth (measles, meningitis, etc.)
- 05 Ear infections or Otitis Media
- 06 Ear injury (holes in eardrum, etc.)
- 07 Ear surgery
- 08 Ear disease, such as Meniere's Disease or Otosclerosis
- 09 Brain tumor (Acoustic Neuroma)
- 10 Loud, brief noise from gunfire, blasts, or explosions
- 11 Noise exposure from machinery, aircraft, power tools, loud music, appliances, personal stereos or MP3 players, hair dryers, etc.
- 12 Getting older/aging
- 13 Some other cause
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

**SkipInstructions:** <1-13,R,D> [goto HRFAM]

**Question ID:** ACN.400\_00.160    **Instrument Variable Name:** HRFAM    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have any of your friends or relatives ever told you that you have a hearing problem?

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

**UniverseText:** Sample adults 18+

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.400\_00.170    **Instrument Variable Name:** HRPROBHP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** When was the LAST time you saw a doctor or other health care professional about any hearing or ear problems?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0,4-6,R,D> [goto HRTEST]  
<1-3> [goto HRENT]

**Question ID:** ACN.405\_01.010    **Instrument Variable Name:** HRENT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 5 years, were you referred by your doctor or other health care professional to a  
  
...Hearing specialist, such as an Ear, Nose, and Throat doctor?

\*Read if necessary: Include an Otolaryngologist or Otologist

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

**UniverseText:** Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 1-4 years ago

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

**Question ID:** ACN.405\_02.020    **Instrument Variable Name:** HRAUD    **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

In the past 5 years, were you referred by your doctor or other health care professional to

...An audiologist or hearing aid dispenser?

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

**UniverseText:** Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 1-4 years ago

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.410\_00.010    **Instrument Variable Name:** HRTEST    **QuestionnaireFileName:** Sample Adult

**QuestionText:** When was the last time you had your hearing tested?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-6,R,D> [goto HRCOCREC]

**Question ID:** ACN.410\_00.020    **Instrument Variable Name:** HRCOCREC    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Has a hearing specialist, your doctor, or other health care professional ever recommended a cochlear implant to you?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRCOCNOW]  
<2,R,D> [goto HRAIDNOW]

**Question ID:** ACN.410\_00.030    **Instrument Variable Name:** HRCOCNOW    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now use a cochlear implant?

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

**UniverseText:** Sample adults 18+ who have had a cochlear implant recommended

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.410\_00.040    **Instrument Variable Name:** HRAIDNOW    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now use a hearing aid?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRAIDLNG] <2,R,D> [goto HRAIDEV]

**Question ID:** ACN.410\_00.050    **Instrument Variable Name:** HRAIDLNG    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How long have you used a hearing aid(s)?

- 1 Less than 6 weeks
- 2 6 weeks to 11 months
- 3 1 to 2 years
- 4 3 to 4 years
- 5 5 to 9 years
- 6 10 to 14 years
- 7 15 or more years
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who now use a hearing aid

**SkipInstructions:** <1-7,R,D> [goto HRAIDYR]

**Question ID:** ACN.410\_00.060    **Instrument Variable Name:** HRAIDYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 12 months, how often did you use a hearing aid? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who now use a hearing aid

**SkipInstructions:** <1-4,R,D> if AHEARST1=1 or AHEARST1=2,R,D and HRWORS=2,R,D [goto HRTIN];  
else [goto HRALDS]  
<5> [goto HRAIDNOT]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.410\_00.070    **Instrument Variable Name:** HRAIDEV    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever used a hearing aid in the past?

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

**UniverseText:** Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid

**SkipInstructions:** <1> [goto HRAIDLGP]  
<2,R,D> [goto HRAIDREC]

**Question ID:** ACN.410\_00.080    **Instrument Variable Name:** HRAIDREC    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid to you?

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

**UniverseText:** Sample adults 18+ who do not now use a hearing aid or who have not used one in the past or who refused to answer whether they use or have used a hearing aid

**SkipInstructions:** <1> [goto HRAIDNOT]  
<2,R,D> if AHEARST1=1 or AHEARST1=2,R,D and HRWORS=2,R,D [goto HRTIN];  
else [goto HRALDS]

**Question ID:** ACN.410\_00.090    **Instrument Variable Name:** HRAIDLGP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How long did you use a hearing aid(s) in the past?

- 1 Less than 6 weeks
- 2 6 weeks to 11 months
- 3 1 to 2 years
- 4 3 to 4 years
- 5 5 to 9 years
- 6 10 to 14 years
- 7 15 or more years
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have used a hearing aid in the past, but not currently

**SkipInstructions:** <1-7,R,D> [goto HRAIDOFT]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.410\_00.100    **Instrument Variable Name:** HRAIDOFT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** During this time, how often did you use a hearing aid? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a hearing aid in the past, but not currently

**SkipInstructions:** <1-5,R,D> [goto HRAIDNOT]

**Question ID:** ACN.410\_00.110    **Instrument Variable Name:** HRAIDNOT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Why have you decided not to use a hearing aid?

\*Enter all that apply, separate with commas.

- 1 It didn't help
- 2 Didn't like the way it sounded/Too loud/noisy
- 3 Whistling sounds
- 4 It was uncomfortable
- 5 It had frequent breakdowns/Needed repairs
- 6 Didn't like the way it looked
- 7 It cost too much
- 8 Don't think I need a hearing aid
- 9 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who said they currently use a hearing aid but have not used one in the past 12 months, or who have ever used a hearing aid, but not currently, or who have had a hearing aid recommended

**SkipInstructions:** <1-9,R,D> if AHEARST1=1 or AHEARST1=2,R,D and HRWORS=2,R,D [goto HRTIN];  
else [goto HRALDS]

**Question ID:** ACN.410\_00.120    **Instrument Variable Name:** HRALDS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Because of your hearing, have you ever used assistive listening devices (ALDs), such as FM systems, closed-caption television, or amplified telephone or relay services?

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

**UniverseText:** Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

**SkipInstructions:** <1> [goto HRALDTYP] <2,R,D> [goto HRTIN]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.410\_00.130    **Instrument Variable Name:** HRALDTYP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A5

Which of the following assistive listening devices have you ever used?

\*Enter all that apply, separate with commas.

- 1 Pocket talker or other personal listening device
- 2 Amplified telephone
- 3 Amplified or vibrating alarm clock
- 4 Notification or signaling system (light signaler for doorbell, baby cry monitor, etc.)
- 5 Television/Theater headset or closed-captioned TV
- 6 TTY (teletypewriter), TDD (telecommunications device for the deaf) or telephone relay service
- 7 Video relay service
- 8 Sign language interpreter
- 9 Other
- 97 Refused
- 98 Don't know

**UniverseText:** Sample adults 18+ who have ever used assistive listening devices

**SkipInstructions:** <1-9,R,D> [goto HRTIN]

**Question ID:** ACN.412\_00.010    **Instrument Variable Name:** HRTIN    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 12 months, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more?

Read if necessary: Tinnitus is the medical term for ringing, roaring or buzzing in the ears or head.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRTINLNG]  
<2,R,D> [goto HRFIRE]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.412\_00.020    **Instrument Variable Name:** HRTINLNG    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?

- 1      Less than 3 months
- 2      3 to 11 months
- 3      1 to 2 years
- 4      3 to 4 years
- 5      5 to 9 years
- 6      10 to 14 years
- 7      15 years or more
- 97     Refused
- 99     Don't know

**UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

**SkipInstructions:** <1-7,R,D> [goto HRTINOFT]

**Question ID:** ACN.412\_00.030    **Instrument Variable Name:** HRTINOFT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 12 months, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say...

\*Read categories below.

- 1      Almost always
- 2      At least once a day
- 3      At least once a week
- 4      At least once a month
- 5      Less frequently than once a month
- 7      Refused
- 9      Don't know

**UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

**SkipInstructions:** <1-7,R,D> [goto HRTINMUS]

**Question ID:** ACN.412\_00.040    **Instrument Variable Name:** HRTINMUS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you bothered by ringing, roaring, or buzzing in your ears or head ONLY after listening to loud sounds or loud music?

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

**UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.412\_00.050    **Instrument Variable Name:** HRTINSLP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?

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

**UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

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

**Question ID:** ACN.412\_00.060    **Instrument Variable Name:** HRTINPROB    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How much of a problem is this ringing, roaring, or buzzing in your ears or head? Would you say it is...

\*Read categories below.

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

**SkipInstructions:** <1-5,R,D> [goto HRTINDIS]

**Question ID:** ACN.412\_00.070    **Instrument Variable Name:** HRTINDIS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever discussed this ringing, roaring or buzzing in your ears or head with your doctor or other health care professional?

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

**UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

**SkipInstructions:** <1> [goto HRTINRM] <2,R,D> [goto HRFIRE]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date:** 17-Jul-06

**Question ID:** ACN.412\_00.072    **Instrument Variable Name:** HRTINRM    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever tried any remedies or treatments for this ringing, roaring, or buzzing in your ears or head?

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

**UniverseText:** Sample adults 18+ who have discussed the ringing, roaring, or buzzing in their ears or head with a doctor or other health care professional

**SkipInstructions:** <1> [goto HRREMTYP] <2,R,D> [goto HRFIRE]

**Question ID:** ACN.412\_00.074    **Instrument Variable Name:** HRREMTYP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

Which of the following treatments have you tried?

\*Enter all that apply, separate with commas.

- 01 Amplification/Hearing aids
- 02 Masking with wearable device (with or without hearing aids)
- 03 Masking with non-wearable device (sound generators to help with sleep)
- 04 Cognitive therapy with counseling
- 05 Stress reduction or relaxation methods
- 06 Biofeedback
- 07 Tinnitus retraining therapy (TRT)
- 08 Psychiatric treatment
- 09 Surgery to cut the hearing nerve
- 10 Drugs or medications
- 11 Nutritional supplements
- 12 Music therapy
- 13 Temporal mandibular joint treatment
- 14 Alternative methods (hypnosis, acupuncture, etc.)
- 15 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have tried remedies or treatments for the ringing, roaring, or buzzing in their ears or head

**SkipInstructions:** <1-15,R,D> [goto HRFIRE]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.413\_00.010    **Instrument Variable Name:** HRFIRE    **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next few questions are about your current or previous exposure to loud sounds or noises.

Have you ever used firearms for any reason?

\*Include target shooting, hunting, your job (including military service).

\*Firearms include pistols shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRFIRTY] <2,R,D> [goto HRWRKNOS]

**Question ID:** ACN.413\_00.020    **Instrument Variable Name:** HRFIRTY    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this for work, leisure, or both?

- 1 Work
- 2 Leisure
- 3 Both work and leisure
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used firearms

**SkipInstructions:** <1-3,R,D> [goto HRTOTR]

**Question ID:** ACN.413\_00.030    **Instrument Variable Name:** HRTOTR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** How many TOTAL rounds have you ever fired?

\*Read categories if necessary.

\*Include target shooting, hunting, your job (including military service).

\*One round equals one shot.

- 1 1 to less than 100 rounds
- 2 100 to less than 1000 rounds
- 3 1000 to less than 10,000 rounds
- 4 10,000 to less than 50,000 rounds
- 5 50,000 rounds or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used firearms

**SkipInstructions:** <1-5,R,D> [goto HR12MR]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.413\_00.040    **Instrument Variable Name:** HR12MR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 12 months, about how many rounds have you fired?

\*Read categories if necessary.

\*Include target shooting, hunting, your job (including military service).

\*One round equals one shot.

- 0 None
- 1 1 to less than 100 rounds
- 2 100 to less than 1000 rounds
- 3 1000 to less than 10,000 rounds
- 4 10,000 rounds or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used firearms

**SkipInstructions:** <0,R,D> [goto HRWRKNOS] <1-4> [goto HRFPROT]

**Question ID:** ACN.413\_00.050    **Instrument Variable Name:** HRFPROT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 12 months, when shooting firearms how often have you worn ear plugs or ear muffs? Would you say...  
\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used firearms in the past 12 months

**SkipInstructions:** <1-5,R,D> [goto HRWRKNOS]

**Question ID:** ACN.414\_00.010    **Instrument Variable Name:** HRWRKNOS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever had a job, or combination of jobs, where you were exposed to loud sounds or noise for 4 or more hours a day, several days a week? Loud means so loud that you must speak in a raised voice to be heard.

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

**UniverseText:** Sample adults 18+ who have ever worked

**SkipInstructions:** <1> [goto HRWRKTOT] <2,R,D> [goto HRLESNOS]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.414\_00.020    **Instrument Variable Name:** HRWRKTOT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** For how many months or years have you been exposed at work to loud sounds or noise for 4 or more hours a day, several days a week?

\*Read if necessary: Loud means so loud that you must speak in a raised voice to be heard.

- 1 Less than 3 months
- 2 3 months to 11 months
- 3 1 to 4 years
- 4 5 to 9 years
- 5 10 to 14 years
- 6 15 years or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a week

**SkipInstructions:** <1-6,R,D> [goto HRWRKYR]

**Question ID:** ACN.414\_00.030    **Instrument Variable Name:** HRWRKYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was any of this exposure to loud sounds or noise in the past 12 months?

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

**UniverseText:** Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a week

**SkipInstructions:** <1> [goto HRWKPROT] <2,R,D> [HRLESNOS]

**Question ID:** ACN.414\_00.040    **Instrument Variable Name:** HRWKPROT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 12 months, how often did you wear ear plugs or ear muffs when exposed to loud sounds or noise at work? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have had a job that exposed them to loud noise 4 or more hours a day, several days a week in the past 12 months

**SkipInstructions:** <1-5,R,D> [goto HRLESNOS]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.415\_00.010    **Instrument Variable Name:** HRLESNOS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill: Outside of work, have you ever been exposed to loud sounds or noise for at least once a month for a year? This includes noise from power tools, loud music, racing or speedways, household appliances, or other things/Have you ever been exposed to loud sounds or noise for at least once a month for a year? This includes noise from power tools, loud music, racing or speedways, household appliances, or other things]?

\*Read if necessary: Loud means so loud that you must speak in a raised voice to be heard.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRLESTYP] <2,R,D> [goto AVISION]

**Question ID:** ACN.415\_00.020    **Instrument Variable Name:** HRLESTYP    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A7

Which of the following activities have you ever been exposed to at least once a month for a year?

\*Enter all that apply, separate with commas.

- 01 Motorcycles/Auto racing/Snowmobile/Motor boat
- 02 Operating farm machinery
- 03 Wood cutting, woodworking, other workshop power tools
- 04 Lawn mower, electric trimmer, leaf/snow blower
- 05 Firearms
- 06 Household appliances: Blender/Mixer, food processor, vacuum cleaner, hair dryer, etc.
- 07 MP3 Player/iPod
- 08 Playing in a music group
- 09 Other music-related activities: Rock concerts, stereos, disco/clubs or bars
- 10 Other noise, non-work-related activities
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have ever been exposed to leisure-time noise at least once a month for a year

**SkipInstructions:** <1-10,R,D> [goto HRLESYR]

**Question ID:** ACN.415\_00.030    **Instrument Variable Name:** HRLESYR    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Were any of these activities in the past 12 months?

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

**UniverseText:** Sample adults 18+ who have ever been exposed to leisure-time noise at least once a month for a year

**SkipInstructions:** <1> [goto HRLSPROT] <2,R,D> [goto AVISION]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.415\_00.040    **Instrument Variable Name:** HRLSPROT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past 12 months, when exposed to loud noise or music [fill: outside of work], how often have you worn ear plugs or ear muffs? Would you say...  
\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have been exposed to leisure-time noise in the past 12 months

**SkipInstructions:** <1-5,R,D> [goto AVISION]

**Question ID:** ACN.430\_00.000    **Instrument Variable Name:** AVISION    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have any trouble seeing, even when wearing glasses or contact lenses?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ABLIND]  
<2,R,D> [goto LUPPRT]

**Question ID:** ACN.440\_00.000    **Instrument Variable Name:** ABLIND    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you blind or unable to see at all?

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

**UniverseText:** Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

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

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date: 17-Jul-06**

**Question ID:** ACN.451\_00.000    **Instrument Variable Name:** LUPPRT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost all of your upper and lower natural (permanent) teeth?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto MHSAD\_CK]

**Question ID:** ACN.470\_00.000    **Instrument Variable Name:** MHSAD\_CK    **QuestionnaireFileName:** Sample Adult

**QuestionText:** Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

- 1 Enter 1 to continue

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto SAD]

**Question ID:** ACN.471\_01.000    **Instrument Variable Name:** SAD    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8

During the PAST 30 DAYS, how often did you feel

... So sad that nothing could cheer you up?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto NERVOUS]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.471\_02.000    **Instrument Variable Name:** NERVOUS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8

\* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Nervous?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto RESTLESS]

**Question ID:** ACN.471\_03.000    **Instrument Variable Name:** RESTLESS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8

\* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Restless or fidgety?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto HOPELESS]

**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 17-Jul-06

**Question ID:** ACN.471\_04.000    **Instrument Variable Name:** HOPELESS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8

\* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Hopeless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto EFFORT]

**Question ID:** ACN.471\_05.000    **Instrument Variable Name:** EFFORT    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8

\* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto WORTHLS]

**2007 NHIS Questionnaire - Sample Adult  
Adult Conditions**

**Document Version Date:** 17-Jul-06

**Question ID:** ACN.471\_06.000    **Instrument Variable Name:** WORTHLS    **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8

\* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** If SAD eq <1-3> or NERVOUS eq <1-3> or RESTLESS eq <1-3> or HOPELESS eq <1-3> or EFFORT eq <1-3> or WORTHLS eq <1-3> [goto MHAMTMO]; else [goto next section]

**Question ID:** ACN.530\_00.000    **Instrument Variable Name:** MHAMTMO    **QuestionnaireFileName:** Sample Adult

**QuestionText:** We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

**SkipInstructions:** <1-4,R,D> [go to next section]