DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

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
3 There is MORE THAN ONE place
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,3> [go to APLKIND] <2,R,D> [go to AHCPLKND]

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

QuestionText: [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[Fill2: 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 Refused
9 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]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.037_00.000 **Instrument Variable Name:** AHCPLKND **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

0 Doesn't get preventive care anywhere
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 Refused
9 Don't know

UniverseText: 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 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.

SkipInstructions: <0-6,R,D> if AUSUALPL = 2,R,D goto AHCDLY_1
ELSE goto AHCCHGYR

Question ID: AAU.040_00.000 **Instrument Variable Name:** AHCCHGYR **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
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

SkipInstructions: <1>[goto AHCCHGHI]
<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

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

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

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Document Version Date: 05-May-09

Question ID: AAU.061_01.000 **Instrument Variable Name:** AHCDLY_1 **QuestionnaireFileName:** Sample Adult

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 through on the telephone.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

Question ID: AAU.061_02.000 **Instrument Variable Name:** AHCDLY_2 **QuestionnaireFileName:** Sample Adult

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 couldn't get an appointment soon enough.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

Question ID: AAU.061_03.000 **Instrument Variable Name:** AHCDLY_3 **QuestionnaireFileName:** Sample Adult

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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

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Document Version Date: 05-May-09

Question ID: AAU.061_04.000 **Instrument Variable Name:** AHCDLY_4 **QuestionnaireFileName:** Sample Adult

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?

...The (clinic/doctor's) office wasn't open when you could get there.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

Question ID: AAU.061_05.000 **Instrument Variable Name:** AHCDLY_5 **QuestionnaireFileName:** Sample Adult

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
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_1]

Question ID: AAU.111_01.000 **Instrument Variable Name:** AHCAFY_1 **QuestionnaireFileName:** Sample Adult

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?

...Prescription medicines.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
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Document Version Date: 05-May-09

Question ID: AAU.111_02.000 **Instrument Variable Name:** AHCAFY_2 **QuestionnaireFileName:** Sample Adult

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?

...Mental health care or counseling.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000 **Instrument Variable Name:** AHCAFY_3 **QuestionnaireFileName:** Sample Adult

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
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]

Question ID: AAU.111_04.000 **Instrument Variable Name:** AHCAFY_4 **QuestionnaireFileName:** Sample Adult

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
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.135_00.000 **Instrument Variable Name:** ADENLONG **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8

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

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[goto AHCSY1_1]

Question ID: AAU.141_01.000 **Instrument Variable Name:** AHCSY1_1 **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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_2]

Question ID: AAU.141_02.000 **Instrument Variable Name:** AHCSY1_2 **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?

...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses).

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
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Question ID: AAU.141_03.000 **Instrument Variable Name:** AHCSY1_3 **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 foot doctor.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_5]

Question ID: AAU.141_05.000 **Instrument Variable Name:** AHCSY1_5 **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 physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
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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]

DRAFT 2010 NHIS Questionnaire - Sample Adult
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Question ID: AAU.211_02.000 **Instrument Variable Name:** AHCSY8_ 9 **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 general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHCSYR10]
<2,R,D> [goto AHERNOYR]

Question ID: AAU.230_00.000 **Instrument Variable Name:** AHCSYR10 **QuestionnaireFileName:** Sample Adult

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

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

Question ID: AAU.240_00.000 **Instrument Variable Name:** AHERNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A9

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
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.250_00.000 **Instrument Variable Name:** AHCHYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

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

QuestionText: During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12	01-12 months
97	Refused
99	Don't know

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

SkipInstructions: <1-12,R,D>[goto AHCHNOYR]

Question ID: AAU.270_00.000 **Instrument Variable Name:** AHCHNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A10

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

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

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.280_00.000 **Instrument Variable Name:** AHCNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A9

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.

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]

Question ID: AAU.290_00.000 **Instrument Variable Name:** ASRGYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
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Question ID: AAU.300_00.000 **Instrument Variable Name:** ASRGNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

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]

Question ID: AAU.305_00.000 **Instrument Variable Name:** AMDLONG **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8 ? [F1]

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.

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

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto SHTFLUYR]

Question ID: AAU.310_00.000 **Instrument Variable Name:** SHTFLUYR **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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
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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

UniverseText: Sample adults 18+ who have had a flu shot

SkipInstructions: <1-12,D> [goto ASHFLU_Y] <R> [goto SPRFLUYR]

Question ID: AAU.312_02.000 **Instrument Variable Name:** ASHFLU_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their last flu shot or who didn’t know the month

SkipInstructions: <valid year,R,D> [goto SPRFLUYR]
[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 ASHFLU_M and ASHFLU_Y = a date before 12 months ago] goto ERR3_ASHFLU_Y

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Question ID: AAU.315_00.000 **Instrument Variable Name:** SPRFLUYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health 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).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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
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

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
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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.

Year	Year
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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

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

QuestionText: Have you EVER had chickenpox?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APOX12MO]
<2,R,D> [goto AHEP]

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Adult Access to Health Care & Utilization
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Question ID: AAU.340_00.000 **Instrument Variable Name:** APOX12MO **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

1 Yes
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

QuestionText: Have you EVER had hepatitis?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SHTHEPB]
<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

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.370_00.000 **Instrument Variable Name:** SHTHEPB **QuestionnaireFileName:** Sample Adult

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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

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 doses
2 Received less than 3 doses
7 Refused
9 Don't know

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

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

Question ID: AAU.390_00.010 **Instrument Variable Name:** SHTHEPA **QuestionnaireFileName:** Sample Adult

QuestionText: The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHEPANUM
<2,R,D> if AGE GE 50 goto SHINGLES
else goto SHTTD

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.400_00.010 **Instrument Variable Name:** SHEPANUM **QuestionnaireFileName:** Sample Adult

QuestionText: How many hepatitis A shots did you receive?

*Enter '96' if all shots were received

01-95	01-95 shots
96	Received all shots
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> if AGE GE 50 goto SHINGLES
elseif AGE LT 50 goto SHTTD

Question ID: AAU.410_00.010 **Instrument Variable Name:** SHINGLES **QuestionnaireFileName:** Sample Adult

QuestionText: Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 50+

SkipInstructions: <1,2,R,D> goto SHTTD

Question ID: AAU.420_00.010 **Instrument Variable Name:** SHTTD **QuestionnaireFileName:** Sample Adult

QuestionText: Have you received a tetanus shot in the past 10 years?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHTTD05
<2,R,D> goto LIVEV

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.430_00.010 **Instrument Variable Name:** SHTTD05 **QuestionnaireFileName:** Sample Adult

QuestionText: Was your most recent tetanus shot given in 2005 or later?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in the past 10 years

SkipInstructions: <1,R> if AGE le 64 goto SHTTDAP
elseif AGE gt 64 goto LIVEV
<2,D> goto LIVEV

Question ID: AAU.440_00.010 **Instrument Variable Name:** SHTTDAP **QuestionnaireFileName:** Sample Adult

QuestionText: There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did the doctor tell you the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark).

1 Yes-included pertussis
2 No-did not include pertussis
3 Doctor did not say
7 Refused
9 Don't know

UniverseText: Sample adults <65 who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond

SkipInstructions: <1-3,R,D> goto LIVEV

Question ID: AAU.450_00.010 **Instrument Variable Name:** LIVEV **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> goto TRAVEL

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 05-May-09

Question ID: AAU.460_00.010 **Instrument Variable Name:** TRAVEL **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.465_00.010 **Instrument Variable Name:** WRKHLTH **QuestionnaireFileName:** Sample Adult

QuestionText: Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.
*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.470_00.010 **Instrument Variable Name:** WRKDIR **QuestionnaireFileName:** Sample Adult

QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands on contact with patients.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who work or volunteer in a health-care setting

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