DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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

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

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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

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: <1,2,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]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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 CANEV]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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 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]

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

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

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

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

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

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

DRAFT 2010 NHIS Questionnaire - Sample Adult
Adult Conditions
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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

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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 DIBPRE1]

Question ID: ACN.165_00.000 **Instrument Variable Name:** DIBPRE1 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were never told they had diabetes, or who refused or said don’t know to having been told they had diabetes

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

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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]

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 ever told they had diabetes or prediabetic condition (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 ever told they had diabetes or prediabetic condition (other than during pregnancy)

SkipInstructions: <1,2,R,D> else 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]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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> [goto PAINECK]

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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]

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]

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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]

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]

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

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=2 and AGE 18-49 [goto PREGNOW]; else [goto HRAIDNOW]

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 HRAIDNOW]

Question ID: ACN.400_00.000 **Instrument Variable Name:** HRAIDNOW **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.410_00.000 **Instrument Variable Name:** HRAIDEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever used a hearing aid(s) 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: <1,2,R,D>[goto AHEARST1]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

Question ID: ACN.420_00.000 **Instrument Variable Name:** AHEARST1 **QuestionnaireFileName:** Sample Adult

QuestionText: 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 hearing
4	Moderate trouble
5	A lot of trouble
6	Deaf
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,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]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

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) A5

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]

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

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

QuestionText: (book) A5

* 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) A5

* 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]

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

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

QuestionText: (book) A5

* 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) A5

* 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]

DRAFT 2010 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 05-May-09

Question ID: ACN.471_06.000 **Instrument Variable Name:** WORTHLS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* 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> [goto next section]