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**DRAFT 2010 NHIS Questionnaire - Family****Family Disability: Version 2**Document Version Date: 05-May-09

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**Question ID:** FDB.020\_00.000 **Instrument Variable Name:** P2DFHEAR **QuestionnaireFileName:** Family**QuestionText:** With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

[fill 1: Are you/Is ALIAS] deaf or [fill 2: do you/does ALIAS] have serious difficulty hearing?

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

**UniverseText:** All persons age 1 or older and random number generator=2**SkipInstructions:** <1,2,D,R> goto P2DFSEE

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**Question ID:** FDB.040\_00.000 **Instrument Variable Name:** P2DFSEE **QuestionnaireFileName:** Family**QuestionText:** [fill 1: Are you/Is ALIAS] blind or [fill 2: do you/does ALIAS] have serious difficulty seeing even when wearing glasses?

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

**UniverseText:** All persons age 1 or older**SkipInstructions:** <1,2,D,R> if no more persons age 5 or older, goto end of section; else goto P2DFCON

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**Question ID:** FDB.060\_00.000 **Instrument Variable Name:** P2DFCON **QuestionnaireFileName:** Family**QuestionText:** Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have serious difficulty concentrating, remembering, or making decisions?

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

**UniverseText:** All persons 5 or older**SkipInstructions:** <1,2,D,R> goto P2DFWALK

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**Question ID:** FDB.080\_00.000 **Instrument Variable Name:** P2DFWALK **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Do you/Does ALIAS] have serious difficulty walking or climbing stairs?

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

**UniverseText:** All persons 5 or older

**SkipInstructions:** <1,2,D,R> goto P2DFDRES

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**Question ID:** FDB.100\_00.000 **Instrument Variable Name:** P2DFDRES **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Do you/Does ALIAS] have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don' know

**UniverseText:** All persons 5 or older

**SkipInstructions:** <1,2,D,R> if no more persons age 15 or older, goto end of section; else goto P2DFERR

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**Question ID:** FDB.120\_00.000 **Instrument Variable Name:** P2DFERR **QuestionnaireFileName:** Family

**QuestionText:** Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

**UniverseText:** All persons 15 or older

**SkipInstructions:** <1,2,D,R> if no more persons age 1 or older, goto end of section; else return to P2DFHEAR for next person age 1 or older

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