DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.100_00.000 **Instrument Variable Name:**   VIS_SS   **QuestionnaireFileName:**   Sample Adult

QuestionText: We just finished our regular questions. These next questions are new and we are testing them. Some may sound similar to questions you already answered.

Do you have difficulty seeing, even when wearing glasses? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto VIS_1]
<4> [goto HEAR_SS]

Question ID: QOL.110_00.000 **Instrument Variable Name:**   VIS_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you wear glasses to see far away?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not unable to see

SkipInstructions: <1,2,R,D>[goto VIS_2]

Question ID: QOL.120_00.000 **Instrument Variable Name:**   VIS_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have difficulty clearly seeing someone's face across a room {fill: even when wearing these glasses}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not unable to see

SkipInstructions: <1-4,R,D>[goto VIS_3]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.130_00.000 **Instrument Variable Name:** VIS_3 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you wear glasses for reading or to see up close?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not unable to see

SkipInstructions: <1,2,R,D>[goto VIS_4]

Question ID: QOL.140_00.000 **Instrument Variable Name:** VIS_4 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty clearly seeing the picture on a coin {fill:even when wearing these glasses}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not unable to see

SkipInstructions: <1-4,R,D>[goto HEAR_SS]

Question ID: QOL.150_00.000 **Instrument Variable Name:** HEAR_SS **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty hearing, even when using a hearing aid? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto HEAR_1]
<4>[goto MOB_SS]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.160_00.000 **Instrument Variable Name:** HEAR_1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use a hearing aid?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+who are not unable to hear

SkipInstructions: <1>[goto HEAR_2]
<2,R,D>[goto HEAR_3]

Question ID: QOL.160_00.001 **Instrument Variable Name:** HEAR_2 **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?

1	All of the time
2	Some of the time
3	Rarely
4	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use a hearing aid

SkipInstructions: <1-4,R,D>[goto HEAR_3]

Question ID: QOL.170_00.000 **Instrument Variable Name:** HEAR_3 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty hearing what is said in a conversation with one other person in a quiet room {fill: even when wearing your hearing aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+who are not unable to hear

SkipInstructions: <1-3,R,D>[goto HEAR_4]
<4>[goto MOB_SS]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.170_00.001 **Instrument Variable Name:** HEAR_4 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty hearing what is said in a conversation with one other person in a noisier room {fill: even when wearing your hearing aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room

SkipInstructions: <1-4,R,D>[goto MOB_SS]

Question ID: QOL.180_00.000 **Instrument Variable Name:** MOB_SS **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have any difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto MOB_1]

Question ID: QOL.190_00.000 **Instrument Variable Name:** MOB_1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty moving around inside your home? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto MOB_2]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.200_00.000 **Instrument Variable Name:** MOB_2 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use any equipment or receive help with walking, climbing steps, or moving around?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto MOB_3A]
<2,R,D>[goto MOB_4]

Question ID: QOL.200_00.001 **Instrument Variable Name:** MOB_3A **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use any of the following…

Cane or walking stick?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3B]

Question ID: QOL.200_00.002 **Instrument Variable Name:** MOB_3B **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use any of the following…

Walker or Zimmer frame?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3C]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.200_00.003 **Instrument Variable Name:** MOB_3C **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use any of the following…

Crutches?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3D]

Question ID: QOL.200_00.004 **Instrument Variable Name:** MOB_3D **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use any of the following…

Wheelchair?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3E]

Question ID: QOL.200_00.005 **Instrument Variable Name:** MOB_3E **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use any of the following…

Prothesis(es)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3F]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.200_00.006   **Instrument Variable Name:**   MOB_3F   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you use any of the following…

Someone's assistance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3G]

Question ID: QOL.200_00.007   **Instrument Variable Name:**   MOB_3G   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you use any of the following…

Other type of equipment or help?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1>[goto MOBSPEC]
<2,R,D>
if MOB_3D='1' [goto COM_SS]
else [goto MOB_4]

Question ID: QOL.200_00.008   **Instrument Variable Name:**   MOBSPEC   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Specify other type of equipment or help received for getting around

7	Refused
9	Don't know
verbatim	verbatim

UniverseText: Sample adults 18+ who use an other type of equipment or help for moving around

SkipInstructions: <allow,20,R,D>
if MOB_3D='1' [goto COM_SS]
else [goto MOB_4]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID:	QOL.210_00.000	**Instrument Variable Name:**	MOB_4	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block {fill: without the use of your aid}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do not use a wheelchair

SkipInstructions: <1-3,R,D>[goto MOB_5]
<4>[goto MOB_6]

Question ID:	QOL.220_00.000	**Instrument Variable Name:**	MOB_5	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks {fill: without the use of your aid}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do not use a wheelchair and can walk 100 (meters/yards) on level ground

SkipInstructions: <1-4,R,D>[goto MOB_6]

Question ID:	QOL.230_00.000	**Instrument Variable Name:**	MOB_6	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have difficulty walking up or down 12 steps {fill: without the use of your aid}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do not use a wheelchair

SkipInstructions: <1-4,R,D>
if MOB-2='2'[goto COM_SS]
else[goto MOB_7]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

| **Question ID:** | QOL.240_00.000 | **Instrument Variable Name:** | MOB_7 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Do you have difficulty walking 100 yards on level ground, that would be about the length of one (1) football field or one city block, when using your aid? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for getting around but do not use a wheelchair

SkipInstructions: <1-3,R,D>[goto MOB_8]
<4>[goto MOB_9]

| **Question ID:** | QOL.250_00.000 | **Instrument Variable Name:** | MOB_8 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks, when using your aid? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for getting around but do not use a wheelchair and can walk 100 yards on level ground

SkipInstructions: <1-4,R,D>[goto MOB_9]

| **Question ID:** | QOL.260_00.000 | **Instrument Variable Name:** | MOB_9 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Do you have difficulty walking up or down 12 steps, even when using your aid? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for getting around but do not use a wheelchair

SkipInstructions: <1-4,R,D>[goto COM_SS]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.270_00.000   **Instrument Variable Name:** COM_SS   **QuestionnaireFileName:** Sample Adult

QuestionText: Using you usual language, do you have difficulty communicating, for example understanding or being understood? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto COM_1]

Question ID: QOL.280_00.000   **Instrument Variable Name:** COM_1   **QuestionnaireFileName:** Sample Adult

QuestionText: Do people have difficulty understanding you when you speak? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: (if COM_SS IN (1,R,D) and COM_1 IN (1,R,D)) [goto COM_2]; else [goto P_COM_1A]

Question ID: QOL.285_01.000   **Instrument Variable Name:** P_COM_1A   **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following, if any, are reasons for your difficulty communicating or being understood? Please say yes or no to each.

…Because you sometimes talk too fast, feel shy or have trouble expressing yourself?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking

SkipInstructions: <1,2,R,D>[goto P_COM_1B]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.285_02.000 **Instrument Variable Name:** P_COM_1B **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following, if any, are reasons for your difficulty communicating or being understood? Please say yes or no to each.

…Because of a physical problem with your mouth or tongue?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking

SkipInstructions: <1,2,R,D>[goto P_COM_1C]

Question ID: QOL.285_03.000 **Instrument Variable Name:** P_COM_1C **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following, if any, are reasons for your difficulty communicating or being understood?   Please say yes or no to each.

…Because you need to understand other languages or different ways of speaking?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking

SkipInstructions: <1,2,R,D>[goto P_COM_1D]

Question ID: QOL.285_04.000 **Instrument Variable Name:** P_COM_1D **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following, if any, are reasons for your difficulty communicating or being understood?   Please say yes or no to each.

…Because you have trouble hearing?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking

SkipInstructions: <1,2,R,D>[goto P_COM_2]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.290_00.000   **Instrument Variable Name:**   COM_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you use sign language?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: QOL.300_00.000   **Instrument Variable Name:**   COG_SS   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have difficulty remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto UB_SS]
<2-4,R,D>[goto COG_1]

Question ID: QOL.310_00.000   **Instrument Variable Name:**   COG_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have difficulty remembering, concentrating, or both? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	Difficulty remembering only
2	Difficulty concentrating only
3	Difficulty with both remembering and concentrating
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering or concentrating

SkipInstructions: <1,3,R,D>[goto COG_2]
<2>[goto COG_4]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.320_00.000   **Instrument Variable Name:**   COG_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: How often do you have difficulty remembering? Would you say sometimes, often or all of the time?

1	Sometimes
2	Often
3	All of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto COG_3]

Question ID: QOL.330_00.000   **Instrument Variable Name:**   COG_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have difficulty remembering a few things, a lot of things, or almost everything?

1	A few things
2	A lot of things
3	Almost everything
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto P_COG_3A]

Question ID: QOL.335_01.000   **Instrument Variable Name:**   P_COG_3A   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each?

…I forget things because I am busy and have too much to remember.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto P_COG_3B]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.335_02.000   **Instrument Variable Name:**   P_COG_3B   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each?

…My difficulty is getting worse.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto P_COG_3C]

Question ID: QOL.335_03.000   **Instrument Variable Name:**   P_COG_3C   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each?

…My difficulty has put me or my family in danger.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto P_COG_3D]

Question ID: QOL.335_04.000   **Instrument Variable Name:**   P_COG_3D   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each?

…I only forget little or inconsequential things.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto P_COG_3E]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.335_05.000 **Instrument Variable Name:** P_COG_3E **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each?

…I must write down important things, such as my address or when to take medicine, so that I do not forget.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto P_COG_3F]

Question ID: QOL.335_06.000 **Instrument Variable Name:** P_COG_3F **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each?

…My family members or friends are worried about my difficulty remembering.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto P_COG_3G]

Question ID: QOL.335_07.000 **Instrument Variable Name:** P_COG_3G **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each?

…My difficulty is normal for someone my age.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: if COG_1=1 [goto UB_SS]
else [goto COG_4]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.340_00.000 **Instrument Variable Name:** COG_4 **QuestionnaireFileName:** Sample Adult

QuestionText: How much difficulty do you have concentrating for ten minutes? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty concentrating

SkipInstructions: <1,2,R,D>[goto UB_SS]
<3>[goto COG_5]

Question ID: QOL.350_00.000 **Instrument Variable Name:** COG_5 **QuestionnaireFileName:** Sample Adult

QuestionText: Would you say this is closer to a little, closer to a lot, or exactly in the middle?

1	Closer to a little
2	Closer to a lot
3	Exactly in the middle
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have somewhere in between a little and a lot of difficulty concentrating for ten minutes

SkipInstructions: <1,2,3,R,D>[goto UB_SS]

Question ID: QOL.360_00.000 **Instrument Variable Name:** UB_SS **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto UB_1]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.370_00.000   **Instrument Variable Name:**   UB_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto UB_2]

Question ID: QOL.380_00.000   **Instrument Variable Name:**   UB_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto LEARN_1]

Question ID: QOL.390_00.000   **Instrument Variable Name:**   LEARN_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have difficulty learning the rules for a new game? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto LEARN_2]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.400_00.000   **Instrument Variable Name:** LEARN_2   **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty understanding and following instructions for example, to use a cell phone or to get to a new place? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/Unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto ANX_1]

Question ID: QOL.410_00.000   **Instrument Variable Name:** ANX_1   **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D>[goto ANX_2]

Question ID: QOL.420_00.000   **Instrument Variable Name:** ANX_2   **QuestionnaireFileName:** Sample Adult

QuestionText: Do you take medication for these feelings?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: if (ANX_1 IN (4,5) and ANX_2=2) [goto DEP_1];
else [goto ANX_3]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.430_00.000   **Instrument Variable Name:**   ANX_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4A]
<3>[goto ANX_4]

Question ID: QOL.440_00.000   **Instrument Variable Name:**   ANX_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: Would you say this was closer to a little, closer to a lot, or exactly in the middle?

1	Closer to a little
2	Closer to a lot
3	Exactly in the middle
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and the last time they felt worried, anxious, or nervous described the level of these feelings as somewhere in between a little and a lot

SkipInstructions: <1-3,R,D>[goto P_ANX_4A]

Question ID: QOL.445_01.000   **Instrument Variable Name:**   P_ANX_4A   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…My feelings are caused by the type and amount of work I do.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4B]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.445_02.000 **Instrument Variable Name:** P_ANX_4B **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4C]

Question ID: QOL.445_03.000 **Instrument Variable Name:** P_ANX_4C **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…These are positive feelings that help me to accomplish goals and be productive.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4D]

Question ID: QOL.445_04.000 **Instrument Variable Name:** P_ANX_4D **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…The feelings sometimes interfere with my life, and I wish that I did not have them.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4E]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.445_05.000 **Instrument Variable Name:** P_ANX_4E **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…If I had more money or a better job, I would not have these feelings.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4F]

Question ID: QOL.445_06.000 **Instrument Variable Name:** P_ANX_4F **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…Everybody has these feelings. They are part of life and are normal.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4G]

Question ID: QOL.445_07.000 **Instrument Variable Name:** P_ANX_4G **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…I have been told by a medical prefessional that I have anxiety.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly and do not take medication for these feelings

SkipInstructions: <1,2,R,D>[goto DEP_1]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.450_00.000 **Instrument Variable Name:** DEP_1 **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D>[goto DEP_2]

Question ID: QOL.460_00.000 **Instrument Variable Name:** DEP_2 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you take medication for depression?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: (if DEP_1 IN (4,5) and DEP_2=2) [goto P_DEP_4A]
else [goto DEP_3]

Question ID: QOL.470_00.000 **Instrument Variable Name:** DEP_3 **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed or who take medication for depression

SkipInstructions: <1,2,R,D>[goto P_DEP_4A]
<3>[goto DEP_4]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.480_00.000   **Instrument Variable Name:**   DEP_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: Would you say this was closer to a little, closer to a lot, or exactly in the middle?

1	Closer to a little
2	Closer to a lot
3	Exactly in the middle
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed and the last time they felt depressed described the level of this feeling as somewhere in between a little and a lot

SkipInstructions: <1-3,R,D>[goto P_DEP_4A]

Question ID: QOL.485_01.000   **Instrument Variable Name:**   P_DEP_4A   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, in any, describe your feelings of being depressed? Please say yes or no to each.

…My feelings are caused by the death of a loved one.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed or who take medication for depression

SkipInstructions: <1,2,R,D>[goto P_DEP_4B]

Question ID: QOL.485_02.000   **Instrument Variable Name:**   P_DEP_4B   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, in any, describe your feelings of being depressed? Please say yes or no to each

.…Sometimes the feelings can be so intense that I cannot get out of bed.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed or who take medication for depression

SkipInstructions: <1,2,R,D>[goto P_DEP_4C]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.485_03.000 **Instrument Variable Name:** P_DEP_4C **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, in any, describe your feelings of being depressed? Please say yes or no to each

…The feelings sometimes interfere with my life, and I wish I did not have them.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed or who take medication for depression

SkipInstructions: <1,2,R,D>[goto P_DEP_4D]

Question ID: QOL.485_04.000 **Instrument Variable Name:** P_DEP_4D **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, in any, describe your feelings of being depressed? Please say yes or no to each

…If I had more money or a better job, I would not have these feelings.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed or who take medication for depression

SkipInstructions: <1,2,R,D>[goto P_DEP_4E]

Question ID: QOL.485_05.000 **Instrument Variable Name:** P_DEP_4E **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, in any, describe your feelings of being depressed? Please say yes or no to each

…Everybody has these feelings. They are part of life and normal.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed or who take medication for depression

SkipInstructions: <1,2,R,D>[goto P_DEP_4F]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.485_06.000   **Instrument Variable Name:** P_DEP_4F   **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, in any, describe your feelings of being depressed? Please say yes or no to each

…I have been told by a medical professional that I have depression.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel depressed or who take medication for depression

SkipInstructions: <1,2,R,D>[goto PAIN_1]

Question ID: QOL.490_00.000   **Instrument Variable Name:** PAIN_1   **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have frequent pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto PAIN_2]

Question ID: QOL.500_00.000   **Instrument Variable Name:** PAIN_2   **QuestionnaireFileName:** Sample Adult

QuestionText: In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: (if PAIN_1=2 and PAIN_2=1) [goto TIRED_1];
else [goto PAIN_3]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.510_00.000   **Instrument Variable Name:**   PAIN_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking about the last time you had pain, how long did the pain last? Would you say some of the day, most of the day, or all of the day?

1	Some of the day
2	Most of the day
3	All of the day
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1-3,R,D>[goto PAIN_4]

Question ID: QOL.520_00.000   **Instrument Variable Name:**   PAIN_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?

1	Closer to a little
2	Closer to a lot
3	Exactly in the middle
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5A]
<3>[goto PAIN_5]

Question ID: QOL.530_00.000   **Instrument Variable Name:**   PAIN_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: Would you say the amount of pain was closer to a little, closer to a lot, or exactly in the middle?

1	Closer to a little
2	Closer to a lot
3	Exactly in the middle
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who the last time they had pain it was somewhere between a little and a lot

SkipInstructions: <1-3,R,D>[goto P_PAIN5A]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.535_01.000 **Instrument Variable Name:** P_PAIN5A **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of pain? Please say yes or no to each.

…It is constantly present.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5B]

Question ID: QOL.535_02.000 **Instrument Variable Name:** P_PAIN5B **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of pain? Please say yes or no to each.

…Sometimes I'm in a lot of pain and sometimes it's not so bad.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5C]

Question ID: QOL.535_03.000 **Instrument Variable Name:** P_PAIN5C **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of pain? Please say yes or no to each.

…Sometimes it is unbearable and excruciating.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5D]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.535_04.000   **Instrument Variable Name:**   P_PAIN5D   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of pain? Please say yes or no to each.

…When I get my mind on other things, I am not aware of the pain.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5E]

Question ID: QOL.535_05.000   **Instrument Variable Name:**   P_PAIN5E   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of pain? Please say yes or no to each.

…Medication can take my pain away completely.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5F]

Question ID: QOL.535_06.000   **Instrument Variable Name:**   P_PAIN5F   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of pain? Please say yes or no to each.

…My pain is because of work.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5G]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.535_07.000 **Instrument Variable Name:** P_PAIN5G **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following statements, if any, describe your feelings of pain? Please say yes or no to each.

…My pain is because of exercise.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have frequent pain or have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto TIRED_1]

Question ID: QOL.540_00.000 **Instrument Variable Name:** TIRED_1 **QuestionnaireFileName:** Sample Adult

QuestionText: In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto QOL_1]
<2-4,R,D>[goto TIRED_2]

Question ID: QOL.550_00.000 **Instrument Variable Name:** TIRED_2 **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?

1	Some of the day
2	Most of the day
3	All of the day
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day

SkipInstructions: <1-3,R,D>[goto TIRED_3]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.560_00.000 **Instrument Variable Name:**   TIRED_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day

SkipInstructions: <1,2,R,D>[goto PTIRED4A]
<3>[goto TIRED_4]

Question ID: QOL.570_00.000 **Instrument Variable Name:**   TIRED_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: Would you say it was closer to a little, closer to a lot, or exactly in the middle?

1	Closer to a little
2	Closer to a lot
3	Exactly in the middle
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day and the last time they felt this way the level of tiredness was somewhere between a little and a lot

SkipInstructions: <1-3,R,D>[goto PTIRED4A]

Question ID: QOL.575_01.000 **Instrument Variable Name:**   PTIRED4A   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is your tiredness the result of any of the following? Please say yes or no to each.

…Too much work or exercise?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day

SkipInstructions: <1,2,R,D>[goto PTIRED4B]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.575_02.000 **Instrument Variable Name:** PTIRED4B **QuestionnaireFileName:** Sample Adult

QuestionText: Is your tiredness the result of any of the following? Please say yes or no to each.

…Not getting enough sleep?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day

SkipInstructions: <1,2,R,D>[goto PTIRED4C]

Question ID: QOL.575_03.000 **Instrument Variable Name:** PTIRED4C **QuestionnaireFileName:** Sample Adult

QuestionText: Is your tiredness the result of any of the following? Please say yes or no to each.

…A physical or health-related problem?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day

SkipInstructions: <1,2,R,D>[goto PTIRED4D]

Question ID: QOL.575_04.000 **Instrument Variable Name:** PTIRED4D **QuestionnaireFileName:** Sample Adult

QuestionText: Is your tiredness the result of any of the following? Please say yes or no to each.

…Something else?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day

SkipInstructions: <1> [goto PTIRED4E]
else [goto QOL_1]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID:	QOL.575_05.000	**Instrument Variable Name:**	PTIRED4E	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Specify other reason for tiredness

7	Refused
9	Don't know
Verbatim	verbatim

UniverseText: Sample adults 18+ who feel very tired or exhausted some days, most days, or every day and say something else for reason for tiredness

SkipInstructions: <allow,20,R,D> [goto QOL_1]

Question ID:	QOL.580_00.000	**Instrument Variable Name:**	QOL_1	**QuestionnaireFileName:**	Sample Adult

QuestionText: Are you limited in your ability to carry out daily activities? Would you say not at all, a little, a lot, or completely limited?

1	Not at all
2	A little
3	A lot
4	Completely
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>[goto QOL_2B]

Question ID:	QOL.590_00.002	**Instrument Variable Name:**	QOL_2B	**QuestionnaireFileName:**	Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Working outside the home to earn an income?

1	Do the activity
2	Don't do the activity
3	Unable to do the activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto QOL_2C]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.590_00.003 **Instrument Variable Name:** QOL_2C **QuestionnaireFileName:** Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Going to school or achieving your education goals?

1 Do the activity
2 Don't do the activity
3 Unable to do the activity
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto QOL_2D]

Question ID: QOL.590_00.004 **Instrument Variable Name:** QOL_2D **QuestionnaireFileName:** Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Participating in leisure or social activities?

1 Do the activity
2 Don't do the activity
3 Unable to do the activity
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto QOL_2E]

Question ID: QOL.590_00.005 **Instrument Variable Name:** QOL_2E **QuestionnaireFileName:** Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Getting out with friends or family?

1 Do the activity
2 Don't do the activity
3 Unable to do the activity
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto QOL_2F]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.590_00.006 **Instrument Variable Name:** QOL_2F **QuestionnaireFileName:** Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Doing household chores such as cooking and cleaning?

1	Do the activity
2	Don't do the activity
3	Unable to do the activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto QOL_2G]

Question ID: QOL.590_00.007 **Instrument Variable Name:** QOL_2G **QuestionnaireFileName:** Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Using transportation to get to places you want to go?

1	Do the activity
2	Don't do the activity
3	Unable to do the activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto QOL_2H]

Question ID: QOL.590_00.008 **Instrument Variable Name:** QOL_2H **QuestionnaireFileName:** Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Participating in religious activities?

1	Do the activity
2	Don't do the activity
3	Unable to do the activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto QOL_2I]

DRAFT 2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 04-Aug-09

Question ID: QOL.590_00.009 **Instrument Variable Name:** QOL_2I **QuestionnaireFileName:** Sample Adult

QuestionText: For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Participating in community gatherings?

1	Do the activity
2	Don't do the activity
3	Unable to do the activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto next section]