Attachment 3i Adult Epilepsy (1 minute)

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| DRAFT 2010 NHIS Questionnaire - Sample Adult Adult Conditions Document Version Date: 23-Jul-09 | | | | |
|--|---|-----------------------|---------------------------------------|-------------------------|
| Question ID: | ACN.192_00.010 Instrument Variable Name: | EPILEP1 | QuestionnaireFileName: | Sample Adult |
| QuestionText: | Have you ever been told by a doctor that yo | ou have a seizure dis | order or epilepsy? | |
| 1 | Yes | | | |
| 2 | No | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseText | Sample adults 18+ | | | |
| SkipInstructio | ons: <1> [goto EPILEP2] <2,R,D> [goto | AHAYFYR] | | |
| Question ID: | ACN.192_00.020 Instrument Variable Name: | EPILEP2 | QuestionnaireFileName: | Sample Adult |
| QuestionText: | Are you currently taking any medicine to co | ontrol your seizure d | isorder or epilepsy? | |
| 1 | Yes | | | |
| 2 | No | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseText | : Sample adults 18+ who have ever be | en told they have ep | ilepsy or a seizure disorder | |
| SkipInstructio | ons: <1,2,R,D>[goto EPILEP3] | | | |
| Question ID: | ACN.192_00.030 Instrument Variable Name: | EPILEP3 | QuestionnaireFileName: | Sample Adult |
| JuestionText: | Today is [fill: Current Date]. Think back to had in the past year? | last year about the | same time. About how many seizur | es of any type have you |
| | *Read if necessary: Some people may call i "staring spell," or "out-of-touch.". | t "convulsion," "fit, | " "falling out spell," "episode," "at | tack," "drop attack," |
| | *If the respondent mentions and counts "au had nothing more than an aura and is unsur | | | |
| 1 | None | | | |
| 2 | One | | | |
| 3 | Two or three | | | |
| 4 | Between four and ten | | | |
| 5 | More than 10 | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseText | : Sample adults 18+ who have ever be | en told they have ep | ilepsy or a seizure disorder | |
| | | | | |

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|--|---|--|--|--|
| Question ID: | ACN.192_00.040 Instrument Variable Name: EPILEP4 QuestionnaireFileName: Sample Adult | | | |
| QuestionText: | In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder? | | | |
| 1 | Yes | | | |
| 2 | No | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseText: | Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder | | | |
| SkipInstructio | ons: <1,2,R,D> [goto EPILEP5] | | | |
| Question ID: | ACN.192_00.050 Instrument Variable Name: EPILEP5 QuestionnaireFileName: Sample Adult | | | |
| QuestionText: | DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say | | | |
| | *Read categories below. | | | |
| 1 | Not at all | | | |
| 2 | Slightly | | | |
| 3 | Moderately | | | |
| 4 | Quite a bit | | | |
| 5 | Extremely | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseText: | Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder | | | |
| SkipInstructio | ons: <1-5,R,D> [goto AHAYFYR] | | | |