	DRAFT 2013 NHIS Questionnaire - Family
	Family Identification
	-
	Document Version Date: 20-Aug-13
Question ID:	FID.100_00.000 Instrument Variable Name: HHCHANGE QuestionnaireFileName: Family
QuestionText:	I have recorded that [your name is {fill fullname}, you are /fill ALIAS is] [fill sex], [fill age] years old, born on [fil birthdate]. [His/Her] national origin is [fill Hispanic origin], and [his/her] race is [fill race]: Is this information correct?
1	Yes, this information is correct
2	No, correction(s) needed/more corrections needed
UniverseTex	t: All nondeleted family members
	if SCREENIN = 0 and I_SCRN_STATUS = S [goto EXIT(HHC)] else [goto FIDCC13]
Ouestion ID:	<2> [goto CWHAT2] FID 110_00_000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family
	FID.110_00.000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family
	FID.110_00.000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family * Change(s) needed for [ALIAS].
QuestionText:	FID.110_00.000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family * Change(s) needed for [ALIAS]. * Enter each number that applies. If a wrong choice, type that choice again.
QuestionText: 1	FID.110_00.000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family * Change(s) needed for [ALIAS]. * Enter each number that applies. If a wrong choice, type that choice again. Name
QuestionText:	FID.110_00.000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family * Change(s) needed for [ALIAS]. * Enter each number that applies. If a wrong choice, type that choice again.
QuestionText: 1 2	FID.110_00.000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family * Change(s) needed for [ALIAS]. * Enter each number that applies. If a wrong choice, type that choice again. Name Age or DOB Sex
2 3	FID.110_00.000 Instrument Variable Name: CWHAT2 QuestionnaireFileName: Family * Change(s) needed for [ALIAS]. * Enter each number that applies. If a wrong choice, type that choice again. Name Age or DOB

<1> [goto CHG_NAME_FNAME] SkipInstructions: <1> [goto CHG_NAME_FNAM <2> [goto CHG_AGEDOB_1] <3> [goto CHG_SEX] <4> [goto CHG_NATOR] <5> [goto CHG_RACE]

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			8		
Question ID:	FID.245_00.000	Instrument Variable Name:	HHCHANGE_1	QuestionnaireFileName:	Family
QuestionText:		n is {fill Hispanic origin}, and		is {fill age}, date of birth is {fi	ll birthdate}, {his/her}
1	Yes, this info	ormation is correct			
2	No, correctio	n(s) needed/more corrections	needed		
UniverseTex	All non	deleted family members with	a change made to their	demographic information	
SkipInstruct		no additional PX remain if SCREENIN = 0 and I_SCH else GOTO FIDCC13 DTO ERR_HHCHANGE_1	RN_STATUS = S, GOT	O EXIT(HHC)	
Hard Edit:			ome demographic inforr	nation or arrow down and press	enter to change your
	Defaul	t Goto should be CWHAT2			
Question ID:	FID.250 00.000	Instrument Variable Name:	MARITAL	QuestionnaireFileName:	Family
QuestionText:	* ASK OR VI			-	
	[fill: Are you/	Is ALIAS] now married, wide	owed, divorced, separate	ed, never married, or living with	a partner?
1	Married				
2	Widowed				
3	Divorced				
4	Separated				
5	Never Marrie	ed			
6	Living with p	bartner			
7	Refused				
9	Don't know				
UniverseTex	All per	sons, 14 and older, who don't	have a marital status ye	t	
SkipInstruct	UniverseText:All persons, 14 and oSkipInstructions:<1> [goto SPFLAG] <2-5, R, D> [goto FII <6> if LINTAL[FAM else [goto COHAB1]		FIDCCI4]		

Family Identification

Question ID:	FID.260_00.0	000 Instrument Variable Name	: SPOUS	QuestionnaireFileName:	Family
QuestionText:	* ASK OF	R VERIFY			
	Is [fill: yo	ur/ALIAS's] spouse living in the	e household?		
1	Yes				
2	No				
7	Refused				
9	Don't kno	OW			
UniverseTex	t: Ap	potential spouse lives in the unit			
SkipInstruct	else	> If SPOUS2[PX] = null [goto S e [goto FIDCCI3] R,D> [goto FIDCCI3]	SPOUS2]		

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Question ID: FID.270_	_00.000 Instrument Variable Name:	SPOUS2	QuestionnaireFileName:	Family
QuestionText: * Pro	be as necessary and enter the line number	of the spouse.		
[Disp	lay all possible spouse candidates]			
01-25 Perso	on # of spouse			
UniverseText:	Person has an unidentified spouse in the	e household.		
SkipInstructions:	Do not allow line number of the subject <1-25,R,D> [goto FIDCCI3]	to be entered. If so [goto	ERR_SPOUS2]	
Hard Edit:	ERR1_SPOUS2			
	*Person can't be his or her own spouse. *Please correct.			
Soft Edit:	ERR2_SPOUS2 *If [ALIAS (SPOUS2(PX)] is [ALIAS (*Correct relationship code at RPREL or			value should be '02'.
	*First GOTO is to change Relationship *Second GOTO is to choose different sp		S2(PX))]	
	Questions involved RPREL: Relationship to Ref Person SPOUS2	Value RPREL(SPOUS2(PX ALIAS (SPOUS2(PX)		
	ERR3_SPOUS2 *Do not read this message to the respon *The married couple [ALIAS (SPOUS2 *Suppress message if correct. *Otherwise, correct SEX of either person	(PX))] and [ALIAS (PX)		
	*First GOTO is to choose different spot *Second GOTO is to change SEX of sp *Third GOTO is to change SEX of [AL	ouse [ALIAS (SPOUS2(PX))]	
	Questions involved SPOUS2 SEX SEX	Value ALIAS (SPOUS2(PX SEX (SPOUS2(PX)) SEX (PX)))	
	ERR4_SPOUS2 *Age difference between spouses is great I have recorded [ALIAS (PX)] is [AGE [AGE(SPOUS2(PX))] years old. Are th	(PX)] years old and [fill:	his/her] spouse [ALIAS(SP	OUS2(PX))] is
	*First GOTO is to choose different spot *Second GOTO is to change AGE of sp *Third GOTO is to change AGE of [AL	ouse [ALIAS (SPOUS2)	[PX))]	
	Questions involved SPOUS2 AGE AGE	Value ALIAS (SPOUS2(PX AGE (SPOUS2(PX)) AGE (PX)		

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Question ID:	FID.280_00.0	00	nstrument V	ariable Name	COHAB1	QuestionnaireFi	eName:	Family
QuestionText:	[fill: Have	you/ł	[as ALIAS]	ever been ma	urried?			
1	Yes							
2	No							
7	Refused							
9	Don't kno	W						
UniverseText	t: Ma	ital st	atus is "livir	ig with a part	ner."			
SkipInstructi	<2,	R,D>	COHAB2] f COHAB3 FIDCCI3]	[PX] = null [§	goto COHAB3]			
		10						
Question ID:	FID.290_00.0			ariable Name	: COHAB2	 QuestionnaireFi	eName:	Family
Question ID: QuestionText:		00	nstrument V		: COHAB2 marital status?	QuestionnaireFi	eName:	Family
		00	nstrument V			QuestionnaireFi	eName:	Family
QuestionText:	What is [f	00	nstrument V			QuestionnaireFi	eName:	Family
QuestionText: 1	What is [f Married	00	nstrument V			 QuestionnaireFi	eName:	Family
QuestionText: 1 2	What is [f Married Widowed	00 I 11: yo	nstrument V			QuestionnaireFi	eName:	Family
QuestionText: 1 2 3	What is [f Married Widowec Divorced	00 I 11: yo	nstrument V			QuestionnaireFi	eName:	Family
QuestionText: 1 2 3 4	What is [f Married Widowec Divorced Separated	00 I 11: yo	nstrument V			QuestionnaireFi	eName:	Family
QuestionText: 1 2 3 4 7	What is [f Married Widowed Divorced Separated Refused Don't kno	00 1 11: you	nstrument V ır/ALIAS's]	current legal		QuestionnaireFi	eName:	Family

Family Identification

Question ID: FID.	.300_00.000 Instrument Variable Name:	COHAB3	QuestionnaireFileName:	Family
	Probe as necessary and enter the line number		partner.	, and a second sec
	Display all possible cohabitation candidates]		•	
-	Person number			
UniverseText:	Cohabiting partner has yet to be identifie	ed.		
SkipInstructions:	If line number of the subject is entered [§ <1-25,R,D> [goto FIDCCI3]	goto ERR_COHA	AB3]	
Hard Edit:	ERR1_COHAB3			
	* Person can't be his or her own partner.* Please correct.			
Soft Edit:	ERR2_COHAB3			
	*If [ALIAS (COHAB3(PX))] is [ALIAS should be '03'.			X))]'s RPREL value
	*Correct relationship code at RPREL or	change answer a	t COHAB3.	
	*First GOTO is to change Relationship of *Second GOTO is to choose different co			
	Questions involved RPREL: Relationship to Ref Person COHAB3	Value RPREL(COH ALIAS (COH		
	ERR3_COHAB3 *If [ALIAS (COHAB3(PX))] and [ALIA codes equal to '04' for 'Child'. One of t *Correct relationship code at RPREL or	their RPREL cod	es should equal '12' for 'Other rel	
	*First GOTO is to change Relationship of *Second GOTO is to change Relationshi *Third GOTO is to choose different cohe	ip code of [ALIA	S (PX)]	
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person COHAB3	Value Child Child ALIAS (COH	AB3 (PX))	
	ERR4_ COHAB3 *Age difference between cohabiting part I have recorded [ALIAS (PX)] is [AGE([ALIAS(COHAB3(PX))] is [AGE(COH	PX)] years old an	nd [fill: his/her] cohabiting partner	
	*First GOTO is to choose different cohal *Second GOTO is to change AGE of col *Third GOTO is to change AGE of [ALI	habiting partner [
	Questions involved COHAB3 AGE AGE	Value ALIAS (COH AGE (COHAI AGE (PX)		

Family Identification

Question ID:	FID.322_00.000 Instrument Variable Name: DEGREE4 QuestionnaireFileNa	me: Family
QuestionText:	I noted that [father's fullname] is the father of [child's fullname]. Is [child's fullname] his bic or [fill: son/daughter] in law?	logical, adoptive, step, foster,
1	Biological	
2	Adoptive	
3	Step	
4	Foster	
5	-in-law	
7	Refused	
9	Don't know	

Family Identification

UniverseText:	When the reference person is the person in	question's parent.
SkipInstructions:	<1> if AGEDIFF <12 [goto ERR_DEGRE if ERR_DEGREE4 = 1 [goto FIDCCI4B] else reset DEGREE4 [goto DEGREE4] en else [goto FIDCCI4B] <2-5,R,D> [goto FIDCCI4B]	
Hard Edit:	ERR2_DEGREE4 *Age difference between father and child I have recorded [ALIAS (X2)] is [AGE(X Are these ages and relationships correct? * Please correct relationship code or age.	is [AGEDIFF] years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of father *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] [ALIAS(X2)]
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)
Soft Edit:	ERR1_DEGREE4 *Age difference between father and child i I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	s only [AGEDIFF] years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of father *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] [ALIAS(X2)]
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)
	If suppressed and additional persons remain else GOTO FIDCCI4B, endif	in, GOTO FIDCCI4
	ERR3_DEGREE4 *Age difference between father and child i I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	s greater than or equal to 50 years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of father *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] [ALIAS(X2)]
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)

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If suppressed and additional persons remain, GOTO FIDCCI4 else GOTO FIDCCI4B, endif

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Question ID:	FID.324_00.000 Instrumer	t Variable Name:	DEGREE5	QuestionnaireFileName:	Family
QuestionText:	I noted that [mother's full foster, or [fill: son/daugh	-	of [child's fullname].	Is [child's fullname] her biolog	gical, adoptive, step,
1	Biological				
2	Adoptive				
3	Step				
4	Foster				
5	-in-law				
7	Refused				
9	Don't know				

Family Identification

UniverseText:	When the reference person is the person in question's parent.				
SkipInstructions:	<1> if AGEDIFF <12 [goto ERR_DEGRE if yes, continue the interview [goto FIDCC else, reset DEGREE5 [goto DEGREE5] er else [goto FIDCCI4B] <2-5,R,D> [goto FIDCCI4B]	CI4B]			
Hard Edit:	ERR2_DEGREE5 *Age difference between mother and child I have recorded [ALIAS (X2)] is [AGE(X Are these ages and relationships correct? * Please correct relationship code or age.	l is [AGEDIFF] years. 2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old.			
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of mothe *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] r [ALIAS(X2)]			
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
Soft Edit:	ERR1_DEGREE5 *Age difference between mother and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	l is only [AGEDIFF] years. 2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are			
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of mothe *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] r [ALIAS(X2)]			
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
	If suppressed and additional persons remain, GOTO FIDCCI4 else GOTO FIDCCI4B, endif				
	ERR3_DEGREE5 *Age difference between mother and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	is greater than or equal to 50 years. 2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are			
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of mothe *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] r [ALIAS(X2)]			
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			

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If suppressed and additional persons remain, GOTO FIDCCI4 else GOTO FIDCCI4B, endif

Question ID:	FID.326_00.000	Instrument Variable Name:	MOTHER	QuestionnaireFileName:	Family		
QuestionText:	mother-in-law * Enter the lin If the mothe	ALIAS's] mother a household	her-in-law. sehold member, enter	ological (natural), adoptive, step, "0".	, or foster mother or		
00	Mother not a	household member					
01-25	Person numb	er of mother					
97	Refused	Refused					
99	Don't know	Don't know					
UniverseTex	ext: Potential mother in the Family, mother not already identified						
SkipInstructions: <01-25> [goto MOTHERCK_A] <0,R,D> [goto FIDCCI5]							

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Question ID: FID.330_01.000 Instrument Variable Name: MOTHERCK_A QuestionnaireFileName: Family QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law? 1 Biological mother 2 Adoptive mother 3 Step mother 4 Foster mother 5 Mother-in-law

- 7 Refused
- 9 Don't know

Family Identification

UniverseText:	Mother is in the immediate family.				
SkipInstructions:	<1> If AGEDIFF <12 [goto ERR_MOTHI if <1> [goto FIDCCI5] elseif <2> [goto MOTHER] elseif <3>, reset MOTHERCK_A [goto M else [goto FIDCCI5] <2-5,R,D> [goto FIDCCI5]				
Hard Edit:	[AGE(PX)] years old. Are these ages and * Please correct relationship code or age.*First GOTO is to change code at MOTHI	is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is relationships correct?			
	*Second GOTO is to change AGE of moth *Third GOTO is to change AGE of child [
		Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)			
Soft Edit:	[AGE(PX)] years old. Are these ages and *First GOTO is to change code at MOTHE *Second GOTO is to change AGE of moth	is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is relationships correct? ER er [ALIAS (LNMOM[PX])]			
	AGE	ALIAS(PX)] Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)			
	if suppressed goto FIDCCI5				
	ERR3_MOTHERCK_A *Age difference between mother and child I have recorded [ALIAS (LNMOM[PX])] [AGE(PX)] years old. Are these ages and	is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is			
	*First GOTO is to change code at MOTHE *Second GOTO is to change AGE of moth *Third GOTO is to change AGE of child [er [ALIAS (LNMOM[PX])]			
	Questions involved MOTHER AGE AGE	Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)			
	if suppressed goto FIDCCI5				

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Question ID: F	ID.330_02.000 Instrument Variable Name: MOM_CKFG QuestionnaireFileName: Family							
QuestionText:	[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?							
UniverseText:	UniverseText: Mother is in the immediate family.							
SkipInstruction	<pre>is: <1> If AGEDIFF <12 [goto ERR_MOTHERCK_A] if <1> [goto FIDCCI5]</pre>							
	elseif <2> [goto MOTHER] elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]							
	else [goto FIDCCI5]							
	<2-5,R,D> [goto FIDCCI5]							
Question ID: F	ID.340_00.000 Instrument Variable Name: FATHER QuestionnaireFileName: Family							
QuestionText:	* Ask or verify							
	Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father- in-law).							
	* Enter the line number of the father or father-in-law.							
	* If the father is not a household member, enter '0'.							
	* Choose father over father-in-law if both are present.							
00	Father not in household							
01-25	Person # of father							
97	Refused							
99	Don't know							
UniverseText:	Potential Father in Family, not already identified							
SkipInstruction	as: <1-25> [goto FATHERCK_A]							

<1-25> [goto FATHERCK_A] <0,R,D> [goto FIDCCI4]

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Question ID: FID.350_01.000 Instrument Variable Name: FATHERCK_A QuestionnaireFileName: Family QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law? 1 Biological father 2 Adoptive father 3 Step father 4 Foster father 5 Father-in-law 7 Refused

9 Don't know

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UniverseText:	Father is in the immediate family.				
SkipInstructions:	<1> If AGEDIFF <12 [goto ERR_FATHERCK_A] if ERRFATHERCK_A = <1> [goto FIDCCI4] elseif <2> [goto FATHER] elseif <3> reset FATHERCK_A [goto FATHERCK_A] endif else [goto FIDCCI4] <2-5,R,D> [goto FIDCCI4]				
Hard Edit:	ERR2_FATHERCK_A *Age difference between father and child is [AGEDIFF] years. I have recorded [ALIAS(LNDAD[PX])] is [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct? * Please correct relationship code or age.				
	*First GOTO is to change code at FATHE *Second GOTO is to change AGE of fathe *Third GOTO is to change AGE of child [er [ALIAS (LNDAD[PX])]			
	Questions involved FATHER AGE AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)			
Soft Edit:	is only [AGEDIFF] years. s [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is relationships correct?				
	*First GOTO is to change code at FATHE *Second GOTO is to change AGE of fathe *Third GOTO is to change AGE of child [er [ALIAS (LNDAD[PX])]			
	Questions involved FATHER AGE AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)			
	if suppressed goto FIDCCI4				
ERR3_FATHERCK_A *Age difference between father and child is greater than or equal to 50 years. I have recorded [ALIAS(LNDAD[PX])] is [AGE (LNDAD[PX])] years old and his child [/ [AGE(PX)] years old. Are these ages and relationships correct?					
	*First GOTO is to change code at FATHER *Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])] *Third GOTO is to change AGE of child [ALIAS(PX)]				
	AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)			
	if suppressed goto FIDCCI4				

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Question ID: FID.3	50_02.000 Instrument Variable Name: DAD_CKFG QuestionnaireFileName: Family
QuestionText: [fi	ll1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?
UniverseText:	Father has been identified
SkipInstructions:	<1> If AGEDIFF <12 [goto ERR_FATHERCK_A] if ERRFATHERCK_A = <1> [goto FIDCCI4] elseif <2> [goto FATHER] elseif <3> reset FATHERCK_A [goto FATHERCK_A] endif else [goto FIDCCI4] <2-5,R,D> [goto FIDCCI4]
Question ID: FID.3	61_00.000 Instrument Variable Name: LGGUARD1 QuestionnaireFileName: Family
JuestionText: [fi	ll: Do you/Does ALIAS] have a legal guardian?
1 Y	les les
7 R	efused
9 D	on't know
UniverseText:	(Person is ward of reference person OR both mother and father are not present in the household) AND person is less than 18 AND person is not deleted
SkipInstructions:	<1> [goto LGGUARD2] <2,R,D> if additional persons remain, GOTO FIDCCI4

else GOTO ROSTERCK

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Question ID:	FID.362_00.000	Instrument Variable Name:	LGGUARD2	QuestionnaireFileName:	Family				
QuestionText:		Ask or verify. [fill ALIAS'S] legal guardian a household member?							
		*Enter the line number of the legal guardian. *If the legal guardian is not a household member, enter '0'.							
00	Guardian no	t a household member							
01-25	Person # of	guardian							
97	Refused								
99	Don't know								
UniverseText: Person less than 18 has legal guardian									
SkipInstruct		D, R> if additional persons r OTO ROSTERCK	emain, GOTO FIDCCI4						

Question ID:	FID.380_00.000	Instrument Variable Name:	KNOW2	QuestionnaireFileName:	Family
QuestionText:	[Display all fa	c nily would you say knows abo mily members who not delete t apply, separate with commas	d and > 17 or emain	2	
1	Yes, knows fa	amily members' health			
2	No, does not	know family member's health			
7	Refused				
9	Don't know				
UniverseText: More than one adult					
SkipInstructi	if SCSE	8,D> EL = 0 [goto FINTRO2] to KNOWSC2]			

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Question ID:	FID.390_03.000	Instrument Variable Name:	FINTRO2	QuestionnaireFileName:	Family			
QuestionText:								
1	Present							
2	Not present							
UniverseText:	UniverseText: All nondeleted persons >17 or emancipated minors							
SkipInstructio	if only o	oto FCALLBK1] one PX selected [goto HLTH to FAMRESP]	[_BEG]					

Question ID:	FID.390_04.000	Instrument Variable Name:	FAMRESP	QuestionnaireFileName:	Family		
QuestionText:		ssary: With whom am I speal e number of the person you c	0	in respondent for this family's healt	h questions.		
01-25	Person # of Family Respondent						
UniverseTex	t: More th	aan 1 adult present.					

SkipInstructions: goto HLTH_BEG

Family Health Status & Limitations

Question ID:	FHS.005_00.000) Instrument Variable Name:	FLAPLYLM	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	[fill1: Are/Is]				
	* Read names (fill roster of	s persons age 0-4)			
	limited in the problem?	kind or amount of play activit	ies [fill2: they/he/she] c	an do because of a physical, mo	ental, or emotional
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All fan	nilies with one or more persons	s less than 5 years of ag	e	
SkipInstruct	else, g	f only one child less than 5 yea oto PLAPLYLM] D> [goto FSPEDEIS]	rs of age, store the perso	on number in PLAPLYLM and	goto PLAPLYUN;

Question ID:	FHS.01	0_00.000	Instrument Variable Name:	PLAPLYLM	QuestionnaireFileName:	Family
QuestionText:	* As	sk or verify	y. Enter applicable line numb	per(s), separate with comm	as.	
		is this? one else?)				
1	Yes					
2	No					
7	Refi	used				
9	Don	ı't know				
UniverseTex	xt:	All fami	lies with two or more persons	s less than five years of age	e and at least one is limited in	n play activities
SkipInstruct	tions:	goto PL	APLYUN			
			In the instrument, interviewer ent. As shown above, each el		1	

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Family Health Status & Limitations

	FHS.020_00.000 Instrument Variable Name: PLAPLYUN QuestionnaireFileName: Family
QuestionText:	Is [fill: ALIAS] able to take part AT ALL in the usual kinds of play activities done by most children [fill: ALIAS]'s age
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	xt: All persons less than 5 years of age who are limited in play activities
SkipInstruct	tions: repeat this question for all persons listed at PLAPLYLM, then goto FSPEDEIS
Question ID:	FHS.050_00.000 Instrument Variable Name: FSPEDEIS QuestionnaireFileName: Family
QuestionText:	? [F1]
	[fill: Do you/Does/Do any of these family members,
	* Read names
	(fill roster of persons less than age 18)]
	receive Special Educational or Early Intervention Services?
	Yes
1	
1 2	No
2	No
2 7	No Refused Don't know

Family Health Status & Limitations

Question ID:	FHS.060	_00.000 Instrument Variable Name:	PSPEDEIS	QuestionnaireFileName:	Family		
QuestionText:	onText: * Ask or verify. Enter applicable line number(s), separate with commas.						
		is this? one else?)					
1	Yes						
2	No						
7	Refu	sed					
9	Don	t know					
UniverseTex	xt:	All families with two or more persons Early Intervention Services	s less than 18 year	rs of age and at least one receives Spe	ecial Educational or		
SkipInstruct	tions:	goto PSPEDEM					
		NOTE: In the instrument, interviewer respondent. As shown above, each el		1	1 2		

Question ID:	FHS.065_00.000	Instrument Variable Name:	PSPEDEM	QuestionnaireFileName:	Family			
QuestionText:	[fill: Do you/D or behavioral p	Does ALIAS] receive these ser problem?	rvices because of an	emotional				
1	Yes							
2	No							
7	Refused	Refused						
9	Don't know	Don't know						
UniverseTex	t: All pers	ons less than 18 years of age	who receive Special	Educational or Early Intervention	Services			
SkipInstruct	ions: repeat tl	nis question for all persons lis	sted at PSPEDEIS, th	nen goto FLAADL				

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Family Health Status & Limitations

Question ID:	FHS.070_00.0	000 Instrument Variable Nan	ne: FLAADL	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		1 2	1 / 2	you/does anyone in the family] need ning, dressing, or getting around inside	1
	[fill2: Do n	not include family members a	ge 2 and under.]		
1	Yes				
2	No				
7	Refused				
9	Don't knov	W			
UniverseTex	t: All f	families with one or more per	csons 3 years of age or o	older	
SkipInstruct		[if a single-person family, sto R,D> [goto FLAIADL]	ore the person number	in PLAADL and goto LABATH; els	e, goto PLAADL]

Question ID:	FHS.080	_00.000	Instrument Variable Name:	PLAADL	QuestionnaireFileName:	Family
QuestionText:	* Asl	k or verif	y. Enter applicable line numb	per(s), separate w	ith commas.	
		is this? one else?)			
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTex	xt:		ilies with two or more persons l care needs	s 3 years of age o	r older and at least one needs the help	o of other persons with
SkipInstruct	ions:	goto LA	BATH			
			,		umbers associated with the persons re eives an edited response code in subs	1 2

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Family Health Status & Limitations

Question ID:	FHS.090_01.00	0) Instrument Variable Name:	LABATH	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you	/Does ALIAS] need the help of	other persons with		
	Bathing or s	howering?			
1	Yes				
2	No				
7	Refused				
9	Don't know	,			
UniverseTex	t: All p	ersons 3 years of age or older wh	no need help with pers	sonal care needs	
SkipInstructi	ions: goto]	LADRESS			
Question ID:	FHS.090_02.00)() Instrument Variable Name:	LADRESS	QuestionnaireFileName:	Family
Question ID: QuestionText:	_)() Instrument Variable Name: in if necessary.	LADRESS	QuestionnaireFileName:	Family
	* Read lead			QuestionnaireFileName:	Family
	* Read lead	in if necessary.		QuestionnaireFileName:	Family
	* Read lead	in if necessary.		QuestionnaireFileName:	Family
QuestionText:	* Read lead [fill: Do you Dressing?	in if necessary.		QuestionnaireFileName:	Family
QuestionText:	* Read lead [fill: Do you Dressing? Yes	in if necessary.		QuestionnaireFileName:	Family
QuestionText: 1 2	* Read lead [fill: Do you Dressing? Yes No	in if necessary. /Does ALIAS] need the help of		QuestionnaireFileName:	Family
QuestionText: 1 2 7	* Read lead [fill: Do you Dressing? Yes No Refused Don't know	in if necessary. /Does ALIAS] need the help of	other persons with		Family

Family Health Status & Limitations

Question ID:	FHS.090_03.000	Instrument Variable Name:	LAEAT	QuestionnaireFileName:	Family
QuestionText:	* Read lead-in	if necessary.			
	[fill: Do you/D	oes ALIAS] need the help of	other persons v	/ith	
	Eating?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All pers	ons 3 years of age or older wh	o need help wi	th personal care needs	
Question ID:	FHS.090_04.000	Instrument Variable Name:	LABED	QuestionnaireFileName:	Family
QuestionText:	* Read lead-in	if necessary.			
	[fill: Do you/D	oes ALIAS] need the help of	other persons v	/ith	
	Getting in or o	ut of bed or chairs?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All pers	ons 3 years of age or older wh	o need help wi	th personal care needs	
SkipInstruct	tions: goto LA	TOILT			

Family Health Status & Limitations

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Question ID:	FHS.090_05.000	Instrument Variable Name:	LATOILT	QuestionnaireFileName:	Family
QuestionText:	* Read lead-in	if necessary.			
	[fill: Do you/I	Does ALIAS] need the help of	other persons wi	th	
	Using the toile	et, including getting to the toil	et?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All pers	ons 3 years of age or older wh	ho need help with	personal care needs	
SkipInstruct	tions: goto LA	HOME			
Question ID:	FHS.090_06.000	Instrument Variable Name:	LAHOME	QuestionnaireFileName:	Family
QuestionText:	* Read lead-in	if necessary.			
	[fill: Do you/I	Does ALIAS] need the help of	other persons wi	th	
	Getting around	l inside the home?			

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

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL

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Family Health Status & Limitations

Question ID:	FHS.150_00.000 Instrument Variable Name: FLAIADL	QuestionnaireFileName: Family	
QuestionText:	t: ? [F1]		
	Because of a physical, mental, or emotional problem, do [fill: y	you/any of these family members	
	* Read names (fill roster of persons age 18 or older)]		
	need the help of other persons in handling ROUTINE NEEDS, business, shopping, or getting around for other purposes?	s, such as everyday household chores, doing necessary	
1	Yes		
2	No		
7	Refused		
9	Don't know		
UniverseTex	Text: All families with one or more persons 18 years of age or	r older	
SkipInstruct	<pre>uctions: <1> [if only one person 18 years of age or older, store th else, goto PLAIADL] <2,R,D> [goto FLAWKNOW]</pre>	he person number in PLAIADL and goto FLAWKNOW;	

Question ID:	FHS.160	_00.000	Instrument Variable Name:	PLAIADL	QuestionnaireFileName:	Family
QuestionText:	* Asl	k or verif	7. Enter applicable line numb	per(s), separate with comm	as.	
		is this? one else?)				
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	t:		lies with two or more persons routine needs	18 years of age or older a	nd at least one needs the help	p of other persons in
SkipInstruct	ions:	goto FL	AWKNOW			
			In the instrument, interviewer ent. As shown above, each el		1 1	

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Family Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID:	FHS.170_	_00.000	Instrument Variable Name:	FLAWKNOW	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	Does a	a physica	l, mental, or emotional proble	em NOW keep [fill: yo	ou/any of these family members	
	* Read	l names				
	(fill ro	ster of p	ersons age 18 or older)]			
	from v	vorking a	at a job or business?			
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	All fami	lies with one or more persons	18 years of age or old	ler	
SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK; else, goto PLAWKNOW] <2,R,D> [goto FLAWKLIM]						
Question ID: QuestionText:	_	_	Instrument Variable Name: y. Enter applicable line numb	PLAWKNOW er(s), separate with co	QuestionnaireFileName:	Family

Who is this? (Anyone else?)

Yes
 No
 Refused

9 Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem

SkipInstructions: all persons selected goto FLAWALK; else, goto FLAWKLIM

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Family Health Status & Limitations

Question ID:	FHS.190_0	00.000	Instrument Variable Name:	FLAWKLIM	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
		-	mited in the kind OR amoun nily members,	t of work you/ Is ALI	AS limited in the kind OR amoun	t of work he/she/ Are
	* Read (fill ros		ersons age 18 or older)]			
	limited	in the k	ind OR amount of work they] can do because of a	physical, mental or emotional pro	oblem?
1	Yes					
2	No					
7	Refuse	d				
9	Don't k	now				
UniverseText: All families with one or more persons 18 years of age or older not 1 mental, or emotional problem					lder not listed as being unable to v	work due to a physical,
SkipInstruct	F	PLAWK	nly one person 18 years of a LIM and goto FLAWALK; o [goto FLAWALK]	0	ed at PLAWKNOW, store person M]	number in

Question ID:	FHS.200_	00.000	Instrument Variable Name:	PLAWKLIM	QuestionnaireFileName:	Family			
QuestionText:	* Ask	or verify	. Enter applicable line numb	per(s), separate with co	ommas.				
	Who is	s this?							
	(Anyoi	ne else?)							
0	Unabl	e to wor	k						
1	Limite	ed in wo	rk						
2	Not li	Not limited in work							
7	Refus	fused							
9	Don't	n't know							
UniverseText: All families with two or more persons 18 ye or amount of work he/she can do			18 years of age or old	ler able to work and at least one	is limited in the kind				
SkipInstructions:		goto FLAWALK							
			,		rs associated with the persons re an edited response code in subso	1 2			

Family Health Status & Limitations

Question ID:	FHS.210_00.00	() Instrument Variable Name:	FLAWALK	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		health problem, [fill: do you/d ty walking without using any s	•	nily]	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fa	milies			
SkipInstruct	PLAV	f a single-person family, store VALK] D> [goto FLAREMEM]	the person number in	PLAWALK and goto FLAREMI	EM; else, goto

Question ID:	FHS.220	_00.000	Instrument Varia	ble Name:	PLAWALK	QuestionnaireFileName:	Family
QuestionText:	* Asl	k or verif	y. Enter applicabl	e line numbe	er(s), separate with	n commas.	
		is this? one else?))				
1	Yes						
2	No						
7	Refu	used					
9	Don	t know					
UniverseTex	xt:	All fami	lies with two or n	nore persons	and at least one ha	as difficulty walking without using	special equipment
SkipInstructions:		goto FLAREMEM					
						nbers associated with the persons r ves an edited response code in sub-	

Family Health Status & Limitations

Question ID:	FHS.230_00.0	00 Instrument Variable Name:	FLAREMEM	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	-	you/Is anyone in the family] LII hey] experience periods of con		because of difficulty rememberin	ng or because
1	Yes				
2	No				
7	Refused				
9	Don't kno	W			
UniverseTex	t: All	amilies			
SkipInstruct		[if a single-person family, store ,D> [goto FLIMANY]	e person number in PLA	REMEM and goto LAHCC; else	, goto PLAREMEM]

Question ID:	FHS.240	0_00.000	Instrument Variable Name:	PLAREMEM	QuestionnaireFileName:	Family
QuestionText:	* As	k or verif	fy. Enter applicable line num	ber(s), separate with con	nmas.	
		is this? one else?	')			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	:t:	All fam		ns and at least one is limi	ted due to difficulty remember	ing or periods of
SkipInstruct	ions:	goto FL	LIMANY			
					s associated with the persons re n edited response code in subs	1 2

Family Health Status & Limitations

Question ID:	FHS.250	00.000	Instrument Vari	able Name:	FLIMANY	QuestionnaireFileName:	Family
QuestionText:	? [F1]]					
	[fill:	Are you/	Is ALIAS/ Are a	ny family me	mbers		
		d names oster of a	pplicable person	s)]			
	LIMI	TED IN A	ANY WAY in an	y activities be	ecause of physical	, mental or emotional problems?	
1	Yes						
2	No						
7	Refu	ised					
9	Don	't know					
UniverseTex	xt:	All fami	ilies – please see	note on PLIN	IANY		
SkipInstructions:		store pe	-	LIMANY an		y person NOT previously mentioned lse goto PLIMANY]	d as having a limitation,

Question ID:	FHS.260_00.000 Instrument Variable Name:	PLIMANY	QuestionnaireFileName:	Family				
QuestionText:	* Ask or verify. Enter applicable line number	er(s), separate with	commas.					
	Who is this? (Anyone else?)							
0	Limitation previously mentioned							
1	Yes, limited in some other way	Yes, limited in some other way						
2	Not limited in any way							
7	Refused							
9	Don't know	Don't know						
UniverseTex	t: All families – please see note on PLIM	IANY						
SkipInstruct	SkipInstructions: goto LAHCC							

Family Health Status & Limitations

Document Version Date: 20-Aug-13

QuestionTest: (book) F1 ?[F] What conditions or health problems cause [fill: ALIAS]'s limitations? * Enter all that apply, separate with commas. * Do not probe except to clarify answer. 01 Vision/problem seeing 02 Hearing problem 03 Speech problem 04 Astima/breathing problem 05 Birth defect 06 Injury 07 Intellectual disability, also known as mental retardation 08 Other developmental problem 09 Other developmental problem 10 Bine, joint, or muscle problem 11 Epilepsy or seizures 12 Laring disability 13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 92 Dut know/not sure ProvestTest: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: s1=4-6-15>[goto appropriate follow-up questions:: LHCL01N - LHCL04N, LHCL06N - LHCL13N] 	Question ID:	FHS.270_00.000) Instrument Variable Name:	LAHCC	QuestionnaireFileName:	Family				
 * Enter all that apply, separate with commas. * Do not probe except to clarify answer. 01 Vision/problem seeing 02 Hearing problem 03 Speech problem 04 Asthma/breathing problem 05 Birth defect 06 Injury 07 Intellectual disability, also known as mental retardation 08 Other developmental problem (for example, cerebral palsy) 09 Other mental, emotional or behavioral problem 10 Bone, joint, or muscle problem 11 Epilepsy or seizures 12 Learning disability 13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 92 Don't know/not sure VniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: (1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] (1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] 	QuestionText:	(book) F1	? [F1]							
 * Do not probe except to clarify answer. 01 Vision/problem seeing 02 Hearing problem 03 Speech problem 04 Asthma/breathing problem 05 Birth defect 06 Injury 07 Intellectual disability, also known as mental retardation 08 Other developmental problem (for example, cerebral palsy) 09 Other mental, emotional or behavioral problem 10 Bone, joint, or muscle problem 11 Epilepsy or seizures 12 Learning disability 13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 92 Don't know/not sure VniverseText: All persons less than 18 years of age who have at least one reported limitation skipInstructions: <a "6"="" 96"="" and="" fill="" href="https://sintub.thfcl.ols.https:/</th><th></th><th>What condition</th><th>ons or health problems cause [f</th><th>fill: ALIAS]'s limi</th><th>ations?</th><th></th></tr><tr><th>02Hearing problem03Speech problem04Asthma/breathing problem05Birth defect06Injury07Intellectual disability, also known as mental retardation08Other developmental problem (for example, cerebral palsy)09Other mental, emotional or behavioral problem10Bone, joint, or muscle problem11Epilepsy or seizures12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)92Don't know/not sureUniverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstructions:<1-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]
<5> [fill " in="" lhcl05n="" lhcl05t]<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th>										
02Hearing problem03Speech problem04Asthma/breathing problem05Birth defect06Injury07Intellectual disability, also known as mental retardation08Other developmental problem (for example, cerebral palsy)09Other mental, emotional or behavioral problem10Bone, joint, or muscle problem11Epilepsy or seizures12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)92Don't know/not sureUniverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstructions:<1-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	01	Vision/probl	em seeing							
04 Asthma/breathing problem 05 Birth defect 06 Injury 07 Intellectual disability, also known as mental retardation 08 Other developmental problem (for example, cerebral palsy) 09 Other mental, emotional or behavioral problem 10 Bone, joint, or muscle problem 11 Epilepsy or seizures 12 Learning disability 13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 92 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	02									
05Birth defect06Injury07Intellectual disability, also known as mental retardation08Other developmental problem (for example, cerebral palsy)09Other mental, emotional or behavioral problem10Bone, joint, or muscle problem11Epilepsy or seizures12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)92Don't know/not sureUniverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstructions:SkipInstruction:	03	Speech prob	lem							
06Injury07Intellectual disability, also known as mental retardation08Other developmental problem (for example, cerebral palsy)09Other mental, emotional or behavioral problem10Bone, joint, or muscle problem11Epilepsy or seizures12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)97Refused99Don't know/not sureKliverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstruction:<1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	04	Asthma/brea	thing problem							
07 Intellectual disability, also known as mental retardation 08 Other developmental problem (for example, cerebral palsy) 09 Other mental, emotional or behavioral problem 10 Bone, joint, or muscle problem 11 Epilepsy or seizures 12 Learning disability 13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 97 Refused 99 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <>> [fill "96" in LHCL05N and fill "6" in LHCL05T]	05	Birth defect								
08Other developmental problem (for example, cerebral palsy)09Other mental, emotional or behavioral problem10Bone, joint, or muscle problem11Epilepsy or seizures12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)97Refused99Don't know/not sureUniverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstructions:Cline "ScipI" in LHCL05N and fill "6" in LHCL05T]	06	Injury								
09 Other mental, emotional or behavioral problem 10 Bone, joint, or muscle problem 11 Epilepsy or seizures 12 Learning disability 13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 97 Refused 99 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	07	Intellectual of	lisability, also known as menta	l retardation						
10Bone, joint, or muscle problem11Epilepsy or seizures12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)97Refused99Don't know/not sureUniverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstructions:<1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	08	Other develo	•							
11Epilepsy or seizures12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)97Refused99Don't know/not sureUniverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstructions:<1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	09	Other menta								
12Learning disability13Attention Deficit/Hyperactivity Disorder (ADD/ADHD)90Other impairment/problem (Specify one)91Other impairment/problem (Specify one)97Refused99Don't know/not sureUniverseText:All persons less than 18 years of age who have at least one reported limitationSkipInstructions:<1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	10	Bone, joint,	-							
13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 97 Refused 99 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	11	Epilepsy or s	seizures							
90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 97 Refused 99 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	12	Learning dis	ability							
91 Other impairment/problem (Specify one) 97 Refused 99 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	13	Attention De	eficit/Hyperactivity Disorder (A	ADD/ADHD)						
97 Refused 99 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	90	Other impair	ment/problem (Specify one)							
99 Don't know/not sure UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	91	Other impair	ment/problem (Specify one)							
UniverseText: All persons less than 18 years of age who have at least one reported limitation SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	97	Refused								
SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N] <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	99	Don't know/	not sure							
<5> [fill "96" in LHCL05N and fill "6" in LHCL05T]	UniverseTex	All per	rsons less than 18 years of age	who have at least o	ne reported limitation					
<91> [goto LAHCC_S2] <r,d> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA] NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18</r,d>	SkipInstruct	<5> [fi <90> [<91> [<r,d> person</r,d>	ill "96" in LHCL05N and fill "6 goto LAHCC_S1] goto LAHCC_S2] [repeat this question for the ne s less than 18 years of age with	5" in LHCL05T] ext person less that a reported limitat	n 18 years of age with a reported lin on, goto LAHCA]	nitation; if no more				

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.

Family Health Status & Limitations

Question ID:	FHS.271_90.000	Instrument Variable Name:	LAHCC_S1	QuestionnaireFileName:	Family				
QuestionText:	* Read if neces	ssary.							
	What is the oth	her impairment or problem?							
Verbatim	Verbatim resp	onse							
7	Refused								
9	Don't know	Don't know							
UniverseTex	t: All pers	ons less than 18 years of age	who have a limitati	on due to at least one condition not	listed at LAHCC				
SkipInstructions: goto LHCL90N									
Question ID:	FHS.271_91.000	Instrument Variable Name:	LAHCC_S2	QuestionnaireFileName:	Family				
QuestionText:	* Read if neces	ssary.							
	What is the oth	her impairment or problem?							
Verbatim	Verbatim resp	onse							
7	Refused								
9									
	Don't know								
UniverseTex		ons less than 18 years of age	who have a limitati	on due to at least one condition not	listed at LAHCC				

Family Health Status & Limitations

Question ID:	FHS.280	_01.000	Instrument Variable Name:	LHCL01N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had a v	vision problem or probler	n seeing?			
	* Ent	er '95' for	r for time with a vision proble 95 or more. ince birth.	m or problem seeing.				
01-94	1-94							
95	95+	+						
96	Sinc	ace birth						
97	Refu	fused						
99	Don	't know						
UniverseTex	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to a vision problem or probl	em seeing		
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL01T and goto ns, goto LAHCC for next pers	son less than 18 years of a follow-up questions for	age with a reported limitatior next condition selected at LA	a; if no more persons,		

Family Health Status & Limitations

Question ID:	FHS.280_02.0	00 Instrument Variable Name:	LHCL01T	QuestionnaireFileName:	Family			
QuestionText:	2 of 2							
	* Enter tin	e period for time with vision pro	blem or problem seeing.					
1	Day(s)							
2	Week(s)							
3	Month(s)							
4	Year(s)							
6	Since birt	1						
7	Refused	Refused						
9	Don't kno	W						
UniverseText: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing an was entered for the "number" part of this two-part question					em seeing and 1-95, D			
SkipInstructions: <1-4,R,D> [goto follow-up question for next person less than 18 years of <6> [goto ERR2_LHCL01T]				,	,0			
		HCL01T = 4 and LHCL01N > A LHCL01N > AGE in weeks), got	· · · ·	d LHCL01N > AGE in mont	hs) or $(LHCL01T = 2$			
Hard Edit:	* T ER	R1_LHCL01T me with condition cannot be grea R2_LHCL01T " not selectable.	tter than age. Please correct	ct.				

Family Health Status & Limitations

Question ID:	FHS.282	2_01.000	Instrument Variable Name:	LHCL02N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2	2							
	How	How long [fill: have you/has ALIAS] had a hearing problem?							
	 * Enter number for time with a hearing problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 								
01-94	01-9	01-94							
95	95+	5+							
96	Since	nce birth							
97	Refu	efused							
99	Don	't know							
UniverseTe	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to a hearing problem				
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL02T and goto ns, goto LAHCC for next pers	son less than 18 years of a follow-up questions for r	ge with a reported limitation next condition selected at LA	; if no more persons, AHCC; if no more			

Family Health Status & Limitations

Question ID:	FHS.282	_02.000	Instrument Variable Name:	LHCL02T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Ente	er time pe	eriod for time with hearing pro	blem.		
1	Day(s)				
2	Wee	k(s)				
3	Mon	th(s)				
4	Year	(s)				
6	Since	e birth				
7	Refu	sed				
9	Don'	t know				
UniverseText: All persons less than 18 years of age who have a limitation due to a hearing problem and 1-95, D was enter the "number" part of this two-part question					95, D was entered for	
SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LA for next person less than 18 years of age with a reported limitation; if n <6> [goto ERR2_LHCL02T]				-	.0	
			L02T = 4 and LHCL02N > A0 CL02N > AGE in weeks), goto		d LHCL02N > AGE in mont	hs) or $(LHCL02T = 2$
Hard Edit:		* Time ERR2_	LHCL02T with condition cannot be great LHCL02T ot selectable.	ter than age. Please correc	ct.	

Family Health Status & Limitations

Question ID:	FHS.284	_01.000	Instrument Variable Name:	LHCL03N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2	2							
	How	Iow long [fill: have you/has ALIAS] had a speech problem?							
	 * Enter number for time with a speech problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 								
01-94	01-94)1-94							
95	95+	+							
96	Since	nce birth							
97	Refu	fused							
99	Don'	t know							
UniverseTex	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to a speech problem				
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [sto</r>	ore "R" in LHCL03T and goto ns, goto LAHCC for next pers	son less than 18 years of a follow-up questions for r	ge with a reported limitation next condition selected at LA	; if no more persons, HCC; if no more			

Family Health Status & Limitations

Question ID:	FHS.284_	_02.000	Instrument Variable Name:	LHCL03T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Ente	er time pe	eriod for time with speech prob	olem.		
1	Day(s	5)				
2	Wee	k(s)				
3	Mon	th(s)				
4	Year((s)				
6	Since	birth				
7	Refus	sed				
9	Don't	know				
UniverseText: All persons less than 18 years of age who have a limitation due to a speech problem and 1-95, D was e the "number" part of this two-part question					5, D was entered for	
SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition se for next person less than 18 years of age with a reported lin <6> [goto ERR2_LHCL03T]					,	,0
			L03T = 4 and LHCL03N > AC CL03N > AGE in weeks), goto		d LHCL03N > AGE in mont	hs) or $(LHCL03T = 2$
Hard Edit:		* Time ERR2_1	LHCL03T with condition cannot be great LHCL03T ot selectable.	er than age. Please correc	rt.	

Family Health Status & Limitations

Question ID:	FHS.286	5_01.000	Instrument Variable Name:	LHCL04N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2	2							
	How	ow long [fill: have you/has ALIAS] had asthma or a breathing problem?							
	 * Enter number for time with an asthma or breathing problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 								
01-94	01-9)1-94							
95	95+	+							
96	Sinc	nce birth							
97	Refu	ised							
99	Don	't know							
UniverseTex	xt:	All perso	ons less than 18 years of age v	who have a limitation due	to asthma/breathing problem	1			
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [sto</r>	ore "R" in LHCL04T and goto ns, goto LAHCC for next pers	son less than 18 years of a follow-up questions for r	age with a reported limitation next condition selected at LA	n; if no more persons,			

Family Health Status & Limitations

Question ID:	FHS.286_0	2.000	Instrument Variable Name:	LHCL04T	QuestionnaireFileName:	Family		
QuestionText:	2 of 2							
	* Enter	time pe	eriod for time with asthma or a	breathing problem.				
1	Day(s)							
2	Week(s)						
3	Month	(s)						
4	Year(s))						
6	Since b	irth						
7	Refuse	Refused						
9	Don't know							
UniverseTex	UniverseText: All persons less than 18 years of age who have a limitation due to asthma/breathing problem and 1-95, D was entered for the "number" part of this two-part question					and 1-95, D was		
SkipInstructions: <1-4,R,D> [goto follow-up questions for next of for next person less than 18 years of age with a <6> [goto ERR2_LHCL04T]				-				
			L04T = 4 and LHCL04N > AC CL04N > AGE in weeks), goto		d LHCL04N > AGE in mont	hs) or $(LHCL04T = 2$		
Hard Edit:	* E	Time ERR2_	LHCL04T with condition cannot be great LHCL04T ot selectable.	er than age. Please correc	xt.			

Family Health Status & Limitations

Question ID:	FHS.288	3_01.000	Instrument Variable Name:	LHCL06N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2	2								
	How	How long [fill1: have you/has ALIAS] had the injury that caused [fill2:your/his/her] limitation?								
	 * Enter number for time with the injury. * Enter '95' for 95 or more. * Enter '96' if since birth. 									
01-94	01-9	01-94								
95	95+	+								
96	Sinc	nce birth								
97	Refu	fused								
99	Don	't know								
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation of	lue to an injury					
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [ste</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL06T and goto ns, goto LAHCC for next per	son less than 18 years o follow-up questions t	r next condition selected at LAF of age with a reported limitatior for next condition selected at LA of age with a reported limitatior	n; if no more persons,				

Family Health Status & Limitations

Question ID:	FHS.288_02.000	Instrument Variable Name:	LHCL06T	QuestionnaireFileName:	Family			
QuestionText:	2 of 2							
	* Enter time period for time with the injury that caused [fill: your/his/her] limitation.							
1	Day(s)							
2	Week(s)							
3	Month(s)							
4	Year(s)							
6	Since birth							
7	Refused	Refused						
9	Don't know							
UniverseTex	hiverseText: All persons less than 18 years of age who have a limitation due to an injury and 1-95, D was entered for the "number" part of this two-part question							
SkipInstruct	for nex			n selected at LAHCC; if no more con d limitation; if no more persons, goto	,0			
	· ·	CL06T = 4 and LHCL06N > A ICL06N > AGE in weeks), got	/ (T = 3 and LHCL06N > AGE in mont 6T	ths) or $(LHCL06T = 2$			
Hard Edit:	* Time ERR2	LHCL06T with condition cannot be grea LHCL06T tot selectable.	ter than age. Plea	ise correct.				

Family Health Status & Limitations

Question ID:	FHS.290	0_01.000	Instrument Variable Name:	LHCL07N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2	2								
	How	Iow long [fill: have you/has ALIAS] had intellectual disability, also known as mental retardation?								
	 * Enter number for time with intellectual disability/mental retardation. * Enter '95' for 95 or more. * Enter '96' if since birth. 									
01-94	01-9)1-94								
95	95+									
96	Sinc	ce birth								
97	Refu	fused								
99	Don	't know								
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation	on due to intellectual disability/men	tal retardation				
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [ste</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL07T and goto ns, goto LAHCC for next per	son less than 18 years	for next condition selected at LAH ars of age with a reported limitation as for next condition selected at LA ars of age with a reported limitation	; if no more persons, HCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.290_02.0)() Instrument Variable Name:	LHCL07T	QuestionnaireFileName:	Family			
QuestionText:	2 of 2							
	* Enter time	period for time with intellectua	l disability/mental re	tardation.				
1	Day(s)							
2	Week(s)							
3	Month(s)							
4	Year(s)							
6	Since birth							
7	Refused	Refused						
9	Don't know	7						
UniverseTex	verseText: All persons less than 18 years of age who have a limitation due to intellectual disability/mental retardation and 1- 95, D was entered for the "number" part of this two-part question							
SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more for next person less than 18 years of age with a reported limitation; if no more persons, selected to the selected effect of				<i>,</i>	,0			
	· · · · · · · · · · · · · · · · · · ·	HCL07T = 4 and LHCL07N > A HCL07N > AGE in weeks), got	, (= 3 and LHCL07N > AGE in mont	hs) or $(LHCL07T = 2$			
Hard Edit:	* Tiı ERR	1_LHCL07T ne with condition cannot be grea 2_LHCL07T not selectable.	ater than age. Please	correct.				

Family Health Status & Limitations

Question ID:	FHS.292_	_01.000	Instrument Variable Name:	LHCL08N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How lo	Iow long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?							
	 * Enter number for time with a developmental problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 								
01-94	01-94	01-94							
95	95+	5+							
96	Since	ince birth							
97	Refus	lefused							
99	Don't	know							
UniverseTe	xt:	All perso	ons less than 18 years of age	who have a limitati	on due to some other developmenta	l problem			
SkipInstruc		<1-95,D> [goto LHCL08T] <96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <r> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</r>							

Family Health Status & Limitations

Question ID:	FHS.292_02.0)() Instrument Variable Name:	LHCL08T	QuestionnaireFileName:	Family				
QuestionText:	2 of 2								
	* Enter tim	e period for time with developme	ental problem (e.g. cerebra	l palsy).					
1	Day(s)								
2	Week(s)								
3	Month(s)								
4	Year(s)								
6	Since birth								
7	Refused	Refused							
9	Don't know	7							
UniverseTex	UniverseText: All persons less than 18 years of age who have a limitation due to some other developmental problem and 1- was entered for the "number" part of this two-part question								
SkipInstruct	for r	R,D> [goto follow-up questions ext person less than 18 years of a goto ERR2_LHCL08T]		,	,0				
		HCL08T = 4 and LHCL08N > A HCL08N > AGE in weeks), got	· · · · ·	d LHCL08N > AGE in mont	hs) or $(LHCL08T = 2$				
Hard Edit:	* Ti ERI	1_LHCL08T ne with condition cannot be grea 2_LHCL08T ' not selectable.	iter than age. Please correc	ct.					

Family Health Status & Limitations

Question ID:	FHS.294	4_01.000	Instrument Variable Name:	LHCL09N	QuestionnaireFileName:	Family					
QuestionText:	1 of 2	2									
	How	How long [fill: have you/has ALIAS] had a mental, emotional, or behavioral problem?									
	 * Enter number for time with a mental, emotional, or behavioral problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 										
01-94	01-9	01-94									
95	95+	·+									
96	Sinc	nce birth									
97	Refu	fused									
99	Don	't know									
UniverseTe	xt:	All pers	ons less than 18 years of age v	who have a limitation d	ue to a mental, emotional, or b	ehavioral problem					
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [ste</r>	ns, goto LAHCC for next pers HCA] ore "R" in LHCL09T and goto ns, goto LAHCC for next pers	son less than 18 years of follow-up questions for	next condition selected at LAI of age with a reported limitation or next condition selected at LA of age with a reported limitation	n; if no more persons,					

Family Health Status & Limitations

Question ID:	FHS.294_	02.000	Instrument Variable Name:	LHCL09T	QuestionnaireFileName:	Family			
QuestionText:	2 of 2								
	* Enter time period for time with mental, emotional, or behavioral problem.								
1	Day(s))							
2	Week	(s)							
3	Mont	h(s)							
4	Year(s	5)							
6	Since	birth							
7	Refuse	ed							
9	Don't	know							
UniverseTex	UniverseText: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem a 1-95, D was entered for the "number" part of this two-part question								
SkipInstruc	f	<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL09T]							
			L09T = 4 and LHCL09N > AG CL09N > AGE in weeks), goto		d LHCL09N > AGE in mont	hs) or $(LHCL09T = 2$			
Hard Edit:		* Time ERR2_l	LHCL09T with condition cannot be great LHCL09T ot selectable.	er than age. Please correc	et.				

Family Health Status & Limitations

Question ID:	FHS.296_0	01.000	Instrument Variable Name:	LHCL10N	QuestionnaireFileName:	Family					
QuestionText:	1 of 2										
	How los	How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?									
	 * Enter number for time with a bone, joint, or muscle problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 										
01-94	01-94	01-94									
95	95+	15+									
96	Since b	ince birth									
97	Refuse	ed									
99	Don't k	know									
UniverseTex	xt: A	All pers	ons less than 18 years of age v	who have a limitation	due to a bone, joint, or muscle p	roblem					
SkipInstruct	< c g < c	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next pers HCA] ore "R" in LHCL10T and goto ns, goto LAHCC for next pers	son less than 18 years o follow-up questions	or next condition selected at LAF of age with a reported limitation for next condition selected at LA of age with a reported limitation	n; if no more persons,					

Family Health Status & Limitations

Question ID:	FHS.296_02.	00 Instrume	ıt Variable Name:	LHCL10T	QuestionnaireFileName:	Family			
QuestionText:	2 of 2								
	* Enter tin	e period for ti	me with bone, joint,	or muscle problem.					
1	Day(s)								
2	Week(s)								
3	Month(s)								
4	Year(s)								
6	Since birt	l							
7	Refused	Refused							
9	Don't kno	N							
UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem and was entered for the "number" part of this two-part question					oblem and 1-95, D				
SkipInstruc	for	<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL10T]							
			and LHCL10N > A0 AGE in weeks), goto		d LHCL10N > AGE in mont	hs) or $(LHCL10T = 2$			
Hard Edit:	* T ER	R1_LHCL10T me with condi R2_LHCL10T not selectabl	C	ter than age. Please correc	rt.				

Family Health Status & Limitations

Question ID:	FHS.298	_01.000	Instrument Variable Name:	LHCL11N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2	2								
	How	How long [fill: have you/has ALIAS] had epilepsy or seizures?								
	 * Enter number for time with epilepsy or seizures. * Enter '95' for 95 or more. * Enter '96' if since birth. 									
01-94	01-94	01-94								
95	95+	+								
96	Since	nce birth								
97	Refu	sed								
99	Don'	t know								
UniverseTex	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to epilepsy or seizures					
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL11T and goto ns, goto LAHCC for next pers	son less than 18 years of a follow-up questions for r	ge with a reported limitation next condition selected at LA	; if no more persons, HCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.298_02	000 Instr	rument Variable Name:	LHCL11T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2						
	* Enter ti	ne period	for time with epilepsy o	r seizures.			
1	Day(s)						
2	Week(s						
3	Month()					
4	Year(s)						
6	Since bin	th					
7	Refused						
9	Don't kn	ow					
UniverseText: All persons less than 18 years of age who have a limitation due to epilepsy or seizures and the "number" part of this two-part question					on due to epilepsy or seizures and 1	-95, D was entered for	
SkipInstruc	for	<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL11T]					
			= 4 and LHCL11N > A N > AGE in weeks), got		r = 3 and LHCL11N > AGE in mont	hs) or $(LHCL11T = 2$	
Hard Edit:	* ' El	R1_LHCI Time with (R2_LHCI 6" not sele	condition cannot be grea	ater than age. Pleas	e correct.		

Family Health Status & Limitations

Question ID:	FHS.300	_01.000	Instrument Variable Name:	LHCL12N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2									
	How I	Iow long [fill: have you/has ALIAS] had a learning disability?								
	 * Enter number for time with a learning disability. * Enter '95' for 95 or more. * Enter '96' if since birth. 									
01-94	01-94	4								
95	95+	+								
96	Since	ace birth								
97	Refu	sed								
99	Don't	t know								
UniverseTe	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to a learning disability					
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [sto</r>	ore "R" in LHCL12T and goto ns, goto LAHCC for next pers	son less than 18 years of a follow-up questions for r	ge with a reported limitation next condition selected at LA	; if no more persons, HCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.300_02	.000	Instrument Variable Name:	LHCL12T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2						
	* Enter ti	me pe	eriod for time with learning di	sability.			
1	Day(s)						
2	Week(s						
3	Month(5)					
4	Year(s)						
6	Since bi	th					
7	Refused						
9	Don't kr	ow					
UniverseText: All persons less than 18 years of age who have a limitation due to a learning di the "number" part of this two-part question					on due to a learning disability and 1	-95, D was entered for	
SkipInstruc	fo	<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL12T]					
			L12T = 4 and LHCL12N > A CL12N > AGE in weeks), gote		= 3 and LHCL12N > AGE in mont	hs) or $(LHCL12T = 2$	
Hard Edit:	* E	Гіте RR2_	LHCL12T with condition cannot be grea LHCL12T ot selectable.	ter than age. Please	correct.		

Family Health Status & Limitations

Question ID:	FHS.302	2_01.000	Instrument Variable Name:	LHCL13N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2	2								
	How	How long [fill: have you/has ALIAS] had attention deficit/hyperactivity disorder?								
	 * Enter number for time with attention deficit/hyperactivity disorder. * Enter '95' for 95 or more. * Enter '96' if since birth. 									
01-94	01-9	01-94								
95	95+									
96	Sinc	nce birth								
97	Refu	ised								
99	Don	't know								
UniverseTex	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to Attention Deficit/Hyperac	ctivity Disorder				
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [sto</r>	ore "R" in LHCL13T and goto ns, goto LAHCC for next pers	on less than 18 years of a follow-up questions for n	ge with a reported limitation ext condition selected at LA	; if no more persons, .HCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.302	_02.000	Instrument Variable Name:	LHCL13T	QuestionnaireFileName:	Family			
QuestionText:	2 of 2								
	* Enter time period for time with attention deficit/hyperactivity disorder.								
1	Day(s)							
2	Wee	k(s)							
3	Mon	th(s)							
4	Year	(s)							
6	Since	e birth							
7	Refu	Refused							
9	Don'	t know							
UniverseTex	All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder and 95, D was entered for the "number" part of this two-part question								
for ne			<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL13T]						
			L13T = 4 and LHCL13N > A0 CL13N > AGE in weeks), goto		d LHCL13N > AGE in mont	hs) or $(LHCL13T = 2$			
Hard Edit:		* Time ERR2_1	LHCL13T with condition cannot be great LHCL13T ot selectable.	ter than age. Please correct	ct.				

Family Health Status & Limitations

Question ID:	FHS.304	_01.000	Instrument Variable Name:	LHCL90N	QuestionnaireFileName:	Family					
QuestionText:	1 of 2	2									
	How	How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S1]?									
	 * Enter number for time with [fill1: problem in LAHCC_S1]? * Enter '95' for 95 or more. * Enter '96' if since birth. 										
01-94	01-9	01-94									
95	95+	;+									
96	Since	ace birth									
97	Refu	fused									
99	Don'	t know									
UniverseTex	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to the problem entered at LA	AHCC_S1					
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL90T and goto ns, goto LAHCC for next pers	on less than 18 years of a follow-up questions for n	ge with a reported limitation next condition selected at LA	r; if no more persons, AHCC; if no more					

Family Health Status & Limitations

Question ID:	FHS.304_0	02.000	Instrument Variable Name:	LHCL90T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter	time pe	riod for time with [fill: proble	m in LAHCC_S1].		
1	Day(s)					
2	Week	(s)				
3	Month	n(s)				
4	Year(s)				
6	Since l	oirth				
7	Refuse	d				
9	Don't l	know				
UniverseTex			ons less than 18 years of age w red for the "number" part of th		to the problem entered at LA	HCC_S1 and 1-95, D
SkipInstruct	f	or next	D> [goto follow-up questions i person less than 18 years of ag to ERR2_LHCL90T]		,	.0
			L90T = 4 and LHCL90N > AC CL90N > AGE in weeks), goto		d LHCL90N > AGE in mont	hs) or $(LHCL90T = 2$
Hard Edit:	;]	* Time v ERR2_I	LHCL90T with condition cannot be great LHCL90T t selectable.	er than age. Please correc	ıt.	

Family Health Status & Limitations

Question ID:	FHS.306	_01.000	Instrument Variable Name:	LHCL91N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill]	1: have you/has ALIAS] had [fill2: problem in LAHCC_	_S2]?			
	 * Enter number for time with [fill1: problem in LAHCC_S2]. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-9	4						
95	95+	5+						
96	Since	nce birth						
97	Refu	sed						
99	Don'	t know						
UniverseTex	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to the problem entered at LA	AHCC_S2		
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL91T and goto ns, goto LAHCC for next pers	son less than 18 years of a follow-up questions for n	ge with a reported limitation next condition selected at LA	; if no more persons, AHCC; if no more		

Family Health Status & Limitations

Question ID:	FHS.306_02.	000 Instrument Variable Name:	LHCL91T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tir	ne period for time with [fill: probl	em in LAHCC_S2].		
1	Day(s)				
2	Week(s)				
3	Month(s)			
4	Year(s)				
6	Since bir	h			
7	Refused				
9	Don't kno	W			
UniverseTex		persons less than 18 years of age entered for the "number" part of		to the problem entered at LA	.HCC_S2 and 1-95, D
SkipInstruct	for	4,R,D> [goto follow-up questions next person less than 18 years of [goto ERR2_LHCL91T]			
		LHCL91T = 4 and $LHCL91N > ALHCL91N > AGE$ in weeks), go		d LHCL91N > AGE in mont	hs) or $(LHCL91T = 2$
Hard Edit:	* T ER	R1_LHCL91T ime with condition cannot be grea R2_LHCL91T 5" not selectable.	ater than age. Please correc	et.	

Family Health Status & Limitations

QuestionTest: (book) F2 What conditions or health problems cause [fill: your/ALLAS's] limitations? * Enter all that apply, separate with commas. * Do not probe except to clarify answer. * Do not probe except to clarify answer. * Do motion G1 Vision/problem seeing G2 Hearing problem G3 Arthritis/theumatism G4 Back or neck problem G5 Fracture, houréjoint injury G6 Other injury G7 Heart problem G8 Stroke problem G9 Stroke problem G1 Lung/breathing problem(for example, asthma and emphysema) G1 Lung/breathing problem (for example cerebral palsy) G1 Lung/breathing problem (for example cerebral palsy) G3 Birth defect G4 Senifity G7 Depression/anxiety/emotional problem G7 Depression/anxiety/emotional problems G4 Sinkey, bladder or renal problems G4 Strokey problem (including blood clots) G2 Deriomyaligia, lung	Question ID:	FHS.350_00.000	Instrument Variable Name:	LAHCA	QuestionnaireFileName:	Family
 * Enter all that apply, separate with commas. * Do not probe except to clarify answer. * Do not probe except to clarify answer. * Do not probe except to clarify answer. * Do not probe second Hearing problem Arthritis/theematism Back or neck problem Fracture, bone/joint injury Other injury Fracture, bone/joint injury Other injury Haar problem Stroke problem Stroke problem Haar problem Stroke problem Back or neck problem (for example, asthma and emphysema) Cancer Dirbetes Lang/breathing problem(for example, asthma and emphysema) Cancer Birth defect Intellectual disability, also known as mental retardation Other developmental problem (for example carebral palsy) Sensity Depression/anxiety/emotional problem Weight problem Weight problem Kidney, bladder or renal problems Circulation problems (including blood clots) Epilepsy, seizures Osteoprosis, tendinitis Seliptisy, seizures Multiple Sclerosis (MS), Muscular Dystrophy (MD) Polic(myelitis), paralysis, paraquadriplegia Parkinson's disease, other tremors Other nerve damage, including carpat tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Kinee problems, Grave's disease, gout Migraine headaches (not just headaches) Other inpairmet/problem (Specity one) 	QuestionText:	(book) F2				
 * Do not probe except to clarify answer. Vision/problem seeing Vision/problem seeing Haring problem Arthritis/heumatism Back or neck problem Back or neck problem Practure, bone/joint injury Other injury Heart problem Stroke problem Hypertension/high blood pressure Diabetes Cancer Birth defect Intellectual disability, also known as mental retardation Cher evelopmental problem (for example, asthma and emphysema) Cancer Birth defect Intellectual disability, also known as mental retardation Cher evelopmental problem (for example cerebral palsy) Meright problem Visight problem Meright problem Senifity Depression/anxiety/emotional problem Kidney, bladder or renal problems Ciculation problems (including blood clots) Reing tumors, cysts Fibromyalgia, lapus Autinosi disease, other tremos Piolomyalgia, lapus Other erve damage, including capat Inuel syndrome Other analysis, para/quadriplegia Parkinosin disease, other tremos Other erve damage, including clotone Vicrove veins, hemorrhoids Thyroid problems, Grave's disease, gout Arkinosin disease, other tremos Misrig Tropolem, Stravés disease, gout Misrig Tropolem, Stravés disease, gout Misrig Tropolem, Stravés disease, gout Misrign tempadches (not just headaches) Other impairment/problem (Specify one) 		What conditio	ons or health problems cause [fill: your/ALIAS'	s] limitations?	
02Hearing problem03Arhritis/rheumatism04Back or neck problem05Fracture, bone/joint injury06Other injury07Heart problem08Stroke problem09Hypertension/high blood pressure10Diabetes11Lang/breathing problem(for example, asthma and emphysema)12Cancer13Birth defect14Intellectual disability, also known as mental retardation15Other developmental problem (for example cerebral palsy)16Senility17Depression/anxiety/emotional problem18Weight problem19Missing limbs (fingers, toes or digits), amputee20Kidney, bladder or renal problems21Circulation problems (including blood clots)22Benign tumors, cysts23Fibronyalgia, lupus24Osteoporsis, tendinitis25Epilepsy, seizares26Multiple Sclerosis (MS), Muscular Dystrophy (MD)27Polic(myelitis), paralycia, paraj tunnel syndrome38Parkinson's disease, other tremors39Other nerve damage, including carpal tunnel syndrome34Knee problems, Grave's disease, gout35Mirgrain headaches(not attritis (03), not joint injury(05))36Mirgrain headaches(not attritis (03), not joint injury(05))36Mirgrain headaches(not attritis (03), not joint injury(05)37Pololems (including carpal tunnel syndrome38Mirgrain he				5.		
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17Depression/anxiety/emotional problem18Weight problem19Missing limbs (fingers, toes or digits), amputee20Kidney, bladder or renal problems21Circulation problems (including blood clots)22Benign tumors, cysts23Fibromyalgia, lupus24Osteoporosis, tendinitis25Epilepsy, seizures26Multiple Sclerosis (MS), Muscular Dystrophy (MD)27Polio(myelitis), para/quadriplegia28Parkinson's disease, other tremors29Other nerve damage, including carpal tunnel syndrome30Hernia31Ulcer32Varicose veins, hemorrhoids33Thyroid problems, Grave's disease, gout34Knee problems (not arthritis (03), not joint injury(05))35Migraine headaches (not just headaches)90Other impairment/problem (Specify one)	15					
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 Kidney, bladder or renal problems Circulation problems (including blood clots) Benign tumors, cysts Fibromyalgia, lupus Osteoporosis, tendinitis Epilepsy, seizures Multiple Sclerosis (MS), Muscular Dystrophy (MD) Polio(myelitis), paralysis, para/quadriplegia Parkinson's disease, other tremors Other nerve damage, including carpal tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Knee problems (not arthritis (03), not joint injury(05)) Migraine headaches (not just headaches) Other impairment/problem (Specify one) 	18	Weight probl	lem			
21Circulation problems (including blood clots)22Benign tumors, cysts23Fibromyalgia, lupus24Osteoporosis, tendinitis25Epilepsy, seizures26Multiple Sclerosis (MS), Muscular Dystrophy (MD)27Polio(myelitis), paralysis, para/quadriplegia28Parkinson's disease, other tremors29Other nerve damage, including carpal tunnel syndrome30Hernia31Ulcer32Varicose veins, hemorrhoids33Thyroid problems, Grave's disease, gout34Knee problems (not arthritis (03), not joint injury(05))35Migraine headaches (not just headaches)90Other impairment/problem (Specify one)	19	Missing limb	os (fingers, toes or digits), amp	outee		
 Benign tumors, cysts Benign tumors, cysts Fibromyalgia, lupus Osteoporosis, tendinitis Defilepsy, seizures Builple Sclerosis (MS), Muscular Dystrophy (MD) Polio(myelitis), paralysis, para/quadriplegia Parkinson's disease, other tremors Other nerve damage, including carpal tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Knee problems (not arthritis (03), not joint injury(05)) Migraine headaches (not just headaches) Other impairment/problem (Specify one) 	20	Kidney, blade	der or renal problems			
 Fibromyalgia, lupus Fibromyalgia, lupus Osteoporosis, tendinitis Epilepsy, seizures Multiple Sclerosis (MS), Muscular Dystrophy (MD) Polio(myelitis), paralysis, para/quadriplegia Parkinson's disease, other tremors Other nerve damage, including carpal tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Knee problems (not arthritis (03), not joint injury(05)) Migraine headaches (not just headaches) Other impairment/problem (Specify one) 	21	Circulation p	problems (including blood clot	s)		
 24 Osteoporosis, tendinitis 25 Epilepsy, seizures 26 Multiple Sclerosis (MS), Muscular Dystrophy (MD) 27 Polio(myelitis), paralysis, para/quadriplegia 28 Parkinson's disease, other tremors 29 Other nerve damage, including carpal tunnel syndrome 30 Hernia 31 Ulcer 32 Varicose veins, hemorrhoids 33 Thyroid problems, Grave's disease, gout 34 Knee problems (not arthritis (03), not joint injury(05)) 35 Migraine headaches (not just headaches) 90 Other impairment/problem (Specify one) 						
 Epilepsy, seizures Multiple Sclerosis (MS), Muscular Dystrophy (MD) Polio(myelitis), paralysis, para/quadriplegia Parkinson's disease, other tremors Other nerve damage, including carpal tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Knee problems (not arthritis (03), not joint injury(05)) Migraine headaches (not just headaches) Other impairment/problem (Specify one) 			-			
 Multiple Sclerosis (MS), Muscular Dystrophy (MD) Polio(myelitis), paralysis, para/quadriplegia Parkinson's disease, other tremors Other nerve damage, including carpal tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Knee problems (not arthritis (03), not joint injury(05)) Migraine headaches (not just headaches) Other impairment/problem (Specify one) 						
 Polio(myelitis), paralysis, para/quadriplegia Parkinson's disease, other tremors Other nerve damage, including carpal tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Knee problems (not arthritis (03), not joint injury(05)) Migraine headaches (not just headaches) Other impairment/problem (Specify one) 						
 Parkinson's disease, other tremors Other nerve damage, including carpal tunnel syndrome Hernia Ulcer Varicose veins, hemorrhoids Thyroid problems, Grave's disease, gout Knee problems (not arthritis (03), not joint injury(05)) Migraine headaches (not just headaches) Other impairment/problem (Specify one) 		-		-		
 29 Other nerve damage, including carpal tunnel syndrome 30 Hernia 31 Ulcer 32 Varicose veins, hemorrhoids 33 Thyroid problems, Grave's disease, gout 34 Knee problems (not arthritis (03), not joint injury(05)) 35 Migraine headaches (not just headaches) 90 Other impairment/problem (Specify one) 	•0			a		
30Hernia31Ulcer32Varicose veins, hemorrhoids33Thyroid problems, Grave's disease, gout34Knee problems (not arthritis (03), not joint injury(05))35Migraine headaches (not just headaches)90Other impairment/problem (Specify one)						
31Ulcer32Varicose veins, hemorrhoids33Thyroid problems, Grave's disease, gout34Knee problems (not arthritis (03), not joint injury(05))35Migraine headaches (not just headaches)90Other impairment/problem (Specify one)			damage, including carpai tunn	el syndrome		
 32 Varicose veins, hemorrhoids 33 Thyroid problems, Grave's disease, gout 34 Knee problems (not arthritis (03), not joint injury(05)) 35 Migraine headaches (not just headaches) 90 Other impairment/problem (Specify one) 						
 33 Thyroid problems, Grave's disease, gout 34 Knee problems (not arthritis (03), not joint injury(05)) 35 Migraine headaches (not just headaches) 90 Other impairment/problem (Specify one) 			ns hemorrhoids			
 34 Knee problems (not arthritis (03), not joint injury(05)) 35 Migraine headaches (not just headaches) 90 Other impairment/problem (Specify one) 						
35Migraine headaches (not just headaches)90Other impairment/problem (Specify one)			-	(0.5)		
90 Other impairment/problem (Specify one)		-	· · · · -			
•• Other impairment/problem (specify one)	91		ment/problem (Specify one)			
97 Refused	97	-				
99 Don't know/not sure	99	Don't know/n	not sure			

Family Health Status & Limitations

Document Version Date: 20-Aug-13

 UniverseText:
 All persons 18 years of age or older who have at least one reported limitation

 SkipInstructions:
 <1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]

 <13> [fill "96" in LHAL13N and fill "6" in LHAL13T]
 <90> [goto LAHCA_S1]

 <91> [goto LAHCA_S2]
 <R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

 NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person 18 years of

age or older with a reported limitation. The instrument then proceeds to PHSTAT.

Ouestion ID: FHS.351_90.000 Instrument Variable Name: **OuestionnaireFileName:** LAHCA_S1 Family **QuestionText:** * Read if necessary. What is the other impairment or problem? Verbatim Verbatim response 7 Refused 9 Don't know UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC **SkipInstructions:** goto LHAL90N

Question ID:	FHS.351_91.000	Instrument Variable Name:	LAHCA_S2	QuestionnaireFileName:	Family			
QuestionText:	* Read if necess	ary.						
	What is the othe	er impairment or problem?						
Verbatim	Verbatim respo	vatim response						
7	Refused							
9	Don't know							
UniverseTex	All person	ns less than 18 years of age w	who have a limitation	due to at least one condition not	listed at LAHCC			
SkipInstruct	tions: goto LHA	AL91N						

Family Health Status & Limitations

Question ID:	FHS.360	0_01.000	Instrument Variable Name:	LHAL01N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had a v	vision problem or problem	n seeing?			
	 * Enter number for time with a vision problem or problem seeing. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	1-94	Ļ						
95	95+	+						
96	Sinc	nce birth						
97	Refu	ised						
99	Don	't know						
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o a vision problem or proble	em seeing		
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL01T and goto ns, goto LAHCA for next pers	son 18 years of age or old	er with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.360_02.0	000 Instrument Variable Name:	LHAL01T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tin	e period for time with vision prol	blem or problem seeing.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birt	h			
7	Refused				
9	Don't kno	W			
UniverseTex		persons 18 years of age or older we entered for the "number" part of the		to a vision problem or proble	em seeing and 1-95, D
SkipInstruct	for	I,R,D> [goto follow-up questions next person 18 years of age or old [goto ERR2_LHAL01T]			
	if L	HAL01T = 4 and $LHAL01N > A0$	GE, goto ERR1_LHAL01'	Г	
Hard Edit:	* T ER	R1_LHAL01T me with condition cannot be grea R2_LHAL01T " not selectable.	tter than age. Please correct	ct.	

Family Health Status & Limitations

Question ID:	FHS.362	2_01.000	Instrument Variable Name:	LHAL02N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had a h	nearing problem?				
	 * Enter number for time with a hearing problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-9	4						
95	95+	+						
96	Since	nce birth						
97	Refu	ised						
99	Don'	't know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o a hearing problem			
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL02T and goto ns, goto LAHCA for next pers	son 18 years of age or old	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.362_02.000	Instrument Variable Name:	LHAL02T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with hearing pro	oblem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older w mber" part of this two-part que		ue to a hearing problem and 1-9.	5, D was entered for
SkipInstruct	for nex	-0 11		ected at LAHCA; if no more con ation; if no more persons, goto	
	if LHA	L02T = 4 and $LHAL02N > AC$	GE, goto ERR1_LHAL	.02T	
Hard Edit:	* Time ERR2_	LHAL02T with condition cannot be grea LHAL02T ot selectable.	ter than age. Please co	rrect.	

Family Health Status & Limitations

Question ID:	FHS.364	4_01.000	Instrument Variable Name:	LHAL03N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had art	hritis or rheumatism?				
	* Ent	er '95' for	r for time with arthritis or rheu 95 or more. ince birth.	ımatism.				
01-94	01-9	4						
95	95+	+						
96	Sinc	ice birth						
97	Refu	ised						
99	Don	't know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o arthritis/rheumatism			
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL03T and goto ns, goto LAHCA for next pers	son 18 years of age or old	er with a reported limitation; next condition selected at LA	if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.364_02.000	Instrument Variable Name:	LHAL03T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with arthritis or	rheumatism.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since Birth				
7	Refused				
9	Don't know				
UniverseTex	I I I	ons 18 years of age or older w nber" part of this two-part que		ion due to arthritis/rheumatism and 1	-95, D was entered for
SkipInstruct	for next			n selected at LAHCA; if no more con limitation; if no more persons, goto	
Hard Edit:	ERR1_	L03T = 4 and LHAL03N > AC	, , , , , , , , , , , , , , , , , , , ,		
	ERR2_	with condition cannot be grea LHAL03T ot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.366	5_01.000	Instrument Variable Name:	LHAL04N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had a	back or neck problem?				
	 * Enter number for time with a back or neck problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-9	4						
95	95+	+						
96	Sinc	ace birth						
97	Refu	fused						
99	Don	't know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o a back or neck problem			
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL04T and goto ns, goto LAHCA for next pers	follow-up questions for r	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.366_02.000	Instrument Variable Name:	LHAL04T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with back or nec	ck problem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	1	sons 18 years of age or older w "number" part of this two-part		ion due to a back or neck problem an	d 1-95, D was entered
SkipInstruct	for nex			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHA	L04T = 4 and $LHAL04N > AC$	SE, goto ERR1_I	.HAL04T	
Hard Edit:	* Time ERR2_	LHAL04T with condition cannot be grea LHAL04T ot selectable.	ter than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.368	_01.000	Instrument Variable Name:	LHAL05N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How	long [fill:	have you/has ALIAS] had a f	racture, bone, or join	t injury?			
	 * Enter number for time with a fracture, bone or joint injury. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-94	4						
95	95+	+						
96	Since	e birth						
97	Refu	sed						
99	Don'	t know						
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitation	due to a fracture or bone/joint inj	jury		
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next pers STAT] ore "R" in LHAL05T and goto ns, goto LAHCA for next pers	son 18 years of age of of follow-up questions	or next condition selected at LAI r older with a reported limitation for next condition selected at LA r older with a reported limitation	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.368_02.000	Instrument Variable Name:	LHAL05T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with fracture, bo	one, or joint injury.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	1	ons 18 years of age or older w for the "number" part of this t		o a fracture or bone/joint inj	ury and 1-95, D was
SkipInstruct	for next	D> [goto follow-up questions person 18 years of age or olde to ERR2_LHAL05T]			
	if LHAI	L05T = 4 and $LHAL05N > AC$	E, goto ERR1_LHAL057	ſ	
Hard Edit:	* Time ERR2_	LHAL05T with condition cannot be great LHAL05T ot selectable.	ter than age. Please correc	t.	

Family Health Status & Limitations

Question ID:	FHS.37	0_01.000	Instrument Variable Name:	LHAL06N	QuestionnaireFileName:	Family		
QuestionText:	1 of	2						
	How	long [fill]	1: have you/has ALIAS] had t	he other injury that caused	l [fill2: your/his/her] limitati	on?		
	* Enter number for time with the injury. * Enter '95' for 95 or more. * Enter '96' if since birth.							
01-94	01-9	94						
95	95+	ÿ+						
96	Sinc	ince birth						
97	Ref	used						
99	Dor	n't know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o some "other" injury			
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL06T and gotons, goto LAHCA for next personal setuence.	son 18 years of age or old	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.370_02.000	Instrument Variable Name:	LHAL06T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2					
	* Enter time p	eriod for time with other injury	that caused [fill	: your/his/her] limitation.		
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since birth					
7	Refused					
9	Don't know					
UniverseTex	niverseText: All persons 18 years of age or older who have a limitation due to some "other" injury and 1-95, D was entered for the "number" part of this two-part question					
SkipInstruct	for next	-0 11		n selected at LAHCA; if no more con limitation; if no more persons, goto		
Hard Edit:	ERR1_ * Time ERR2_	L06T = 4 and LHAL06N > AC LHAL06T with condition cannot be grea LHAL06T ot selectable.	-			

Family Health Status & Limitations

Question ID:	FHS.372_0	01.000	Instrument Variable Name:	LHAL07N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How lo	ng [fill:	have you/has ALIAS] had a l	neart problem?				
	* Enter	'95' for	r for time with a heart problen 95 or more. ince birth.	1.				
01-94	01-94							
95	95+	+						
96	Since l	nce birth						
97	Refuse	ed						
99	Don't l	know						
UniverseTex	xt: A	All pers	ons 18 years of age or older w	ho have a limitation du	e to a heart problem			
SkipInstruct	< 2 2 2 2 0 0	<96> [fi conditio goto PH <r> [sto</r>	ns, goto LAHCA for next pers STAT] ore "R" in LHAL07T and goto ns, goto LAHCA for next pers	son 18 years of age or o follow-up questions fo	next condition selected at LAF older with a reported limitation; or next condition selected at LA older with a reported limitation;	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.372_02.000	Instrument Variable Name:	LHAL07T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time j	period for time with heart probl	em.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	sons 18 years of age or older w er" part of this two-part questio		on due to a heart problem and 1-95, 1	D was entered for the
SkipInstruct	for nex	-0 11		n selected at LAHCA; if no more con limitation; if no more persons, goto l	
	if LHA	L07T = 4 and $LHAL07N > AC$	GE, goto ERR1_L	HAL07T	
Hard Edit:	* Time ERR2	LHAL07T with condition cannot be grea LHAL07T tot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.374_	_01.000	Instrument Variable Name:	LHAL08N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How 1	ong [fill:	have you/has ALIAS] had a s	troke problem?				
	* Ente	er '95' for	for time with a stroke proble 95 or more. ince birth.	m.				
01-94	01-94	1						
95	95+	+						
96	Since	nce birth						
97	Refus	sed						
99	Don't	t know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o a stroke problem			
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL08T and goto ns, goto LAHCA for next pers	son 18 years of age or old follow-up questions for r	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.374_02.00) Instrument Variable Name:	LHAL08T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with stroke prob	olem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	rsons 18 years of age or older w er" part of this two-part questic		ion due to a stroke problem and 1-95.	, D was entered for the
SkipInstruct	for ne			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHA	L08T = 4 and $LHAL08N > AC$	GE, goto ERR1_L	HAL08T	
Hard Edit:	* Tim ERR2	_LHAL08T e with condition cannot be grea _LHAL08T not selectable.	ter than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.376	5_01.000	Instrument Variable Name:	LHAL09N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had hy	pertension or high blood	pressure?			
	 * Enter number for time with hypertension or high blood pressure. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-9	4						
95	95+	+						
96	Sinc	e birth						
97	Refu	ised						
99	Don	't know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due	to hypertension/high blood p	ressure		
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL09T and gotons, goto LAHCA for next per	son 18 years of age or old	der with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.376_02.0)() Instrument Variable Name:	LHAL09T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2					
	* Enter time	period for time with hypertension	on or high blood pressure.			
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since birth					
7	Refused					
9	Don't know	7				
UniverseTex	UniverseText: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure and 1-95, D was entered for the "number" part of this two-part question					
SkipInstruct	for n	R,D> [goto follow-up questions ext person 18 years of age or old goto ERR2_LHAL09T]				
	if LF	AL09T = 4 and $LHAL09N > AC$	GE, goto ERR1_LHAL097	Г		
Hard Edit:	* Tin ERR	1_LHAL09T ne with condition cannot be grea 2_LHAL09T not selectable.	ter than age. Please correc	et.		

Family Health Status & Limitations

Question ID:	FHS.378_0	1.000	Instrument Variable Name:	LHAL10N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lor	g [fill	have you/has ALIAS] had di	abetes?			
	* Enter '	95' for	r for time with diabetes. 95 or more. ince birth.				
01-94	1-94						
95	95+						
96	Since b	Since birth					
97	Refused						
99	Don't k	now					
UniverseTex	xt: A	ll pers	ons 18 years of age or older w	ho have a limitation of	due to diabetes		
SkipInstruct	< cc g c c	96> [fi ondition oto PH R> [sto ondition	ns, goto LAHCA for next per STAT] ore "R" in LHAL10T and goto	son 18 years of age of of follow-up questions	or next condition selected at LAF r older with a reported limitation; for next condition selected at LA r older with a reported limitation;	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.378_02.000	Instrument Variable Name:	LHAL10T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with diabetes.			
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	sons 18 years of age or older w er" part of this two-part question		ion due to diabetes and 1-95, D was e	entered for the
SkipInstruct	for nex	-0		n selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L10T = 4 and $LHAL10N > AC$	GE, goto ERR1_L	HAL10T	
Hard Edit:	* Time ERR2_	LHAL10T with condition cannot be grea LHAL10T ot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.380	0_01.000	Instrument Variable Name:	LHAL11N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	ung problem or breathing	g problem (e.g., asthma and e	emphysema)?
	* Ent	er '95' for	r for time with a lung problem 95 or more. ince birth.	or breathing problem.		
01-94	01-9	4				
95	95+					
96	Since	e birth				
97	Refu	ised				
99	Don	't know				
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	to a lung/breathing problem	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL11T and goto ns, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.380_02.000	Instrument Variable Name:	LHAL11T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with lung probl	em or breathing p	problem (e.g., asthma and emphysema	a).
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		ons 18 years of age or older w for the "number" part of this		ion due to a lung/breathing problem	and 1-95, D was
SkipInstruc	for next	10		n selected at LAHCA; if no more cor l limitation; if no more persons, goto	, 0
Hard Edit:	ERR1_ * Time ERR2_	L11T = 4 and LHAL11N > A LHAL11T with condition cannot be grea LHAL11T ot selectable.			

Family Health Status & Limitations

Question ID:	FHS.382_0	.000	Instrument Variable Name:	LHAL12N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lon	g [fill	have you/has ALIAS] had ca	ancer?			
	* Enter '	95' for	r for time with cancer. 95 or more. ince birth.				
01-94	1-94						
95	95+	í+					
96	Since bi	rth					
97	Refused						
99	Don't ki	ow					
UniverseTex	xt: A	l pers	ons 18 years of age or older w	ho have a limitation due	e to cancer		
SkipInstruc	<br cc gc <] cc	6> [findition to PH R> [ston ndition	ns, goto LAHCA for next per STAT] ore "R" in LHAL12T and goto	son 18 years of age or ol	next condition selected at LAF lder with a reported limitation; r next condition selected at LA lder with a reported limitation;	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.382_02.00) Instrument Variable Name:	LHAL12T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with cancer.			
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	rsons 18 years of age or older w this two-part question	vho have a limitati	on due to cancer and 1-95, D was en	tered for the "number"
SkipInstruct	for ne			n selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	AL12T = 4 and $LHAL12N > ACCUPATE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL$	GE, goto ERR1_L	HAL12T	
Hard Edit:	* Tim ERR2	_LHAL12T e with condition cannot be grea _LHAL12T not selectable.	ter than age. Pleas	se correct.	

Family Health Status & Limitations

Question ID:	FHS.384_0	01.000	Instrument Variable Name:	LHAL14N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lor	ng [fill:	have you/has ALIAS] had in	ntellectual disabili	ty, also known as mental retardation	?
	* Enter '	'95' for	for time with intellectual dis 95 or more. ance birth.	sability/mental reta	rdation.	
01-94	01-94					
95	95+					
96	Since b	oirth				
97	Refused	d				
99	Don't k	now				
UniverseTex	xt: A	all perso	ons 18 years of age or older w	vho have a limitati	on due to intellectual disability/ment	al retardation
SkipInstruc	< cc g < cc	96> [fil ondition oto PH R> [sto	ns, goto LAHCA for next per STAT] re "R" in LHAL14T and goto ns, goto LAHCA for next per	rson 18 years of ag	ns for next condition selected at LAF e or older with a reported limitation; ons for next condition selected at LA e or older with a reported limitation;	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.384_02.000	Instrument Variable Name:	LHAL14T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	period for time with intellectua	l disability/menta	l retardation.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	sons 18 years of age or older v vas entered for the "number" p		ion due to intellectual disability/ment rt question	tal retardation and 1-
SkipInstruc	for nex			n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
Hard Edit:	ERR1 * Time ERR2	L14T = 4 and LHAL14N > A0 _LHAL14T with condition cannot be grea _LHAL14T ot selectable.	-		

Family Health Status & Limitations

Question ID:	FHS.386_0	.000	Instrument Variable Name:	LHAL15N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
			have you/has ALIAS] had a d	1 1	blem (e.g. cerebral palsy)?	
	* Enter '9	5' for	for time with a development 95 or more. ince birth.	al problem.		
01-94	01-94					
95	95+					
96	Since bi	th				
97	Refused					
99	Don't kı	ow				
UniverseTex	xt: A	perso	ons 18 years of age or older w	ho have a limitatio	on due to some other developmental	problem
SkipInstruc	<9 cc gc <1 cc	6> [fi ndition to PH > [sto ndition	ns, goto LAHCA for next per STAT] re "R" in LHAL15T and goto	son 18 years of age	is for next condition selected at LAF e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.386_02.0	00 Instrument Variable Name:	LHAL15T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tim	e period for time with developme	ental problem (e.g. cerebra	l palsy).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birt	l			
7	Refused				
9	Don't kno	N			
UniverseTex		persons 18 years of age or older we network of the "number" part of the "number" part of the "number" part of the second se		o some other developmental	problem and 1-95, D
SkipInstruct	for 1	,R,D> [goto follow-up questions ext person 18 years of age or old [goto ERR2_LHAL15T]			
	if Ll	AL15T = 4 and $LHAL15N > ACCUPATE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL$	GE, goto ERR1_LHAL15	Г	
Hard Edit:	* Ti ERI	 LHAL15T me with condition cannot be great LHAL15T not selectable. 	ter than age. Please correct	ct.	

Family Health Status & Limitations

Question ID:	FHS.388_	01.000	Instrument Variable Name:	LHAL16N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lo	ong [fill:	have you/has ALIAS] had set	nility?			
	* Enter	r '95' for	for time with senility. 95 or more. ince birth.				
01-94	01-94						
95	95+						
96	Since	Since birth					
97	Refus	ed					
99	Don't	know					
UniverseTex	xt:	All perso	ons 18 years of age or older w	ho have a limitation due t	o senility		
SkipInstruct		<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL16T and goto ns, goto LAHCA for next pers	son 18 years of age or old follow-up questions for r	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.388_02.000	Instrument Variable Name:	LHAL16T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with senility.			
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· 1··	sons 18 years of age or older w er" part of this two-part questic		on due to senility and 1-95, D was en	ntered for the
SkipInstruct	for nex	-0 11		a selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L16T = 4 and $LHAL16N > AC$	GE, goto ERR1_L	HAL16T	
Hard Edit:	* Time ERR2	LHAL16T with condition cannot be grea LHAL16T ot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.390_01)00 I	nstrument Variable Name:	LHAL17N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How long	[fill: h	ave you/has ALIAS] had de	pression, anxiety,	or an emotional problem?	
		' for 9	for time with depression, and 5 or more. ace birth.	xiety or an emotior	nal problem.	
01-94	01-94					
95	95+					
96	Since bin	n				
97	Refused					
99	Don't kn	w				
UniverseTex	at: All	persor	ns 18 years of age or older w	ho have a limitatio	on due to depression/anxiety/emotio	nal problem
SkipInstruct	<9 coi goi <r coi</r 	> [fill ditions > PHS' - [store	s, goto LAHCA for next per TAT] e "R" in LHAL17T and goto s, goto LAHCA for next per	son 18 years of age	s for next condition selected at LAF e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.390_02.000	Instrument Variable Name:	LHAL17T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with depression,	anxiety, or an emotiona	l problem.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· r ·	sons 18 years of age or older we entered for the "number" part o		to depression/anxiety/emotio	nal problem and 1-95,
SkipInstruc	for nex	D> [goto follow-up questions t person 18 years of age or olde to ERR2_LHAL17T]		·	
Hard Edit:	ERR1_ * Time ERR2_	L17T = 4 and LHAL17N > AC LHAL17T with condition cannot be grea LHAL17T ot selectable.			

Family Health Status & Limitations

Question ID:	FHS.392_	01.000	Instrument Variable Name:	LHAL18N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ng [fill:	have you/has ALIAS] had a v	weight problem?		
	* Enter	'95' for	for time with a weight proble 95 or more. ince birth.	em.		
01-94	01-94					
95	95+					
96	Since	birth				
97	Refuse	ed				
99	Don't	know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o a weight problem	
SkipInstruct	< ((((<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL18T and goto ns, goto LAHCA for next pers	son 18 years of age or old	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.392_02.000	Instrument Variable Name:	LHAL18T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with weight prob	olem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		ons 18 years of age or older w r" part of this two-part questio		on due to a weight problem and 1-95	5, D was entered for the
SkipInstruct	for next			a selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L18T = 4 and $LHAL18N > AC$	BE, goto ERR1_L	HAL18T	
Hard Edit:	* Time ERR2_	LHAL18T with condition cannot be great LHAL18T ot selectable.	ter than age. Pleas	se correct.	

Family Health Status & Limitations

Question ID:	FHS.394_0	1.000	Instrument Variable Name:	LHAL19N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lon	g [fill:	have you/has ALIAS] had a	missing limb (finger, toe,	or digit)?		
	 * Enter number for time with a missing limb. * Enter '95' for 95 or more. * Enter '96' if since birth. 						
01-94	01-94						
95	95+						
96	Since b	irth					
97	Refused	1					
99	Don't k	now					
UniverseTex	kt: A	ll perso	ons 18 years of age or older w	ho have a limitation due t	o missing limbs		
SkipInstruct	<br cc gr <] cc	96> [fi onditio oto PH R> [sto onditio	> [goto LHAL19T] ll "6" in LHAL19T and goto f ns, goto LAHCA for next pers STAT] re "R" in LHAL19T and goto ns, goto LAHCA for next pers STAT]	son 18 years of age or old	er with a reported limitation; next condition selected at LA	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.394_02.0)() Instrument Variable Name:	LHAL19T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with missing lin	nb (finger, toe, or digit).		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know	7			
UniverseTex	-	ersons 18 years of age or older w ber" part of this two-part question		to missing limbs and 1-95, D	was entered for the
SkipInstruct	for n	R,D> [goto follow-up questions ext person 18 years of age or old goto ERR2_LHAL19T]		-	
	if LH	AL19T = 4 and $LHAL19N > ACCUPATE ALTERN ACCUPATE ALTERN ACCUPATE ALTERNATIVE ACCUPATION ACCUPAT$	GE, goto ERR1_LHAL19	Т	
Hard Edit:	* Tin ERR	1_LHAL19T ne with condition cannot be grea 2_LHAL19T not selectable.	ter than age. Please correct	ct.	

Family Health Status & Limitations

Question ID:	FHS.396	_01.000	Instrument Variable Name:	LHAL20N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How l	ong [fill:	have you/has ALIAS] had a l	kidney, bladder or renal p	roblem?		
	 * Enter number for time with a kidney, bladder or renal problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 						
01-94	01-94	1					
95	95+						
96	Since	e birth					
97	Refus	sed					
99	Don't	t know					
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o a kidney, bladder, or renal	problem	
SkipInstruc		<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL20T and goto ns, goto LAHCA for next pers	son 18 years of age or old	er with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.396_02.0)() Instrument Variable Name:	LHAL20T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with kidney, bla	adder or renal problem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know	,			
UniverseTex	··· 1	ersons 18 years of age or older w ntered for the "number" part of t		to a kidney, bladder, or renal	problem and 1-95, D
SkipInstruct	for n	R,D> [goto follow-up questions ext person 18 years of age or old goto ERR2_LHAL20T]		-	
		AL20T = 4 and $LHAL20N > AC$	GE, goto ERR1_LHAL20	Т	
Hard Edit:	* Tiı ERR	1_LHAL20T he with condition cannot be grea 2_LHAL20T not selectable.	tter than age. Please correct	ct.	

Family Health Status & Limitations

Question ID:	FHS.398_01.0	00 Instrument Variable Name:	LHAL21N	QuestionnaireFileName:	Family
QuestionText:	1 of 2				
	How long	fill: have you/has ALIAS] had	a circulation problem	n (including blood clots)?	
	* Enter '95	nber for time with a circulation for 95 or more. if since birth.	problem.		
01-94	01-94				
95	95+				
96	Since birt	l			
97	Refused				
99	Don't kno	v			
UniverseTex	xt: All	persons 18 years of age or older	who have a limitati	on due to circulation problems	
SkipInstruct	<96 con goto <r> con</r>	itions, goto LAHCA for next p PHSTAT] [store "R" in LHAL21T and go	erson 18 years of ag	ns for next condition selected at LAF e or older with a reported limitation; ons for next condition selected at LA e or older with a reported limitation;	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.398_02.00) Instrument Variable Name:	LHAL21T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with circulation	problem (including bl	ood clots).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	1	rsons 18 years of age or older w umber" part of this two-part que		ue to circulation problems and 1	-95, D was entered for
SkipInstruct	for neg			cted at LAHCA; if no more con ation; if no more persons, goto	
Hard Edit:	ERR1 * Tim ERR2	L21T = 4 and LHAL21N > AC _LHAL21T e with condition cannot be grea _LHAL21T not selectable.	-		

Family Health Status & Limitations

Question ID:	FHS.400_	_01.000	Instrument Variable Name:	LHAL22N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ong [fill:	have you/has ALIAS] had been	nign tumors or cysts?		
	* Enter	r '95' for	for time with benign tumors of 95 or more. ince birth.	or cysts.		
01-94	01-94	Ļ				
95	95+					
96	Since	birth				
97	Refus	sed				
99	Don't	know				
UniverseTex	xt:	All perso	ons 18 years of age or older wh	ho have a limitation due to	o benign tumors or cysts	
SkipInstruct		<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL22T and goto ns, goto LAHCA for next pers	on 18 years of age or olde follow-up questions for r	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.400_02.00) Instrument Variable Name:	LHAL22T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with benign tun	nors or cysts.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		rsons 18 years of age or older w "number" part of this two-part		ion due to benign tumors or cysts and	1-95, D was entered
SkipInstruc	for ne			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHA	AL22T = 4 and $LHAL22N > AC$	GE, goto ERR1_I	LHAL22T	
Hard Edit:	* Tim ERR2	_LHAL22T e with condition cannot be grea _LHAL22T not selectable.	ter than age. Plea	ase correct.	

Family Health Status & Limitations

Question ID:	FHS.402	_01.000	Instrument Variable Name:	LHAL23N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How 1	ong [fill:	have you/has ALIAS] had fit	oromyalgia or lupus?		
	* Ente	er '95' for	r for time with fibromyalgia of 95 or more. ince birth.	r lupus.		
01-94	1-94					
95	95+					
96	Since	birth				
97	Refus	sed				
99	Don't	know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o fibromyalgia or lupus	
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL23T and gotons, goto LAHCA for next pers	son 18 years of age or old	er with a reported limitation; next condition selected at LA	if no more persons,

Family Health Status & Limitations

Question ID:	FHS.402_02.00) Instrument Variable Name:	LHAL23T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with fibromyalg	ia or lupus.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older w "number" part of this two-part		ion due to fibromyalgia or lupus and	1-95, D was entered
SkipInstruc	for ne	-0 11		n selected at LAHCA; if no more con l limitation; if no more persons, goto l	
	if LHA	L23T = 4 and $LHAL23N > AC$	GE, goto ERR1_L	HAL23T	
Hard Edit:	* Tim ERR2	_LHAL23T e with condition cannot be grea _LHAL23T not selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.404	_01.000	Instrument Variable Name:	LHAL24N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How	long [fill:	have you/has ALIAS] had os	steoporosis or tendinitis?			
	 * Enter number for time with osteoporosis or tendinitis. * Enter '95' for 95 or more. * Enter '96' if since birth. 						
01-94	1-94						
95	95+						
96	Since	e birth					
97	Refu	sed					
99	Don'	t know					
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o osteoporosis or tendinitis		
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL24T and goto ns, goto LAHCA for next pers	son 18 years of age or old follow-up questions for r	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.404_02.000	Instrument Variable Name:	LHAL24T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with osteoporos	is or tendinitis.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	I I	sons 18 years of age or older w for the "number" part of this t		on due to osteoporosis or tendinitis a	nd 1-95, D was
SkipInstruct	for nex			a selected at LAHCA; if no more con- limitation; if no more persons, goto l	
	if LHA	L24T = 4 and $LHAL24N > AC$	GE, goto ERR1_L	HAL24T	
Hard Edit:	* Time ERR2	LHAL24T with condition cannot be grea LHAL24T ot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.406_	01.000	Instrument Variable Name:	LHAL25N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ong [fill:	have you/has ALIAS] had ep	ilepsy or seizures?		
	* Enter	r '95' for	r for time with epilepsy or seiz 95 or more. ince birth.	zures.		
01-94	1-94					
95	95+					
96	Since	birth				
97	Refus	ed				
99	Don't	know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due to	o epilepsy or seizures	
SkipInstruct	-	<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL25T and gotons, goto LAHCA for next pers	son 18 years of age or olde	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.406_02.0	0) Instrument Variable Name:	LHAL25T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with epilepsy of	r seizures.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't knov	,			
UniverseTex	-	ersons 18 years of age or older v number" part of this two-part que		on due to epilepsy or seizures and 1-	95, D was entered for
SkipInstruc	for n			n selected at LAHCA; if no more con limitation; if no more persons, goto	
		AL25T = 4 and $LHAL25N > A0$	GE, goto ERR1_L	HAL25T	
Hard Edit:	* Tiı ERR	1_LHAL25T ne with condition cannot be grea 2_LHAL25T not selectable.	ater than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.408	_01.000	Instrument Variable Name:	LHAL26N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How l	ong [fill:	have you/has ALIAS] had m	ultiple sclerosis (N	AS) or muscular dystrophy (MD)?			
	 * Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD)? * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-94	4						
95	95+							
96	Since	e birth						
97	Refu	sed						
99	Don't	t know						
UniverseTe	xt:	All pers	ons 18 years of age or older w	vho have a limitati	on due to multiple sclerosis or musc	ular dystrophy		
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [sto</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL26T and goto ns, goto LAHCA for next per	son 18 years of ag	ns for next condition selected at LAH e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.408_02.00	() Instrument Variable Name:	LHAL26T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2					
	* Enter time	period for time with multiple so	clerosis (MS) or n	nuscular dystrophy (MD).		
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since birth					
7	Refused					
9	Don't know					
UniverseTex	UniverseText: All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy and 1- 95, D was entered for the "number" part of this two-part question					
SkipInstruc	for ne			n selected at LAHCA; if no more con l limitation; if no more persons, goto		
Hard Edit:	ERR * Tin ERR	AL26T = 4 and LHAL26N > A L_LHAL26T we with condition cannot be grea 2_LHAL26T not selectable.	-			

Family Health Status & Limitations

Question ID:	FHS.410_0	1.000	Instrument Variable Name:	LHAL27N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How lor	ng [fill:	have you/has ALIAS] had po	lio(myelitis), par	alysis or para/quadriplegia?			
	 * Enter number for time with polio (myelitis) paralysis or para/quadriplegia. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-94							
95	95+							
96	Since b	irth						
97	Refuse	ł						
99	Don't k	now						
UniverseTex	xt: A	ll pers	ons 18 years of age or older w	ho have a limitat	ion due to polio, paralysis, or para/qu	ıadriplegia		
SkipInstruct	< cr g < cr	96> [fi onditio oto PH R> [ste onditio	ns, goto LAHCA for next pers STAT] ore "R" in LHAL27T and goto	son 18 years of ag	ns for next condition selected at LAI ge or older with a reported limitation ions for next condition selected at LA ge or older with a reported limitation	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.410_02.000	Instrument Variable Name:	LHAL27T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with polio(myel	itis), paralysis or para/qu	adriplegia.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	•	ons 18 years of age or older w ered for the "number" part of t		to polio, paralysis, or para/qu	adriplegia and 1-95, D
SkipInstruct	for next	D> [goto follow-up questions person 18 years of age or oldo to ERR2_LHAL27T]			
	if LHAI	L27T = 4 and LHAL27N > AC	GE, goto ERR1_LHAL27	7Τ	
Hard Edit:	* Time ERR2_	LHAL27T with condition cannot be grea LHAL27T ot selectable.	ter than age. Please corre	ect.	

Family Health Status & Limitations

Question ID:	FHS.412	2_01.000	Instrument Variable Name:	LHAL28N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had Pa	rkinson's disease or trem	ors?	
	* Ent	er '95' for	r for time with Parkinson's dis 95 or more. since birth.	ease or tremors.		
01-94	1-94					
95	95+					
96	Sinc	e birth				
97	Refu	ised				
99	Don	't know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due	to Parkinson's disease or othe	er tremors
SkipInstruct	tions:	<96> [fi condition goto PH <r> [ste</r>	ore "R" in LHAL28T and goto ons, goto LAHCA for next pers	on 18 years of age or old follow-up questions for	ler with a reported limitation; next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.412_02.00) Instrument Variable Name:	LHAL28T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with Parkinson'	s disease or tremors.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	1	rsons 18 years of age or older w tered for the "number" part of t		to Parkinson's disease or othe	er tremors and 1-95, D
SkipInstruct	for nex	,D> [goto follow-up questions tt person 18 years of age or olde oto ERR2_LHAL28T]			
	if LHA	L28T = 4 and $LHAL28N > AC$	GE, goto ERR1_LHAL28	Т	
Hard Edit:	* Tim ERR2	_LHAL28T e with condition cannot be grea _LHAL28T not selectable.	ter than age. Please correct	ct.	

Family Health Status & Limitations

Question ID:	FHS.414_01.00	() Instrument Variable Name:	LHAL29N	QuestionnaireFileName:	Family
QuestionText:	1 of 2				
	How long [1	ill: have you/has ALIAS] had n	erve damage (incl	uding carpal tunnel syndrome)?	
	* Enter '95'	ber for time with nerve damage for 95 or more. f since birth.			
01-94	1-94				
95	95+				
96	Since birth				
97	Refused				
99	Don't know				
UniverseTex	kt: All p syndi		who have a limitat	on due to other nerve damage, inclu	ding carpal tunnel
SkipInstruc	<96> condi goto <r> condi</r>	tions, goto LAHCA for next pe PHSTAT] store "R" in LHAL29T and got	rson 18 years of ag	ns for next condition selected at LAI ge or older with a reported limitation ons for next condition selected at LA ge or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.414_02.000	Instrument Variable Name:	LHAL29T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with nerve dama	ge (including carpal tunn	el syndrome).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		ions 18 years of age or older w ne, and 1-95, D was entered fo			ding carpal tunnel
SkipInstruct	for next	D> [goto follow-up questions person 18 years of age or olde to ERR2_LHAL29T]			
	if LHA	L29T = 4 and LHAL29N > AC	E, goto ERR1_LHAL29	Г	
Hard Edit:	* Time ERR2_	LHAL29T with condition cannot be great LHAL29T ot selectable.	ter than age. Please correct	ct.	

Family Health Status & Limitations

Question ID:	FHS.416_01	000	Instrument Variable Name:	LHAL30N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How long	[fill:	have you/has ALIAS] had a l	nernia?		
		for	for time with a hernia. 95 or more. nce birth.			
01-94	01-94					
95	95+					
96	Since bir	h				
97	Refused					
99	Don't kn	W				
UniverseTex	at: All	perso	ns 18 years of age or older w	ho have a limitation due	e to a hernia	
SkipInstruct	<9 cor got <r cor</r 	> [fil litior PHS · [sto litior	ns, goto LAHCA for next personal STAT] re "R" in LHAL30T and goto	son 18 years of age or ol ofollow-up questions for	next condition selected at LAF lder with a reported limitation; r next condition selected at LA lder with a reported limitation;	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.416_02.000	Instrument Variable Name:	LHAL30T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with hernia.			
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	sons 18 years of age or older v er" part of this two-part question		on due to a hernia and 1-95, D was e	entered for the
SkipInstruct	for nex			n selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L30T = 4 and $LHAL30N > ACCUPATE AND ACCU$	GE, goto ERR1_L	HAL30T	
Hard Edit:	* Time ERR2	_LHAL30T e with condition cannot be grea _LHAL30T not selectable.	ater than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.418_01	000	Instrument Variable Name:	LHAL31N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lon	[fill:	have you/has ALIAS] had an	ulcer?			
	* Enter '9	5' for	for time with an ulcer. 95 or more. ince birth.				
01-94	1-94						
95	95+						
96	Since bi	Since birth					
97	Refused						
99	Don't kr	ow					
UniverseTex	kt: Al	perso	ons 18 years of age or older w	ho have a limitation of	due to an ulcer		
SkipInstruc	<9 co go <1 co	5> [fi ditio o PH > [sto ditio	ns, goto LAHCA for next persons STAT] ore "R" in LHAL31T and goto	son 18 years of age of of follow-up questions	or next condition selected at LAF older with a reported limitation; for next condition selected at LA older with a reported limitation;	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.418_02.000	Instrument Variable Name:	LHAL31T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with ulcer.			
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older v er" part of this two-part question		on due to an ulcer and 1-95, D was e	entered for the
SkipInstruct	for nex			a selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L31T = 4 and $LHAL31N > ACCUPATE ACCUPATE ACCUPATE ACCUPATE ACCUPATION ACC$	GE, goto ERR1_L	HAL31T	
Hard Edit:	* Tim ERR2	LHAL31T with condition cannot be grea LHAL31T tot selectable.	ater than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.420_0	1.000	Instrument Variable Name:	LHAL32N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lon	ıg [fill:	have you/has ALIAS] had va	ricose veins or he	morrhoids?		
	* Enter '	95' for	r for time with varicose veins 95 or more. ince birth.	or hemorrhoids.			
01-94	1-94						
95	95+						
96	Since b	nce birth					
97	Refused	1					
99	Don't k	now					
UniverseTex	xt: A	ll pers	ons 18 years of age or older w	ho have a limitati	on due to varicose veins or hemorrh	oids	
SkipInstruct	< cc gc < :	96> [fi onditio oto PH R> [sto onditio	ns, goto LAHCA for next per STAT] ore "R" in LHAL32T and goto	son 18 years of ag	ns for next condition selected at LAI e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.420_02.000	Instrument Variable Name:	LHAL32T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with varicose ve	eins or hemorrhoids.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older w l for the "number" part of this t		o varicose veins or hemorrho	bids and 1-95, D was
SkipInstruct	for nex	,D> [goto follow-up questions t person 18 years of age or oldo oto ERR2_LHAL32T]			
	if LHA	L32T = 4 and $LHAL32N > AC$	GE, goto ERR1_LHAL327	Г	
Hard Edit:	* Tim ERR2	_LHAL32T e with condition cannot be grea _LHAL32T not selectable.	ter than age. Please correc	ct.	

Family Health Status & Limitations

Question ID:	FHS.422	2_01.000	Instrument Variable Name:	LHAL33N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2	2					
	How	long [fill:	have you/has ALIAS] had a t	hyroid problem, Grave's	disease or gout?		
	 * Enter number for time with a thyroid problem, Grave's disease or gout. * Enter '95' for 95 or more. * Enter '96' if since birth. 						
01-94	1-94	Ļ					
95	95+						
96	Sinc	nce birth					
97	Refu	ised					
99	Don	't know					
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	to thyroid problems, Grave's	disease, or gout	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL33T and gotons, goto LAHCA for next pers	son 18 years of age or old follow-up questions for	er with a reported limitation; next condition selected at LA	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.422_02.00	() Instrument Variable Name:	LHAL33T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with thyroid pro	oblem, Grave's dis	sease or gout.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTe	1	rsons 18 years of age or older w was entered for the "number" p		on due to thyroid problems, Grave's t question	disease, or gout and 1-
SkipInstruc	for ne	-0 11		a selected at LAHCA; if no more con limitation; if no more persons, goto	
Hard Edit:	ERR * Tin ERR	AL33T = 4 and LHAL33N > A(_LHAL33T e with condition cannot be grea 2_LHAL33T not selectable.	-		

Family Health Status & Limitations

Question ID:	FHS.424	_01.000	Instrument Variable Name:	LHAL34N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How	ong [fill:	have you/has ALIAS] had a l	knee problem?			
	* Ente	er '95' for	r for time with a knee problem 95 or more. ince birth.	1.			
01-94	1-94						
95	95+						
96	Since	ince birth					
97	Refu	sed					
99	Don'	t know					
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation	due to knee problems		
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next pers STAT] ore "R" in LHAL34T and goto ns, goto LAHCA for next pers	son 18 years of age o follow-up questions	or next condition selected at LAF r older with a reported limitation for next condition selected at LA r older with a reported limitation;	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.424_02.000	Instrument Variable Name:	LHAL34T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with knee proble	em.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	sons 18 years of age or older w er" part of this two-part questio		on due to knee problems and 1-95, D) was entered for the
SkipInstruct	for nex	-0 11		selected at LAHCA; if no more con limitation; if no more persons, goto l	
	if LHA	L34T = 4 and $LHAL34N > AC$	GE, goto ERR1_LI	HAL34T	
Hard Edit:	* Time ERR2_	LHAL34T with condition cannot be grea LHAL34T ot selectable.	ter than age. Pleas	e correct.	

Family Health Status & Limitations

Question ID:	FHS.426	_01.000	Instrument Variable Name:	LHAL35N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How	long [fill:	have you/has ALIAS] had mi	graine headaches?			
	* Ente	er '95' for	for time with migraine heada 95 or more. ince birth.	ches.			
01-94	01-94	4					
95	95+						
96	Since	ince birth					
97	Refu	sed					
99	Don'	t know					
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o migraine headaches		
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R ["] in LHAL35T and goto ns, goto LAHCA for next pers	son 18 years of age or old follow-up questions for r	er with a reported limitation; next condition selected at LA	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.426_02.000	Instrument Variable Name:	LHAL35T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with migraine he	eadaches.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	ons 18 years of age or older w mber" part of this two-part que		ion due to migraine headaches and 1-	95, D was entered for
SkipInstruct	for next			n selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L35T = 4 and $LHAL35N > AC$	E, goto ERR1_L	HAL35T	
Hard Edit:	* Time ERR2_	LHAL35T with condition cannot be great LHAL35T ot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.450_	_01.000	Instrument Variable Name:	LHAL90N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ong [fill]	: have you/has ALIAS] had [1	fill2: LAHCA_S1]?		
	* Enter	r '95' for	for time with [fill1: LAHCA 95 or more. ince birth.	_S1].		
01-94	01-94	Ļ				
95	95+					
96	Since	birth				
97	Refus	ed				
99	Don't	know				
UniverseTex	xt:	All perso	ons 18 years of age or older w	ho have a limitation due to	o the problem entered at LAI	HCA_S1
SkipInstruct		<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL90T and goto ns, goto LAHCA for next pers	son 18 years of age or olde	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.450_02.00) Instrument Variable Name:	LHAL90T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with [fill: LAHO	CA_S1].		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older w tered for the "number" part of t		tion due to the problem entered at LA	HCA_S1 and 1-95, D
SkipInstruct	for neg			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHA	L90T = 4 and $LHAL90N > AC$	GE, goto ERR1_I	LHAL90T	
Hard Edit:	* Tim ERR2	_LHAL90T e with condition cannot be grea _LHAL90T not selectable.	ter than age. Plea	ase correct.	

Family Health Status & Limitations

Question ID:	FHS.452	_01.000	Instrument Variable Name:	LHAL91N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How	long [fill]	: have you/has ALIAS] had [1	fill2: LAHCA_S2]?		
	* Ente	er '95' for	r for time with [fill1: LAHCA 95 or more. ince birth.	_S2].		
01-94	01-94	4				
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due to	o the problem entered at LA	HCA_S2
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL91T and goto ns, goto LAHCA for next pers	son 18 years of age or olde follow-up questions for r	er with a reported limitation; next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.452_0)2.000 In	strument Variable Name:	LHAL91T	QuestionnaireFileName:	Family		
QuestionText:	2 of 2							
	* Enter	time perio	od for time with [fill: LA]	HCA_S2].				
1	Day(s)							
2	Week(
3	(Ver(5)							
4	Year(s)						
6	Since	oirth						
7	Refuse	ed						
9	Don't l	know						
UniverseText			s 18 years of age or older d for the "number" part o		ion due to the problem entered at LA tion	HCA_S2 and 1-95, D		
SkipInstructions:		or next pe			n selected at LAHCA; if no more con l limitation; if no more persons, goto	-		
	i	f LHAL91	$T = 4$ and LHAL91N > λ	AGE, goto ERR1_I	HAL91T			
Hard Edit:	:]	ERR1_LH * Time wit ERR2_LH * "6" not s	th condition cannot be gr AL91T	eater than age. Plea	se correct.			
Question ID: QuestionText:	_		istrument Variable Name: ill: your/ALIAS's] health		QuestionnaireFileName: lent, very good, good, fair, or poor?	Family		
1	Excell	ent						
2	Very g							
3	Good	,004						
4	Fair							
5	Poor							
7	Refuse	d						
9	Don't l							
UniverseText	t: A	All persons	5					
SkipInstructi	ions: r	epeat for a	all persons in the family,	goto FINJ3M				

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	DRAFT 2013 NHIS Questionnaire - Family									
	Family Food Security Document Version Date: 20-Aug-13									
Question ID:	FFS.010_00.000 Instrument Variable Name: FSRUNOUT QuestionnaireFileName: Family									
QuestionText:	These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days. The first statement is "[fill 2: I/We] worried whether [fill 3: my/our] food would run out before [fill 4: I/we] got money to buy more." Was that often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days?									
1	Often true									
2	Sometimes true									
3	Never true									
7	Refused									
9	Don't know									
UniverseTex	t: All families									
SkipInstruc	tions: <1-3,R,D> goto FSLAST									

Question ID:	FFS.020_00.000	Instrument Variable Name:	FSLAST	QuestionnaireFileName:	Family
QuestionText:		t [fill 1: I/we] bought just didi e, or never true for [fill 2: you	· •	I/we] didn't have money to get more. he last 30 days?	" Was that often true,
1	Often true				
2	Sometimes tr	ue			
3	Never true				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	illies			
SkipInstruct	ions: <1-3,R,	,D> goto FSBALANC			

Family Food Security

Question ID:	FFS.030_00.000	Instrument Variable Name:	FSBALANC	QuestionnaireFileName:	Family
QuestionText:	. ,	couldn't afford to eat balance ly] in the last 30 days?	d meals." Was that oft	en true, sometimes true, or neve	r true for [fill 2:
1	Often true				
2	Sometimes tru	ue			
3	Never true				
7	Refused				
9	Don't know				
UniverseText	t: All fam	ilies			
SkipInstructi		goto FSSKIP] > [if FSRUNOUT in(1,2) or I	FSLAST in(1,2), goto I	FSSKIP; else goto FINJ3M]	

Question ID:	FFS.040_00.000	Instrument Variable Name:	FSSKIP	QuestionnaireFileName:	Family
QuestionText:		days, did [fill 1: you/you or oth nough money for food?	ner adults in your	family] ever cut the size of your mea	ls or skip meals because
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	before t		r that food that w	he last 30 days that they worried that f yas bought didn't last and they didn't h	
SkipInstructi	<2,R,D	oto FSSKDAYS] > [if FFS_FLG=1, goto FSLE: e if FFS_FLG=2, goto FSLES;			

Family Food Security

Document Version Date: 20-Aug-13

Document Version Date: 20-Aug-13								
Question ID:	FFS.050_00.000 Instru	ment Variable Name:	FSSKDAYS	QuestionnaireFileName:	Family			
QuestionText:	In the last 30 days, he	ow many days did this l	happen?					
01-30	Days							
97	Refused							
99	Don't know							
UniverseTex	Adults in the famoney for food		eir meals or skipped	I meals in the last 30 days because	there wasn't enough			
SkipInstruct		f FFS_FLG=1, goto FS LG=2, goto FSLESS2]						
Question ID:	FFS.060_00.010 Instru	ment Variable Name:	FSLESS1	QuestionnaireFileName:	Family			
QuestionText:	In the last 30 days, di wasn't enough money	d you ever eat less thar for food?	n you felt you shoul	d because there				
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex	worried that fo	od would run out befor	re they got money to	as often or sometimes true in the la b buy more, or that food that was b rd to eat balanced meals				
SkipInstruct	cions: <1,2,R,D> [go	to FSHUNGR1]						
Question ID:	FFS.060_00.020 Instru	ment Variable Name:	FSLESS2	QuestionnaireFileName:	Family			
QuestionText:	In the last 30 days, di wasn't enough money		her adults in your fa	unily] ever eat less than you felt yo	u should because there			
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex	theyworried th	at food would run out b have money to get mo	before they got mon	as often or sometimes true in the latery to buy more, or that food that w				

SkipInstructions: <1,2,R,D> [goto FSHUNGR2]

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Family Food Security

Question ID:	FFS.070_0	0.010	Instrument Variable Name:	FSHUNGR1	QuestionnaireFileName:	Family
QuestionText:	In the la	st 30 da	ys, were you ever hungry b	out didn't eat because t	here wasn't enough money for foc	od?
1	Yes					
2	No					
7	Refuse	1				
9	Don't k	now				
UniverseTex	W	orried t		ore they got money to	s often or sometimes true in the la buy more, or that food that was b l to eat balanced meals	
SkipInstruct	tions: <	1.2.R.D	> [goto FSWEIGH1]			
Question ID:	FFS.070_0	0.020	Instrument Variable Name:	FSHUNGR2	QuestionnaireFileName:	Family
	In the la	st 30 da			QuestionnaireFileName: amily] ever hungry but didn't eat b	5
	In the la	st 30 da	ys, were [fill 1: you/you or		-	5
QuestionText:	In the la enough	st 30 da	ys, were [fill 1: you/you or		-	5
QuestionText:	In the la enough Yes	st 30 da money 1	ys, were [fill 1: you/you or		-	5
QuestionText: 1 2	In the la enough Yes No	st 30 da money i d	ys, were [fill 1: you/you or		-	5
2 7	In the la enough Yes No Refused Don't k xt: R w	st 30 da money f d now andom 'orried t	ys, were [fill 1: you/you or for food? number generator=2 and fa	other adults in your fa milies for whom it wa ore they got money to	amily] ever hungry but didn't eat b s often or sometimes true in the la buy more, or that food that was b	because there wasn't ust 30 days that they

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Family Food Security

Question ID:	FFS.080_00.0)10 Instrument Variable Name:	FSWEIGH1	QuestionnaireFileName:	Family
QuestionText:	In the last	30 days, did you lose weight be	cause there wasn't end	ough money for food?	
1	Yes				
2	No				
7	Refused				
9	Don't kno	W			
UniverseTex	wor		fore they got money to	as often or sometimes true in the la buy more, or that food that was b d to eat balanced meals	
SkipInstruct		> [goto FSNOTEAT] R D> [if FSSKIP=1 or FSI FSS]	1-1 or FSHUNGP1-	1, goto FSNOTEAT; else goto FIN	113M1
Question ID: QuestionText:	In the last)20 Instrument Variable Name: 30 days, did [fill 1: you/you or o		QuestionnaireFileName: mily] lose weight because there wa	Family asn't enough money for
	food?				
1	Yes				
2	No				
7	Refused				
9	Don't kno	W			
UniverseTex	wor		fore they got money to	as often or sometimes true in the la buy more, or that food that was b d to eat balanced meals	
SkipInstruct		[goto FSNOTEAT] R,D> [if FSSKIP=1 or FSLESS2	2=1 or FSHUNGR2=	l, goto FSNOTEAT; else goto FIN	IJ3M]

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DRAFT 2013 NHIS Questionnaire - Family

Family Food Security

Question ID:	FFS.090_	_00.000	Instrument Variable Name:	FSNOTEAT	QuestionnaireFileName:	Family				
QuestionText:		In the last 30 days, did [fill 1: you/you or other adults in your family] ever not eat for a whole day because there wasn't enough money for food?								
1	Yes									
2	No									
7	Refu	sed								
9	Don't	ı't know								
UniverseText:		All families where adult(s) cut the size of meals or meals were skipped, ate less than they felt they should, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food								
SkipInstructions:		-0	to FSNEDAYS] > [goto FINJ3M]							
Question ID:	FFS.100_	_00.000	Instrument Variable Name:	FSNEDAYS	QuestionnaireFileName:	Family				
QuestionText:	In the	last 30 d	ays, how many days did this	happen?						
01-30	Days									
97	Refu									
99	Don't	n't know								
UniverseText:		All fami for food	lies where the adult(s) did no	ot eat for a whole da	y, in the last 30 days, because there	wasn't enough money				
SkipInstructions:		<1-30,R	,D> [goto FINJ3M]							

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DRAFT 2013 NHIS Questionnaire - Family										
Injuries & Poisoning										
Document Version Date: 20-Aug-13										
Question ID:	FIJ.010_00.000 Instrument Variable Name: FINJ3M QuestionnaireFileName: Family									
QuestionText:	? [F1]									
	The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.									
DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?										
1	Yes									
2	No									
7	Refused									
9	Don't know									
UniverseTex	xt: All families									
SkipInstruct	tions: <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M] <2,R,D> [goto FPOI3M]									

Question ID:	FIJ.012_0	00.000	Instrument Variable Name:	WFINJ3M	QuestionnaireFileName:	Family			
QuestionText:	* Ask	Ask or verify. Enter applicable line number(s), separate with commas.							
		was this? one else?							
1	Yes								
2	No								
7	Refu	ised							
9	Don't	't know							
UniverseText:		All families with two or more persons and at least one person was injured during the past 3 months							
SkipInstructions:		<r,d> [goto FPOI3M] else, goto TFINJ3M</r,d>							
			,		mbers associated with the persons re ives an edited response code in subse	1 2			

Injuries & Poisoning

Question ID:	FIJ.014_00.000	Instrument Variable Name:	TFINJ3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	DURING TH	E PAST THREE MONTHS, h	ow many differen	t times [fill: were you/was ALIAS] in	jured?
01-91	1-91 times				
97	Refused				
99	Don't know				
UniverseText	All per	rsons injured during the past 3	months		
SkipInstructi	<r> [g goto F</r>	D> [goto MFINJ3M] goto TFINJ3M for the next per POI3M] L> [goto ERR_TFINJ3M]	son with a reported	d injury episode; if no more persons	with an injury episode,
Soft Edit:	ERR_	IFINJ3M			
	* ^TF]	NJ3M is unusually high. Plea	se verify.		
	<close< td=""><td>ress> [goto MFINJ3M] e> [reset TFINJ3M for new entrest > [reset TFINJ3M for new entrest</td><td></td><td></td><td></td></close<>	ress> [goto MFINJ3M] e> [reset TFINJ3M for new entrest > [reset TFINJ3M for new entrest			
Question ID:	FIJ.016_00.000	Instrument Variable Name:	MFINJ3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		u /ALIAS] talk to or see a med njury/your injury or injuries/hi			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	All per	rsons with at least one or an un	known number of	injury episodes during the past 3 mo	nths
SkipInstructi	<2,R,I			IPDATEM; else, goto MTFINJ3M] orted injury episode; if no more pers	ons with an injury

Injuries & Poisoning

Question ID:	FIJ.018_00	0.000 Inst	rument Variable Name:	MTFINJ3M	QuestionnaireFileName:	Family			
QuestionText:	? [F1]								
			IJ3M/all the] times that injury serious enough t		S was] injured, how many of onal was consulted?				
01-91	1-91 ti	mes							
97	Refuse	d							
99	Don't k	know							
UniverseTe	xt: A	All persons w	ho consulted a medica	l professional for their	injury episode(s)				
SkipInstruc	E <	ERR2_MTFI	NJ3M; else, goto IPDA TFINJ3M for the next	TEM]	3M; else, if MTFINJ3M gt 3 and injury episode; if no more person				
Hard Edit:	Η	ERR1_MTF	INJ3M						
	[If (MTIFNJ	3M gt TFINJ3M), disp	lay ERR1_MTFINJ3M	[]:				
	[r r	^TFINJ3M] nedical proference	. For this question, we essional was consulted.	are asking about the n For example, if you v of those times, the ans	bu said [you were/ALIAS was] ir umber of times [you were/ALIA vere injured three different times wer would be one, even if you sa nt.	S was] injured and a but only sought			
		Goto Close							
Soft Edit:	E	ERR2_MTFI	NJ3M						
	[If (TFINJ3M	I = 99 and MTFINJ3M	gt 3), display ERR2_1	MTFINJ3M]:				
		MTFINJ3M erify.	is an unusually high n	umber of injuries for w	which a medical professional was	consulted. Please			
	*	Read if nece	essary.						
	p o	orofessional or treatment	was consulted. For exa	mple, if you were inju the answer would be or	[you were/ALIAS was] injured a red three different times, but only ne, even if you saw or talked to a	v sought medical advice			
	(Suppress Goto Close							

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	DRAFT 2013 NHIS Questionnaire - Family								
	Injuries & Poisoning								
	Document Version Date: 20-Aug-13								
Question ID:	FIJ.020_00.000) Instrument Variable Name:	FPOI3M	QuestionnaireFileName: Family					
QuestionText:	? [F1]								
	you or anyo	ne in your family] poisoned by s	swallowing or brea	(date 91 days before today's date)], [fill2: were yo athing in a harmful substance such as bleach, carb pisoning, sun poisoning, or poison ivy rashes.					
1	Yes								
2	No								
7	Refused								
9	Don't know	1							
UniverseTe	xt: All fa	amilies							
SkipInstruc	goto	if single-person family, store pe WFPOI3M] K,R> [goto next section]	rson number in W	FPOI3M and goto TFPOI3M; else,					

Question ID:	FIJ.022_00.000	Instrument Variable Name:	WFPOI3M	QuestionnaireFileName:	Family
QuestionText:	* Ask or verif	y. Enter applicable line numbe	er(s), separate with co	mmas.	
	Who was this (Anyone else				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fan	nilies with two or more persons	and at least one perso	on was poisoned during the past 3	3 months
SkipInstruct		[All family members. Avoid c > [goto next section]	duplicate; goto TFPO	I3M]	

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		D	ORAFT 2013 NHIS Q	uestionnaire - I	Family	
			Inj	uries & Poisonir	ıg	
			Document	t Version Date: 20-Au	ug-13	
Question ID:	FIJ.024_00	0.000	Instrument Variable Name:	TFPOI3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
			E PAST THREE MONTHS, oisoning, sun poisoning, or	-	imes [fill: were you/was ALIAS] p	poisoned? Do not
01-91	1-91 ti	mes				
97	Refuse	d				
99	Don't l	now				
UniverseTex	t: A	All pers	ons poisoned during the pas	t 3 months		
SkipInstruct	< n	R>[go o more	DK> [goto MFPOI3M] oto TFPOI3M for next perso persons with a poisoning, g [goto ERR_TFPOI3M]		ning; if	
Soft Edit:	I	ERR_T	FPOI3M			
			OI3M gt 10, display ERR_T OI3M is unusually high. Ple			
	<	<close></close>	ess> [goto MFPOI3M] > [goto TFPOI3M for new e [goto TFPOI3M for new e	•		
Question ID:	FIJ.026_00	0.000	Instrument Variable Name:	MFPOI3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
			/ALIAS] talk to or see a me s poisoning/your poisoning of		out [fill2: any of these oning or poisonings/her poisoning	g or poisonings]?
1	Yes					
2	No					
7	Refuse					
9	Don't l	now				
UniverseTex	t: A	All pers	ons with at least one or an u	nknown number of po	bisoning episodes during the past a	3 months
SkipInstructions:			R> [goto TFPOI3M for next		IPDATEM; else goto MTFPOI3M poisoning; if no more persons wit	

Injuries & Poisoning

Question ID:	FIJ.028_00.00)() Instrument Variable Name:	MTFPOI3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		he ^TFPOI3M/all the] times tha s was the poisoning serious enor			
01-91	1-91 times	5			
97	Refused				
99	Don't kno	W			
UniverseTex	kt: All	persons who consulted a medica	al professional for their	poisoning episode(s)	
SkipInstructions: <pre><01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTI <dk, r=""> [goto TFPOI3M for next person with reported poisoning, goto next section]</dk,></pre>					h a
	If (()	MTFPOI3M gt TFPOI3M) or ('	TFPOI3M eq DK and M	MTFPOI3M gt 3)), display ERR_	_MTFPOI3M]:
Hard Edit:	ERI	R1_MTFPOI3M			
	[If ((MTFPOI3M gt TFPOI3M), dis	play ERR1_MTFPOI3	M]:	
	[^T] med med	FPOI3M]. For this question, we lical professional was consulted	e are asking about the r For example, if you v of those times, the ans	you said [you were/ALIAS was] p number of times [you were/ALIA were poisoned three different time wer would be one, even if you sa event.	AS was] poisoned and a es but only sought
		ose> [goto MTFPOI3M for nev oto> [goto TFPOI3M or MTFP	• -		
Soft Edit:	ERF	R2_MTFPOI3M			
	[If]	FPOI3M = 99 and MTFPOI3M	1 gt 3), display ERR2_1	MTFINJ3M]:	
	* ^N	MTFINJ3M is an unusually high	n number.		
	pois only		l was consulted. For earner for one of those ti	xample, if you were poisoned thr mes, the answer would be one, e	
	Sup Gote Clos				

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Injuries & Poisoning

Question ID:	FIJ.050_01.000	Instrument Variable Name:	IPDATEM	QuestionnaireFileName:	Family				
QuestionText:	1 of 3								
	* Please hand	* Please hand the calendar card to the respondent.							
		{if only 1 injury/poisoning episode for the person} When did [fill1: your/ALIAS's] [fill2: injury/poisoning] happen for which a medical professional was consulted?							
	{first of multiple injury/poisoning episodes for the person} Now I'm going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?								
	{second plus of multiple injury/poisoning episodes for the person} You just told me about [fill1: your/ALIAS's] [fill6: (month, day of previous event)] [fill7:most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?								
	* Enter month	l.							
01	January								
02	February								
03	March								
04	April								
05	May								
06	June								
07	July								
08	August								
09	September								
10	October								
11	November								
12	December	December							
97	Refused								
99	Don't know								
UniverseTex	ct: All inju	ry/poisoning episodes for whic	ch a medical profe	ssional was consulted					
SkipInstructions: <1-12> [goto IPDATED] <r> [goto IPHOW] <d> [goto IPDATENO]</d></r>									

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Injuries & Poisoning

Question ID:	FIJ.050_02.000	Instrument Variable Name:	IPDATED	QuestionnaireFileName:	Family
QuestionText:	2 of 3				
	* Enter day.				
01-31	1-31				
97	Refused				
99	Don't know				
UniverseTex	at: All inj	ury/poisoning episodes where a	a valid month of ep	isode was entered	
SkipInstruc	<r> [8</r>	> [goto IPDATEY] goto IPHOW] goto IPDATEMT]			
Hard Edit:	ERR_	IPDATED			
	[fill1:	IPDATED] is not a valid day f	or [fill2: IPDATEN	<i>I</i> [].	
		e> [reset IPDATED for new en > [reset IPDATED for new ent			

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Injuries & Poisoning

Document Version Date: 20-Aug-13

Question ID:	FIJ.050_03.00	0 Instrument Variable Name:	IPDATEY	QuestionnaireFileName:	Family
QuestionText:	3 of 3				
	* Enter yea	r.			
Year 9997 9999	Year Refused Don't know	N			
UniverseTex	xt: All i	njury/poisoning episodes where a	a valid day of epis	ode was entered	
SkipInstruc	IPD		date prior to the s	are date; goto ERR_IPDATEY; else, tart date of the 91 day reference perio	
Hard Edit:	ERF	LIPDATEY			
	* Fu	ture date invalid.			
	* Pl	ease correct.			
		ose> [reset IPDATED for new en to> [reset IPDATED for new ent			
Soft Edit:	ERR	1_IPDATEY			
		e reported date, [^IPDATEM(tex od beginning [fill date used in FI.		neric)^IPDATEY(4-digit year)], fall	s outside the reference
	*Ple	ase verify the date and make any	corrections.		
	ERR	2_IPDATEY			
	perio		J.010]. NOTE: T	neric)^IPDATEY(4-digit year)], falls in the start of the reference period falls in the start of the reference period falls in the start of the start of the reference period falls in the start of the s	
	*Ple	ase verify the date and make any	corrections.		
	ERR	3_IPDATEY			
		e reported date, [^IPDATEM(tex used in FIJ.010].	xt)^IPDATEY(4-c	igit year)], falls outside the reference	period beginning [fill

*Please verify the date and make any corrections.

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DRAFT 2013 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 20-Aug-13

Question ID: FIJ.051 01.000 Instrument Variable Name: **IPDATENO QuestionnaireFileName:** Family **QuestionText:** 1 of 2 Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened? *Enter number for time since event. 001-096 1-96 997 Refused 999 Don't know UniverseText: All injury/poisoning episodes where don't know was entered for month of episode **SkipInstructions:** <1-91> [goto IPDATETP] <R,D> [goto IPHOW] **Question ID:** FIJ.051 02.000 **Instrument Variable Name: IPDATETP QuestionnaireFileName:** Family **QuestionText:** 2 of 2 *Enter number for time period since event. ^IPDATENO... 1 Days 2 Weeks 3 Months 7 Refused 9 Don't know UniverseText: All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question **SkipInstructions:** goto IPHOW If IPDATENO GT 91 days (1) or Hard Edit: IPDATENO GT 13 weeks (2) or IPDATENO GT 4 months (3) then goto ERR_IPDATETP ERR IPDATETP defaul blaise message for now "Out of range" ERR1_IPDATETP Soft Edit: *The approximate date falls outside the reference period beginning [fill date used in FIJ.010]. *Please verify and make any corrections.

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QuestionText:	(book) F3	? [F1]				
	Was this in ^IPDATEM	e e -	EM (text)], the middle	e of [fill: ^IPDATEM (text)], or th	e end of [fill:	
1	Beginning					
2	Middle					
3	End					
7	Refused					
9	Don't know	V				
Question ID:	FIJ.060 00.000) Instrument Variable Name:	IPHOW	QuestionnaireFileName:	Family	
QuestionText:	? [F1]			C	' unin' y	
	recent if mu	ltiple)] happen?/How did this	[fill3: injury/poisoning	h [fill4: ^IPDATEM ^IPDATED (g] happen?] Please describe fully ubstances, or other people involve	the circumstances or	
		verbatim response, probing for all circumstances surrounding		sible, including specifically what the local structure of the local	he person was doing at	
Verbatim	Verbatim r	esponse				
7	Refused	-				
9	Don't know	v				
UniverseTex	xt: All ir	njury/poisoning episodes for w	hich a medical profess	ional was consulted		
SkipInstruct	SkipInstructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC] <r> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC] <d> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]</d></r></verbatim>					

Injuries & Poisoning

Question ID:	FIJ.065_00.000	Instrument Variable Name:	ICAUS	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Do not rea	d.			
	* Enter the	number which best describes the	e cause of the per	son's injury from the list below.	
01	In a motor	vehicle			
02	On a bike,	scooter, skateboard, skates, skis,	, horse, etc.		
03	Pedestrian	who was struck by a vehicle suc	h as a car or bicy	vcle	
04	In a boat, t	ain, or plane			
05	Fall				
06	Burned or	scalded by substances such as ho	ot objects or liqu	ids, fire, or chemicals	
07	Other				
97	Refused				
99	Don't know	,			
UniverseTex	at: All in IPHC		cal professional v	vas consulted and don't know or refuse	ed was not entered at
SkipInstruct	tions: goto	JBODY			

Injuries & Poisoning

Question ID:	FIJ.070_00.000	Instrument Variable Name:	IJBODY	QuestionnaireFileName:	Family
QuestionText:	(book) F4				
	* Enter up to	4 responses, separate with com	nmas.		
	* Ask or verif	fy.			
	In this injur	y, what parts of [fill: your/ALIA	AS's] body were hu	ırt?	
01	Ankle				
02	Back				
03	Buttocks				
04	Chest				
05	Ear				
06	Elbow				
07	Eye				
08	Face				
09	Finger/thum	b			
10	Foot				
11	Forearm				
12	Groin				
13	Hand				
14	Head (not fa	ce)			
15	Hip				
16	Jaw				
17	Knee				
18	Lower leg				
19	Mouth				
20	Neck				
21	Nose				
22	Shoulder				
23	Stomach				
24	Teeth				
25	Thigh				
26	Toe				
27	Upper arm				
28	Wrist				
29	Other, specif	fy			
97	Refused				
99	Don't know				
UniverseTex	t: All inj	ury episodes for which a medic	al professional was	s consulted	
SkipInstruct	<29>[> [goto IJTYPE1] goto IJBODYOS] • [goto IPEV]			

Injuries & Poisoning

Question ID:	FIJ.071_0	0.000	Instrument Variable Name:	IJBODYOS	QuestionnaireFileName:	Family
QuestionText:	*Read	if neces	sary.			
	What o	ther par	ts of the body were hurt?			
Verbatim	Verba	tim resp	onse			
7	Refuse	ed				
9	Don't	know				
UniverseTex	xt:	All inju	ry episodes where some "other	r" part of the body w	as hurt	
SkipInstruct	tions: g	goto IJT	YPE1			
Question ID:	FIJ.072_0	0.000	Instrument Variable Name:	IJTYPE1	QuestionnaireFileName:	Family
QuestionText:	(book)	F5				
	*Enter	up to 2	responses, separate with a cor	nma.		
	* Ask o	or verify	<i>.</i>			
	In what	t way w	as [fill1: your/ALIAS's] [fill2	: first entry^IJBOI	DY (text) or ^IJBODYOS] hurt?	
01	Broke	n bone	or fracture			
02	Sprain	, strain,	or twist			
03	Cut					
04	Scrape	e				
05	Bruise	•				
06	Burn					
07	Insect					
08	Anima					
09		specify	,			
97	Refuse					
99	Don't	know				
UniverseTex	x t:	All inju	ry episodes where at least one	part of the body was	s hurt	
SkipInstructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV] <9> [goto IJTYPIOS] <r> [goto IPEV]</r>						IPEV]

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Injuries & Poisoning

Question ID:	FIJ.073_00.000	Instrument Variable Name:	IJTYP1OS	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Read if nec	cessary.			
	How was [fil	ll1: your/ALIAS's] [fill2: first e	entry ^IJBODY (text) or ^IJBODYOS] hurt?	
Verbatim	Verbatim re	sponse			
7	Refused				
9	Don't know				
UniverseTex	at: All inj	jury episodes where the first bo	dy part was hurt in	some "other" way	
SkipInstruct	tions: goto I	JTYPE2 for next body part; if n	no more body parts	, goto IPEV	
Question ID:	FIJ.074_00.000	Instrument Variable Name:	IJTYPE2	QuestionnaireFileName:	Family
QuestionText:	(book) F5				
	*Enter up to	2 responses, separate with a con	mma.		
	* Ask or veri	fy.			
	In what way	was [fill1: your/ALIAS's] [fill2	2: second entry^I.	BODY (text) or ^IJBODYOS] hurt	?
01	Broken bon	e or fracture			
02	Sprain, strai	n, or twist			
03	Cut				
04	Scrape				
05	Bruise				
06	Burn				
07	Insect bite				
08	Animal bite				
09	Other, speci	fy			
97	Refused				
99	Don't know				
UniverseTex		jury episodes where at least two ody part at IJTYPE1	body parts were h	urt and the type of injury or don't kr	now was entered for the
SkipInstructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV] <9> [goto IJTYP2OS] <r> [goto IPEV]</r>					

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Injuries & Poisoning

Question ID:	FIJ.075_00.000	Instrument Variable Name:	IJTYP2OS	QuestionnaireFileName:	Family
QuestionText:	* Read if nece	essary.			
	How else was	[fill1: your/ALIAS's] [fill2: so	econd entry ^IJBC	DY (text) or ^IJBODYOS] hurt?	
Verbatim 7 9	Verbatim res Refused Don't know	ponse			
UniverseTex	a t: All inju	ury episodes where the second	body part was hurt i	n some "other" way	
SkipInstruct	iona, goto II	TYPE3 for next body part; if n	o more hody parts	roto IDEV	
Skipinstruct	goto IJ	1 11 E5 for next body part, if it	o more body parts, g		
Question ID:	FIJ.076_00.000	Instrument Variable Name:	IJTYPE3	QuestionnaireFileName:	Family
QuestionText:	(book) F5				
	*Enter up to 2	2 responses, separate with a con	nma.		
	* Ask or verif	îy.			
	In what way w	was [fill1: your/ALIAS's] [fill2	: third entry^IJBO	DY (text) or ^IJBODYOS] hurt?	
01	Broken bone	or fracture			
02	Sprain, straii				
03	Cut				
04	Scrape				
05	Bruise				
06	Burn				
07	Insect bite				
08	Animal bite				
09	Other, specif	ý			
97	Refused				
99	Don't know				
UniverseTex		ury episodes where at least thre body part at IJTYPE2	e body parts were h	urt and type of injury or don't know	w was entered for the
SkipInstructions: <1-8,D> [goto IJTYPE <9> [goto IJTYP3OS] <r> [goto IPEV]</r>		oto IJTYP3OS]	y part entered at IJB	ODY; if no more body parts, goto	IPEV]

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DRAFT 2013 NHIS Questionnaire - Family

Injuries & Poisoning

Question ID:	FIJ.077_00.000	Instrument Variable Name:	IJTYP3OS	QuestionnaireFileName:	Family				
QuestionText:	* Read if nec	essary.							
	How else wa	s [fill1: your/ALIAS's] [fill2: t	hird entry ^IJBO	DY (text) or ^IJBODYOS] hurt?					
Verbatim	Verbatim re	sponse							
7	Refused								
9	Don't know								
UniverseTex	xt: All inj	ury episodes where the third bo	ody part was hurt in	n some "other" way					
SkipInstruc	tions: goto I.	TYPE4 for next body part; if r	o more body parts	, goto IPEV					
Question ID:	FIJ.078_00.000	Instrument Variable Name:	IJTYPE4	QuestionnaireFileName:	Family				
QuestionText:	(book) F5								
	*Enter up to	2 responses, separate with a co	mma.						
	* Ask or veri	fy.							
	In what way	was [fill1: your/ALIAS's] [fill2	2: fourth entry^IJ	BODY (text) or ^IJBODYOS] hurt?					
01	Broken bon	e or fracture							
02	Sprain, strai	n, or twist							
03	Cut								
04	Scrape								
05	Bruise								
06	Burn								
07	Insect bite								
08	Animal bite								
09	Other, speci	fy							
97	Refused								
99	Don't know								
UniverseTex		ury episodes where four body j IJTYPE3	parts were hurt and	type of injury or don't know was er	tered for the third body				
SkipInstructions: <1-8,R,D> [goto IPEV] <9> [goto IJTYP4OS]									

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Injuries & Poisoning

Question ID:	FIJ.079_00.000	Instrument Variable Name:	IJTYP4OS	QuestionnaireFileName:	Family		
QuestionText:	* Read if nece	ssary.					
	How else was	[fill1: your/ALIAS's] [fill2: fo	ourth entry ^IJB	ODY (text) or ^IJBODYOS] hurt?			
Verbatim	Verbatim resp	oonse					
7	Refused						
9	Don't know						
UniverseText: All injury episodes where the fourth body part was hurt in some "other" way							
SkipInstruc	tions: if a pois	if a poisoning episode, goto PPCC; else, goto IPEV					

Question ID:	FIJ.080_01.000	Instrument Variable Name:	PPCC	QuestionnaireFileName:	Family
QuestionText:	Did [fill: you	ALIAS] get MEDICAL ADV	ICE, TREATM	ENT, or FOLLOW-UP CARE for this	poisoning from
	A phone call	to a poison control center?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All poi	soning episodes for which a m	edical professi	onal was consulted	
SkipInstruct		> [goto IPEV] oto IPHOSP]			

Injuries & Poisoning

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Question ID:	FIJ.080_02.000	Instrument Variable Name:	IPEV	QuestionnaireFileName:	Family
QuestionText:	* Read lead-ir	if necessary.			
	Did [fill1: you injury/poisoni		/ICE, TREA	TMENT, or FOLLOW-UP CARE for this	[fill2:
	An emergency	v vehicle, such as an ambulanc	e or fire truc	k	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All inju	ry/poisoning episodes for whi	ch a medical	professional was consulted	
SkipInstruct		> [goto IPER] oto IPHOSP]			
Question ID:	FIJ.080_03.000	Instrument Variable Name:	IPER	QuestionnaireFileName:	Family
QuestionText:	* Read lead-ir	n if necessary.			
	Did [fill1: you injury/poisoni	- 0	/ICE, TREA	TMENT, or FOLLOW-UP CARE for this	[fill2:
	A visit to an e	mergency room			

1 Yes

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

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

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Injuries & Poisoning

Question ID:	FIJ.080_04.000	Instrument Variable Name:	IPDO	QuestionnaireFileName:	Family					
QuestionText:	? [F1]									
	* Read lead-in	if necessary.								
		Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?								
	A visit to a do	ctor's office or other health cl	inic							
1	Yes									
2	No									
7	Refused									
9	Don't know									
UniverseText	t: All inju	ry/poisoning episodes for whi	ch a medical pro	essional was consulted						
Question ID:	FIJ.080_05.000	Instrument Variable Name:	ІРРСНСР	QuestionnaireFileName:	Family					
QuestionText:	? [F1]		litener	2	1 uning					
	* Read lead-ir	if necessary.								
	Did [fill1: you injury/poisoni		VICE, TREATMI	ENT, or FOLLOW-UP CARE for this	s [fill2:					
	A phone call t	o a doctor, nurse, or other hea	lth care professio	nal						
1	Yes									
2	No									
7	Refused									
9	Don't know									
UniverseText	t: All inju	ry/poisoning episodes for whi	ch a medical prot	essional was consulted						
SkipInstructions: <1,2,D> [goto IPOTH] <r> [goto IPHOSP]</r>										

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Document Version Date: 20-Aug-13										
Question ID:	FIJ.080_06.000 Instrument Variable Name: IPOTH QuestionnaireFileName: Family									
QuestionText:	* Read lead-in if necessary.									
	Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?									
	Any place else?									
1	Yes									
2	No									
7	Refused									
9	Don't know									
UniverseTex	xt: All injury/poisoning episodes for which a medical professional was consulted									
SkipInstruc	 tions: <1> [goto IPOTHOS] if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER <2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP] <r,d> [goto IPHOSP]</r,d> 									

Question ID:	FIJ.081_00.000) Instrument Variable Name:	IPOTHOS	QuestionnaireFileName:	Family			
QuestionText:	Text: * Read lead-in if necessary.							
	Where else injury/poise	1 10	DICAL ADVICE, TH	REATMENT, or FOLLOW-UP CA	RE for this [fill2:			
Verbatim	Verbatim r	esponse						
7	Refused							
9	Don't knov	v						
UniverseText: All injury/poisoning episodes where medical advice, treatment, or follow-up care was received f place				ed from some "other"				
SkipInstruc	tions: goto	IPHOSP						

Injuries & Poisoning

Question ID:	FIJ.082_0	0.000	Instrument Variable Name:	IPVER	QuestionnaireFileName:	Family
QuestionText:	* Pleas	se verify.				
	[fill1: ` correct		AS] DID NOT receive any r	medical advice, tr	reatment, or follow-up for this [fill2: in	njury/poisoning]. Is that
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseText: All injury/poisoning episodes for which a medical professional was consulted, but no source of medical treatment, or follow-up care was selected						e of medical advice,
SkipInstructions: <1>[If the subject HAS more injury/poisoning episodes, then go to FIJ.050_1for that subject. If the NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an inju If no more family members with an injury/poisoning, go to next section.] <2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]						
Hard Edit:		ERR_IP	VER			
Question ID:	FIJ.090_0	0.000	Instrument Variable Name:	IPHOSP	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	[fill1: '	Were you	u/Was ALIAS] hospitalized	for at least one n	ght as a result of this [fill2: injury/poi	soning]?
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	All injur	y/poisoning episodes for wh	ich a medical pro	fessional was consulted	
SkipInstruc			o IPIHNO] [if an injury episode, goto I	MTRAF; if a poi	soning episode, goto PPOIS]	

Injuries & Poisoning

Question ID:	FIJ.091_00.000	Instrument Variable Name:	IPIHNO	QuestionnaireFileName:	Family			
QuestionText:	? [F1]							
	How many n	Iow many nights [fill: were you/was ALIAS] in the hospital?						
	* If still in he	ospital, ask how many nights up	p to today.					
	* Enter '95' f	or 95 or more nights.						
01-94	1-94 nights							
95	95+ nights							
97	Refused							
99	Don't know							
UniverseText: All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalizat								
SkipInstructions: <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF goto IFALL; if a poisoning episode, goto PPO <61-95> [goto ERR_IPIHNO]				ICAUS eq 4-7,R,D, goto IPWHAT; e	lse, if ICAUS eq 5,			
Soft Edit:		HNO gt 60, display ERR_IPIH HNO is unusually high. Please						
	Suppr Goto Close							
	if ICA if ICA	ess> [if ICAUS eq 01 or 02 or .US eq 04 or 06 or 07 or 97, or .US eq 05, goto IFALL]] e, Goto> [reset IPIHNO for nev	99, goto IPWHA					
Question ID:	FIJ.109_00.000	Instrument Variable Name:	IMTRAF	QuestionnaireFileName:	Family			
QuestionText:	? [F1]							
	* Ask or veri	fy.						
	Did this accie	dent occur on a public highway	, street, or road?					
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex				while in a motor vehicle; on a bike, so uck by a vehicle such as a car or bicyc				
SkipInstruct	tions: goto I	MVWHO						

Injuries & Poisoning

Question ID:	FIJ.110_00.000	Instrument Variable Name:	IMVWHO	QuestionnaireFileName:	Family
QuestionText:	*Read all cate	gories.			
	* Ask or verif	у.			
	[fill: Were you	u/Was ALIAS] injured as:			
	* Read answer	categories.			
1	The driver of	a motor vehicle			
2	A passenger i	n a motor vehicle			
3	A pedestrian				
4	A bicycle rid	er or tricycle rider			
5	The rider of a	scooter, skateboard, skates, o	or other non-moto	rized vehicle	
7	Refused				
9	Don't know				
UniverseTex				while in a motor vehicle; on a bike, so ick by a vehicle such as a car or bicy	
SkipInstruct	<4,5>[goto IMVTYP] goto IHELMT] > [goto IPWHAT]			

Injuries & Poisoning

Question ID:	FIJ.111_00.000	Instrument Variable Name:	IMVTYP	QuestionnaireFileName:	Family					
QuestionText:	_			2	i uning					
Question rext.	(book) F6	? [F1]								
* Ask or verify.										
	What type of	vehicle [fill: were you/was AL	.IAS] in?							
01	Passenger ca	Passenger car								
02	Passenger tr	uck, such as a pickup truck, va	n, or SUV							
03	Bus									
04		ercial truck, such as a semi-tru		vheeler						
05	-	(including mopeds and minibik	(es)							
06		ehicle or ski/snow-mobile								
07	Farm equipr	nent (such as a tractor)								
08	Industrial or	construction vehicle								
09	Other									
97	Refused									
99	Don't know									
UniverseTex	t: All me	dically-consulted injury episod	les that occurred w	hile a driver or passenger of a vehic	le					
SkipInstruct	<5,6>	l> [goto ISBELT] [goto IHELMT] ,9,R,D> [goto IPWHAT]								
Question ID:	FIJ.112_00.000	Instrument Variable Name:	ISBELT	QuestionnaireFileName:	Family					
QuestionText:	? [F1]									
	* Ask or veri	fy.								
	[fill: Were yo	u/Was ALIAS] restrained at th	ne time of the accid	ent?						
1	Yes									
2	No									
7	Refused									
9	Don't know									
UniverseTex		dically-consulted injury episod	des that occurred w	hile a driver or passenger of a car o	r truck					
SkipInstructions: goto IPWHAT										

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Question ID:	FIJ.113_00.000	Instrument Variable Name:	IHELMT	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Ask or verif	y.			
	[fill: Were yo	u/Was ALIAS] wearing a helm	net at the time o	f the accident?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText: All medically-consulted injury episodes that occurred while riding a bicycle, tricycl or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-n					er, skateboard, skates,
SkipInstruc	tions: goto IF	WHAT			
Question ID:	FIJ.130_00.000	Instrument Variable Name:	IFALL	QuestionnaireFileName:	Family
QuestionText:	(book) F7				
	* Enter up to	2 responses, separate with a co	omma.		
	* Ask or verif	y.			
	How did [fill:	you/ALIAS] fall? Anything e	lse?		
01	Stairs, steps,	or escalator			
02	Floor or leve	l ground			
03	Curb (includ	ing sidewalk)			
04	Ladder or sca	affolding			
05	Playground e	-			
06		court, or rink			
07	-	other structure			
08	-	ofa, or other furniture			
09		wer, toilet, or commode			
10	Hole or othe				
11	Other				

11Other97Refused99Don't know

איש Don'

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IFALLWHY

Injuries & Poisoning

Question ID:	FIJ.131_00.000	Instrument Variable Name:	IFALLWHY	QuestionnaireFileName:	Family				
QuestionText:	(book) F8								
	* Ask or verif	y.							
	What caused [What caused [fill: you/ALIAS] to fall?							
1	Slipping or tr	Slipping or tripping							
2	Jumping or d	Jumping or diving							
3	Bumping into	Bumping into an object or another person							
4	Being shoved	Being shoved or pushed by another person							
5	Losing balance	Losing balance or having dizziness (becoming faint or having a seizure)							
6	Other								
7	Refused								
9	Don't know								
UniverseTex	t: All med	lically-consulted injury episod	es that occurred due	to a fall					
SkipInstructions: goto IPWHAT									

Question ID:	FIJ.140_00.000	Instrument Variable Name:	PPOIS	QuestionnaireFileName:	Family				
QuestionText:	(book) F9	? [F1]							
	* Ask or verif	у.							
	What did [fill:	What did [fill: your/ALIAS's] poisoning result from?							
1	Swallowing a	Swallowing a drug or medical substance mistakenly or in overdose							
2	Swallowing of	Swallowing or touching a harmful solid or liquid substance							
3	Inhaling harn	nful gases or vapors							
4	Eating a pois	onous plant or other substance	mistaken for food						
5	Being bitten	by a poisonous animal							
6	Other, please	specify							
7	Refused								
9	Don't know	Don't know							
UniverseTex	at: All pois	soning episodes for which a me	edical professiona	was consulted					
. ,		D> [goto IPWHAT] oto PPOISOS]							

Injuries & Poisoning

Question ID:	FIJ.141_00.0	00 Instrument Variable	Name:	PPOISOS	QuestionnaireFileName:	Family
QuestionText:	* Read if 1	necessary.				
	How did [fill: your/ALIAS's] poiso	ning occ	cur?		
Verbatim	Verbatim	n response				
7	Refused	1				
9	Don't kno	ow				
UniverseTex	xt: All	medically-consulted poise	oning ep	bisodes where the p	oisoning resulted from some "othe	r" reason
SkipInstruct	tions: gote	o IPWHAT				
Question ID:	FIJ.150_00.0	00 Instrument Variable	Name:	IPWHAT	QuestionnaireFileName:	Family
QuestionText:	(book) F1	0 ? [F1]				
	* Enter up	to 2 responses, separate v	with a co	omma.		
	* Ask or v	verify.				
	What activ	vity [fill1: were you/was A	ALIAS] i	involved in at the t	ime of the [fill2: injury/poisoning]	?
01	Driving o	or riding in a motor vehicle	e			
02		at a paid job				
03		around the house or yard				
04	Attending					
05		vork (such as volunteer wo	ork)			
06		d exercise				
07		ctivity (excluding sports)				
08		, resting, eating, or drinkin	ıg			
09	Cooking		0			
10	-	red for (hands-on care fror	m other	person)		
11	-	ease specify		. ,		
97	Refused	1 2				
99	Don't kno	ow				
UniverseTex	xt: All	injury/poisoning episodes	s for whi	ich a medical profe	ssional was consulted	
SkipInstructions: <1-10,R,D> [goto IPWHER] <11> [goto IPWHATOT]						

Injuries & Poisoning

Question ID:	FIJ.151_00.000	Instrument Variable Name:	IPWHATOT	QuestionnaireFileName:	Family				
QuestionText:	* Read if nece	ead if necessary.							
	What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?								
Verbatim	Verbatim res	Verbatim response							
7	Refused	used							
9	Don't know								
UniverseText: All medically-consulted injury/poisoning episodes that occurred in some "other" place									
SkipInstruct	t ions: goto IP	WHER							

Injuries & Poisoning

Question ID:	FIJ.160_00.000	Instrument Variable Name:	IPWHER	QuestionnaireFileName:	Family			
QuestionText:	(book) F11	? [F1]						
	* Enter up to 2 responses, separate with a comma.							
	* Ask or verify.							
	Where [fill1:	were you/was ALIAS] when the	ne [fill2: injury/po	bisoning] happened?				
01	Home (inside	2)						
02	Home (outsid	le)						
03	School (not r	esidential)						
04	Child care ce	nter or preschool						
05	Residential ir	nstitution (excluding hospital)						
06	Health care fa	acility (including hospital)						
07	Street or high	iway						
08	Sidewalk							
09	Parking lot							
10	Sport facility	Sport facility, athletic field, or playground						
11	Shopping center, restaurant, store, bank, gas station, or other place of business							
12	Farm							
13	Park or recrea	ation area (include bike or jog	path)					
14	River, lake, s	tream, or ocean						
15	Industrial or	construction area						
16	Other public	building						
17	Other							
97	Refused							
99	Don't know							
UniverseTex	x t: All inju	ry/poisoning episodes for whi	ch a medical prof	essional was consulted				
SkipInstruct	for that injury/p injury/p injury/p	,R,DK> [If AGE lt 5 and perso person; else if AGE lt 5 and p poisoning episodes, goto TFIN poisoning; else if AGE lt 5 and poisoning, go to FPOI3M/next AGE ge 13, goto IPEMP; elso	Person DOES NO J3M/TFPOI3M f no more family f section;	or next person with an nembers with an	EM			

Injuries & Poisoning

Question ID:	FIJ.170_00.000	Instrument Variable Name:	IPEMP	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	At the time of	this [fill1: injury/poisoning],	[fill2: were you/was	SALIAS] employed full-time, part-	time, or not employed?
1	Full-time				
2	Part-time				
3	Not employe	d			
7	Refused				
9	Don't know				
UniverseTex	t: All med	lically-consulted injury/poisor	ning episodes for pe	ersons 13 years of age or older	
SkipInstruct		goto IPWKLS] > [goto IPSTU]			
	<5, R ,D				
	<5,7,7				
Question ID:	FIJ.171_00.000	Instrument Variable Name:	IPWKLS	QuestionnaireFileName:	Family
	FIJ.171_00.000	Instrument Variable Name:		QuestionnaireFileName: /ork did [fill2: you/ALIAS] miss?	Family
	FIJ.171_00.000	Instrument Variable Name:			Family
QuestionText:	FIJ.171_00.000 As a result of None	Instrument Variable Name: this [fill1: injury/poisoning], h			Family
QuestionText: 1	FIJ.171_00.000 As a result of None Less than one	Instrument Variable Name: this [fill1: injury/poisoning], h			Family
QuestionText: 1 2	FIJ.171_00.000 As a result of None	Instrument Variable Name: this [fill1: injury/poisoning], h e day ays			Family
QuestionText: 1 2 3	FIJ.171_00.000 As a result of None Less than one One to five d	Instrument Variable Name: this [fill1: injury/poisoning], h e day ays			Family
QuestionText: 1 2 3 4	FIJ.171_00.000 As a result of None Less than one One to five d Six or more of	Instrument Variable Name: this [fill1: injury/poisoning], h e day ays			Family
2 3 4 7	FIJ.171_00.000 As a result of None Less than one One to five d Six or more o Refused Don't know	Instrument Variable Name: this [fill1: injury/poisoning], h e day ays lays	now many days of w		

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Injuries & Poisoning

Question ID:	FIJ.180_00.000	Instrument Variable Name:	IPSTU	QuestionnaireFileName:	Family
QuestionText:	At the time of student?	this [fill1: injury/poisoning],	[fill2: were you/	was ALIAS] a full-time student, part-ti	me student or not a
1	Full-time				
2	Part-time				
3	Not a student				
7	Refused				
9	Don't know				
UniverseTex	t: All med	lically-consulted injury/poisor	ning episodes for	persons 5 years of age or older	
SkipInstruct	<3,R,D NOT H	- 1 5	pisodes, goto TI	sodes, goto IPDATEM for that person TNJ3M/TFPOI3M for next person wit ing, goto next section]	· 1

Question ID:	FIJ.181_00.000	Instrument Variable Name:	IPSCLS	QuestionnaireFileName:	Family
QuestionText:	As a result of	this [fill1: injury/poisoning], h	ow many days o	f school did [fill2: you/ALIAS] miss?	
1	None				
2	Less than one	e day			
3	One to five d	ays			
4	Six or more d	lays			
7	Refused				
9	Don't know				
UniverseTex		lically-consulted injury/poison the episode	ing episodes for	persons 5 years of age or older who w	vere students at the
SkipInstruct	if perso TFINJ3	n DOES NOT HAVE more inj	jury/poisoning e with an injury/po	pisodes, goto IPDATEM for that perso pisodes, goto pisoning; else if no more family	n; else

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	Family Access to Health Care & Utilization							
			Document	Version Date: 20-Au	ıg-13			
Question ID:	FAU.010)_00.000 Inst	rument Variable Name:	FDMED12M	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
	The f	ollowing ques	tions are about the use o	f health care. Do not	include dental care.			
			ST 12 MONTHS, [fill: h y] because of worry abo		ing medical care/has medical care	e been delayed for		
1	Yes							
2	No							
7	Refu	sed						
9	Don	t know						
UniverseTex	xt:	All families						
SkipInstructions:		PDMED12M		the person number in	PDMED12M and goto FNMED	12M; else, goto		

Question ID:	FAU.02	0_00.000	Instrument Variable Name:	PDMED12M	QuestionnaireFileName:	Family
QuestionText:	* Asl	c or verify	. Enter applicable line number	er(s), separate with con	nmas.	
		which fam one else?)	ily member was medical care	delayed?		
1	Yes					
2	No					
7	Refi	ised				
9	Don	't know				
UniverseTex	xt:		lies with two or more persons 12 months	and at least one had m	edical care delayed due to worr	y about the cost during
SkipInstructions:		goto FN	MED12M			
					s associated with the persons re an edited response code in subse	

Family Access to Health Care & Utilization

Question ID:	FAU.030_0	0.000	Instrument Variable 1	Name:	FNMED12M	(QuestionnaireF	ileName:	Family
QuestionText:	? [F1]								
			E PAST 12 MONTHS, ecause [fill2: you/the			fill1: you	/someone in th	e family] no	eeded medical care, but
1	Yes								
2	No								
7	Refused	l							
9	Don't k	now							
UniverseTex	at: A	ll fami	ilies						
SkipInstructions:		NMEI	a single-person family D12M] > [goto FHOSPYR]	, store th	e person number ir	n PNMEI	D12M and goto	o FHOSPY	R; else, goto

Question ID:	FAU.04	0_00.000	Instrument Variable Name:	PNMED12M	QuestionnaireFileName:	Family
QuestionText:	* Asl	k or verify	7. Enter applicable line numbe	r(s), separate with comma	35.	
		didn't get vone else?)	needed care?			
1	Yes					
2	No					
7	Refu	used				
9	Don	n't know				
UniverseTex	:t:	All fami	lies with two or more persons	and at least one didn't get	t medical care due to cost due	ring the past 12 months
SkipInstruct	ions:	goto FH	IOSPYR			
			In the instrument, interviewers ent. As shown above, each eli		. .	

Family Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID:	FAU.050	_00.000	Instrument Variable Name:	FHOSPYR	QuestionnaireFileName:	Family
QuestionText:	?[F1]					
			/Including all infants born in ? Do not include an overnig		yone in the family] been hospitalized gency room.	l OVERNIGHT in the
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	t:	All fami	lies			
SkipInstruct	ions:		single-person family, store t [goto FHCHM2W]	he person number	in PHOSPYR and goto HOSPNO; e	lse, goto PHOSPYR]
Question ID:	FAU.060	_00.000	Instrument Variable Name:	PHOSPYR	QuestionnaireFileName:	Family
QuestionText:	*Ask o	or verify.	Enter applicable line number	er(s), separate with	commas.	
		vas in a h ne else?)	ospital overnight?			
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	t:	All fami (excludii		s and at least one w	vas a patient overnight during the par	st 12 months
SkipInstruct	ions:	goto HC	OSPNO			

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Family Access to Health Care & Utilization

Question ID:	FAU.070_00.000 Instrument Variable Name: HOSPNO QuestionnaireFileName: Family
QuestionText:	? [F1]
	How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?
001-365 997 999	1-365 times Refused Don't know
UniverseText	All persons who had an overnight hospital stay during the past 12 months (excluding ER)
SkipInstructi	ons: <1-10> [goto HPNITE] <11-365> [goto ERR_HOSPNO] <r,d> [goto HPNITE]</r,d>
Soft Edit:	ERR_HOSPNO * [fill: HOSPNO] is unusually high. * Verify entry. * Make corrections if necessary.
Question ID:	FAU.110_00.000 Instrument Variable Name: HPNITE QuestionnaireFileName: Family
QuestionText:	? [F1]
	Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?
001-365 997 999	1-365 nights Refused Don't know
UniverseText	All persons who had an overnight hospital stay during the past 12 months (excluding ER)
SkipInstructi	ons: <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W] <51-365> [goto ERR1_HPNITE]
	if HOSPNO gt HPNITE, goto ERR2_HPNITE
Soft Edit:	ERR1_HPNITE * [fill: HPNITE] is unusually high. * Verify entry. * Make corrections if necessary.
	ERR2_HPNITE * Do not read. * [fill: HPNITE] night(s) is less than the total number of times in the hospital overnight. * Please verify.
	Note: If edit suppressed, store S in HPNITE_FLG

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Family Access to Health Care & Utilization

Question ID:	U.120_00.000 Instrument Variable Name: FHCHM2W QuestionnaireFileName: Family									
QuestionText:	?[F1]									
	These next questions are about health care received DURING THE LAST 2 WEEKS. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists (AHF-thal-MOL-oh-jists), and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.									
	Do not include dental care. Do not include care while an overnight patient in a hospital.									
	DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?									
1	Yes									
2	No									
7	Refused									
9	Don't know									
UniverseTex	All families									
SkipInstruct	 <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W] <2,R,D> [goto FHCPH2W] 									

Question ID:	.130_00.000 Instrument Variable Name: PHCHM2W QuestionnaireFileName: Family	
QuestionText:	Ask or verify. Enter applicable line number(s), separate with commas.	
	/ho received care at home? Anyone else?)	
1	<i>X</i> es	
2	No	
7	Refused	
9	Don't know	
UniverseTex	All families with two or more persons and at least one received care at home from a health care professional du the past 2 weeks (excluding dental care)	iring
SkipInstruct	goto PHCHMN2W	
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data process	sing.

Family Access to Health Care & Utilization

Question ID:	FAU.140_00.000 Instrument Variable Name: PHCHMN2W QuestionnaireFileName: Family
QuestionText:	How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS?
	* Enter '50' for 50 or more visits.
01-50	1-50 home visits
97	Refused
99	Don't know
UniverseText	t: All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)
SkipInstructi	ions: <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W] <15-50> [goto ERR_PHCPHMN2W]
Soft Edit:	ERR_PHCHMN2W * [fill: PHCHMN2W] is unusually high. * Verify entry. * DO NOT PROBE. Make corrections if necessary.
Question ID:	FAU.150_00.000 Instrument Variable Name: FHCPH2W QuestionnaireFileName: Family
QuestionText:	DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?
	Do not include phone calls to make appointments, for billing questions or for prescription refills.
1	Yes
2	No
7	Refused
9	Don't know
UniverseText	t: All families
SkipInstructi	ions: <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W] <2,R,D> [goto FHCDV2W]

Family Access to Health Care & Utilization

Question ID:	FAU.160_	_00.000]	Instrument Va	riable Name:	PHCPH2W	Questionna	aireFileName:	Family
QuestionText:	* Ask	or verify.	Enter applica	ble line numb	er(s), separate with	n commas.		
		vas the ph ne else?)	one call about	?				
1	Yes							
2	No							
7	Refus	ed						
9	Don't	know						
UniverseText			All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)					
SkipInstructi	ons:	goto PHC	PHN2W					
						mbers associated wit ives an edited respon		ported by the equent data processing.
Question ID:	EAU 170	00.000	Instrument Va	iable Name.	PHCPHN2W	Questionna	nireFileName:	Family
						Questionia	in er ner anic.	Fainity
QuestionText:	DURI	NG THE	LASI 2 WEE	KS, now many	y telephone calls			
		did you m were mad	ake?] e about [fill: A	lias]?				
	* Enter	r '50' for 5	0 or more pho	one calls.				
01-50	1-50 c	alls						
97	Refus	ed						
99	Don't	know						
UniverseText		All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)						
SkipInstructi		<1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W] <15-50> [goto ERR_PHCPHN2W]						
Soft Edit:		* [fill: PF * Verify t			gh. two week period.			

Family Access to Health Care & Utilization

Question ID:	FAU.180_00.000 Instrument Variable Name: FHCDV2W QuestionnaireFileName: Family						
QuestionText:	DURING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?						
	[fill2: Do not include times during an overnight hospital stay.]						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	t: All families						
SkipInstructi	ions: <1> [if a single-person family, store the person number in PHCDV2W and goto PHCDV2W; else, goto PHCDV2W] <2,R,D> [goto F10DVYR]						

Question ID:	FAU.19	00_00.000	Instrument Variable Name:	PHCDV2W	QuestionnaireFileName:	Family		
QuestionText:	* Asl	k or verify	. Enter applicable line number	er(s), separate with	commas.			
		o received o yone else?)						
1	Yes							
2	No							
7	Refi	used						
9	Don	n't know						
UniverseText:			1		w a health care professional in an o eeks (excluding visits during overr			
SkipInstructions:		goto PH	goto PHCDVN2W					
			,		bers associated with the persons re es an edited response code in subse	1 2		

Family Access to Health Care & Utilization

Question ID:	FAU.200_	_00.000	Instrument Variable Name:	PHCDVN2W	QuestionnaireFileName:	Family
QuestionText:	How n	nany time	s did [fill: you/ Alias] visi	t a doctor or other heal	h care professional DURING TH	IE LAST 2 WEEKS?
	* Enter	r '50' for :	50 or more visits.			
01-50	1-50 t	imes				
97	Refus	ed				
99	Don't	know				
UniverseText: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospit						
SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR] <15-50> [goto ERR_PHCDVN2W]						
Soft Edit:	it: ERR_PHCDVN2W * [fill: PHCDVN2W] is unusually high. * Verify that all visits were within the two week reference period. * Make corrections if necessary.					
Question ID:	FAU.210_	_00.000	Instrument Variable Name:	F10DVYR	QuestionnaireFileName:	Family
QuestionText:			PAST 12 MONTHS, did [lls 10 or more times? Do n		f the family] receive care from do llls.	octors or other health
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	All famil	ies			
SkipInstruct			single-person family, store [goto FHICOV]	e the person number in	P10DVYR and goto FHICOV; e	lse, goto P10DVYR]

Family Access to Health Care & Utilization

Question ID:	FAU.220)_00.000	Instrument Variable Name:	P10DVYR	QuestionnaireFileName:	Family			
QuestionText:	* Ask	or verify	. Enter applicable line numb	er(s), separate wit	h commas.				
		received cone else?)	care 10 or more times?						
1	Yes								
2	No								
7	Refu	sed							
9	Don'	t know	know						
UniverseText	t:		lies with two or more persons onal during the past 12 month		received care 10 or more times from bhone calls)	a health care			
SkipInstructi	ions:	goto FH	ICOV						
			,		umbers associated with the persons re- vives an edited response code in subs	1 2			

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DRAFT 2013 NHIS Questionnaire - Family								
	Family Health Insurance Document Version Date: 20-Aug-13							
Question ID:	FHI.050_0	0.000	Instrument Variable Name:	FHICOV	QuestionnaireFileName:	Family		
QuestionText:	(book)	F12 and	(book) F14					
	The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills. [fill: Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?							
1	Yes	<i>c</i> you/18	anyone in the funny jeover	ed by any kind	of health insurance of some other kind	or neurin care plan.		
2	No							
7	Refuse	ed						
9	Don't l	know						
UniverseTex	xt: A	All famil	lies					
SkipInstructions:		<1,R,D> [goto HIKIND] <2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]						

Family Health Insurance

Question ID:	FHI.070_	00.000	Instrument V	ariable Name:	HIKIND	QuestionnaireFileName:	Family
QuestionText:	(book)	F12 and	d (book) F14	? [F1]			
	one ty		vice (nursing			o you/does ALIAS] have? INCLUD are). EXCLUDE private plans that	
	* Ente	r all that	apply, separa	te with commas	5.		
01	Priva	te health	insurance				
02	Medi	care					
03	Medi	-Gap					
04	Medi	caid					
05	SCH	P (CHI	P/Children's H	ealth Insurance	Program)		
06	Milita	ary healt	h care (TRICA	RE/VA/CHAM	MP-VA)		
07	India	n Health	Service				
08	State	sponsor	ed health plan				
09	Other	govern	nent program				
10	Singl	e service	plan (e.g., de	ntal, vision, pre	escriptions)		
11	No co	overage	of any type				
97	Refus	ed					
99	Don't	know					
UniverseText: All persons in families where FHICOV= yes, don't know, or refused							
SkipInstructions:		<r,d> [goto HCSPFYR] <1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE] <11> [if HIKIND = 1-10, goto ERR_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]</r,d>					
Hard Edit: ERR_HIKIND: * Cannot mark "No coverage of any kind" and another type. * Please correct.							
Question ID:	FHI.072_	00.000	Instrument V	ariable Name:	MCAREPRB	QuestionnaireFileName:	Family
QuestionText:		e covere		have a card tha ered by Medica	nt looks like this. rre?		
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex		-	ons 65 years o ersons at HIKI	-	n families not cov	vered by health insurance or Medicar	e was not selected for
SkipInstructions: if HIKIND ne 10, goto SINCOV; else, goto HICHANGE							

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Family Health Insurance

Question ID:	FHI.073_00.000	Instrument Variable Name:	MCAIDPRB	QuestionnaireFileName:	Family			
QuestionText:	(book F14)							
	* Refer to flas	hcard F14 for state Medicaid	names.					
	1 4	here is a program called Medicaid that pays for health care for persons in need. In this State it is also called (* fill State ame). [fill: Are you/Is ALIAS] covered by Medicaid?						
1	Yes							
2	No							
7	Refused							
9	Don't know	Don't know						
UniverseTex	t: All pers	sons less than 65 years of age	with no insurance c	overage of any type				
SkipInstruct	ions: goto SI	NCOV						

Question ID:	FHI.074_00.00) Instrument Variable Name:	SINCOV	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you prescription		f insurance that pa	sys for only one type of service such a	s dental, vision, or
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All p HIKI		y health insurance	e or single service plan was not selecte	ed for those persons at
SkipInstruct	ions: goto	HICHANGE			

Family Health Insurance

Question ID:	FHI.075_	00.000	Instrument Variable N	ame:	HICHANGE	QuestionnaireFileNan	ne: Family
QuestionText:	I have	recorde	d [fill1: you are/ALIAS	5 is] [fil	ll 2: covered by:		
	fill3: ^	HIKINI	D] / not covered by hea	lth insu	irance.]		
	Is this	correct?	,				
1	Yes						
2	No						
7	Refus	sed					
9	Don't	know					
UniverseTex	xt:	All pers	ons				
SkipInstruct	tions:	<1,R,D: <2>[go	> [repeat for all eligible to ERR_HICHANGE]	e persor	ns, then goto MCPA	ART]	
Hard Edit:		ERR_H	IICHANGE				
		*Press (enter to go back to HIK	IND ar	nd undate coverage		
			C		1 0		
Question ID:	FHI.090_	00.000	Instrument Variable N	ame:	MCPART	QuestionnaireFileNan	ne: Family
QuestionText:		r I record	respondent}: ded that ALIAS is cove	ered by	Medicare. May I p	please see ALIAS's Medicare o	card to determine the type of
		oject eq 1 l if neces	respondent}: ssary.				
	What t	type of M	Aedicare coverage do y	ou have	e? Is it Part A - ho	spital insurance, Part B - medi	ical insurance, or both?
	* Fill i	in approj	priate coverage type be	low.			
1	Part A	A - Hosp	ital only				
2		3 - Medi					
3			nd Part B				
7	Refus	sed					
9		know					
UniverseTex	xt:	All pers	ons with Medicare				
SkipInstruct	tions:						

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Family Health Insurance

Question ID:	FHI.092_00.000	Instrument Variable Name:	MCCARD	QuestionnaireFileName:	Family
QuestionText:	* Do not read	Was the type of coverage ob	otained from a Medicar	e card or some other form of doo	cumentation?
1	Yes				
2	No				
UniverseText	t: All per	sons with Part A Medicare co	verage, Part B Medicar	e coverage, or both	
SkipInstructi	ions: if MCP	ART = 1, goto MCPARTD; e	else, goto MCCHOICE		
Question ID:	FHI.095_00.000	Instrument Variable Name:	MCCHOICE	QuestionnaireFileName:	Family
-	_	Instrument Variable Name:	MCCHOICE	QuestionnaireFileName:	Family
Question ID: QuestionText:	FHI.095_00.000 ? [F1]	Instrument Variable Name:	MCCHOICE	QuestionnaireFileName:	Family
-	- ? [F1] Medicare Adv	antage is the new name for M		QuestionnaireFileName: ans. [fill: Are you/Is ALIAS] er	
-	- ? [F1]	antage is the new name for M		-	
-	- ? [F1] Medicare Adv	antage is the new name for M		-	
QuestionText:	- ? [F1] Medicare Adv Advantage pla	antage is the new name for M		-	
QuestionText:	- ? [F1] Medicare Adv Advantage pla Yes	antage is the new name for M		-	
QuestionText: 1 2	? [F1] Medicare Adv Advantage pla Yes No	antage is the new name for M		-	
QuestionText: 1 2 7	? [F1] Medicare Adv Advantage pla Yes No Refused Don't know	rantage is the new name for M n? sons with Medicare who signe	ledicare Plus Choice pl	-	nrolled in a Medicare

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Family Health Insurance

Question ID:	FHI.100_	00.000	Instrument Variable Name:	МСНМО	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	Organi	zation?		nerally receive care	agement, such as an HMO, that is, a left from HMO doctors, otherwise the emergency).	
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex		All perso B covera	U	ed up for part B cov	verage or for whom it is unknown if	they signed up for Part
SkipInstruc			to MCANAME] • [if MCCHOICE=1, goto M	CANAME; else if	MCCHOICE=2,R,D, goto MCREF]	

Question ID:	FHI.112_00.000	Instrument Variable Name:	MCANAME	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	What is the na	me of [fill 1: your/ALIAS's] N	Medicare Advantage	or Medicare HMO plan?	
	* Read if neces	ssary: Do you have a health pl	an card or somethin	g with the plan name on it?	
Verbatim	Verbatim resp	oonse			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	ons that had either a Medicar	e Advantage plan or	a Medicare HMO plan	
SkipInstruct	ions: <allow 3<="" th=""><th>80,R,D> goto MCPREM</th><th></th><th></th><th></th></allow>	80,R,D> goto MCPREM			

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Family Health Insurance

Question ID: F	HI.113_00.000 Instrument Variable Name: MCPREM QuestionnaireFileName: Family
JuestionText:	Besides [fill 1: your/ALIAS's] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	All persons that had either a Medicare Advantage plan or a Medicare HMO plan
SkipInstruction	as: <1,2,R,D> goto MCREF
Question ID: F	HI.114_00.000 Instrument Variable Name: MCREF QuestionnaireFileName: Family
-	
QuestionText:	? [F1]
	Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage
SkipInstruction	as: <1,2,R,D> goto MCPARTD
Question ID: F	HI.118_00.000 Instrument Variable Name: MCPARTD QuestionnaireFileName: Family
QuestionText:	[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	All persons with Medicare

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	Family Health Insurance
	Document Version Date: 20-Aug-13
Question ID:	FHI.120_00.000 Instrument Variable Name: MACHMD QuestionnaireFileName: Family
QuestionText:	(book F14) ? [F1]
	* Refer to flashcard F14 for state Medicaid names.
	The next questions are about Medicaid coverage. In this State it is also called (* fill State Name). [fill1: You are/ALIAS is] listed as having Medicaid coverage. Can [fill2: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill3: you/he/she] choose from a book or list of doctors or is a doctor assigned?
1	Any doctor
2	Select from book/list
3	Doctor is assigned
7	Refused
9	Don't know
UniverseTex	t: All persons with Medicaid
SkipInstruct	ions: <1,R,D> [goto MAPCMD] <2> [goto MACHMD1] <3> [goto MACHMD2]
Question ID:	FHI.130_00.000 Instrument Variable Name: MACHMD1 QuestionnaireFileName: Family
JuestionText:	* Ask or verify.
	What is the name of the health plan that provided the book or list?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know
UniverseText:	All persons with Medicaid who must select a doctor from a book or list of doctors

SkipInstructions: goto MANAM

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		D		Questionnaire -] ily Health Insura t Version Date: 20-A	ance	
uestion ID:	FHI.131_	00.000	Instrument Variable Name:	MACHMD2	QuestionnaireFileName:	Family
uestionText:	* Ask	or verify	<i>.</i>			
	What	is the na	ne of the health plan that as	ssigned the doctor?		
	*Read	if neces	sary: Do you have a health j	plan card or somethin	g with the plan name on it?	
Verbatim 7 9	Refu	atim resp sed : know	onse			
UniverseText:	:	All pers	ons with Medicaid for who	n a doctor is assigned	l	
SkipInstructio	ons:	goto MA	ANAM			
puestionText: 1	it? Yes		Was the Health Plan name	obtained from a Heal	th Plan Card or something with the	e Health Plan name on
2	No	4.11				
UniverseText: SkipInstructio		goto MA		st select a doctor from	a book or list or for whom a doct	or is assigned
uestion ID:	FHI.140_	00.000	Instrument Variable Name:	MAPCMD	QuestionnaireFileName:	Family
uestionText:	[fill2:	you/he/s		13: your/his/her] routi	nary care doctor, group of doctors, ine care? Do not include emergenc	
1	Yes					
2	No	ad				
7 9	Refus Don't	sed know				
UniverseText:			ons with Medicaid			
SkipInstructio	ons:	goto MA	AREF			

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	Γ	DRAFT 2013 NHIS Qu	uestionnaire -	Family	
		Famil	y Health Insur	ance	
		Document	Version Date: 20-A	ug-13	
Juestion ID:	FHI.150_00.000	Instrument Variable Name:	MAREF	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
				e needs/she needs] to go to a diffe referral? Do not include emergend	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with Medicaid			
SkipInstruct	ions: goto M	ACHMD for the next person v	with Medicaid: else	goto SSTVPF?	
Shipilistiuct	ions. goto wi	ACTIVID for the next person	with Medicald, cise,	g010 551 11 E2	
	EIII 156 00 000	•			
Duestion ID:	FHL 156 00.000	Instrument Variable Name:	SSTYPE2	OuestionnaireFileName:	Family
-	FHI.156_00.000 (book) F15	Instrument Variable Name:	SSTYPE2	QuestionnaireFileName:	Family
-	(book) F15	t apply, separate with commas		QuestionnaireFileName:	Family
-	(book) F15 * Enter all that You mentione	t apply, separate with commas ed that [fill1: you have/ALIAS	s. has] a single-servic	QuestionnaireFileName: e plan - that is, an insurance plan t ll2: your/ALIAS's] single service p	hat provides one
-	(book) F15 * Enter all that You mentione	t apply, separate with commas ed that [fill1: you have/ALIAS	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText:	(book) F15 * Enter all that You mentione specific type o	t apply, separate with commas ed that [fill1: you have/ALIAS	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01	(book) F15 * Enter all that You mentione specific type o Accidents AIDS care Cancer treatm	t apply, separate with commas ed that [fill1: you have/ALIAS of coverage. What type of serv ment	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04	(book) F15 * Enter all that You mentione specific type o Accidents AIDS care Cancer treatr Catastrophic	t apply, separate with commas ed that [fill1: you have/ALIAS of coverage. What type of serv ment	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04 05	(book) F15 * Enter all that You mentioned specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care	t apply, separate with commas ed that [fill1: you have/ALIAS of coverage. What type of serv ment	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04 05 06	(book) F15 * Enter all that You mentione specific type o Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins	t apply, separate with commas ed that [fill1: you have/ALIAS of coverage. What type of serv ment care surance	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
01 02 03 04 05 06 07	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins Hospice care	t apply, separate with commased that [fill1: you have/ALIAS of coverage. What type of servement care surance	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04 05 06 07 08	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins Hospice care Hospitalizatio	t apply, separate with commas ed that [fill1: you have/ALIAS of coverage. What type of serv ment care surance ion only	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04 05 06 07 08 09	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins Hospice care Hospitalizati Long-term ca	t apply, separate with commas ed that [fill1: you have/ALIAS of coverage. What type of serv ment care surance on only are	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
01 02 03 04 05 06 07 08 09 10	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins Hospice care Hospitalization Long-term can Prescriptions	t apply, separate with commas ed that [fill1: you have/ALIAS of coverage. What type of serv ment care surance on only are	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04 05 06 07 08 09 10 11	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins Hospice care Hospitalizati Long-term ca Prescriptions Vision care	t apply, separate with commased that [fill1: you have/ALIAS of coverage. What type of servement care surance on only are	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04 05 06 07 08 09 10 11 12	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins Hospice care Hospitalization Long-term ca Prescriptions Vision care Other (specificity)	t apply, separate with commased that [fill1: you have/ALIAS of coverage. What type of servement care surance on only are	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
QuestionText: 01 02 03 04 05 06 07 08 09 10 11 12 97	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatr Catastrophic Dental care Disability ins Hospice care Hospitalization Long-term ca Prescriptions Vision care Other (specific Refused	t apply, separate with commased that [fill1: you have/ALIAS of coverage. What type of servement care surance on only are	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
01 02 03 04 05 06 07 08 09 10 11 12 97 99	(book) F15 * Enter all that You mentioner specific type of Accidents AIDS care Cancer treatre Catastrophic Dental care Disability ins Hospice care Hospitalization Long-term ca Prescriptions Vision care Other (specific Refused Don't know	t apply, separate with commased that [fill1: you have/ALIAS of coverage. What type of servement care surance on only are	s. has] a single-servic	e plan - that is, an insurance plan t	hat provides one
02 03 04 05 06 07 08 09 10 11 12 97	(book) F15 * Enter all that You mentioned specific type of Accidents AIDS care Cancer treatre Catastrophic Dental care Disability ins Hospice care Hospitalization Long-term ca Prescriptions Vision care Other (specific Refused Don't know	t apply, separate with commased that [fill1: you have/ALIAS of coverage. What type of servement care surance on only are	s. has] a single-servic vice or care does [fi	e plan - that is, an insurance plan t	hat provides one

Family Health Insurance

Question ID:	FHI.157_00.000	Instrument Variable Name:	SSOTHER	QuestionnaireFileName:	Family
QuestionText:	* Other type o	f single-service plan			
Verbatim 7	Verbatim resp Refused	ponse			
9	Don't know				
UniverseTex	All pers	ons with an "other" single serv	vice plan		
SkipInstruct	tions: goto SS	TYPE2 for the next person wi	th a single service	plan: else, goto FHICCI6	
•	U	1	C		
Question ID:	FHI.158_00.000	Instrument Variable Name:	FHICCI6	QuestionnaireFileName:	Family
QuestionText:				11: /including Medi-Gap]. These povernment program or community program.	
	[fill2: We have	e the following persons listed a	as being covered b	y such plans:	
	* Read names. (display roster	of eligible persons)]			
	* Enter 1 to co	ntinue			
1	Continue				
UniverseTex	at: All fam	ilies with at least one person co	overed by private	health insurance	
SkipInstruct	tions: goto HI	PNAM1			

Family Health Insurance

Question ID:	FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family
QuestionText:	It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?
	Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.
	* Read if necessary: Do you have your health plan card or something with the plan name on it?
Verbatim	Verbatim response
7	Refused
9	Don't know
UniverseTex	xt: All families with at least one person covered by private health insurance
SkipInstruct	<pre>ctions: <verbatim> [goto PCARD1] <r,d> [prefill PCARD1 with a "2" and goto HIPNAM1B]</r,d></verbatim></pre>

Question ID:	FHI.160	_01.000	Instrument Variable Name:	PCARD1	QuestionnaireFileName:	Family
QuestionText:	* Do	not read.	Was the health plan name obt	ained from a health	plan card or something with the h	ealth plan name on it?
1	Yes					
2	No					
UniverseTex	xt:	All priv	ate health insurance plans whe	re the plan name wa	s entered at HIPNAM1	
SkipInstruct	tions:	goto HI	PNAM1B			

Family Health Insurance

Question ID:	FHI.170_00.	000 Instrument Variable Name:	HIPNAM1B	QuestionnaireFileName:	Family
QuestionText:					
	* Ask or v	verify. Enter all that apply, separate	ate with commas.		
	Which fai	nily members are covered by thi	s plan?		
	* Indicate	each family member covered by	this plan.		
1	Yes				
2	No				
7	Refused				
9	Don't kn	ow			
UniverseText: All families with a private HIPNAM1			surance plan and the pla	an name, refused, or don't know v	vas entered at
SkipInstruc		,D> [if HIPNAM1= R or D, goto o MORPLAN	STNAME]		
				ers associated with the persons re s an edited response code in subse	

Question ID:	FHI.171_00.00	() Instrument Variable Name:	MORPLAN	QuestionnaireFileName:	Family
QuestionText:	* Ask if nec	essary			
	Are there ar	y more private health insurance	plans?		
1	Yes				
2	No				
7	Refused				
9	Don't knov				
UniverseTex		milies where a private health ins PNAM1B	surance plan name v	vas entered at HIPNAM1 or a perso	on number was entered
SkipInstruct	<2,R	goto HIPNAM2] D> [if no persons selected at HI rsons with HIKIND = 1 or 3 sele		ICCI8; else, if persons selected at l B, goto HIVER1]	HIPNAM1B, but not

Family Health Insurance

Document Version Date: 20-Aug-13

Question ID:	FHI.172_00.000	Instrument Variable Name:	HIPNAM2	QuestionnaireFileName:	Family
QuestionText:	What is the na	me of the next plan?			
	*Read if neces	sary: Do you have a health pla	in card or somethin	g with the plan name on it?	
Verbatim	Verbatim resp	onse			
7	Refused				
9	Don't know				
UniverseTex	t: All fami	lies with a second private heal	lth insurance plan		
SkipInstruct		m> [goto PCARD2] prefill PCARD2 with a "2" an	nd goto HIPNAM2	B]	
Question ID:	FHI.172_01.000	Instrument Variable Name:	PCARD2	QuestionnaireFileName:	Family
JuestionText:	* Do not read.	Was the health plan name obt	tained from a healt	h plan card or something with the h	nealth plan name on it?
1	Yes				
2	No				
UniverseTex	t: All priv	ate health insurance plans whe	ere the plan name v	vas entered at HIPNAM2	

SkipInstructions: goto HIPNAM2B

Family Health Insurance

Question ID:	FHI.173_00.00	0) Instrument Variable Name:	HIPNAM2B	QuestionnaireFileName:	Family
QuestionText:	* Ask or ve	rify. Enter all that apply, separa	te with commas.		
	Which fam	ly members are covered by that	plan?		
	* Indicate e	ach family member covered by	this plan.		
1	Yes				
2	No				
7	Refused				
9	Don't know	V			
UniverseTex		amilies with a second private he NAM2	alth insurance plan a	nd the plan name, refused, or don't	t know was entered at
SkipInstruct	selec perso not s	ted at HIPNAM1B, goto HIVE ons with HIKIND eq 1 or 3 select	R1; else, if HIPNAM cted at HIPNAM1B,	HPNAM1B, but not all persons wi l2 eq R or D and persons selected a goto FHICC18; else, if HIPNAM2 lth plan name recorded in HIPNA1	at HIPNAM1B, and all eq R or D and persons

Question ID:	FHI.174_00.00) Instrument Variable Name:	MORPLAN2	QuestionnaireFileName:	Family
QuestionText:	* Ask if nec	essary			
	Are there an	y more private health insurance	plans?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex		milies where a private health in PNAM2B	surance plan name was ente	ered at HIPNAM2 or a perso	n number was entered
SkipInstruct	<2,R,	goto HIPNAM3] D> [if persons selected at HIPN PNAM2B or HIPNAM1B, goto	,	•	ID eq 1 or 3 selected

Family Health Insurance

Question ID:	FHI.175_	00.000	Instrument Variable Name:	HIPNAM3	QuestionnaireFileName:	Family
QuestionText:	What	is the nar	ne of the next plan?			
	*Read	if necess	sary: Do you have a health pl	an card or something	g with the plan name on it?	
Verbatim	Verba	atim resp	onse			
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	All fami	lies with a third private health	h insurance plan		
SkipInstruct			m> [goto PCARD3] prefill PCARD3 with a "2" a	nd goto HIPNAM3	31	
			promi - crinedo (maria - 2 a		[
Question ID:			Instrument Variable Name:	PCARD3	QuestionnaireFileName:	Family
Question ID: QuestionText:	FHI.175_	01.000	Instrument Variable Name:	PCARD3		ý
-	FHI.175_	01.000	Instrument Variable Name:	PCARD3	QuestionnaireFileName:	,
QuestionText:	FHI.175_ * Do r	01.000	Instrument Variable Name:	PCARD3	QuestionnaireFileName:	,
QuestionText:	FHI.175_ * Do r Yes No	01.000 tot read.	Instrument Variable Name:	PCARD3 otained from a health	QuestionnaireFileName: n plan card or something with the h	ý

Family Health Insurance

Question ID:	FHI.176_00.00	() Instrument Variable Name:	HIPNAM3B	QuestionnaireFileName:	Family
QuestionText:					
	* Ask or ve	ify. Enter all that apply, separat	e with commas.		
	Which fami	ly members are covered by that	plan?		
	* Indicate e	ach family member covered by t	his plan.		
1	Yes				
2	No				
7	Refused				
9	Don't know	7			
UniverseTex		milies with a third private healt IAM3	h insurance plan and	he plan name, refused, or don't k	now was entered at
SkipInstruct	HIK perso or H HIPI	ND eq 1 or 3 selected at HIPNA ns selected at HIPNAM1B or H PNAM2B, goto FHICCI8; else,	M1B or HIPNAM2E IPNAM2B, and all po if HIPNAM3 eq R or	PNAM1B or HIPNAM2B, but n. , goto HIVER1; else, if HIPNAM ersons with HIKIND eq 1 or 3 sel D and persons not selected at HI was entered at HIPNAM3, goto N	13 eq R or D and ected at HIPNAM1B IPNAM1B and

Question ID:	FHI.177_0	00.000	Instrument Variable Name:	MORPLAN3	QuestionnaireFileName:	Family
QuestionText:	* Ask i	f necess	sary			
	Are the	ere any i	nore private health insurance	plans?		
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex		All fami at HIPN	lies where a private health ins	urance plan name was ent	ered at HIPNAM3 or a perso	on number was entered
SkipInstruct		<2,R,D:	to HIPNAM4] > [if persons selected at HIPN elected at HIPNAM1B or HIP		· 1	1

Family Health Insurance

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Question ID:	FHI.178_00.000	Instrument Variable Name:	HIPNAM4	QuestionnaireFileName:	Family
QuestionText:	What is the na	me of the next plan?			
	*Read if neces	ssary: Do you have a health pl	an card or somethin	g with the plan name on it?	
Verbatim	Verbatim resp	ponse			
7	Refused				
9	Don't know				
UniverseText	: All fam	ilies with a fourth private heal	Ith insurance plan		
SkipInstructio		im> [goto PCARD4] [prefill PCARD4 with a "2" a	nd goto HIPNAM4	B]	
Question ID:	FHI.178_01.000	Instrument Variable Name:	PCARD4	QuestionnaireFileName:	Family
QuestionText:	* Do not read.	Was the health plan name of	otained from a healt	h plan card or something with the h	ealth plan name on it?
1	Yes				
2	No				
2					

SkipInstructions: goto HIPNAM4B

Family Health Insurance

Question ID:	FHI.179_0	00.000	Instrument Variable Name:	HIPNAM4B	QuestionnaireFileName:	Family
QuestionText:	* Ask	or verify	v. Enter all that apply, separate	with commas.		
	Which	family	members are covered by that p	blan?		
	* Indic	ate each	a family member covered by the	nis plan.		
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex		All fami HIPNA		th insurance plan a	nd the plan name, refused, or don't	know was entered at
SkipInstruct			with HIKIND eq 1 or 3 select [8]		HIPNAM1B or HIPNAM2B or HII or HIPNAM2B or HIPNAM3B, go	
Question ID:	FHI.180_0	00.000	Instrument Variable Name:	HIVER1	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
			ALIAS is] listed as having pr e just discussed. [fill3: Are you		[fill2: were/was] not mentioned as d by private insurance?	being covered by any
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex		All pers reported	-	nsurance coverage,	but were not mentioned as being co	overed by any of the
SkipInstruct			oto HIVER2] > [goto ERR_HIVER1]			
Hard Edit:		ERR_H	IIVER1			
			ENTER to go back to HIKINI) to update health in	nsurance coverage.	

Family Health Insurance

Document Version Date: 20-Aug-13

Question ID:	FHI.190_0	0.000	Instrument Variable Name:	HIVER2	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	* Enter	all that	apply, separate with commas	5.		
	Is [fill:	your/A	LIAS's] health insurance plar	the same as one	of those already mentioned?	
1	1st pla	an ment	ioned (^HIPNAM1)			
2	2nd pl	an mer	tioned (^HIPNAM2)			
3	3rd pl	an men	tioned (^HIPNAM3)			
4	4th pla	an men	tioned (^HIPNAM4)			
5	Some	other p	lan not already mentioned			
7	Refuse	-				
9	Don't l	now				
UniverseTex		-	ons for whom it was verified by any of the reported plans	they have private	e health insurance coverage, but were	not mentioned as being
SkipInstruct	< H	5> [if 4 HPNA		this 5th plan and	B/HIPNAM3B/HIPNAM4B and goto goto FHICCI8; else, goto HIPNAM2 an]	-
Question ID:	FHI.195_0	1.000	Instrument Variable Name:	FHICCI8	QuestionnaireFileName:	Family
OuestionText:	[£]]11 N	Iow I o	n going to ask some question	a about the [fill?	nlan/plans] you just told me about [fill?, / storting with

QuestionText: [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

* Enter 1 to continue.

1 Continue

UniverseText: All families where a private health insurance plan was reported

SkipInstructions: goto FHI200

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Family Health Insurance

Document Version Date: 20-Aug-13

Question ID:	FHI.200_01	.000 I	nstrument Variable Name:	FHI200	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
			plans are usually obtained cyholder. In whose name is		ame even if other family members are	covered. That person
	* Enter l	ne num	ber of family member (from	n list below) in w	hose name this plan is held.	
	* Enter 0	if the p	olicyholder is not on the far	mily roster."		
00	Policyho	older no	t on family roster			
01-25			n number			
97	Refused	-				
99	Don't kr	low				
UniverseText	t: Al	l privat	e health insurance plans			
SkipInstructi	<0	1 to 25	goto PRPOLH] > [go to PRCOOH] to to PLNWRK]			
Question ID:	FHI.202_01	.010 I	nstrument Variable Name:	PRPOLH	QuestionnaireFileName:	Family
QuestionText:	How [fil	1:are ye	ou/is ALIAS] related to the j	policyholder for	[fill2: plan1/plan2/plan3/plan4]?	
	*Read if	Necess	ary			
	[fill3:Yo	u are/A	LIAS is} the policyholder's			
1	Child (i	ncludin	g stepchildren)			
2	Spouse					
3	Former	spouse				
4	Some of	her rela	tionship			
7	Refused					
9	Don't kr	low				
UniverseText	t: Al	l persoi	as on each plan where the po	olicyholder is out	side of the family roster	
SkipInstructi	ions: <1	-4,R,D	> [goto PLNWRK]			
						1 11

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Family Health Insurance

Question ID:	FHI.204_0	1.010	Instrument Variable Name:	PRCOOH	QuestionnaireFileName:	Family
QuestionText:	Does th	s plan	cover anyone who does not	live here?		
1	Yes					
2	No					
7	Refuse	ł				
9	Don't k	now				
UniverseTex	xt: A	ll priva	ate health insurance plans w	with policyholder on fai	mily roster	
SkipInstruct	tions: <	1> [go	to PRCTOH]			
Skipilisti uci			> [goto PLNWRK]			
Skipilistiue						
	<	2,R,D>	> [goto PLNWRK]	РРСТОН	OuestionnaireFileName:	Family
Question ID:	< FHI.205_0	2,R,D>			QuestionnaireFileName:	Family
Question ID: QuestionText: 01-30	< FHI.205_0	2,R,D>	> [goto PLNWRK] Instrument Variable Name:			Family
Question ID: QuestionText:	 FHI.205_0 How ma	2,R,D> 1.010 iny pec	> [goto PLNWRK] Instrument Variable Name:			Family
Question ID: QuestionText: 01-30	<pre>< FHI.205_0 How ma 1-30 pa </pre>	2,R,D> 1.010 uny peo ersons 1	> [goto PLNWRK] Instrument Variable Name:			Family
Question ID: QuestionText: 01-30 97	<pre>FHI.205_0 How ma 1-30 p Refuse Don't k</pre>	2,R,D> 1.010 iny peo ersons 1 now	> [goto PLNWRK] Instrument Variable Name: ople does this plan cover wh	o live somewhere else		

Family Health Insurance

Question ID:	FHI.206_10.010	Instrument Variable Name:	PRRELOH	QuestionnaireFileName:	Family
QuestionText:	What [fill 1: is	the relationship of this perso	n/ are the relation	ships of these persons] to the policyh	older?
	*Read if Nece	ssary: Children includes adult	children.		
	*Enter all that	apply, separate with commas			
1	Child (includ	ing stepchild)			
2	Spouse				
3	Former spous	e			
4	Some other re	elationship			
7	Refused				
9	Don't know				
UniverseTex	t: All priv	ate health insurance plans wit	h policyholder on	family roster that cover someone out	tside the family roster
SkipInstruct		oto PRCNUM] D> [goto PLNWRK]			

Question ID:	FHI.207_01.010	Instrument Variable Name:	PRCNUM	QuestionnaireFileName:	Family
QuestionText:	How many c	nildren of the policyholder are o	covered who live	elsewhere?	
	*Read if Nec	essary: Children includes adult	t children.		
	*If more that	10 children, enter '10'.			
01-10	1-10 childre	n			
97	Refused				
99	Don't know				
UniverseTex	at: All pr	vate health insurance plans with	h policyholder or	n family roster that cover a child or ch	uildren not on the roster
SkipInstruct		D> if [PRCNUM > PRCTOH generation of the second	oto ERR1_PRCN	IUM]	
Hard Edit:		CNUM > PRCTOH ber of children, [fill 1], exceeds	s the total numbe	r who live elsewhere, [fill 2].	

Family Health Insurance

Question ID:	FHI.208_01.010	Instrument Variable Name:	PRAGEOH	QuestionnaireFileName:	Family
QuestionText:	How old is {fi	ll1: this child/the first child/	the next child}?		
000-100	0-100 years				
997	Refused				
999	Don't know				
UniverseTex	All priv roster	ate health insurance plans wi	th policyholder on far	nily roster that cover one or more	children not on the
SkipInstruct	tions: <000-1	00,R,D>if [AGE >= 50 years else if PRCNUM (else [goto PLNWR	GE 2 [goto PRAGEOH		
Soft Edit:	If AGE	>= 50 years			
	*Respo	ndent said the child is [fill: P	RAGEOHI vears old	Please verify	
	1	L	19	5	
Question ID:	FHI.210_01.000	Instrument Variable Name:	PLNWRK	QuestionnaireFileName:	Family
QuestionText:	(book) F16	? [F1]			
	Which one of	these categories best describe	es how this plan was o	btained?	
01	Through emp	e	Ĩ		
02	Through unic	-			
03	-	kplace, but don't know if emp	oloyer or union		
04		kplace, self-employed or prof			
05	Purchased di				
06		te/local government or comm	nunity program		
07	Other, specify	-			
97	Refused				
99	Don't know				
UniverseTex	All priv	ate health insurance plans			
SkipInstruct		D> [goto PLNPAY]			
		to PLNWKSP]			

Family Health Insurance

Question ID:	FHI.211_01.000	Instrument Variable Name:	PLNWKSP	QuestionnaireFileName:	Family
QuestionText:	*Read if nece	ssary.			
	How was this	plan obtained?			
Verbatim	Verbatim res	ponse			
7	Refused	L			
9	Don't know				
UniverseText	: All priv	vate health insurance plans wh	ere the plan was ob	tained through an "other" source	
SkipInstructi	ons: goto PI	LNPAY			
		Detailed questions about priv Information on up to 4 plans		e plans are looped through for each ted.	plan mentioned in a
Question ID:	FHI.220_10.000	Instrument Variable Name:	PLNPAY	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Enter all that	t apply, separate with commas	5.		
	Who pays for	this health insurance plan?			
	* If governme the employer,		for Medicare or Me	edicaid or SCHIP before entering co	ode 7. If government is
01	Self or famil	y (living in the household)			
02	Employer or	union			
03	Someone ou	tside the household			
04	Medicare				
05	Medicaid				
06		ealth Insurance Program (CHI			
07		l government or community p	rogram		
97	Refused				
99	Don't know				
UniverseText	: All priv	vate health insurance plans			
SkipInstructi	ons: <1-7,R	D> if includes '1' goto PLNPI, elseif includes '2' goto E else goto PLNMGD			

Family Health Insurance

Question ID: F	FHI.225_0	0.000	Instrument	Variable Name:	PLNPRE	QuestionnaireFileName:	Family
QuestionText:	Is the p	remiun	n paid for thi	is plan based on i	ncome?		
1	Yes						
2	No						
7	Refuse	d					
9	Don't k	now					
UniverseText:	: A	All priv	ate health in	surance plans wh	ere self/family pay	ys at least part of premium	
SkipInstructio	ons: <	(1,2,R,	D> [goto HI	COSTN]			
Question ID: F	FHI.230_1	1.000	Instrument	Variable Name:	HICOSTN	QuestionnaireFileName:	Family
QuestionText:	1 of 2	? [F1]				
		AM1/^1				or health insurance premiums for [fill an 2/Plan 3/Plan 4]? Please include p	
	*Enter of	dollar a	amount for p	remium payments	s.		
00001-99995	\$1-\$99	,995					
99997	Refuse	d					
99999	Don't k	now					
UniverseText:	: A	All priv	ate health in	surance plans pai	d for by self or fai	mily	
SkipInstructio	< < < N	(1-9999) (D> [st (R> [st NOTE:	9> [goto HI0 ore <d> in] ore <r> in I Detailed qu</r></d>	HICOSTT, goto I HICOSTT, goto E	EMPPAY if PLNP vate health insuran	PAY=2; else goto PLNMGD] PAY=2; else goto PLNMGD] ce plans are looped through for each	plan mentioned in a
Soft Edit:	*	- fill #	IICOSTN from HICO orrections if		y high. Please ver	ify.	

Family Health Insurance

Question ID:	FHI.230_12.000 Instrument Variable Name: HICOST	T QuestionnaireFileName:	Family
QuestionText:	2 of 2 ? [F1]		
	* Enter time period for premium payments.		
01	Once a week		
02	Once every 2 weeks		
03	Once a month		
04	Twice a month		
05	Every 2 months		
06	Quarterly (every 3 months)		
07	Once a year		
08	Twice a year		
97	Refused		
99	Don't know		
UniverseTex	xt: All private health insurance plans with a valid res	ponse to HICOSTN	
SkipInstruct	tions: <1-8,R,D> if PLNPAY=2 [goto EMPPAY]; else NOTE: Detailed questions about private health in family. Information on up to 4 plans per family.		an mentioned in a

Question ID:	FHI.235_01.01) Instrument Variable Name:	EMPPAY	QuestionnaireFileName:	Family
QuestionText:	Do you know	w how much the employer or un	ion is paying for [fil	ll1: plan1/plan2/plan3/plan4]?	
1	Yes				
2	No				
7	Refused				
9	Don't know	7			
UniverseTex	t: All pr	ivate health insurance plans paid	d for by employer o	r union	
SkipInstruct	ions: <1> [goto EMPCOSTN] <2,R,D> [go	oto PLNMGD]		

Family Health Insurance

Question ID: F	HI.237_01.010 Instrument Variable Name: EMPCOSTN QuestionnaireFileName: Family	
QuestionText:	1 of 2 How much does the employer or union currently pay for health insurance premiums for [fill1: Plan 1/Plan 2/Plan	1 3/Plan
	 4]? *Enter dollar amount for premium payments. *Enter 'ZZ' to go to percentage format. 	
00001-99995	\$1-\$99,995	
99997	Refused	
99999	Don't know	
UniverseText:	All private health insurance plans where amount of premium employer/union pays is known	
SkipInstructior	ens: <1-99995> [goto EMPCOSTT] (R> [store "R" in EMPCOSTT and goto PLNMGD] <d> [store "D" in EMPCOSTT and goto PLNMGD] [goto EMPCOSTP]</d>	<p></p>
Soft Edit:	ERR_EMPCOSTN	
	* [fill # from EMPCOSTN] is unusually high. Please verify. Make corrections if necessary.	
Question ID: F	FHI.237_02.020 Instrument Variable Name: EMPCOSTT QuestionnaireFileName: Family	
QuestionText:	2 of 2 * Enter time period for premium payments.	
01	Once a week	
02	Once every 2 weeks	
03	Once a month	
04	Twice a month	
05	Every 2 months	
06	Quarterly (every 3 months)	
07	Once a year	
08	Twice a year	
97	Refused	
99	Don't know	
UniverseText:	All private health insurance plans with a valid response to EMPCOSTN	
SkipInstructior	ns: goto PLNMGD	

Family Health Insurance

Question ID:	FHI.237_	02.030	Instrument Variable Name:	EMPCOSTP	QuestionnaireFileName:	Family
QuestionText:	What J	percent of	of the premiums does the empl	loyer or union pay	for [fill1: Plan 1/Plan 2/Plan 3/Plan	n 4]?
001-100	1-100	percent				
997	997 Refused					
999	Don't	know				
UniverseTex		All priv premiur		l for by employer o	r union where respondent wanted t	o report percentage of
SkipInstructions:		<1-100,	R,D> [goto PLNMGD]			
Question ID:	FHI.240_	01.000	Instrument Variable Name:	PLNMGD	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	Organ	ization),		association), a PPO	1/Plan 2/Plan 3/Plan 4] an HMO (Preferred Provider Organization) f plan?	
1	HMO/IPA					
2	PPO					
3	POS					
4	Fee-fe	or-servic	e/indemnity			
5	Other					
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	All priv	ate health insurance plans			
SkipInstruc	tions:	goto HI	DHP			
			Detailed questions about priva Information on up to 4 plans		plans are looped through for each ed.	plan mentioned in a

Family Health Insurance

Question ID:	FHI.241_	01.000	Instrument Variable Name:	HDHP	QuestionnaireFileName:	Family			
QuestionText:	?[F1]								
	[If onl	y one pe	rson covered by this plan:]						
					an \$1,250 or \$1,250 or more? If there e, do not include those deductible am				
	[If two	If two or more persons in the family are covered by this plan:]							
		-		-	less than \$2,500 or \$2,500 or more? etwork care, do not include those dec	-			
1	Less	than [\$1.	,250/\$2,500]						
2			00] or more						
7	Refus	ed							
9	Don't	know							
UniverseTex	xt:	All priv	ate health insurance plans						
SkipInstruc			goto MGCHMD] HSAHRA]						
		NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.							
Question ID:	FHI.242_	01.000	Instrument Variable Name:	HSAHRA	QuestionnaireFileName:	Family			
QuestionText:	?[F1]								
	someti	mes refe	erred to as Health Savings Acc	counts (HSAs), H	used to pay for medical expenses? The lealth Reimbursement Accounts (HR lifferent from Flexible Spending Accounts)	As), Personal Care			
1	Yes								
2	No								
7	Refus	ed							
9	Don't	know							
UniverseTex	xt:	All high	deductible private health plan	ns					
SkipInstruc	tions:	1,2,R,D	[goto MGCHMD]						
			Detailed questions about priva Information on up to 4 plans		nce plans are looped through for each lected.	plan mentioned in a			

Family Health Insurance

Document Version Date: 20-Aug-13

Question ID:	FHI.243_01.000 Instrument Variable Name: MGCHMD QuestionnaireFileName: Family							
QuestionText:	Under this plan, can [fill1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?							
1	Any doctor							
2	Select from group/list							
7	Refused							
9	Don't know							
UniverseTex	: All private health insurance plans							
SkipInstruct	ons: <1> [goto MGPRMD] <2> [goto MGPYMD] <r,d> [goto MGPREF]</r,d>							
	NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.							
Question ID:	FHI.244_01.000 Instrument Variable Name: MGPRMD QuestionnaireFileName: Family							

 QuestionText:
 [fill: Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

 1
 Yes

- 2 No7 Refused
- 9 Don't know

UniverseText: All private health insurance plans where covered persons can choose any doctor

SkipInstructions: goto MGPREF

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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Family Health Insurance

Question ID:	FHI.246_01.000) Instrument Variable Name:	MGPYMD	QuestionnaireFileName:	Family
QuestionText:				s plan select] a doctor who is not in n 2/Plan 3/Plan 4] pay for any or pa	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All pr	ivate health insurance plans who	ere covered person	s must select from a group or list of	doctors
SkipInstruc	tions: goto M	IGPREF			
		E: Detailed questions about priv Information on up to 4 plans		e plans are looped through for each cted.	plan mentioned in a
Question ID:	FHI.248 01.000) Instrument Variable Name:	MGPREF	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
				this plan need] to go to a different d l or a referral? Do not include emer	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All pr	ivate health insurance plans			
SkipInstruct	tions: goto I	PCPREQ			

Family Health Insurance

Question ID:	FHI.248_05.00) Instrument Variable Name:	PCPREQ	QuestionnaireFileName:	Family
QuestionText:		n REQUIRE [fill1: you/ALIAS ll routine care?	S/the family member	rs with this plan] to have a primary	care doctor or group of
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: Asked	of all private health insurance	plans		
SkipInstruct	tions: <1,2,I	R,D> [goto PRRXCOV]			
Question ID:	FHI.249_01.01) Instrument Variable Name:	PRRXCOV	QuestionnaireFileName:	Family
	Does [fill1:			QuestionnaireFileName: /Plan 1/Plan 2/Plan 3/Plan 4] pay f	
-	Does [fill1: / medicines pr	HIPNAM1/^HIPNAM2/^HIP	NAM3/^HIPNAM4,		
-	Does [fill1: / medicines pr	HIPNAM1/^HIPNAM2/^HIP rescribed by a doctor?	NAM3/^HIPNAM4,		
QuestionText:	Does [fill1: / medicines pr * Read if nea	HIPNAM1/^HIPNAM2/^HIP rescribed by a doctor?	NAM3/^HIPNAM4,		
QuestionText:	Does [fill1: - medicines pr * Read if neo Yes	HIPNAM1/^HIPNAM2/^HIP rescribed by a doctor?	NAM3/^HIPNAM4,		
QuestionText: 1 2	Does [fill1: medicines pr * Read if new Yes No	HIPNAM1/^HIPNAM2/^HIP rescribed by a doctor?	NAM3/^HIPNAM4,		
QuestionText: 1 2 7	Does [fill1: medicines pr * Read if new Yes No Refused Don't know	HIPNAM1/^HIPNAM2/^HIP rescribed by a doctor?	NAM3/^HIPNAM4,		
2 7 9	Does [fill1: / medicines pr * Read if new Yes No Refused Don't know xt: All pr	"HIPNAM1/^HIPNAM2/^HIP rescribed by a doctor? ressary: Does this plan have a d	NAM3/^HIPNAM4,		•

Family Health Insurance

Question ID:	FHI.249_02.010	Instrument Variable Name:	PRDNCOV	QuestionnaireFileName:	Family
QuestionText:		HIPNAM1 or ^HIPNAM2, o ts for dental care?	r ^HIPNAM3, or ^HIF	PNAM4 or Plan 1 or Plan 2 or Pla	an 3 or Plan 4] pay for
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: All priv	vate health insurance plans			
SkipInstructi	ons: goto FI	HICCI8 for the next private he	ealth insurance plan; el	se, goto FCOVCONF	
		·	FROMONE		
-	FHI.249_03.000		FCOVCONF	QuestionnaireFileName:	Family
Question ID:	_ If [fill1: you/	your family] had to buy a hea	lth plan on [fill 2: you	QuestionnaireFileName: //its] own with no help from [fill to obtain affordable coverage W	3: your/an] employer,
-	_ If [fill1: you/	your family] had to buy a hea t are you that [fill 1: you/your	lth plan on [fill 2: you	/its] own with no help from [fill]	3: your/an] employer,
-	If [fill1: you/] how confiden	your family] had to buy a hea t are you that [fill 1: you/your ries below.	lth plan on [fill 2: you	/its] own with no help from [fill]	3: your/an] employer,
QuestionText:	If [fill1: you/ how confiden *Read categor	your family] had to buy a hea t are you that [fill 1: you/your ries below. nt	lth plan on [fill 2: you	/its] own with no help from [fill]	3: your/an] employer,
QuestionText:	If [fill1: you/ how confiden *Read categor Very confide	your family] had to buy a hea t are you that [fill 1: you/your ries below. nt onfident	lth plan on [fill 2: you	/its] own with no help from [fill]	3: your/an] employer,
QuestionText: 1 2	If [fill1: you/ how confiden *Read categor Very confide Somewhat co	your family] had to buy a hea t are you that [fill 1: you/your ries below. nt onfident ident	lth plan on [fill 2: you	/its] own with no help from [fill]	3: your/an] employer,
QuestionText: 1 2 3	If [fill1: you/ how confiden *Read categor Very confide Somewhat co Not too confi	your family] had to buy a hea t are you that [fill 1: you/your ries below. nt onfident ident	lth plan on [fill 2: you	/its] own with no help from [fill]	3: your/an] employer,
QuestionText: 1 2 3 4	If [fill1: you/ how confiden *Read categor Very confide Somewhat co Not too confi Not confiden	your family] had to buy a hea t are you that [fill 1: you/your ries below. nt onfident ident	lth plan on [fill 2: you	/its] own with no help from [fill]	3: your/an] employer,
QuestionText: 1 2 3 4 7	If [fill1: you/ how confiden *Read categor Very confide Somewhat co Not too confi Not confiden Refused Don't know	your family] had to buy a hea t are you that [fill 1: you/your ries below. nt onfident ident	lth plan on [fill 2: you family] would be able	/its] own with no help from [fill]	3: your/an] employer,

Family Health Insurance

Question ID: F	FHI.250_00.000	Instrument Variable Name:	STNAME1	QuestionnaireFileName:	Family
QuestionText:	Earlier I record is the name of		is] covered by the Ch	ldren's Health Insurance Prograr	n (CHIP/SCHIP). What
	* Read if neces	ssary: Do you have a health p	lan card or something	with the plan name on it?	
Verbatim	Verbatim resp	onse			
7	Refused				
9	Don't know				
UniverseText:	All pers	ons with SCHIP			
		DOGI			
SkipInstructio	ns: goto ST	DOCI			
SkipInstructio	ns: goto ST	DOCI			
SkipInstructio	ns: goto ST	DOCI			
SkipInstructio	ns: goto ST	DOCI			
SkipInstructio	ns: goto S'I'	DOCI			
SkipInstructio	ns: goto ST	DOCI			
	ns: goto ST	DOC1 Instrument Variable Name:	STDOC1	QuestionnaireFileName:	Family
Question ID: F	FHI.251_00.000	Instrument Variable Name:		-	Family
	FHI.251_00.000 Under the [fill	Instrument Variable Name: 1:^STNAME1/SCHIP plan] d	can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID: F	FHI.251_00.000 Under the [fill [fill3: you/he/s	Instrument Variable Name:	can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID: F QuestionText: 1	FHI.251_00.000 Under the [fill [fill3: you/he/s Any doctor	Instrument Variable Name: 1:^STNAME1/SCHIP plan] of he] choose from a book or lis	can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID: F QuestionText: 1 2	HI.251_00.000 Under the [fill. [fill3: you/he/s Any doctor Select from bo	Instrument Variable Name: 1:^STNAME1/SCHIP plan] of he] choose from a book or lis	can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID: F QuestionText: 1 2 3	FHI.251_00.000 Under the [fill [fill3: you/he/s Any doctor Select from be Doctor is assig	Instrument Variable Name: 1:^STNAME1/SCHIP plan] of he] choose from a book or lis	can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID: F QuestionText: 1 2 3 7	FHI.251_00.000 Under the [fill [fill3: you/he/s Any doctor Select from bo Doctor is assig Refused	Instrument Variable Name: 1:^STNAME1/SCHIP plan] of he] choose from a book or lis	can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID: F QuestionText: 1 2 3	FHI.251_00.000 Under the [fill [fill3: you/he/s Any doctor Select from be Doctor is assig	Instrument Variable Name: 1:^STNAME1/SCHIP plan] of he] choose from a book or lis	can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID: F QuestionText: 1 2 3 7	FHI.251_00.000 Under the [fill [fill3: you/he/s Any doctor Select from be Doctor is assig Refused Don't know	Instrument Variable Name: 1:^STNAME1/SCHIP plan] of he] choose from a book or lis	can [fill2: you/ALIAS] go to ANY doctor who will acc	·

Question ID:	FHI.252_00.000) Instrument Variable Name:	STPCMD1	QuestionnaireFileName:	Family
QuestionText:	[fill2: you/he	1 E	3: your/his/her] rout	mary care doctor, group of doctors, ine care? Do not include emergency	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All pe	ersons with SCHIP			
SkipInstruct	tions: goto S	STREF1			

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	D	DRAFT 2013 NHIS Q Famil	uestionnaire - l ly Health Insura		
		Document	Version Date: 20-A	ng-13	
Question ID:	FHI.253_00.000	Instrument Variable Name:	STREF1	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
				ALIAS needs] to go to a different or referral? Do not include emergence	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All pers	ons with SCHIP			
SkipInstruct	tions: goto ST	NAME1 for the next person	with SCHIP: else. go	oto STNAME2	
. r	6		, , , , , ,		
Question ID:	FHI.257_00.000	Instrument Variable Name:	STNAME2	QuestionnaireFileName:	Family
QuestionText:	Earlier I record	led that [fill: you are/ALIAS	is] covered by a state	e sponsored health plan. What is the	ne name of the plan?
	* Read if neces	ssary: Do you have a health p	olan card or somethin	g with the plan name on it?	
Verbatim	Verbatim resp	onse			
7	Refused				
9	Don't know				
UniverseTex	All pers	ons covered by a state sponse	ored health plan		
SkipInstruct	tions: goto ST	DOC2			

Question ID:	FHI.258_00.000	Instrument Variable Name:	STDOC2	QuestionnaireFileName:	Family
QuestionText:		1:^STNAME2/state sponsore you/he/she] choose from a boo	1 3 6	you/ALIAS] go to ANY doctor who s or is the doctor assigned?	will accept this plan or
1	Any doctor				
2	Select from be	ook/list			
3	Doctor is assi	gned			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	ons covered by a state sponse	ored health plan		
SkipInstruct	ions: goto ST	PCMD2			

Question ID: QuestionText:	I FHI.259_00.000		estionnaire - H y Health Insura Version Date: 20-Au	•	
-	FHI.259_00.000		-	ince	
-	FHI.259_00.000	Document V	Version Date: 20-Au		
-	FHI.259_00.000			ıg-13	
QuestionText:		Instrument Variable Name:	STPCMD2	QuestionnaireFileName:	Family
	[fill2: you/he/s		: your/his/her] routin	hary care doctor, group of doctors, ne care? Do not include emergency	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	t: All pers	ons covered by a state sponso	red health plan		
Question ID: QuestionText:	FHI.260_00.000 ? [F1]	Instrument Variable Name:	STREF2	QuestionnaireFileName:	Family
Zucsuon i cat.	: [1 1]				
				a need/ALIAS needs] to go to a dif or a referral? Do not include emerg	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	t: All pers	ons covered by a state sponso	red health plan		
SkipInstructi	ions: goto ST	NAME2 for the next person w	vith a state sponsore	d health plan; else, goto STNAME	3
	FHI.264_00.000		STNAME3		

QuestionText:	Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?
	* Read if necessary: Do you have a health plan card or something with the plan name on it?
Verbatim	Verbatim response
7	Refused
9	Don't know
UniverseText:	All persons covered by an "other" government plan
SkipInstruction	s: goto STDOC3

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Family Health Insurance

	FHI.265_00.000	Instrument Variable Name:	STDOC3	QuestionnaireFileName:	Family
QuestionText:		11:^STNAME3/other governr 13:you/he/she] choose from a		you/ALIAS] go to ANY doctor where where the second se	no will accept this plan
1	Any doctor				
2	Select from b	book/list			
3	Doctor is ass	igned			
7	Refused				
9	Don't know				
UniverseTex	t: All per	sons covered by an "other" go	overnment plan		
SkipInstruct	ions: goto ST	TPCMD3			
					
Question ID:	FHI.266_00.000	Instrument Variable Name:	STPCMD3	QuestionnaireFileName:	Family
QuestionText:	[fill2: you/he/		3: your/his/her] routi	nary care doctor, group of doctors, ne care? Do not include emergency	
1	Yes				
2	No				
7	Refused				
/					
9	Don't know				
		sons covered by an "other" go	overnment plan		
9 UniverseTex	t: All per		overnment plan		
9	t: All per		overnment plan		
9 UniverseTex	t: All per		overnment plan		
9 UniverseTex SkipInstruct	t: All per		overnment plan	QuestionnaireFileName:	Family
9 UniverseTex SkipInstruct Question ID:	t: All per	TREF3		QuestionnaireFileName:	Family
9 UniverseTex SkipInstruct Question ID:	t: All per ions: goto ST FHI.267_00.000 ? [F1] Under [fill1:^	TREF3 Instrument Variable Name: STNAME3/this other govern	STREF3	QuestionnaireFileName: you need/ALIAS needs] to go to a roval or a referral? Do not include o	different doctor or
9 UniverseTex SkipInstruct Question ID:	t: All per ions: goto ST FHI.267_00.000 ? [F1] Under [fill1:^	TREF3 Instrument Variable Name: STNAME3/this other govern	STREF3	you need/ALIAS needs] to go to a	different doctor or
9 UniverseTex SkipInstruct Question ID: QuestionText:	tt: All per ions: goto ST FHI.267_00.000 ? [F1] Under [fill1:^ place for spec	TREF3 Instrument Variable Name: STNAME3/this other govern	STREF3	you need/ALIAS needs] to go to a	different doctor or
9 UniverseTex SkipInstruct Question ID: QuestionText:	t: All per ions: goto ST FHI.267_00.000 ? [F1] Under [fill1:^ place for spec Yes	TREF3 Instrument Variable Name: STNAME3/this other govern	STREF3	you need/ALIAS needs] to go to a	different doctor or
9 UniverseTex SkipInstruct Question ID: QuestionText: 1 2	t: All per ions: goto S [*] FHI.267_00.000 ? [F1] Under [fill1:^ place for spec Yes No	TREF3 Instrument Variable Name: STNAME3/this other govern	STREF3	you need/ALIAS needs] to go to a	different doctor or
9 UniverseTex SkipInstruct Question ID: QuestionText: 1 2 7	tt: All per ions: goto ST FHI.267_00.000 ? [F1] Under [fill1:^ place for spec Yes No Refused Don't know	TREF3 Instrument Variable Name: STNAME3/this other govern	STREF3 nment plan], if [fill2: e/does she] need app	you need/ALIAS needs] to go to a	different doctor or

Family Health Insurance

Question ID:	FHI.270_00.00	() Instrument Variable Name:	MILSPC	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Enter all t	hat apply, separate with comma	as.		
		orded that [fill1: you are/ALIA LIAS] covered by?	S is] covered by n	illitary health care. What types of mili	tary health care [fill2:
1	TRICARE				
2	VA				
3	CHAMP-V	ΥA			
4	Other milit	ary coverage (specify)			
7	Refused				
9	Don't know	7			
UniverseTex	x t: All p	ersons with military health care			
SkipInstruct	<2,3,	goto MILMAN] R,D> [repeat question for next goto MILSPCOT]	person with milita	ry health care; else, goto HILAST]	

Question ID:	FHI.271_00.0)00 Instrument	Variable Name:	MILSPCOT	QuestionnaireFileName:	Family	
QuestionText:	* Other m	ilitary coverage					
Verbatim 7 9	Verbatim response Refused Don't know						
UniverseText	: All	persons with "oth	ner" military cove	rage			
SkipInstructio		if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST					

Family Health Insurance

Question ID:	FHI.275_00.000	Instrument Variable Name:	MILMAN	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	Is [fill: your/A	LIAS's] TRICARE plan, TRI	CARE prime, TRI	CARE Extra, TRICARE Standard or	TRICARE for Life?
1	TRICARE Pr	ime			
2	TRICARE Ex	tra			
3	TRICARE St	andard			
4	TRICARE for	r life			
5	TRICARE of	ner (specify)			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	ons with TRICARE coverage	2		
SkipInstruct		D> [goto MILSPC for the net to MILMANOT]	xt person with mil	tary health care; else, goto HILAST]	

Question ID:	FHI.276_00.000	Instrument Variable Name:	MILMANOT	QuestionnaireFileName:	Family		
QuestionText:	* Other type o	f TRICARE coverage					
Verbatim	Verbatim resp	oonse					
7	Refused						
9	Don't know						
UniverseTex	UniverseText: All persons with "other" type of TRICARE coverage						
SkipInstructions: goto MILSPC for the next person with military health care; else, goto HILAST							

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Family Health Insurance

Question ID: F	HI.280_00.000	Instrument Variable Name:	HILAST	QuestionnaireFileName:	Family	
QuestionText:	(book) F17	? [F1]				
	Not including	Single Service Plans, about h	ow long has it bee	n since [fill: you/ALIAS] last had he	ealth care coverage?	
1	6 months or 1	ess				
2	More than 6	months, but not more than 1 y	ear ago			
3	More than 1	year, but not more than 3 year	s ago			
4	More than 3	years				
5	Never					
7	Refused					
9	Don't know					
UniverseText:	All per	sons without known health ins	surance or with on	y single service plans		
SkipInstruction	ns: goto H	ISTOP				
Question ID: F	HI.290_00.000	Instrument Variable Name:	HISTOP	QuestionnaireFileName:	Family	
QuestionText:	(book) F18					
		of these are reasons [fill2: you es] not have health insurance?		being covered?/Which of these are r	easons [fill3:you	
	* Enter up to	5 reasons, separate with comm	nas.			
01	Person in far	nily with health insurance lost	job or changed en	ployers		
02	Got divorced	or separated/death of spouse	or parent			
03	Became ineli	gible because of age/left schoo	ol			
04	Employer do	es not offer coverage/or not el	igible for coverage			
05	Cost is too h	gh				
06		mpany refused coverage				
07	Medicaid/Me	dical plan stopped after pregn	ancy			
08	Lost Medica	d/Medical plan because of new	w job or increase i	n income		
09	Lost Medicat					
10	Other (specif	y)				
97	Refused					
99	Don't know					
UniverseText:	All per	sons without known health ins	surance or with on	y single service plans		
SkipInstructions: <1-9,R,D> [goto HCSPFYR] <10> [goto HISTOPOT]						

Family Health Insurance

Question ID:	FHI.291_0	0.000 In	strument Variable Name:	HISTOPOT	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	* Other	reason for	not having coverage			
Verbatim	Verbat	im respons	se			
7	Refuse					
9	Don't k					
UniverseTex	it: A	Il persons	without known health in	surance and an "othe	r" reason for stopping or not havin	ig coverage
SkipInstruct	-	oto HISTO ICSPFYR	-	ithout known health i	nsurance coverage or only single s	ervice plans; else, goto
Question ID:	FHI.300_0	0.000 In	strument Variable Name:	HINOTYR	QuestionnaireFileName:	Family
QuestionText:	In the P	AST 12 M	ONTHS, was there any	time when [fill: you/A	ALIAS] did NOT have ANY health	insurance or coverage?
1	Yes					
2	No					
7	Refuse					
9	Don't k	now				
UniverseTex	it: A	ll persons	with known health insu	rance coverage except	t single service plans	
SkipInstruct	ions: <	1>[goto I	HINOTMYR] <2,R,D> [goto FHICHNG]		
Question ID:	FHI.310_0	0.000 In	strument Variable Name:	HINOTMYR	QuestionnaireFileName:	Family
QuestionText:	In the P	AST 12 M	IONTHS, about how ma	ny months [fill: were	you/was ALIAS] without coverage	2?
	* If less	than 1 mo	onth, enter '1'.			
01-12	1-12 m	onths				
97	Refuse	d				
99	Don't k	now				
UniverseTex		Ill persons ne past 12		rance coverage, but d	id not have health insurance for so	me period of time in
SkipInstruct		oto HINO ICSPFYR		with known health in	isurance coverage, except single se	ervice plans; else, goto

Family Health Insurance

Question ID:	FHI.312_00.010	Instrument Variable Name:	FHICHNG	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you	/ALIAS] have [fill2: type of h	ealth insurance cov	rerage] for the past 12 months?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons who are currently insured	who were continuo	ously covered in the past year	
SkipInstruct		> [goto HCSPFYR] to FHIKDB]			

Family Health Insurance

Document Version Date: 20-Aug-13

Question ID:	FHI.315_00.0	10 Instrument Variable Name:	FHIKDB	QuestionnaireFileName:	Family				
QuestionText:	(book) F12 and (book) F14								
	If person is	If person is currently uninsured:							
		{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}							
	If person h	ad a period without coverage in t	he past year:						
		{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}							
	If person h	ad a change in coverage type in the	he past year:						
	{What othe	er types of health insurance or hear	alth care coverag	e did [fill1: you/ALIAS] have?}					
	*Enter all t	hat apply, separate with commas.							
01	Private he	alth insurance							
02	Medicare								
03	Medi-Gap								
04	Medicaid								
05	SCHIP (C	HIP/Children's Health Insurance	Program)						
06	Military h	ealth care (TRICARE/VA/CHAM	MP-VA)						
07	Indian Hea	alth Service							
08	State-spon	sored health plan							
09	Other gov	ernment program							
10	Single ser	vice plan (e.g., dental, vision, pre	escriptions)						
11		ge of any type	-						
97	Refused								
99	Don't know	W							
UniverseTex	tt: All _I chan	· •	ious coverage wł	o are currently uninsured for more th	an 1 year with no				
SkipInstructions: <1> [goto PWRKB]									

SkipInstructions: <1> [goto PWRKB] <2-11,R,D> [goto HCSPFYR]

Family Health Insurance

Question ID:	FHI.316_00.010	Instrument Variable Name:	PWRKB	QuestionnaireFileName:	Family		
QuestionText:	Which one of	these categories best describe	es how [fill1: you	r/ALIAS's] private health insurance w	vas obtained?		
01	Through emp	loyer					
02	Through unic	on					
03	Through wor	kplace, but don't know if emp	oloyer or union				
04	Through wor	Through workplace, self-employed or professional association					
05	Purchased dir	rectly					
06	Through a sta	ate/local government or comm	nunity program				
07	Other, specify	y					
97	Refused						
99	Don't know						
UniverseTex	All pers	sons who had private health in	nsurance previous	sly			
SkipInstruct	tions: <1-6,R,	D> [goto HCSPFYR] <7> [g	oto PWRKBSP]				

Question ID:	FHI.317_00.010	Instrument Variable Name:	PWRKBSP	QuestionnaireFileName:	Family			
QuestionText:	*Enter how pr	vate health insurance was obt	ained.					
7	Refused							
9	Don't know							
Verbatim	Verbatim resp	Verbatim response						
UniverseTex	Text: All persons who had private health insurance obtained from other source previously							
SkipInstructions: <a>Allow 75 characters> [goto HCSPFYR]								

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DRAFT 2013 NHIS Questionnaire - Family									
Family Health Insurance									
Document Version Date: 20-Aug-13									
Question ID:	FHI.320_00.000 Instrument Variable Name: HCSPFYR QuestionnaireFileName: Family								
QuestionText:	(book) F19								
	The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?								
0	Zero								
1	Less than \$500								
2	\$500 - \$1,999								
3	\$2,000 - \$2,999								
4	\$3,000 - \$4,999								
5	\$5,000 or more								
7	Refused								
9	Don't know								
UniverseTex	t: All families								
SkipInstruct	ions: goto MEDBILL								

Question ID:	FHI.325_00.010	Instrument Variable Name:	MEDBILL	QuestionnaireFileName:	Family
QuestionText:	1			e problems paying or were unable to tion, equipment, nursing home or h	1 2 2
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	ilies			
SkipInstruct	cions: <1,2,7,9	9> [goto MEDBPAY]			

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DRAFT 2013 NHIS Questionnaire - Family					
	Family Health Insurance				
	Document Version Date: 20-Aug-13				
Question ID:	FHI.327_00.010 Instrument Variable Name: MEDBPAY QuestionnaireFileName: Family				
QuestionText:	ext: [fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All families				
SkipInstruct	ions: <1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]				
- <u>-</u>					
Question ID:	FHI.327 00.020 Instrument Variable Name: MEDBNOP QuestionnaireFileName: Family				
Question ID.	FHI.327_00.020 Instrument Variable Name: MEDBNOP QuestionnaireFileName: Family				
QuestionText:	[fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All families but those who said they don't have problems paying their medical bills				

SkipInstructions: <1,2,7,9> [goto FSA]

Question ID:	FHI.330_00.000	Instrument Variable Name:	FSA	QuestionnaireFileName:	Family
QuestionText:	offered by son year to reimbu	ne employers to allow employers to allow employers to allow employers for their out-of-	es to set as -pocket exp	ble Spending Account for health expenses de pre-tax dollars of their own money for t enses for health care. With this type of acc g a short grace period, is lost to the employ	their use throughout the count, any money
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All Fam	ilies			
SkipInstruct	ions: goto PL	BORN			

Family Socio-Demographic

Question ID:	FSD.001	_00.000	Instrument Variable Name:	PLBORN	QuestionnaireFileName:	Family
QuestionText:	[fill:	Were you	/Was ALIAS] born in the Uni	ited States?		
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseText	t:	All pers	ons			
SkipInstructi	ions:	<2>[go	ore "1" in CITIZEN and goto 1 to PLBORN2] [goto CITIZEN]	PLBORN1]		

Family Socio-Demographic

Question ID:	FSD.002_00.000 Instrument Variable Name:	PLBORN1	QuestionnaireFileName:	Family
QuestionText:	In what state [fill: were you/was ALIAS] box	rn?		
01	Alabama			
02	Alaska			
03	Arizona			
04	Arkansas			
05	California			
06	Colorado			
07	Connecticut			
08	Delaware			
09	District of Columbia			
10	Florida			
11	Georgia			
12	Hawaii			
13	Idaho			
14	Illinois			
15	Indiana			
16	Iowa			
17	Kansas			
18	Kentucky			
19	Louisiana			
20	Maine			
21	Maryland			
22	Massachusetts			
23	Michigan			
24	Minnesota			
25	Mississippi			
26	Missouri			
27	Montana			
28	Nebraska			
29	Nevada			
30	New Hampshire			
31	New Jersey			
32	New Mexico			
33	New York			
34	North Carolina			
35	North Dakota			
36	Ohio			
37	Oklahoma			
38	Oregon			
39	Pennsylvania			
40	Rhode Island			
41	South Carolina			
42	South Dakota			
43	Tennessee			
44	Texas			
45	Utah			
46	Vermont			

Family Socio-Demographic

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47	Virginia
48	Washington
49	West Virginia

- 50 Wisconsin
- 51 Wyoming
- 57 United States (state unknown)

UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]

Family Socio-Demographic

Question ID:	FSD.003_00.000 Instrument Variable Name:	PLBORN2	QuestionnaireFileName:	Family
QuestionText:	In what country [fill: were you/was ALIAS]	born?		
	* Please record country of birth. If country	not found, type "ZZ		
060	AMERICAN SAMOA			
061	AM SAMOA			
062	BAKER ISLAND			
063	GUAM			
064	HOWLAND ISLAND			
065	JARVIS ISLAND			
066	JOHNSTON ATOLL			
067	KINGMAN REEF			
068	MANUA ISLANDS			
069	MIDWAY ISLANDS			
070	NAVASSA ISLAND			
070	NORTHERN MARIANAS			
071	PALMYRA ATOLL			
072	PUERTO RICO			
073	ROTA			
075	SAIPAN			
076	SAND ISLAND			
077	ST CROIX			
078	ST JOHN			
079	ST THOMAS			
080	TINIAN			
081	US OUTLYING AREA			
082	US VIRGIN ISLANDS			
083	USVI			
084	VIRGIN ISLANDS			
085	WAKE ISLAND			
100	ABROAD			
101	ABU DHABI			
102	ADEN			
103	AFGHANISTAN			
104	AFRICA			
105	ALBANIA			
106	ALBERTA			
107	ALGERIA			
108	ALGIERS			
109	ALSACE-LORRAINE			
110	AMSTERDAM			
111	ANEGADA			
112	ANGOLA			
113	ANGUILLA			
114	ANGUILLA BWI			
115	ANOJOUAN			
116	ANTARCTICA			
110	ANTIGUA			
	ANTIGUA & BARBUDA			

Family Socio-Demographic

119	ANTIGUA WI
120	ANTILLES
121	ARAB PALESTINE
122	ARABIA
123	ARGENTINA
124	ARMENIA
125	ARUBA
126	ARUBA DWI
127	ARUBA NETHERLANDS
128	ASCENSION ISLAND
129	ASIA
130	ASIA MINOR
131	ASSAM
132	AT SEA
133	AUSTRALIA
134	AUSTRIA
135	AUSTRIA-HUNGARY
136	AZERBAIJAN
137	AZORES ISLANDS
138	BAHAMAS
139	BAHAMAS UK
140	BAHRAIN
141	BAJA CAL
142	BAJA CAL SUR
143	BALBOA
144	BANGLADESH
145	BARBADOS
146	BARBUDA
147	BAVARIA
148	BELARUS
149	BELFAST
150	BELGIAN CONGO
151	BELGIUM
152	BELIZE
153	BENIN
154	BERLIN
155	BERMUDA
156	BESSARABIA
157	BHUTAN
158	BOHEMIA
159	BOLIVIA
160	BONAIRE
161	BORNEO
162	BOSNIA
163	BOSNIA & HERZEGOVINA
164	BOTSWANA
165	BRASIL
166	BRAZIL
167	BRAZZAVILLE
168	BREMEN
169	BRITAIN
107	DITTAIN

Family Socio-Demographic

170	BRITISH COLUMBIA
171	BRITISH EAST AFRICA
172	BRITISH GUIANA
173	BRITISH GUYANA
174	BRITISH HONDURAS
175	BRITISH HONG KONG
176	BRITISH ISLES
177	BRITISH VI
178	BRITISH VIRGIN IS
179	BRITISH WEST INDIES
180	BRITISH WI
181	BRUNEI
182	BULGARIA
183	BURKINA FASO
184	BURMA
185	BURUNDI
186	BWI
187	BYELARUS
188	BYELORUSSIA
189	CAICOS ISLANDS
190	CAM PHA
191	CAM RANH
192	CAMBODIA
193	CAMEROON
194	CAN THO
195	CANADA
196	CANAL ZONE
197	CANARY ISLANDS
198	CANTON & ENDERBURY IS
199	CANTON ISLAND
200	CAPE VERDE
201	CARIBBEAN
202	CAYMAN ISLANDS
203	CENTRAL AFRICA
204	CENTRAL AFRICAN REP
205	CENTRAL AMERICA
206	CEYLON
207	CHAD
208	CHANNEL ISLANDS
209	CHIAPAS
210	CHIHUAHUA
211	CHILE
212	CHINA
213	CHINA HONG KONG
214	CHRISTMAS ISLAND
215	CHRISTMAS ISLAND, INDIAN OCEAN
216	COAHUILA
217	COLIMA
218	COLOMBIA
219	COMOROS
220	CONGO

Family Socio-Demographic

221	COOK ISLANDS
222	CORAL SEA ISLANDS
223	CORK
224	CORSICA
225	COSTA RICA
226	COTE D'IVORIE
227	CRETE
228	CRIMEA
229	CRISTOBAL
230	CROATIA
231	CUBA
232	CURACAO
233	CYPRUS
234	CZ
235	CZECH REPUBLIC
236	CZECHOSLOVAKIA
237	DA LAT
238	DA NANG
239	DAKAR
240	DANZIG
241	DELHI
242	DEMO PEOPLE'S REP OF KOREA
243	DEMO REP OF CONGO
244	DENMARK
245	DISTRITO FEDERAL
246	DJIBOUTI
247	DOM REP
248	DOMINICA
249	DOMINICA BWI
250	DOMINICA WI
251	DOMINICAN REPUBLIC
252	DUBAI
253	DUBLIN
254	DURANGO
255	DUTCH EAST INDIES
256	DUTCH GUIANA
257	DUTCH INDONESIA
258	DUTCH NEW GUINEA
259	EAST PAKISTAN
260	EAST PRUSSIA
261	EASTER ISLAND
262	EASTERN AFRICA
263	ECUADOR
264	EGYPT
265	EIRE
266	EL SALVADOR
267	ENGLAND
268	EQUATORIAL GUINEA
269	ERITREA
270	ESPANA
271	ESTONIA

Family Socio-Demographic

GOSLAVIA
CRONESIA

Family Socio-Demographic

323	HAMBURG
324	HANOI
325	HANOVER
326	HAVANA
327	HEARD & MCDONALD ISLANDS
328	HERZEGOVINA
329	HESSE
330	HIDALGO
331	HIGH SEAS
332	HOLLAND
333	HONDURAS
334	HONG KONG
335	HUNGARY
336	HYDERABAD
337	ICELAND
338	INDIA
339	INDONESIA
340	INTERNATIONAL WATERS
341	IRAN
342	IRAQ
343	IRELAND
344	IRIAN JAYA
345	IRISH REPUBLIC
346	ISLE OF MAN
347	ISRAEL
348	ITALY
349	IVORY COAST
350	JALISCO
351	JAMAICA
352	JAN MEYAN
353	JAPAN
354	JAVA
355	JERSEY
356	JIBUTI
357	JORDAN
358	JUAN DE NOVA ISLAND
359	JUGOSLAVIA
360	KALININGRAD
361	KAMPUCHEA
362	KASHMIR
363	KAZAKHSTAN
364	KENYA
365	KHANH HUNG
366	KINSHASA
367	KIRIBATI
368	KOREA
369	KORO ISLAND
370	KUWAIT
371	KWAJALEIN
372	KWANTUNG
373	KYRGYZSTAN

Family Socio-Demographic

374	LABRADOR
375	LABUAN
376	LAOS
377	LATAKIA
378	LATIN AMERICA
379	LATVIA
380	LEBANON
381	LEEWARD ISLANDS
382	LESOTHO
383	LIBERIA
384	LIBYA
385	LIECHTENSTEIN
386	LITHUANIA
387	LOAS
388	LONDONDERRY
389	LONG XUYEN
390	LORRAINE
391	LUBECK
392	LUXEMBOURG
393	MACAO
394	MACAU
395	MACEDONIA
396	MADAGASCAR
397	MADEIRA ISLANDS
398	MAINLAND CHINA
399	MAJORCA
400	MALAGASY REPUBLIC
401	MALAWI
402	MALAYSIA
403	MALDIVES
404	MALI
405	MALLORCA
406	MALTA
407	MACHURIA
408	MANICA
409	MANILA
410	MANITOBA
411	MARSHALL ISLANDS
412	MARTINIQUE
413	MAURITANIA
414 415	MAURITIUS
	MAYOTTE ISLAND
416	MELANESIA
417	MEXICO
418	MICHOACAN
419	MICRONESIA
420	MIDDLE EAST
421	MOLDAVIA
422	MOLDOVA
423	MONACO
424	MONAGAS

Family Socio-Demographic

425	MONGOLIA
426	MONTENEGRO
427	MONTSERRAT
428	MORELOS
429	MOROCCO
430	MOZAMBIQUE
431	MY THO
432	N. IRELAND
433	NAM DINH
434	NAMIBIA
435	NAURU
436	NAYARIT
437	NEPAL
438	NETHERLANDS
439	NETH. ANTILLES
440	NETH. EAST INDIES
441	NEVIS ISLAND
442	NEW BRUNSWICK
443	NEW CALEDONIA
444	NEW GUINEA
445	NEW HEBRIDES
446	NEW SOUTH WALES
447	NEW ZEALAND
448	NEWFOUNDLAND
449	NHA TRANG
450	NICARAGUA
451	NIGER
452	NIGERIA
453	NIUE ISLAND
454	NORFOLK ISLAND
455	NORTH AFRICA
456	NORTH AMERICA
457	NORTH KOREA
458	NORTH VIETNAM
459	NORTHERN IRELAND
460	NORTHERN TERRITORY
461	NORWAY
462	NOVA SCOTIA
463	NUEVO LEON
464	OAXACA
465	OCEANIA
466	OKINAWA
467	OMAN
468	ONTARIO
469	OVERSEAS
470	PAKISTAN
471	PALAU
472	PALESTINE
473	PANAMA
474	PANAMA CANAL ZONE
475	PAPUA NEW GUINEA
	TH UATIEN OUTIEA

Family Socio-Demographic

476	PARACEL ISLANDS
477	PARAGUAY
478	PELAGOSA
479	PEOPLE'S REP. OF CHINA
480	PEOPLE'S REP. OF CONGO
481	PERSIA
482	PERU
483	PHAN THIET
484	PHILIPPINES
485	PITCAIRN ISLAND
486	POLAND
487	POLYNESIA
488	PONAPE
489	PORTUGAL
490	PORTUGUESE INDIA
491	PRINCE EDWARD ISLAND
492	PRINCIPE ISLAND
494	PRUSSIA
495	PUEBLA
496	PUNJAB
497	PUNJAB, INDIA
498	PUNJAB, PAKISTAN
499	QATAR
500	QUANG LONG
501	QUEBEC
502	QUEENSLAND
503	QUERETARO
504	QUI NHON
505	RACH GIA
506	RAJASTHAN
507	RED CHINA
508	REPUBLIC OF CHINA
509	REPUBLIC OF CYPRUS
510	REPUBLIC OF IRELAND
511	REPUBLIC OF KOREA
512	REPUBLIC OF PANAMA
513	REP. OF PHILIPPINES
514	REP. OF SOUTH AFRICA
515	REPUBLICA DOMINICANA
516	REUNION ISLAND
517	RHODESIA
518	ROC
519	ROK
520	ROMANIA
521	ROTTERDAM
522	RUMANIA
523	RUSSIA
524	RUSSIAN FEDERATION
525	RWANDA
526	SAIGON
527	SALVADOR

Family Socio-Demographic

528	SAMOA
529	SAN ANDRES
530	SAN LUIS POTOSI
531	SAN MARINO
532	SAN SALVADOR
533	SAO TOME ISLAND
534	SAO TOME & PRINCIPE
535	SARAWAK
536	SASKATCHEWAN
537	SAUDI ARABIA
538	SAXONY
539	SCOTLAND
540	SENEGAL
541	SEOUL
542	SERBIA
543	SEYCHELLES
544	SHANGHAI
545	SHARJAH
546	SIBERIA
547	SICILY
548	SIERRA LEONE
549	SIKKIM
550	SINALOA
551	SINGAPORE
552	SLAVONIA
553	SLOVAK REPUBLIC
554	SLOVAKIA
555	SLOVENIA
556	SOLOMAN ISLANDS
557	SOMALIA
558	SONORA
559	SOUTH AFRICA
560	SOUTH AMERICA
561	SOUTH AUSTRALIA
562	SOUTH KOREA
563	SOUTH VIETNAM
564	SOUTH WALES
565	SOUTH YEMEN
566	SOUTHEAST ASIA
567	SOUTHERN AFRICA
568	SOUTHERN RHODESIA
569	SOVIET UNION
570	SPAIN
571	SPRATLEY ISLANDS
572	SRI LANKA
573	ST BARTHELEMY
574	ST BARTS
575	ST CHRISTOPHER
576	ST CHRISTOPHER-NEVIS
577	ST EUSTATIUS
578	ST HELENA

Family Socio-Demographic

570	
579 580	ST KITTS
580	ST KITTS-NEVIS
581 582	ST LUCIA
582 582	ST MAARTEN
583	ST MARTIN
584 585	ST PIERRE & MIQUELON
585 596	ST VINCENT
586	ST VINCENT & THE GRENADINES
587	SUDAN
588	SUMATRA
589	SURINAM
590	SURINAME
591	SVALBARD
592	SWAZILAND
593	SWEDEN
594	SWITZERLAND
595	SYRIA
596	SYRIAN ARAB REP
597	TABASCO
598	TADZHIK
599	TAHITI
600	TAIWAN
601	TAIWAN ROC
	TAJIKISTAN
603	TAMAULIPAS
604	TANGANYIKA
605	TANGIER
606	TANZANIA
607	TASMANIA
608	THAILAND
609	THANH HOA
610	THE GRENADINES
611	TIBET
612	TIJUANA
613	TLAXCALA
614	TOBAGO
615	TOGO
616	TOGOLAND
617	TOKELAU
618	TONGA
619	TORTOISE ISLANDS
620	TORTOLA
621	TRANSVAAL
622	TRANSYLVANIA
623	TRIESTE
624	TRINIDAD
625	TRINIDAD & TOBAGO
626	TRIPOLI
627	TROMELIN ISLAND
628	TRUK
629	TUNIS

Family Socio-Demographic

(20)	
630	TUNISIA
631	TURKEY
632	TURKMENISTAN
633	TURKS & CAICOS IS
634	TURK ISLANDS
635	TUVALU
636	TUY HOA
637 (28	UGANDA
638 (20	UK
639 (40	UKRAINE
640 641	UKRAINIA UNION ISLANDS
	UNION ISLANDS
642 (42	UNION OF SOUTH AFRICA
643 644	UNION OF SOVIET SOCIALIST REPUBLICS
044 645	UNITED ARAB EMIRATES
645 646	UNITED KINGDOM
647	UPPER VOLTA URUGUAY
648	
649	USSR USBEKISTAN
650	VANCOUVER
651	VANCOUVER
652	VANUATU
653	VENEZUELA
654	VERACRUZ
655	VICTORIA
656	VIETNAM
657	VINH LONG
658	VUNG TAU
659	WALES
660	WALLIS & FUTUNA ISLANDS
661	WEST AFRICA
662	WEST BANK
663	WEST BENGAL
664	WEST INDIES
665	WEST PAKISTAN
666	WESTERN AUSTRALIA
667	WESTERN SAHARA
668	WESTERN SAMOA
669	WHITE RUSSIA
670	WINDWARD ISLANDS
671	WINNIPEG
672	WURZBERG
673	YAP
674	YAR
675	YEMEN
676	YEMEN ARAB REPUBLIC
677	YEREVAN
678	YUCATAN
679	YUGOSLAVIA
680	YUKON TERRITORY

Family Socio-Demographic

681	ZACATECAS			
682	ZADAR			
683	ZAIRE			
684	ZAMBIA			
685	ZANZIBAR			
686	ZIMBABWE			
687	ZURICH			
688	ANDORRA			
689	BRITISH INDIAN OCEAN TERRITORY			
690	DEUTSCHLAND			
691	FRENCH SOUTHERN AND ANTARCTIC LANDS			
692	GRENADINES, THE			
693	KOSOVO			
694	MYANMAR			
695	NORTHWEST TERRITORY			
696	NUNAVUT TERRITORY			
996	Country not listed			
997	Refused			
999	Don't know			
UniverseText:	All persons not born in the United States			
SkipInstruction	s: <60-85> [store "2" in CITIZEN and goto USYR] <100-696,996,R,D> [goto USYR]			

Family Socio-Demographic

Question ID: F	SD.004_00.000 Instrument Variable Name: USYR QuestionnaireFileName: Family							
QuestionText:	* Read if necessary.							
	Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].							
	In what year did [fill3: you/ALIAS] come to the United States to stay?							
1880-Current Year	1880-Current Year							
9997	Refused							
9999	Don't know							
UniverseText:	All persons not born in the United States							
SkipInstruction	As: <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN] <r,d> [goto USLONG]</r,d>							
	NOTE: The "*Read if necessaryEarlier I recorded" portion of this question is included for persons with complete date of birth information.							
Hard Edit:	ERR1_USYR							
	*Future year invalid: [fill: USYR]. Please correct.							
	ERR2_USYR: * [fill year from USYR] is prior to the person's birth year.							
	*Please correct.							
Question ID: F	SD.005_00.000 Instrument Variable Name: USLONG QuestionnaireFileName: Family							
QuestionText:	About how long [fill1: have you/has ALIAS] been in the United States?							
	* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.							
	*Enter '95' for 95 or more years.							
	*If less than 1 year given as a response, code the answer as '0'.							
00-94	00-94 years							
95	95+ years							
97	Refused							
99	Don't know							
UniverseText:	All persons not born in the United States and refused or don't know was reported for USYR							
SkipInstruction	As: <0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN] <r,d> [goto CITIZEN]</r,d>							
Hard Edit:	ERR_LONG: * In US longer than alive!							
	* Please correct.							

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Family Socio-Demographic

Question ID:	FSD.006	_00.000	Instrument Variable Name:	CITIZEN	QuestionnaireFileName:	Family	
QuestionText:	(book)) F20	?[F1]				
	[fill: A	Are you/Is	ALIAS] a CITIZEN of the	United States?			
1	Yes,	born in oi	ne of the 50 United States or	the District of Co	olumbia		
2 Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory							
3	Yes,	born abro	ad to American parent(s)				
4	Yes,	U.S. citiz	en by naturalization				
5	No, n	ot a citize	en of the United States				
7	Refus						
9	Don't	know					
UniverseTex	xt:	All perso	ons not born in the United Sta	ates or a United S	tates territory		
SkipInstruc	tions:	<2>[if (PLBORN eq R, goto ERR3_CITIZE1 2_CITIZEN; else, goto HEADST]	N; else, goto HEADST]	
Hard Edit:		ERR1_0 *Already *Please	v indicated birth outside the	United States.			
		ERR2_C *Already *Please	v indicated birth outside Unit	ted States territor	y.		
Soft Edit:		Previous	TTIZEN: Refused ly, you refused to say if [you ou like to change your answe		as born in the United States.		
		Previous	TTIZEN: Don't Know ly, you didn't know if [you/A ou like to change your answe				
Question ID:	FSD.007_	_00.000	Instrument Variable Name:	HEADST	QuestionnaireFileName:	Family	
QuestionText:	?[F1]						
	Is [fill	: ALIAS]	now attending Head Start?				
1	Yes						
2	No						
7	Refus	sed					
9	Don't	Don't know					
UniverseTex	xt:	All perso	ons less than 7 years of age				
SkipInstructions: <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible perso <2,R,D> [goto HEADSTEV]					he next eligible person]		

Family Socio-Demographic

Question ID:	FSD.008_00.000) Instrument Variable Name:	HEADSTEV	QuestionnaireFileName:	Family
QuestionText:	Has [fill: ALI	AS] ever attended Head Start?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All per	sons less than 18 years of age a	and not currently en	colled in Head Start	
SkipInstruct	ions: if no m	ore persons less than 7 years o	f age, goto EDUC; e	else, goto HEADST for the next eli	igible person

Family Socio-Demographic

Question ID:	FSD.010_00.000	Instrument Variable Name:	EDUC	QuestionnaireFileName:	Family		
QuestionText:	(book) F21	?[F1]					
		What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.					
	* Enter highes	t level of school completed.					
00	Never attende	d/kindergarten only					
01	1st grade						
02	2nd grade						
03	3rd grade						
04	4th grade						
05	5th grade						
06	6th grade						
07	7th grade						
08	8th grade						
09	9th grade						
10	10th grade						
11	11th grade						
12	12th grade, no	o diploma					
13	GED or equiv	valent					
14	High School	Graduate					
15	Some college	, no degree					
16	Associate deg	ree: occupational, technical, o	or vocational pr	ogram			
17	Associate deg	ree: academic program					
18	Bachelor's de	gree (Example: BA, AB, BS, I	BBA)				
19	Master's degre	ee (Example: MA, MS, MEng	g, MEd, MBA)				
20	Professional S	School degree (Example: MD,	, DDS, DVM, J	D)			
21	Doctoral degr	ee (Example: PhD, EdD)					
96	Child under 5	years old					
97	Refused						
99	Don't know						
UniverseTex	t: All pers	ons 5 years of age or older					
SkipInstruct	ions: repeat f	or all eligible persons, then go	oto ARMFVER				

Family Socio-Demographic

Document Version Date: 20-Aug-13

Question ID:	FSD.020_00.000 Instrument Variable Name: ARMFVER QuestionnaireFileName: Family
QuestionText:	Earlier [fill1: you said/it was said] [fill2: you/alias] [fill3: were/was] on full-time active duty with the Armed Forces. Is this correct?
1	Yes
2	No
7	Refused
9	Don't know
UniverseText	t: All families with a person age 18 or older who were said to be on active duty in the armed forces in the HHC section
SkipInstructi	ions: <1> [goto ARMFFC] <2.R.D> [goto ARMFEV]
Question ID:	FSD.021_00.000 Instrument Variable Name: ARMFEV QuestionnaireFileName: Family
QuestionText:	[fill1: Have you/Has alias] ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
	*Read if necessary. Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the US or in a foreign country, in support of military or humanitarian operations.
1	Yes
2	No
7	Refused
9	Don't know
UniverseText	t: All families with a person age 18 or older who is not currently on active duty or said R,D to active duty question

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

Family Socio-Demographic

Question ID:	FSD.022_00.000	Instrument Variable Name:	ARMFFC	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you keeping missio		a country during a	time of armed conflict or on a huma	nitarian or peace-
				erve or active duty monitoring or co Israel, or in response to the 2004 tsu	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	ilies with a person age 18 or o	older who has ever	served in the armed forces	
SkipInstruct	ions: <1,2,R	,D>[goto ARMFTMP]			
Ouestion ID:	ESD 023 00 000	Instrument Variable Name:	ARMFTMP	QuestionnaireFileName:	Family
C	152.023_00.000			~	I uning
QuestionText:	When did [fil	11: you/alias] serve on ACTIV	/E DUTY in the U	S. Armed Forces?	
	*Enter all that	apply, separate with commas			
	*Enter all peri	ods in which this person serve	ed. Enter the item	even if the person served for just par	rt of that period.
01	Sept 2001 or	later			
02	-	to August 2001 (including Pe	ersian Gulf War)		
03	May 1975 to		,		
04	-	(August 1964 to April 1975)			
05		5 to July 1964			
06	-	(July 1950 to January 1955)			
07	January 1947				
08	December 19				
97	Refused				
99	Don't know				
UniverseTex	t: All fam	ilies with a person age 18 or o	older who has ever	served in the armed forces	
SkipInstruct	ions: <1,3-8,1	R,D> [goto DOINGLW] <2>	[goto ARMFDS]		
Hord Edit.	If grav	answer code is selected pleas	e display:		
Hard Edit:		lection is not valid at this tim			
	Please	correct.			

Family Socio-Demographic

Question ID:	FSD.024_00.000	Instrument Variable Name:	ARMFDS	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you 1990 and Apri		lf during Operation	n Desert Shield or Operation Desert	Storm between August
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All fam	ilies with a person age 18 or o	older who served f	rom August 1990 to August 2001	
SkipInstruct	ions: <1,2,R,	D> [goto DOINGLW]			
Question ID:	FSD.050_00.000	Instrument Variable Name:	DOINGLW	QuestionnaireFileName:	Family
QuestionText:	(book) F22	? [F1]			
	The next few o	questions are about employme	ent status.		
	Which of the f	fill: were you/was A	ALIAS] doing last	week?	
	* Read answer	categories.			
1	Working for	bay at a job or business			
2		business but not at work			
3	Looking for v				
4		not for pay, at a family-owned	d job or business		
5		at a job or business and not lo			
7	Refused	5	C		
9	Don't know				
UniverseTex	t: All pers	ons 18 years of age or older			
SkipInstruct	ions: <1,4> [goto WRKHRS]			
•		goto WHYNOWRK]			
	<3,R,D	> [goto WRKLYR]			
	NOTE:	A flashcard was added to this	question in quart	er 3 of 2005.	

Family Socio-Demographic

QuestionText:	FSD.060_00.000 Instrument Variable Name: WHYNOWRK QuestionnaireFileName: Family
	?[F1]
	What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?
01	Taking care of house or family
02	Going to school
03	Retired
04	On a planned vacation from work
05 06	On family or maternity leave Temporarily unable to work for health reasons
07	Have job/contract and off-season
08	On layoff
09	Disabled
10	Other
97	Refused
99	Don't know
UniverseText	All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work
SkipInstructi	ons: <1-3,8-10,R,D> [goto WRKLYR] <4-7> [goto WRKHRS]
Question ID:	FSD.070_00.000 Instrument Variable Name: WRKHRS1 QuestionnaireFileName: Family
	FSD.070_00.000 Instrument Variable Name: WRKHRS1 QuestionnaireFileName: Family ?[F1]
	?[F1] How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?
QuestionText:	?[F1] How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]? 1-168 hours
QuestionText: 001-168	?[F1] How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?
QuestionText: 001-168 997	 ?[F1] How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]? 1-168 hours Refused Don't know
QuestionText: 001-168 997 999	 ?[F1] How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]? 1-168 hours Refused Don't know All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season

Family Socio-Demographic

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Question ID:	FSD.080_	00.000	Instrument Variable Name:	WRKFTALL	QuestionnaireFileName:	Family
QuestionText:	?[F1]					
	[fill: D	o you/D	oes ALIAS] USUALLY worl	k 35 hours or more	per week in total at ALL jobs or bu	sinesses?
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex		-	ons 18 years of age or older w ny hours they worked last we		n 35 hours last week or did not kno	w/refused to answer
SkipInstruct	tions:	[goto W	RKLYR]			
			ON QUESTIONNAIRE FLOV FTALL for each eligible pers		cycles through the appropriate ques o WRKLYR.	tions from DOINGLW
Question ID:	FSD.100_	00.000	Instrument Variable Name:	WRKLYR	QuestionnaireFileName:	Family
QuestionText:	?[F1]					
	Did [fi	ll1: you/	ALIAS] work for pay at any	time in [fill2: last c	alendar year in 4-digit format]?	
1	Yes					
2	No					
7	Refus	ed				

- / Keluset
- 9 Don't know
- UniverseText: All persons 18 years of age or older

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

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Family Socio-Demographic

Question ID: F	SD.110_00.000	Instrument Variable Name:	WRKMYR	QuestionnaireFileName:	Family
QuestionText:				did [fill2: you/ALIAS] have at lea	·
	* If less than on	e month, enter '1'.			
01	1 month or less				
02-12	2-12 months	,			
97	Refused				
99	Don't know				
UniverseText:	All perso	ns 18 years of age or older	who worked last year		
SkipInstruction	ns: goto ERN	NYR			
Question ID: F	SD.120_00.000	Instrument Variable Name:	ERNYR	QuestionnaireFileName:	Family
-	SD.120_00.000 ?[F1]	Instrument Variable Name:	ERNYR	QuestionnaireFileName:	Family
-	?[F1] What is your be			QuestionnaireFileName: ore taxes and deductions from AL	
-	?[F1] What is your be [fill2: last calend	st estimate of [fill1: your/Al	LIAS's] earnings bef		
-	?[F1] What is your be [fill2: last calend Include hourly y	st estimate of [fill1: your/A] dar year in 4-digit format]?	LIAS's] earnings bef missions.	ore taxes and deductions from AL	
-	?[F1] What is your be [fill2: last calend Include hourly y	st estimate of [fill1: your/A] dar year in 4-digit format]? wages, salaries, tips and con	LIAS's] earnings bef missions.	ore taxes and deductions from AL	
QuestionText:	?[F1] What is your be [fill2: last calend Include hourly w * Enter '999,995	st estimate of [fill1: your/A] dar year in 4-digit format]? wages, salaries, tips and con	LIAS's] earnings bef missions.	ore taxes and deductions from AL	
QuestionText: 000001- 999994	?[F1] What is your be [fill2: last calend Include hourly w * Enter '999,995 \$1-\$999,994	st estimate of [fill1: your/A] dar year in 4-digit format]? wages, salaries, tips and con	LIAS's] earnings bef missions.	ore taxes and deductions from AL	
QuestionText: 000001- 999994 999995	?[F1] What is your be [fill2: last calend Include hourly w * Enter '999,995 \$1-\$999,995+	st estimate of [fill1: your/A] dar year in 4-digit format]? wages, salaries, tips and con	LIAS's] earnings bef missions.	ore taxes and deductions from AL	
QuestionText: 0000001- 9999994 999995 999997	?[F1] What is your be [fill2: last calend Include hourly was a second	st estimate of [fill1: your/A] dar year in 4-digit format]? wages, salaries, tips and con	LIAS's] earnings bef nmissions. greater than \$999,995	ore taxes and deductions from AL	

Family Socio-Demographic

Question ID:	FSD.130 <u></u>	_00.000	Instrument Variable	Name:	HIEMPOF	QuestionnaireFileName:	Family
QuestionText:	U	0 5	1: your/ALIAS's] job workplace?	or work	last week, was he	ealth insurance offered to [fill2: you	/ALIAS] through [fill1:
1	Yes						
2	No						
7	Refu	sed					
9	Don't	know					
UniverseText	:	-	ons 18 years of age or ork, or working, but i		-	for pay at a job or business, or with ned job or business	n a job or business, but
SkipInstructi	ons:	goto IN	FROINC				
			ON QUESTIONNAIF			t cycles through the appropriate que INTROINC.	estions from WRKLYR

	DRAFT 2013 NHIS Questionnaire - Family Family Income Document Version Date: 20-Aug-13
Question ID:	FIN.010_00.000 Instrument Variable Name: FINCINT QuestionnaireFileName: Family
QuestionText:	* Read the following.
	The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.
	Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.
1	Enter 1 to continue
UniverseText	t: All families
	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [F1]
Question ID: QuestionText:	
	? [F1]
	 ? [F1] [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?] [fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members)
	? [F1][fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?][fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).
	 ? [F1] [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?] [fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home). Did any family members 18 and older, that is * Read names
	 ? [F1] [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?] [fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home). Did any family members 18 and older, that is * Read names (fill roster of people ge 18 years of age)
QuestionText:	 ? [F1] [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?] [fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home). Did any family members 18 and older, that is * Read names (fill roster of people ge 18 years of age) receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?]
QuestionText: 1 2 7	 ? [F1] [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?] [fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home). Did any family members 18 and older, that is * Read names (fill roster of people ge 18 years of age) receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?] Yes No Refused
QuestionText: 1 2	 ? [F1] [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?] [fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home). Did any family members 18 and older, that is * Read names (fill roster of people ge 18 years of age) receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?] Yes No
QuestionText: 1 2 7	 ? [F1] [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?] [fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home). Did any family members 18 and older, that is * Read names (fill roster of people ge 18 years of age) receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?] Yes No Refused Don't know

Family Income

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Question ID:	FIN.040_(00.000	Instrument Variable Name:	PSAL	QuestionnaireFileName:	Family
QuestionText:	* Ask o	or verify.	Enter applicable line numb	er(s), separate w	th commas.	
		ceived the else?)	is?			
	* Indic	ate each i	amily member with this inc	ome.		
1	Yes					
2	No					
7	Refuse	ed				
9	Don't	know				
UniverseTex			es with two or more persons h the last calendar year	s 18 years of age	or older and at least one received inco	ome from wages and
SkipInstruct	tions:	goto FSE	INC			
Question ID:	FIN.050_(00.000	Instrument Variable Name:	FSEINC	QuestionnaireFileName:	Family
QuestionText:	[fill1: I farm in	Did you r come?/ [eceive income in [fill2: last	calendar year in n [fill2: last caler	4-digit format] from self-employment adar year in 4-digit format] from self-o	including business and
	*Read	names				
	(fill ros	ter of pe	ople ge 18 years of age)			
	receive	income	n [fill2: last calendar year i	n 4-digit format]	fromself-employment including bus	iness and farm income?]
1	Yes					
2	No					
7	Refuse	ed				
9	Don't	know				
UniverseTex	xt:	All famili	es with one or more persons	s 18 years of age	or older	
SkipInstruct			single-person family, store t [goto FSSRR]	he person numbe	er in PSEINC and goto FSSRR; else, g	goto PSEINC]

Family Income

Question ID:	FIN.060_	00.000	Instrument Variable Name:	PSEINC	QuestionnaireFileName: Family	
QuestionText:	* Ask	or verify	v. Enter applicable line number	er(s), separate wit	th commas.	
		eceived ne else?)				
	* Indi	cate each	family member with this inco	ome.		
1	Yes					
2	No					
7	Refus	sed				
9	Don't	know				
UniverseTex	at:		lies with two or more persons nent in the last calendar year	18 years of age of	or older and at least one received income from self-	
SkipInstruct	tions:	goto FS	SRR			
					umbers associated with the persons reported by the eives an edited response code in subsequent data proces	ssing.
Question ID:	FIN.070_	00.000	Instrument Variable Name:	FSSRR	QuestionnaireFileName: Family	
QuestionText:	? [F1]					
			/any family members living he ilroad Retirement?	ere] receive incon	ne in [fill2: last calendar year in 4-digit format] from So	ocial
		l if neces ry month		are either automat	tically deposited in the bank or mailed to arrive on the	third
1	Yes					
2	No					
7	Refu	sed				
9		know				
UniverseTex	xt:	All fami	lies			
SkipInstruct	tions:	-	a single-person family, store tl > [goto FPENS]	he person number	r in PSSRR and goto FSSRRD; else, goto PSSRR]	

Family Income

Question ID:	FIN.080_00.00	() Instrument Variable Name:	PSSRR	QuestionnaireFileName:	Family
QuestionText:	* Ask or ver	ify. Enter applicable line numb	per(s), separate v	vith commas.	
	Who receive (Anyone else				
	* Indicate ea	ach family member with this inc	come.		
1	Yes				
2	No				
7	Refused				
9	Don't know	,			
UniverseTex		milies with two or more person ement in the last calendar year	s and at least on	e received income from Social Securit	y or Railroad
SkipInstruct	ions: goto l	FSSRRD			
				numbers associated with the persons r eccives an edited response code in subs	

Question ID:	FIN.082_0	0.000	Instrument Variable Name:	FSSRRD	QuestionnaireFileName:	Family
QuestionText:	Was [fil	l: you	/any family member's *Read n	ames		
	(fill rost	er of a	ll persons selected at PSSRR a	and AGE LE 64)]	I	
	Social S	ecurit	v or Railroad Retirement incom	ne received as a c	lisability benefit?	
1	Yes					
2	No					
7	Refuse	1				
9	Don't k	now				
UniverseTex			lies with persons less than 65 calendar year	years of age who	received Social Security or Railroad	Retirement income in
SkipInstruct	р	erson	only one person less than 65 y number in PSSRRDB and goto > [goto FPENS]	-	ved Social Security or Railroad Retire goto PSSRRDB]	ment income, fill the

Family Income

Document Version Date: 20-Aug-13

Question ID:	FIN.084_0	0.000	Instrument Variable Name:	PSSRRDB	QuestionnaireFileName:	Family
QuestionText:	*Ask or	verify.	Enter applicable line number	er(s), separate with	i commas.	
	Was {pe	erson's}	Social Security or Railroad	Retirement incom	e received as a disability benefit?	
1	Yes					
2	No					
7	Refuse	1				
9	Don't k	now				
UniverseTex			-	•	s of age who received income from S st one received the income as a disab	•
SkipInstruct	tions: g	oto PSS	RRD			
					mbers associated with the persons re- ives an edited response code in subs	
Question ID:	FIN.086_0	0.000	Instrument Variable Name:	PSSRRD	QuestionnaireFileName:	Family
QuestionText:	Did [fill	1: you/.	ALIAS] receive this benefit l	because [fill2: you	are/he is/she is] disabled?	
1	Yes					
2	No					
7	Refuse	1				
9	Don't k	now				
UniverseTer	- 4 . A	11			al Sagurity or Dailroad Datiromant i	

UniverseText: All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FPENS

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Family Income

	FIN.090_00.000	Instrument Variable Name:	FPENS	QuestionnaireFileName:	Family
QuestionText:		u/any family members living h sion [fill3: other than Social S		e in [fill2: last calendar year in 4-dig l Retirement]?	it format] from any
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All far	nilies			
SkipInstruct		f a single-person family, store >>[goto FOPENS]	the person number	in PPENS and goto FOPENS; else,	goto PPENS]
Question ID:	FIN.100_00.000	Instrument Variable Name:	PPENS	QuestionnaireFileName:	Family
QuestionText:	*Ask or verif	y. Enter applicable line numb	er(s), separate with	commas.	
	Who received (Anyone else				
	*Indicate eac	h family member with this inc	ome.		
1	Yes				
	No				
2	INO				
2 7	No Refused				
7	Refused Don't know t: All far	nilies with two or more persor ty or Railroad Retirement) in t		eceived income from a disability pen ar	sion (other than Social
7 9	Refused Don't know t: All far Securi				sion (other than Social

Family Income

Juestion ID:	FIN.102_00	.000	instrument	Variable Nan	ne: FOPE	NS	Question	naireFileName	e: Family	
JuestionText:		curity							or pension other [fill2: Retirement, or a disa	
1	Yes									
2	No									
7	Refused									
9	Don't k	low								
UniverseText	t: A	l famil	es							
SkipInstructi			single-pers [goto FSS]		ore the person	number in]	POPENS and g	oto FSSI; else	e, goto POPENS]	
Juestion ID:	FIN.104_00	.000	Instrument	Variable Nan	ne: POPE	NS	Question	naireFileName	e: Family	
Question ID: QuestionText:	_				ne: POPE		-	naireFileName	e: Family	
	_	verify. eived th	Enter app				-	naireFileName	e: Family	
	* Ask or Who rec (Anyone	verify. vived thelse?)	Enter app		umber(s), sepa		-	naireFileName	e: Family	
	* Ask or Who rec (Anyone	verify. vived thelse?)	Enter app	licable line n	umber(s), sepa		-	naireFileName	e: Family	
QuestionText:	* Ask or Who rec (Anyone * Indica	verify. vived thelse?)	Enter app	licable line n	umber(s), sepa		-	naireFileName	e: Family	
QuestionText: 1	* Ask or Who rec (Anyone * Indica Yes	verify. vived thelse?)	Enter app	licable line n	umber(s), sepa		-	naireFileName	e: Family	
QuestionText: 1 2	* Ask or Who rec (Anyone * Indica Yes No	verify. eived th else?) e each :	Enter app	licable line n	umber(s), sepa		-	naireFileName	e: Family	
QuestionText: 1 2 7	* Ask or Who rec (Anyone * Indica Yes No Refused Don't k t: A	verify. eived th else?) e each : now l famil:	Enter app	licable line n nber with this o or more per	umber(s), sepa s income.	rate with co	mmas.		e: Family	in
QuestionText: 1 2 7 9	* Ask or Who rec (Anyone * Indica Yes No Refused Don't k t: A	verify. eived th else?) e each : now l famil:	Enter app is? amily men es with two lendar yea	licable line n nber with this o or more per	umber(s), sepa s income.	rate with co	mmas.			in

Family Income

Question ID:	FIN.110_	_00.000	Instrument Variable Name:	FSSI	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	Did [f	ïll: you/a	my family members] receive	Supplemental S	Security Income (SSI)?	
		d if neces month.	ssary: Federal SSI checks are	either automat	ically deposited in the bank or mailed to	arrive on the first of
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	xt:	All fami	lies			
SkipInstruct	tions:		a single-person family, fill th > [goto FTANF]	e person numbe	er in PSSI and goto PSSID; else, goto PS	SSI]

Question ID:	FIN.120	_00.000	Instrument Variable Name:	PSSI	QuestionnaireFileName:	Family
QuestionText:	*Ask	or verify.	Enter applicable line number	r(s), separate with commas	5.	
		in the fan one else?)	nily received this?			
	*Indi	cate each	family member with this incom	ne.		
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:	All fami calendar	lies with two or more persons year	and at least one received	Supplemental Security Incor	ne (SSI) in the last
SkipInstruct	tions:	goto PS	SID			
			In the instrument, interviewers ent. As shown above, each eli		<u> </u>	

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Family Income

Question ID:]	FIN.122_00.00	0 Instrument Variable Name:	PSSID	QuestionnaireFileName:	Family
JuestionText:	Did [fill1: y	ou/ALIAS] receive SSI becau	se [fill2: you have/he	has/she has] a disability?	
1	Yes				
2	No				
7	Refused				
9	Don't know	,			
UniverseText	: All p	ersons who received SSI in the	e last calendar year		
SkipInstructio	ons: repea	t for all eligible persons, then	goto FTANF		
Question ID:]	FIN.150_00.00	() Instrument Variable Name:	FTANF	QuestionnaireFileName:	Family
Question ID:]	FIN.150_00.00 ? [F1]	() Instrument Variable Name:	FTANF	QuestionnaireFileName:	Family
	? [F1] At any time	during [fill1: last calendar yea	ar in 4-digit format], d	QuestionnaireFileName: even for one month, did [fill2: you/ y welfare program, such as (* fill sp	any family members
	? [F1] At any time living here]	during [fill1: last calendar yea receive any CASH assistance	ar in 4-digit format], of from a state or count	even for one month, did [fill2: you/	any family members
	? [F1] At any time living here]	during [fill1: last calendar yea receive any CASH assistance	ar in 4-digit format], of from a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill sp	any family members
QuestionText:	? [F1] At any time living here] * Please do	during [fill1: last calendar yea receive any CASH assistance	ar in 4-digit format], of from a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill sp	any family members
QuestionText:	? [F1] At any time living here] * Please do Yes	during [fill1: last calendar yea receive any CASH assistance	ar in 4-digit format], of from a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill sp	any family members
QuestionText: 1 2	? [F1] At any time living here] * Please do Yes No	during [fill1: last calendar yea receive any CASH assistance not include food stamps, SSI,	ar in 4-digit format], of from a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill sp	any family members
QuestionText: 1 2 7	? [F1] At any time living here] * Please do Yes No Refused Don't know	during [fill1: last calendar yea receive any CASH assistance not include food stamps, SSI,	ar in 4-digit format], of from a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill sp	any family members

Family Income

Question ID:	FIN.160	_00.000	Instrument Variable Name:	PTANF	QuestionnaireFileName:	Family
QuestionText:	*Ask	or verify.	. Enter applicable line numb	er(s), separate wi	h commas.	
		in the fan one else?)	nily received this?			
	*Indi	icate each	family member with this inc	ome.		
1	Yes					
2	No					
7	Refi	used				
9	Don	't know				
UniverseTex	xt:		lies with two or more persor in the last calendar year	ns and at least one	received cash assistance from a state of	or county welfare
SkipInstruct	tions:	goto FO	WBEN			
			,		umbers associated with the persons re eives an edited response code in subse	1 2

Question ID:	FIN.164_00.	000 In	nstrument Variable Name	e: FOWBEN	QuestionnaireFileName:	Family
QuestionText:	OTHER	ind of v		-	did [fill2: you/any family members l job, placement in education or job tr	
1	Yes					
2	No					
7	Refused					
9	Don't kn	OW				
UniverseTex	t: Al	familie	28			
SkipInstruct		-	ingle-person family, sto goto FINTRST]	re the person number	in POWBEN and goto FINTRST; el	se, goto POWBEN]

Family Income

Question ID:	FIN.166_	_00.000	Instrument Variable Name:	POWBEN	QuestionnaireFileName:	Family
QuestionText:	* Ask	or verify	y. Enter applicable line num	ber(s), separate with	h commas.	
	Who	received	this?			
	(Anyo	one else?))			
	* Indi	cate each	h family member with this in	come.		
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	:t:		ilies with two or more person te in the last calendar year	ns and at least one r	received income from some "other" k	ind of welfare
SkipInstruct	ions:	goto FI	NTRST			
					mbers associated with the persons re- ives an edited response code in subs	

Question ID:	FIN.170_	00.000	Instrument Variable Name:	FINTRST	QuestionnaireFileName:	Family
QuestionText:		2	5 5 6	-	from interest bearing checking acconnotes, bonds, or any other investment	
	* Do 1	not inclu	de dividends			
1	Yes					
2	No					
7	Refu	sed				
9	Don't	know				
UniverseTex	t:	All fam	lies			
SkipInstruct	ions:		a single-person family, store t > [goto FDIVD]	he person number	in PINTRST and goto FDIVD; else,	goto PINTRST]

Family Income

Document Version Date: 20-Aug-13

Question ID:	FIN.180	_00.000	Instrument Variable Name:	PINTRST	QuestionnaireFileName:	Family
QuestionText:	*Ask	or verify.	Enter applicable line numb	er(s), separate with c	commas.	
		received ()				
	* Indi	cate each	family member with this inc	come.		
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	t:	All fami	lies with two or more person	s and at least one rea	ceived interest income in the last ca	alendar year
SkipInstruct	ions:	goto FD	IVD			
					bers associated with the persons reverses an edited response code in subs	1 2
Question ID:	FIN.190	_00.000	Instrument Variable Name:	FDIVD	QuestionnaireFileName:	Family
QuestionText:	Did [fill: you/a	ny family members living he		rom dividends from stocks or mutu	al funds, or net rental
~	incon	ne from p	roperty, royalties, estates or t	trusts?		

2 No

7 Refused

9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD] <2,R,D> [goto FCHLDSP]

Family Income

Question ID:	FIN.200_00.000 Instrument Variable Name: PDIVD QuestionnaireFileName: Family	
QuestionText:	* Ask or verify. Enter applicable line number(s). Separate with commas.	
	Who received this? (Anyone else?)	
	* Indicate each family member with this income.	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseText	All families with two or more persons and at least one received dividend or net rental income in the last calendar year	
SkipInstructi	ions: goto FCHLDSP	
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.	

Question ID:	FIN.210_00.00) Instrument Variable Name:	FCHLDSP	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	Did [fill: yo	u/any family members living her	e] receive income from c	hild support?	
1	Yes				
2	No				
7	Refused				
9	Don't knov				
UniverseTex	t: All fa	milies			
SkipInstruct		if a single-person family, store t D> [goto FINCOT]	ne person number in PCF	HLDSP and goto FINCOT; els	se, goto PCHLDSP]

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Family Income

Question ID:	FIN.220	_00.000	Instrument Variable Na	ame:	PCHLDSP		QuestionnaireFileNa	me:	Family
QuestionText:	*Ask	or verify.	Enter applicable line r	number((s), separate with	commas	5.		
		received (
		licate whic dial parer	ch child in the family the	is is for.	. If that child is	no longe	r residing with this far	mily, e	enter line number of
1	Yes								
2	No								
7	Refu	ised							
9	Don	't know							
UniverseTe	xt:	All fami	lies with two or more p	ersons a	and at least one r	received	income from child sup	port ir	n the last calendar year
SkipInstruc	tions:	goto FII	NCOT						
			In the instrument, intervent. As shown above, e				1		

Question ID:	FIN.230_00.0)() Instrument Variable Name:	FINCOT	QuestionnaireFileName:	Family
QuestionText:		ou/any family members living he rs, VA payments, Worker's Cor	-	e from any other source such as alimom ployment compensation?	ony, contributions from
1	Yes				
2	No				
7	Refused				
9	Don't know	V			
UniverseTex	t: All f	amilies			
SkipInstruct		[if a single-person family, store ,D> [goto FINCTOT]	the person number	in PINCOT and goto FINCTOT; els	e, goto PINCOT]

Family Income

Question ID:	FIN.240_00.000 Instrument Variable Name: PINCOT QuestionnaireFileName: Family	
QuestionText:	* Ask or verify. Enter applicable line number(s), separate with commas.	
	Who received this? (Anyone else?)	
	* Indicate each family member with this income	
1	Yes	
2	No	
7	Refused	
9	Don't know	
UniverseTex	All families with two or more persons and at least one received some "other" source of income in the last calendar year	
SkipInstruct	ons: goto FINCTOT	
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.	

Question ID:	FIN	N.250_00.000	Instrument Variable Name:	FINCTOT	QuestionnaireFileName:	Family
QuestionText:			nswering this next question, pl ng in this household.]	ease remember to	include your income PLUS the inco	me of all family
		•	best estimate of [fill2: your tota : last calendar year in 4 digit fo		income of all family members] from	n all sources, before
		* Enter '999,9	995' if the reported income is g	reater than \$999,9	95.	
000000-99999	94	\$0-\$999,994				
999995		\$999,995+				
999997		Refused				
999999		Don't know				
UniverseTex	xt:	All fan	nilies			
SkipInstruct	tions	<25000 <1000-	> goto ERR1_FINCTOT)1-999995> goto ERR2_FINC 250000> goto HOUSEOWN goto FINC50	ГОТ		
Soft Edit:		* Do n	FINCTOT: ot read to the respondent. : FINCTOT] is unusually low.	Make corrections	if necessary.	
		* Do n	FINCTOT: ot read to the respondent. : FINCTOT] is unusually high.	Make corrections	s if necessary.	

Family Income

Question ID:					
	FIN.255_00.000	Instrument Variable Name:	FINC50	QuestionnaireFileName:	Family
QuestionText:	Was your tota	l [fill: family] income from all	sources less than	\$50,000 or \$50,000 or more?	
1	Less than \$50),000			
2	\$50,000 or m	ore			
7	Refused				
9	Don't know				
UniverseTex	kt: Respon	dents who don't know or refuse	e their income		
SkipInstruc	<2>[go	oto FINC35] oto FINC100] [HOUSEOWN]			
Question ID:	FIN.260_00.000	Instrument Variable Name:	FINC35	QuestionnaireFileName:	Family
		Instrument Variable Name: [[fill: family] income from all			Family
		l [fill: family] income from all			Family
QuestionText:	Was your tota	l [fill: family] income from all 5,000			Family
QuestionText:	Was your tota Less than \$35	l [fill: family] income from all 5,000			Family
QuestionText: 1 2	Was your tota Less than \$35 \$35,000 or m	l [fill: family] income from all 5,000			Family
QuestionText: 1 2 7	Was your tota Less than \$35 \$35,000 or m Refused Don't know	l [fill: family] income from all 5,000	sources less than	\$35,000 or \$35,000 or more?	Family

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Family Income

Question ID:	FIN.265_00.000	Instrument Variable Name:	FINCPOV	QuestionnaireFileName:	Family
QuestionText:		l [fill1: family] income from a reshold] or more?	all sources less that	n [fill2: fill based on poverty thresho	ld] or [fill2: fill based
1	Less than [\$	11,500/\$12,000/\$14,000/\$16,0	000/\$18,500/\$24,0	00/\$28,500/\$41,000]	
2	[\$11,500/\$1]	2,000/\$14,000/\$16,000/\$18,50	00/\$24,000/\$28,50	0/\$41,000] or more	
7	Refused				
9	Don't know				
UniverseTex		spondent answered Less than S ed \$35,000 or More and there		were 5 or fewer persons in the family the family	or the respondent
SkipInstruct	<2> if			east one person [goto F200POV] 'CNT ge '3' [goto HOUSEOWN]	
Question ID:	FIN.268_00.000	Instrument Variable Name:	F200POV	QuestionnaireFileName:	Family
QuestionText:		ll [fill1: family/ <blank>] incor ed on 200% poverty threshold</blank>		s less than [fill2: fill based on 200%]	poverty threshold] or
1	Less than [\$2	23,000/\$24,000/\$28,000]			
2	[\$23,000/\$24	4,000/\$28,000] or more			
7	Refused				
9	Don't know				
UniverseTex		spondent answered More than and the age of one or more of		and there is 1 person in the family or or greater	2 persons in the
SkipInstruc	tions: <1,2,R	,D> [goto HOUSEOWN]			

Family Income

Question ID:	FIN.270_00.000	Instrument Variable Name:	FINC100	QuestionnaireFileName:	Family
QuestionText:	Was your total	l [fill: family] income from all	sources less than \$	100,000 or \$100,000 or more?	
1	Less than \$10	00,000			
2	\$100,000 or 1	nore			
7	Refused				
9	Don't know				
UniverseText	t: The res	pondent answered more than S	\$50,000 in FINC50		
SkipInstructi		oto FINC75]			
		oto FINC150] [goto HOUSEOWN]			
Question ID:	<r,d></r,d>		FINC150	QuestionnaireFileName:	Family
Question ID: QuestionText:	<r,d></r,d>	[goto HOUSEOWN] Instrument Variable Name:		QuestionnaireFileName: 150,000 or \$150,000 or more?	Family
-	<r,d></r,d>	[goto HOUSEOWN] Instrument Variable Name: [[fill: family] income from all			Family
QuestionText:	<r,d> FIN.272_00.000 Was your tota</r,d>	[goto HOUSEOWN] Instrument Variable Name: [[fill: family] income from all 50,000			Family
QuestionText:	<r,d> FIN.272_00.000 Was your tota Less than \$15</r,d>	[goto HOUSEOWN] Instrument Variable Name: [[fill: family] income from all 50,000			Family
QuestionText: 1 2	<r,d> FIN.272_00.000 Was your tota Less than \$15 \$150,000 or 1</r,d>	[goto HOUSEOWN] Instrument Variable Name: [[fill: family] income from all 50,000			Family
QuestionText: 1 2 7	<r,d> FIN.272_00.000 Was your tota Less than \$15 \$150,000 or n Refused Don't know</r,d>	[goto HOUSEOWN] Instrument Variable Name: [[fill: family] income from all 50,000	l sources less than \$		Family

Family Income

Document Version Date: 20-Aug-13

Question ID:	FIN.275_00.000	Instrument Variable Name:	FINC75	QuestionnaireFileName:	Family
QuestionText:	Was your total	[fill: family] income from all	sources less than	\$75,000 or \$75,000 or more?	
1	Less than \$75	,000			
2	\$75,000 or m	ore			
7	Refused				
9	Don't know				
UniverseTex	t: The resp	pondent answered less than \$1	00,000 in FINC10	00	
SkipInstruct	els <2> if F els	PCNT = '5'or '6', goto F200PV e goto HOUSEOWN PCNT = '8', goto F200PV75; e goto HOUSEOWN goto HOUSEOWN	/75;		
Question ID:	FIN.276_00.000	Instrument Variable Name:	F200PV75	QuestionnaireFileName:	Family
QuestionText:	•	family income from all sourc threshold] or more?	es less than [fill1:	fill based on 200% poverty threshol	d] or [fill1: fill based on
1	Less than [\$5	7,000/\$64,000/\$82,000]			
2	-	,000/\$82,000] or more			
7	Refused	· _			
9	Don't know				
UniverseTex		ondent answered less than \$7 d \$75,000 or More and there		re 5 or 6 persons in the family OR T he family	he respondent

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

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Family Income

Question ID:	FIN.280_00.000	Instrument Variable Name:	HOUSEOWN	QuestionnaireFileName:	Family
QuestionText:	Is this house/ in your family		ght, rented, or occupi	ed by some other arrangement by	you [fill: /or someone
1	Owned or be	ing bought			
2	Rented				
3	Other arrang	ement			
7	Refused				
9	Don't know				
UniverseText	: All fan	nilies			
SkipInstructi		,D> [goto FSSAPL] oto FGAH]			
Question ID:	FIN.282_00.000	Instrument Variable Name:	FGAH	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	[fill: Are you/ the cost?	Is anyone in your family] payi	ing lower rent because	e the Federal, State, or local gove	rnment is paying part of
1	Yes				
1 2	Yes No				
	No				
2					
2 7	No Refused Don't know	nilies that rent their house/apar	rtment		

Family Income

Juestion ID:	FIN.300_00.00)() Instrument Variable	Name: FSSAPL	QuestionnaireFileName:	Family
QuestionText:	members liv		for Supplemental Security I	e or SSI, even if the claim was den ncome (SSI)? This includes peopl	
1	Yes				
2	No				
7	Refused				
9	Don't know	N			
UniverseText	All fa	amilies			
SkipInstructi		[if a single-person family ,D> [goto FSDAPL]	y, store the person number in	n PSSAPL and goto FSDAPL; else	e, goto PSSAPL]
uestion ID:	FIN.310_00.00)() Instrument Variable	Name: PSSAPL	QuestionnaireFileName:	Family
	*Ask or ver		Name: PSSAPL e number(s), separate with a		Family
	*Ask or ver	rify. Enter applicable line family applied for it?			Family
	*Ask or ver Who in the (Anyone els	rify. Enter applicable line family applied for it? se?)			Family
	*Ask or ver Who in the (Anyone els	rify. Enter applicable line family applied for it? se?)	e number(s), separate with a		Family
uestionText:	*Ask or ver Who in the (Anyone els * Indicate e	rify. Enter applicable line family applied for it? se?)	e number(s), separate with a		Family
uestionText: 1	*Ask or ver Who in the (Anyone els * Indicate e Yes	rify. Enter applicable line family applied for it? se?)	e number(s), separate with a		Family
uestionText: 1 2	*Ask or ver Who in the (Anyone els * Indicate e Yes No	rify. Enter applicable lin family applied for it? se?) each family member who	e number(s), separate with a		Family
uestionText: 1 2 7 9	*Ask or ver Who in the (Anyone els * Indicate e Yes No Refused Don't know	rify. Enter applicable lin family applied for it? se?) each family member who	e number(s), separate with a	comma.	Family
QuestionText: 1 2 7	*Ask or ver Who in the (Anyone els * Indicate e Yes No Refused Don't know	rify. Enter applicable lin family applied for it? se?) each family member who	e number(s), separate with a applied for SSI benefits.	comma.	Family

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	DRAFT 2013 NHIS Questionnaire - Family				
	Family Income				
Document Version Date: 20-Aug-13					
Question ID:	FIN.330_00.000 Instrument Variable Name: FSDAPL QuestionnaireFileName: Family				
QuestionText:	[fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who appl for benefits, even if the claim was denied.]	ied			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTe	t: All Families				
SkipInstruc	ions: <1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL] <2,R,D> [goto TANFMYR]				
	<2,R,D>[goto TANFMYR]				
Question ID:	<2,R,D>[goto TANFMYR]				
Question ID:	<2,R,D> [goto TANFMYR] FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family				
Question ID:	<2,R,D> [goto TANFMYR] FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family * Ask or verify. Enter applicable line number(s), separate with commas. Who in the family applied for it?				
Question ID:	<2,R,D> [goto TANFMYR] FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family * Ask or verify. Enter applicable line number(s), separate with commas. Who in the family applied for it? (Anyone else?)				
Question ID: QuestionText:	<2,R,D> [goto TANFMYR] FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family * Ask or verify. Enter applicable line number(s), separate with commas. Who in the family applied for it? (Anyone else?) * Indicate each family member who applied for Social Security Disability benefits.				
Question ID: QuestionText: 1	<2,R,D> [goto TANFMYR] FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family * Ask or verify. Enter applicable line number(s), separate with commas. Who in the family applied for it? (Anyone else?) * Indicate each family member who applied for Social Security Disability benefits. Yes				
Question ID: QuestionText: 1 2	<2,R,D> [goto TANFMYR] FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family * Ask or verify. Enter applicable line number(s), separate with commas. Who in the family applied for it? (Anyone else?) * Indicate each family member who applied for Social Security Disability benefits. Yes No				
Question ID: QuestionText: 1 2 7	FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family * Ask or verify. Enter applicable line number(s), separate with commas. Who in the family applied for it? (Anyone else?) * Indicate each family member who applied for Social Security Disability benefits. Yes No Refused Don't know				
Question ID: QuestionText: 1 2 7 9	<pre><2,R,D> [goto TANFMYR] FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family * Ask or verify. Enter applicable line number(s), separate with commas. Who in the family applied for it? (Anyone else?) * Indicate each family member who applied for Social Security Disability benefits. Yes No Refused Don't know t: All families with two or more persons and at least one applied for Social Security Disability benefits</pre>				

Family Income

Document Version Date: 20-Aug-13

Question ID:	FIN.350_00.000	Instrument Variable Name:	TANFMYR	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	[fill2: last cale		During [fill2: last ca	ce from programs such as welfare lendar year in 4-digit format], abo	
	*Enter '1' if le	ss than one month.			
01-12	1-12 months				
97	Refused				
99	Don't know				
UniverseTe: SkipInstruc	r	sons who received cash assista	ľ	stance programs in the last calend	ar year
Question ID:	FIN.360_00.000	Instrument Variable Name:	FSNAP	QuestionnaireFileName:	Family
QuestionText:	?[F1]				
		aring [fill 1: last calendar year amp benefits/SNAPNAME or		id [fill 2: you/any family members]?	living here] receive
1	Yes				
2	No				
7	Refused				

9 Don't know

UniverseText: All families

SkipInstructions: <1> [goto FSNAPMYR]

<2, D, R> [Goto FINWIC to see if family falls into the universe for this question.]

Family Income

	FIN.380_00.000	Instrument Variable Name:	FSNAPMYR	QuestionnaireFileName:	Family
QuestionText:	?[F1]				
	During [fill 1 stamp benefit		bout how many month	s were [fill 2: food stamp benefit	s/SNAPNAME or food
	* Enter "1" if	less than 1 month			
01-12	Months				
97	Refused				
99	Don't know				
UniverseTex	t: Family	received food stamp/SNAP be	enefits in previous cale	endar year	
SkipInstruct	tions. Coto E	INWIC to see if family fits int	o universe for this au	stion	
Skipinstruct	10113. 0010 1	invole to see it failing his int	o universe for uns que		
Question ID:	FIN.384_00.000	Instrument Variable Name:	FINWIC	QuestionnaireFileName:	Family
Question ID: QuestionText:	FIN.384_00.000 ? [F1]	Instrument Variable Name:	FINWIC	QuestionnaireFileName:	Family
-	- ? [F1] At any time d		in 4-digit format] did	[fill2: you/anyone in your family	
-	- ? [F1] At any time d	uring [fill1: last calendar year	in 4-digit format] did	[fill2: you/anyone in your family	
QuestionText:	? [F1] At any time d the WIC prog	uring [fill1: last calendar year	in 4-digit format] did	[fill2: you/anyone in your family	
QuestionText:	? [F1] At any time d the WIC prog Yes	uring [fill1: last calendar year	in 4-digit format] did	[fill2: you/anyone in your family	
QuestionText: 1 2	? [F1] At any time d the WIC prog Yes No	uring [fill1: last calendar year	in 4-digit format] did	[fill2: you/anyone in your family	
QuestionText: 1 2 7	? [F1] At any time d the WIC prog Yes No Refused Don't know	uring [fill1: last calendar year	in 4-digit format] did tts and Children progr	[fill2: you/anyone in your family am?	

Family Income

		_					
Question ID:	FIN.385_00.000 Instrument Variable Name: PWIC QuestionnaireFileName: Family						
QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.							
	Who in the family received this? (Anyone else?)						
* Indicate family members who were authorized to receive WIC benefits.							
1	Yes						
2	No						
7	used						
9	ı't know						
UniverseTex	All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year						
SkipInstruct	goto FMSSN						
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.						

Language of Interview

Question ID:	FLG.010_00.000 In	nstrument Variable Name:	ENGLANG	QuestionnaireFileName:	Family
QuestionText:	How well [fill: do *Read categories	o you/does ALIAS] speak Ei below.	nglish? Would you say		
1	Very well				
2	Well				
3	Not well				
4	Not at all				
7	Refused				
9	Don't know				
UniverseTex	t: All person	as age 5 or over			
SkipInstruct	ions: <1-4,R,D>	> [goto next section]			