DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

| **Question ID:** | AID.005_00.000 | **Instrument Variable Name:** | SADULT | **QuestionnaireFileName:** | Sample Adult |

QuestionText: * The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

UniverseText: This is the Sample Adult and (the Sample Adult section has not been started or completed).

SkipInstructions:
```
<1> if Sample Adult = demographics.hhc.RELRESP_A
       goto beginning of adult.asd
    elseif Sample Adult = demographics.hhc.HHRESP
      goto beginning of adult.asd
    else
      goto AIDVERF_S
    endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
    if recontact.RCIFLAG ne '1'
      goto recontact.RCI_BEGIN procedure
    else
      goto back.OUTCOMEB1 procedure
    endif
```

| **Question ID:** | AID.010_00.000 | **Instrument Variable Name:** | PROX1 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: * Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

1   Yes
2   No

UniverseText: The Sample Adult's physical or mental condition prohibits responding.

SkipInstructions: <1> goto PROX2
<2> goto PROX3

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

Question ID: AID.015_00.000 **Instrument Variable Name:** PROX2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?

1	Relative who lives in household
2	Relative who doesn't live in household
3	Other caregiver
4	Other
7	Refused
9	Don't know

UniverseText: Knowledgeable proxy is available.

SkipInstructions: <1-4> goto AIDVERF_S

Question ID: AID.020_00.000 **Instrument Variable Name:** PROX3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?

1	Yes
2	No

UniverseText: Knowledgeable proxy is not available.

SkipInstructions: <1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
   if recontact.RCIFLAG ne '1'
     goto recontact.RCI_BEGIN procedure
   else
     goto back.OUTCOMEB1 procedure
   endif

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

Question ID: AID.030_00.000 **Instrument Variable Name:** AIDVERF_S **QuestionnaireFileName:** Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

| 1 | Yes |
| 2 | No |

UniverseText: Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

SkipInstructions: <1> goto AIDVERF_A
<2> goto AIDSEX

Question ID: AID.040_00.000 **Instrument Variable Name:** AIDSEX **QuestionnaireFileName:** Sample Adult

QuestionText: Are you Male or Female?

* If don't know or refused enter your best guess of the person's sex.

| 1 | Male |
| 2 | Female |

UniverseText: Respondent said his/her sex is not correct.

SkipInstructions: <1,2> store AIDSEX in SEX
goto ERR_AIDSEX
reset AIDVERF_S
goto AIDVERF_S

Hard Edit: ERR_AIDSEX

*The gender will now be changed to [fill: AIDSEX].

goto AIDVERF_S (as the default goto)

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

Question ID: AID.045_00.000 **Instrument Variable Name:** AIDVERF_A **QuestionnaireFileName:** Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1	Yes
2	No

UniverseText: Sample Adult said his/her sex is correct.

SkipInstructions: <1> goto AIDVERF_D
<2> goto AIDAGE

Question ID: AID.050_00.000 **Instrument Variable Name:** AIDAGE **QuestionnaireFileName:** Sample Adult

QuestionText: How old are you?

000-120	Age in years
997	Refused
999	Don't know

UniverseText: Respondent said his/her age is not correct

SkipInstructions: <0-120, Refused, Don't know>
    if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
     reset AIDVERF_A
     goto ERR_AIDAGE
    else
     store AIDAGE in AGE
     goto AIDDOB_M

Soft Edit: ERR_AIDAGE

*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.

goto AIDVERF_A (whether suppressed or not)

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

Question ID: AID.055_00.000 **Instrument Variable Name:** AIDVERF_D **QuestionnaireFileName:** Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1	Yes
2	No

UniverseText: Sample Adult said his/her age is correct.

SkipInstructions: <1> if AGE of Sample Adult le '17'
　　　　goto NO_MORE
　　else
　　　goto beginning of adult.asd
　　endif
<2> goto AIDDOB_M

Question ID: AID.060_01.000 **Instrument Variable Name:** AIDDOB_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

Question ID:	AID.060_02.000	**Instrument Variable Name:**	AIDDOB_D	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 3

*Enter day of birth.

01-31	Day of the month
97	Refused
99	Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-31,Refused,Don't know> goto AIDDOB_Y

If days not valid, goto ERR_AIDDOB_D

Hard Edit: ERR_AIDDOB_D

*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M].
*Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

Question ID: AID.060_03.000 **Instrument Variable Name:** AIDDOB_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 3 of 3

*Enter year of birth.

1880-2020 Year of birth

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 20-Aug-13

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
                    goto AIDVERF_A
                  elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
                    goto AIDVERF_D
                  endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
  goto ERR1_AIDDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
  goto ERR2_AIDDOB_Y
endif

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Re'f or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')
  goto ERR3_AIDDOB_Y
else
  store AIDDOB_M in DOBM
  store AIDDOB_D in DOBD
  store AIDDOB_Y in DOBY
  if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
    goto AIDVERF_A
  elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
    goto AIDVERF_D
  endif
endif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
  reset AIDVERF_A or AIDVERF_D.
  goto ERR4_AIDDOB_Y
endif

Hard Edit: ERR1_AIDDOB_Y

*Future date invalid: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.

goto AIDDOB_M (whether suppressed or not)

ERR2_AIDDOB_Y

*Not a valid day: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.

goto AIDDOB_M (whether suppressed or not)

ERR3_AIDDOB_Y

*DOB of [fill2: ALIAS of Sample Adult] remains [fill3: <DOBM> <DOBD>, <DOBY>]

goto AIDVERF_A (whether suppressed or not)

ERR4_AIDDOB_Y

* Data mismatched. Please fix Age or Birthday.

* If still cannot reconcile, enter 'Don't know' for year of birth.
* Please correct.

<p style="text-align:center">**DRAFT 2013 NHIS Questionnaire - Sample Adult**</p>

<p style="text-align:center">**Adult Socio-Demographic**</p>

<p style="text-align:center">**Document Version Date: 20-Aug-13**</p>

Question ID:	ASD.050_00.000 **Instrument Variable Name:**	WRKVER	**QuestionnaireFileName:**	Sample Adult

QuestionText: Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working or not working last week

SkipInstructions:
<1>if DOINGLW2 = 1,2,4 [goto WHOWRK]
   else if DOINGLW2 = 3,5 [goto EVERWRK]
<2>go to WRKCOR
<R,D>go to EVERWRK

Question ID:	ASD.060_00.000 **Instrument Variable Name:**	WRKCOR	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A1   ? [F1]

What is your correct working status?

* Read answer categories.

1	Working for pay at a job or business
2	With a job or business but not at work
3	Looking for work
4	Working, but not for pay, at a family-owned job or business
5	Not working at a job or business and not looking for work
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.

SkipInstructions:
<1,4> [goto to WHOWRK]
<2,5>[goto WHYNOWK2]
<3,R,D>[goto EVERWRK]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID:	ASD.062_00.000	**Instrument Variable Name:**	DOINGLW2	**QuestionnaireFileName:**	Sample Adult

QuestionText: Corrected Employment Status Last Week: (not displayed)

1	Working for pay at a job or business
2	With a job or business but not at work
3	Looking for work
4	Working, but not for pay, at a family-owned job or business
5	Not working at a job or business and not looking for work
7	Refused
9	Don't know

UniverseText: Sample Adults 18+ and also the family section respondent and said Refused or Don't know to the working last week status question in the family section

SkipInstructions: if DOINGLW2 = Refused or Don't know then
  [goto EVERWRK]
  endif

Question ID:	ASD.065_00.000	**Instrument Variable Name:**	WHYNOWK2	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

(Fill1: What is the main reason you did not work last week?)

(Fill2: What is the main reason you did not 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	On family or maternity leave
06	Temporarily unable to work for health reasons
07	Have job or contract and off-season
08	On layoff
09	Disabled
10	Other
97	Refused
99	Don't know

UniverseText: Sample Adults 18+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work

SkipInstructions: <1-10,D,R> if WRKCOR = 2 then
      [goto WHOWRK]
        else [goto EVERWRK]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID: ASD.066_00.000   **Instrument Variable Name:**   EVERWRK   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever held a job or worked at a business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn't know or refused to provide their employment status last week

SkipInstructions: <1> [goto WHOWRK]
<2,D,R> [goto next section]

Question ID: ASD.070_00.000   **Instrument Variable Name:**   WHOWRK   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

(Fill1:For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))

(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))

(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, organization or employer))

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto KINDIND]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID:	ASD.080_00.000	**Instrument Variable Name:** KINDIND	**QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto KINDWRK]

Question ID:	ASD.090_00.000	**Instrument Variable Name:** KINDWRK	**QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto IMPACT]

Question ID:	ASD.100_00.000	**Instrument Variable Name:** IMPACT	**QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto WRKCAT]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID: ASD.110_00.000 **Instrument Variable Name:** WRKCAT **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A2   ? [F1]

[If DOINGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently?
* Read answer choices if necessary.

1   Employee of a PRIVATE company for wages
2   A FEDERAL government employee
3   A STATE government employee
4   A LOCAL government employee
5   Self-employed in OWN business, professional practice or farm
6   Working WITHOUT PAY in a family-owned business or farm
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-4,6,D,R>[goto LOCALLNO]
<5> [goto BUSINC]

Question ID: ASD.112_00.000 **Instrument Variable Name:** BUSINC **QuestionnaireFileName:** Sample Adult

QuestionText: Is this business incorporated?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who are self-employed

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID: ASD.120_00.000   **Instrument Variable Name:**   LOCALLNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A3

Thinking about [If DOINGLW2 eq <1,2,4>] this MAIN job or business [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] your last week at the job you held the longest [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] your last week at the job you held most recently how many people work(ed) at this location?

how many people (Fill4:work/Fill5: worked) at this location?

* "People" includes both FULL- and PART-time employees; "location" refers to the street address of the workplace.

01	1-9 employees
02	10-24 employees
03	25-49 employees
04	50-99 employees
05	100-249 employees
06	250-499 employees
07	500-999 employees
08	1000 employees or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-8, R,D>[goto WRKLONGN]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID: ASD.140_01.000   **Instrument Variable Name:**   WRKLONGN   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

1 of 2

About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

001-365   1-365
997   Refused
999   Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-365> [goto WRKLONGT]
<D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65)
     [goto HOURPD] ;

     Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)
     [goto WRKLONGH]

Question ID: ASD.140_02.000   **Instrument Variable Name:**   WRKLONGT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period.

1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN

SkipInstructions: <4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]

<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]
     else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)
     [goto WRKLONGH]

Hard Edit: ERR_WRKLONGT

* Number of years is greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID: ASD.146_00.000 **Instrument Variable Name:** WRKLONGH **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

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

Question ID: ASD.150_00.000 **Instrument Variable Name:** HOURPD **QuestionnaireFileName:** Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID: ASD.160_00.000 **Instrument Variable Name:** PDSICK **QuestionnaireFileName:** Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,D,R>
if DOINGLW2 = 1,2,4 then [goto ONEJOB];
else if DOINGLW2=3,5 then [goto WRKLYR2];
else if DOINGLW2=D, R then [goto next section]

Question ID: ASD.170_00.000 **Instrument Variable Name:** ONEJOB **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have more than one job or business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 20-Aug-13

Question ID: ASD.210_00.000   **Instrument Variable Name:** WRKLYR2   **QuestionnaireFileName:** Sample Adult

QuestionText: Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

0	Had job last week
1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week

SkipInstructions: <0-2,D,R> [goto next section]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

| Question ID: | ACN.010_00.000 | Instrument Variable Name: | HYPEV | QuestionnaireFileName: | Sample Adult |

QuestionText: Now I am going to ask you about certain medical conditions.
Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

| Question ID: | ACN.020_00.000 | Instrument Variable Name: | HYPDIFV | QuestionnaireFileName: | Sample Adult |

QuestionText: Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were told they had hypertension

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

| Question ID: | ACN.020_00.010 | Instrument Variable Name: | HYPYR | QuestionnaireFileName: | Sample Adult |

QuestionText: DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

*Enter '1' if respondent is taking medication to control his/her high blood pressure.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had hypertention (2+ visits)

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.025_00.010   **Instrument Variable Name:**   CHLYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had high cholesterol?

*Enter '1' if respondent is taking medication to control his/her high cholesterol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_01.000   **Instrument Variable Name:**   CHDEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

... Coronary heart disease?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

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Question ID: ACN.031_02.000   **Instrument Variable Name:**   ANGEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

... Angina, also called angina pectoris?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_03.000   **Instrument Variable Name:**   MIEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A heart attack (also called myocardial infarction)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_04.000   **Instrument Variable Name:**   HRTEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_05.000   **Instrument Variable Name:**   STREV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A stroke?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.031_06.000   **Instrument Variable Name:**   EPHEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Emphysema?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.035_00.000   **Instrument Variable Name:**   COPDEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [if AGE GE 40, goto ASPMDMED;
else goto AASMEV]

Question ID: ACN.040_00.010 **Instrument Variable Name:** ASPMEDEV **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they have been told to take an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

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

Question ID: ACN.040_00.020 **Instrument Variable Name:** ASPMEDAD **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW following this advice?

* If the respondent provides an answer such as "sometimes," "occasionally," or "from time to time," enter 1 for "yes."

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease

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

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Adult Conditions

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Question ID: ACN.040_00.030 **Instrument Variable Name:** ASPMDMED **QuestionnaireFileName:** Sample Adult

QuestionText: Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

SkipInstructions: <1,2,R,D> goto AASMEV

Question ID: ACN.040_00.040 **Instrument Variable Name:** ASPONOWN **QuestionnaireFileName:** Sample Adult

QuestionText: On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they are taking an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised to take aspirin every day

SkipInstructions: <1,2,R,D> goto AASMEV

Question ID: ACN.080_00.000 **Instrument Variable Name:** AASMEV **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

Have you EVER been told by a doctor or other health professional that you had asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

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Question ID: ACN.085_00.000   **Instrument Variable Name:**   AASSTILL   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Do you still have asthma?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were ever told they have asthma

SkipInstructions: <1,2,R,D> [go to AASMYR]

Question ID: ACN.090_00.000   **Instrument Variable Name:**   AASMYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were ever told they had asthma

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

Question ID: ACN.100_00.000   **Instrument Variable Name:**   AASMERYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were ever told they had asthma

SkipInstructions: <1,2,R,D> if AASSTILL=1 or AASMYR=1 [go to AASMHSP];
else if AASSTILL=2,R,D and AASMYR=2,R,D [go to ULCEV]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.100_00.010 **Instrument Variable Name:** AASMHSP **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you stayed overnight in a hospital because of asthma?

*If in hospital for asthma AND other reasons, enter '1'.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AWZMSWK]

Question ID: ACN.100_00.030 **Instrument Variable Name:** AWZMSWK **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to [fill1: work/get work done around the house] because of your asthma?

*Enter '0' for none.

*Enter '996' if respondent is unable to do this activity.

000	None
001-365	1-365 days
996	Unable to do this activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <0-100,996,R,D> [go to AASMPMED]
<101-365> [go to ERR1_AWZMSWK]
<366-994> [go to ERR2_AWZMSWK]

Hard Edit: if AWZMSWK = 366-994 then display ERR2_AWZMSWK:

"366-994 days not allowed in this field.
*Please correct."

Soft Edit: if AWZMSWK >100 and ne 996 then display ERR1_AWZMSWK:

"AWZMSWK is an unusually large number;
*Please verify.

Question ID: ACN.100_00.060   **Instrument Variable Name:**   AASMPMED   **QuestionnaireFileName:**   Sample Adult

QuestionText: Now I'm going to ask you about two different kinds of ASTHMA medicine. One prevents symptoms over the long term. The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in through your mouth using a canister inhaler or a disk inhaler.

DURING THE PAST 3 MONTHS, have you used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1> [goto AASMTYP]
<2,R,D> [go to AASMDTP2]

Question ID: ACN.100_00.065   **Instrument Variable Name:**   AASMTYP   **QuestionnaireFileName:**   Sample Adult

QuestionText: When you take your rescue prescription asthma medication, would you say that you most often use an inhaler and/or disk, or do you most often use a nebulizer?

*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes

1	Inhaler or disc
2	Nebulizer
7	Refused
8	Don't know

UniverseText: Sample adults 18+ who have used a quick relief prescription asthma inhaler in the past three months

SkipInstructions: <1> [go to AASMCAN]
<2,R,D> [go to AASMDTP2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

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Question ID: ACN.100_00.070   **Instrument Variable Name:**   AASMCAN   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 3 MONTHS, did you use more than three canisters or disks of this type of quick relief inhaler?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have used a prescription asthma inhaler/disk most often in the past three months

SkipInstructions: <1,2,R,D> [go to AASMDTP2]

Question ID: ACN.100_00.090   **Instrument Variable Name:**   AASMDTP2   **QuestionnaireFileName:**   Sample Adult

QuestionText: The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.

Are you NOW taking a preventive asthma medication every day or almost every day, less often, or never?

1	Every day or almost every day
2	Less often
3	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D> [go to AASWMP]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.100_00.100 **Instrument Variable Name:** AASWMP **QuestionnaireFileName:** Sample Adult

QuestionText: An asthma action plan is a printed form with specific instructions based on your asthma that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.
Has a doctor or other health professional EVER given you an asthma action plan?

*Read if necessary: Include nurses and asthma educators.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AASCLASS]

Question ID: ACN.100_00.110 **Instrument Variable Name:** AASCLASS **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever taken a course or class on how to manage asthma yourself?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAS_REC]

Question ID: ACN.105_01.010 **Instrument Variable Name:** AAS_REC **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional EVER taught you

...how to recognize early signs or symptoms of an asthma episode?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAS_RES]

Question ID: ACN.105_02.020   **Instrument Variable Name:**   AAS_RES   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught you

...how to respond to episodes of asthma?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAS_MON]

Question ID: ACN.105_03.030   **Instrument Variable Name:**   AAS_MON   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught you

...how to monitor peak flow for daily therapy?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAPENVLN]

Question ID: ACN.107_00.010   **Instrument Variable Name:**   AAPENVLN   **QuestionnaireFileName:**   Sample Adult

QuestionText: Has a doctor or other health professional EVER advised you to change things in your home, school, or work environment to improve your asthma?

1   Yes
2   No
3   Was told no changes needed
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D> [go to AAROUTIN]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

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Question ID: ACN.107_00.020   **Instrument Variable Name:**   AAROUTIN   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times did you see a doctor or other health professional for a routine checkup for your asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits for acute care for an asthma episode or attack.

     *Enter '0' for none.

000	None
001-365	1-365 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <0-50,R,D> [go to AASYMPT]
                   <51-365> [goto ERR_AAROUTIN]

Soft Edit: ERR_AAROUTIN

     [fill4: AAROUTIN] is an unusually large number.
     * Please verify.

Question ID: ACN.107_00.030   **Instrument Variable Name:**   AASYMPT   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next three questions are about the last time you saw a doctor or other health care professional for routine care or for any reason.

     At your last visit, did your doctor or other health professional ask HOW OFTEN

     ….you had asthma symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AARESCUE];

DRAFT 2013 NHIS Questionnaire - Sample Adult

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Document Version Date: 20-Aug-13

Question ID: ACN.107_00.040 **Instrument Variable Name:** AARESCUE **QuestionnaireFileName:** Sample Adult

QuestionText: At your last visit, did your doctor or other health professional ask HOW OFTEN

….you used a quick relief inhaler?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAACTLIM]

Question ID: ACN.107_00.050 **Instrument Variable Name:** AAACTLIM **QuestionnaireFileName:** Sample Adult

QuestionText: At your last visit, did your doctor or other health professional ask HOW OFTEN

…asthma symptoms limited your daily activities?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

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

Question ID:	ACN.110_00.000	**Instrument Variable Name:**	ULCEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...An ulcer

This could be a stomach, duodenal or peptic ulcer.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.120_00.000	**Instrument Variable Name:**	ULCYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

... An ulcer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had an ulcer

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.130_00.000   **Instrument Variable Name:**   CANEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Cancer or a malignancy of any kind?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.140_00.001 **Instrument Variable Name:** CANKIND_1 **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of cancer was it?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
97	Refused
99	Don't know

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-30,R,D>[goto CANAGE_1]

    IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_1

    IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_1

Hard Edit: ERR1_CANKIND_1

    * Code 6 or 18 or 29 is unavailable for males.

    ERR2_CANKIND_1

    * Code 20 or 26 is unavailable for females.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

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Question ID: ACN.140_00.002   **Instrument Variable Name:**   CANKIND_2   **QuestionnaireFileName:**   Sample Adult

QuestionText:

* Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

UniverseText: Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

SkipInstructions: <1-30,R,D>[goto CANAGE_2]
<96> goto DIBEV

 IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_2

 IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_2

Hard Edit: ERR1_CANKIND_2

 * Code 6 or 18 or 29 is unavailable for males.

 ERR2_CANKIND_2

 * Code 20 or 26 is unavailable for females.

Question ID: ACN.140_00.003 **Instrument Variable Name:** CANKIND_3 **QuestionnaireFileName:** Sample Adult

QuestionText:

* Enter code for the third kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

UniverseText:	Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

SkipInstructions: <1-30,R,D>[goto CANAGE_3]
<96> [goto DIBEV]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_3

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_3

Hard Edit: ERR1_CANKIND_3

* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_3

* Code 20 or 26 is unavailable for females.

Question ID:	ACN.140_00.004	**Instrument Variable Name:**	CANKIND_4	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

95	More than three kinds
96	No more

UniverseText: Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3

SkipInstructions: <95,96> [goto DIBEV]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.150_00.001   **Instrument Variable Name:** CANAGE_1   **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> goto CANKIND_2
<R> and <R> at CANKIND_1[goto DIBEV]
<R> and CANKIND_1 NE <R> [goto CANKIND_2]

If number in CANAGE_1 greater than person years old (AGE) goto ERR_ CANAGE_1

Hard Edit: ERR_ CANAGE_1

* [Fill2: CANAGE_1] years old is older than age[fill3: AGE].
* Please correct.

Question ID: ACN.150_00.002   **Instrument Variable Name:** CANAGE_2   **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> goto CANKIND_3
<R> and <R> at CANKIND_2goto DIBEV]
<R> and CANKIND_2 NE <R> [goto CANKIND_3]

If number in CANAGE_2 greater than person years old (AGE) goto ERR_ CANAGE_2

Hard Edit: ERR_ CANAGE_2

* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE].
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID:	ACN.150_00.003	**Instrument Variable Name:**	CANAGE_3	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_3/Fill2: this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> goto CANKIND_4
<R> and <R> at CANKIND_3[goto DIBEV]
<R> and CANKIND_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) goto ERR_ CANAGE_3

Hard Edit: ERR_ CANAGE_3

  * [Fill2: CANAGE_3] years old is older than your age[fill3: AGE].
  * Please correct.

Question ID:	ACN.160_00.000	**Instrument Variable Name:**	DIBEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

[Fill1:Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/[Fill2:Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]

1	Yes
2	No
3	Borderline
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto DIBAGE]
<2,R,D> [goto DIBPRE1]
<3> [goto INSLN]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [goto INSLN]
<2,R,D> [goto EPILEP1]

Question ID:	ACN.170_00.000	**Instrument Variable Name:**	DIBAGE	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?

01-84	1-84 years
85	85+ years
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

SkipInstructions: <1-100 R,D> [goto INSLN]

If number in DIBAGE greater than person years old (AGE) goto ERR_ DIBAGE

Hard Edit: ERR_ DIBAGE

* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.180_00.000   **Instrument Variable Name:**   INSLN   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking insulin?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

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

Question ID: ACN.190_00.000   **Instrument Variable Name:**   DIBPILL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

SkipInstructions: <1,2,R,D> [goto EPILEP1]

Question ID: ACN.192_00.010   **Instrument Variable Name:**   EPILEP1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto EPILEP2]

                     <2,R,D> [goto AHAYFYR]

Question ID:	ACN.192_00.020	**Instrument Variable Name:**	EPILEP2	**QuestionnaireFileName:**	Sample Adult

QuestionText: Are you currently taking any medicine to control your seizure disorder or epilepsy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP3]

Question ID:	ACN.192_00.030	**Instrument Variable Name:**	EPILEP3	**QuestionnaireFileName:**	Sample Adult

QuestionText: Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?

*Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch.".

*If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

0	None
1	One
2	Two or three
3	Between four and ten
4	More than 10
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <0-4,R,D> [goto EPILEP4]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.192_00.040   **Instrument Variable Name:**   EPILEP4   **QuestionnaireFileName:**   Sample Adult

QuestionText: In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP5]

Question ID: ACN.192_00.050   **Instrument Variable Name:**   EPILEP5   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say…

*Read categories below.

1	Not at all
2	Slightly
3	Moderately
4	Quite a bit
5	Extremely
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.201_01.000   **Instrument Variable Name:**   AHAYFYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Hay fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.201_02.000   **Instrument Variable Name:**   SINYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Sinusitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.201_03.000 **Instrument Variable Name:** CBRCHYR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Chronic bronchitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.201_04.000 **Instrument Variable Name:** KIDWKYR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.201_05.000   **Instrument Variable Name:**   LIVYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Any kind of liver condition?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.250_00.000   **Instrument Variable Name:**   JNTSYMP   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.260_00.000   **Instrument Variable Name:**   JMTHP   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A4

Which joints are affected?

* Enter all that apply, separate with commas.

01	Shoulder-right
02	Shoulder-left
03	Elbow-right
04	Elbow-left
05	Hip-right
06	Hip-left
07	Wrist-right
08	Wrist-left
09	Knee-right
10	Knee-left
11	Ankle-right
12	Ankle-left
13	Toes-right
14	Toes-left
15	Fingers/thumb-right
16	Fingers/thumb-left
17	Other joint not listed
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days

SkipInstructions: <1-17,R,D> [goto JNTCHR]

Question ID: ACN.270_00.000   **Instrument Variable Name:**   JNTCHR   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did your joint symptoms FIRST begin more than 3 months ago?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.280_00.000   **Instrument Variable Name:**   JNTHP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER seen a doctor or other health professional for these joint symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days

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

Question ID: ACN.290_00.000   **Instrument Variable Name:**   ARTH   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: (<1> or JNTSYMP eq <1>) [goto ARTHLMT];
else (<2,R,D> and JNTSYMP ne 1) [goto PAINECK]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.295_00.000   **Instrument Variable Name:** ARTHLMT   **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

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

Question ID: ACN.300_00.000   **Instrument Variable Name:** PAINECK   **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have

... Neck pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.310_00.000	**Instrument Variable Name:**	PAINLB	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

* Read if necessary.

DURING THE PAST THREE MONTHS, did you have

... Low back pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.320_00.000	**Instrument Variable Name:**	PAINLEG	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

Did this pain spread down either leg to areas below the knees?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with low back pain in the past 3 months

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.331_01.000 **Instrument Variable Name:** PAINFACE **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST THREE MONTHS, did you have

... Facial ache or pain in the jaw muscles or the joint in front of the ear?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.331_02.000 **Instrument Variable Name:** AMIGR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST THREE MONTHS, did you have

...Severe headache or migraine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ACOLD2W]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.350_00.000   **Instrument Variable Name:** ACOLD2W   **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about your recent health DURING THE LAST 2 WEEKS.

Did you have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]

Question ID: ACN.360_00.000   **Instrument Variable Name:** AINTIL2W   **QuestionnaireFileName:** Sample Adult

QuestionText: Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=2 and AGE 18-49 [goto PREGNOW];
else if SEX=1 or AGE >49 [goto HRAIDNOW]

Question ID: ACN.370_00.000   **Instrument Variable Name:** PREGNOW   **QuestionnaireFileName:** Sample Adult

QuestionText: Are you currently pregnant?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 years of age

SkipInstructions: <1> if INTERVIEW_MONTH=4,5,6,7 (April-July) [goto PREGFLYR];
else [goto HRAIDNOW]
<R> [goto HRAIDNOW]
<2,D> [goto PREGFLYR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.370_00.010   **Instrument Variable Name:**   PREGFLYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill1: Were you pregnant any time since August 1st, [fill: LAST YEAR]?/Were you pregnant any time from August [fill: LAST YEAR] through March [fill: CURYEAR]?/Were you pregnant any time since August 1st, [fill: CURYEAR]?]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and interviewed April - July

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

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

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

Do you now use a hearing aid(s)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

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

QuestionText: Have you ever used a hearing aid(s) in the past?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid

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

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

QuestionText: WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1	Excellent
2	Good
3	A little trouble hearing
4	Moderate trouble
5	A lot of trouble
6	Deaf
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto AVISION]

Question ID: ACN.430_00.000   **Instrument Variable Name:**   AVISION   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have any trouble seeing, even when wearing glasses or contact lenses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 20-Aug-13

Question ID: ACN.440_00.000 **Instrument Variable Name:** ABLIND **QuestionnaireFileName:** Sample Adult

QuestionText: Are you blind or unable to see at all?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

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

Question ID: ACN.451_00.000 **Instrument Variable Name:** LUPPRT **QuestionnaireFileName:** Sample Adult

QuestionText: Have you lost all of your upper and lower natural (permanent) teeth?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Immunosuppression

Document Version Date: 20-Aug-13

Question ID: AIS.010_00.010   **Instrument Variable Name:**   AIMSUPEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that your immune system is weakened?

*Read if necessary: A weakened immune system is also called immune compromised or immune suppressed. It means that you are not able to fight infections and is usually caused by an underlying illness or by various medical treatments or prescription medications.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AIMSPSTL]
<2,R,D> [goto next section]

Question ID: AIS.010_00.020   **Instrument Variable Name:**   AIMSPSTL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Based on what a doctor or other health professional told you, do you still have a weakened immune system?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Immunosuppression

Document Version Date: 20-Aug-13

Question ID: AIS.010_00.030   **Instrument Variable Name:** AIMSPMED   **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about reasons a doctor or other health professional may have told you that your immune system was weakened. Please say yes or no to each.

DURING THE PAST 6 MONTHS, have you taken prescription medication or had any medical treatments that a doctor or other health professional told you would weaken your immune system? Examples include steroid or corticosteroid pills, such as prednisone, or other oral or injected medications for treating many types of autoimmune conditions or certain cancers.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system

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

Question ID: AIS.010_00.040   **Instrument Variable Name:** AIMSPCHC   **QuestionnaireFileName:** Sample Adult

QuestionText: Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, even without related medications or treatments? Examples include certain kinds of leukemia, lymphoma, or HIV infection.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Immunosuppression

Document Version Date: 20-Aug-13

Question ID: AIS.010_00.050   **Instrument Variable Name:** AIMSPSHC   **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional EVER told you that your immune system is weakened because you have kidney disease, lung disease, liver disease, diabetes, poor nutrition, or general frailty?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system

SkipInstructions: <1,2,R,D>
If CANKIND_1=1-30 or CANKIND_2=1-30 or CANKIND_3=1-30 or CANKIND_4=96 [goto AIMSPCAN]; else [goto AIMSPCLD]

Question ID: AIS.010_00.060   **Instrument Variable Name:** AIMSPCAN   **QuestionnaireFileName:** Sample Adult

QuestionText: Earlier you said you had {fill1: type of cancer from CANKIND_1, CANKIND_2, CANKIND_3, CANKIND_4 cancer}. Did a doctor or other health professional EVER tell you that your immune system is weakened because of {fill2: this cancer/these cancers}?

*Read if necessary: Please only respond yes if a doctor or health care professional told you the cancer weakens the immune system, even if you are not now having treatments or taking prescription medicines that weaken the immune system.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system and have one or more kinds of cancer

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Immunosuppression

Document Version Date: 20-Aug-13

Question ID: AIS.010_00.070   **Instrument Variable Name:** AIMSPCLD   **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional EVER told you that your immune system is weakened because you seem to get many infections and colds or that you can't seem to get over them?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.040_00.000   **Instrument Variable Name:**   WKDAYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

* Enter '0' for None.

000	None
001-366	1-366 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months

SkipInstructions: <0-366,R,D> [goto BEDDAYR]
<120-366> [goto ERR_WKDAYR]

Soft Edit: ERR_WKDAYR

* [Fill: WKDAYR] is an unusually large number.
* Please verify.

Question ID: AHS.050_00.000   **Instrument Variable Name:**   BEDDAYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?

* Enter '0' for None.

000	None
001-366	1-366 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-366,R,D> [goto AHSTATYR]
<120-366> [goto ERR_BEDDAYR]

Soft Edit: ERR_BEDDAYR

* [Fill: BEDDAYR] is an unusually large number.
* Please verify.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.060_00.000   **Instrument Variable Name:**   AHSTATYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

1	Better
2	Worse
3	About the same
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AHS.070_00.000   **Instrument Variable Name:**   SPECEQ   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.091_01.000 **Instrument Variable Name:** FLWALK **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk a quarter of a mile - about 3 city blocks?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCLIMB]

Question ID: AHS.091_02.000 **Instrument Variable Name:** FLCLIMB **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk up 10 steps without resting?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTAND]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.091_03.000   **Instrument Variable Name:**   FLSTAND   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stand or be on your feet for about 2 hours?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSIT]

Question ID: AHS.091_04.000   **Instrument Variable Name:**   FLSIT   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Sit for about 2 hours?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTOOP]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.091_05.000 **Instrument Variable Name:** FLSTOOP **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stoop, bend, or kneel?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLREACH]

Question ID: AHS.091_06.000 **Instrument Variable Name:** FLREACH **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Reach up over your head?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLGRASP]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.141_01.000 **Instrument Variable Name:** FLGRASP **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Use your fingers to grasp or handle small objects?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCARRY]

Question ID: AHS.141_02.000 **Instrument Variable Name:** FLCARRY **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Lift or carry something as heavy as 10 pounds such as a full bag of groceries?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLPUSH]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID:	AHS.141_03.000	**Instrument Variable Name:**	FLPUSH	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Push or pull large objects like a living room chair?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSHOP]

Question ID:	AHS.171_01.000	**Instrument Variable Name:**	FLSHOP	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Go out to things like shopping, movies, or sporting events?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSOCL]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.171_02.000   **Instrument Variable Name:** FLSOCL   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLRELAX]

Question ID: AHS.171_03.000   **Instrument Variable Name:** FLRELAX   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4 or FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4>[goto AFLHCA]

Else goto SMKEV (next section)

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.200_00.000 **Instrument Variable Name:** AFLHCA **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)][fill2: these activities]?

* Enter condition number for all that apply, separate with commas.

* Do not probe, except to clarify answer.

01	Vision/problem seeing
02	Hearing problem
03	Arthritis/rheumatism
04	Back or neck problem
05	Fracture, bone/joint injury
06	Other injury
07	Heart problem
08	Stroke problem
09	Hypertension/high blood pressure
10	Diabetes
11	Lung/breathing problem(for example, asthma and emphysema)
12	Cancer
13	Birth defect
14	Intellectual disability, also known as mental retardation
15	Other developmental problem (for example, cerebral palsy)
16	Senility
17	Depression/anxiety/emotional problem
18	Weight problem
19	Missing limbs (fingers, toes or digits), amputee
20	Kidney, bladder or renal problems
21	Circulation problems (including blood clots)
22	Benign Tumors, Cysts
23	Fibromyalgia, lupus
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)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/Not sure

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

UniverseText: Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

SkipInstructions: [1- 12, 14 - 35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order
<13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV]
<90> [goto AFLHCA_S1]
<91> [goto AFLHCA_S2]
Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section)
< R,D> [goto SMKEV (next section)]

Question ID: AHS.201_90.000   **Instrument Variable Name:**   AFLHCA_S1   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL90N]
>ENTER< only with no description [goto ERR1_AFLHCA_S1]
Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA

Hard Edit: $ You should enter something specific.

Question ID: AHS.201_91.000   **Instrument Variable Name:**   AFLHCA_S2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL91N]

>ENTER< only with no description [goto ERR1_AFLHCA_S1]

Hard Edit: $ You should enter something specific.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.300_01.000 **Instrument Variable Name:** AHCL01N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a vision problem or problem seeing?

* Enter number for time with your vision problem or problem seeing..

* Enter '95' for 95 or more.

* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a vision problem or problem seeing

SkipInstructions: <1-95,D>[goto AHCL01T]
<R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.300_02.000 **Instrument Variable Name:** AHCL01T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with vision problem or problem seeing.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL01T
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T

Hard Edit: ERR1_AHCL01T

*Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL01T

* "6" not selectable.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.301_01.000   **Instrument Variable Name:**   AHCL02N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you 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	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a hearing problem

SkipInstructions: <1-95,D>[goto AHCL02T]
<R>[store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.301_02.000 **Instrument Variable Name:** AHCL02T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL02T
[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto
ERR1_AHCL02T

Hard Edit: ERR1_AHCL02T

* Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL02T

* "6" not selectable.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.302_01.000   **Instrument Variable Name:**   AHCL03N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to arthritis or rheumatism

SkipInstructions: <1-95,D>[goto AHCL03T]
<R>[store "R" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.302_02.000   **Instrument Variable Name:**   AHCL03T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period 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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL03T
[if [AHCL03N = Number greater than person years old and AHCL03T= 4]] goto ERR1_AHCL03T

Hard Edit: ERR_AHCL03T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.303_01.000   **Instrument Variable Name:**   AHCL04N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a back or neck problem

SkipInstructions: <1-95,D>[goto AHCL04T]
<R>[store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.303_02.000   **Instrument Variable Name:**   AHCL04T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with back or neck problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL04T
[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T

Hard Edit: ERR_AHCL04T
 * Time with condition cannot be greater than age.
 * Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.304_01.000   **Instrument Variable Name:**   AHCL05N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint 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
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL05T]
<R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.304_02.000   **Instrument Variable Name:**   AHCL05T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL05T
[if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

Hard Edit: ERR_AHCL05T
 * Time with condition cannot be greater than age.
 * Please correct.

Question ID: AHS.305_01.000   **Instrument Variable Name:** AHCL06N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had the (fill: other) injury that caused your limitation?

* Enter number for time with injury that caused your limitation.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL06T]
<R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.305_02.000   **Instrument Variable Name:** AHCL06T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with (fill: other) injury.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL06T
[if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T

Hard Edit: ERR_AHCL06T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.306_01.000 **Instrument Variable Name:** AHCL07N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a heart problem

SkipInstructions: <1-95,D>[goto AHCL07T]
<R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.306_02.000 **Instrument Variable Name:** AHCL07T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with heart problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL07T
[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T

Hard Edit: ERR_AHCL07T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.307_01.000   **Instrument Variable Name:** AHCL08N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a stroke problem

SkipInstructions: <1-95,D>[goto AHCL08T]
<R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.307_02.000   **Instrument Variable Name:** AHCL08T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL08T
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T

Hard Edit: ERR_AHCL08T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.308_01.000 **Instrument Variable Name:** AHCL09N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had hypertension 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to hypertension or high blood pressure

SkipInstructions: <1-95,D>[goto AHCL09T]
<R>[store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.308_02.000 **Instrument Variable Name:** AHCL09T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hypertension 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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL09T
[if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T

Hard Edit: ERR_AHCL09T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID:	AHS.309_01.000	**Instrument Variable Name:**	AHCL10N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to diabetes

SkipInstructions: <1-95,D>[goto AHCL10T]
<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.309_02.000	**Instrument Variable Name:**	AHCL10T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period 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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL10T
[if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T

Hard Edit: ERR_AHCL10T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.310_01.000   **Instrument Variable Name:**   AHCL11N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a lung or breathing problem

SkipInstructions: <1-95,D>[goto AHCL11T]
<R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000   **Instrument Variable Name:**   AHCL11T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with lung or breathing problem (e.g. asthma and emphysema).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL11T
[if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T

Hard Edit: ERR_AHCL11T
   * Time with condition cannot be greater than age.
   * Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.311_01.000   **Instrument Variable Name:** AHCL12N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had cancer?

* Enter number for time with cancer.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to cancer

SkipInstructions: <1-95,D>[goto AHCL12T]
<R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.311_02.000   **Instrument Variable Name:** AHCL12T   **QuestionnaireFileName:** Sample Adult

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL12T
[if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T

Hard Edit: ERR_AHCL12T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.313_01.000   **Instrument Variable Name:**   AHCL14N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you 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	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to intellectual disability/mental retardation

SkipInstructions: <1-95,D>[goto AHCL14T]
<R>[store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.313_02.000   **Instrument Variable Name:**   AHCL14T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with intellectual disability/mental retardation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL14T
[if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T

Hard Edit: ERR_AHCL14T
 * Time with condition cannot be greater than age.
 * Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID:	AHS.314_01.000	**Instrument Variable Name:**	AHCL15N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a developmental problem

SkipInstructions: <1-95,D>[goto AHCL15T]
<R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.314_02.000	**Instrument Variable Name:**	AHCL15T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL15T
[if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T

Hard Edit: ERR_AHCL15T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.315_01.000   **Instrument Variable Name:**   AHCL16N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had senility?

* Enter number for time with senility.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to senility

SkipInstructions: <1-95,D>[goto AHCL16T]
<R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.315_02.000   **Instrument Variable Name:**   AHCL16T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period 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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL16T
[if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1_AHCL16T

Hard Edit: ERR_AHCL16T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.316_01.000   **Instrument Variable Name:** AHCL17N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety, or an emotional problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

SkipInstructions: <1-95,D>[goto AHCL17T]
<R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.316_02.000   **Instrument Variable Name:** AHCL17T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with depression, anxiety, or emotional problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL17T
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T

Hard Edit: ERR_AHCL17T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.317_01.000 **Instrument Variable Name:** AHCL18N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a weight problem

SkipInstructions: <1-95,D>[goto AHCL18T]
<R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.317_02.000 **Instrument Variable Name:** AHCL18T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with weight problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL18T
[if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T

Hard Edit: ERR_AHCL18T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.318_01.000   **Instrument Variable Name:**   AHCL19N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you 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 birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a missing limb

SkipInstructions: <1-95,D>[goto AHCL19T]
<R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.318_02.000   **Instrument Variable Name:**   AHCL19T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with missing limb.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL19T
[if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1_AHCL19T

Hard Edit: ERR_AHCL19T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.319_01.000 **Instrument Variable Name:** AHCL20N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a kidney, bladder or renal problem?

* Enter number for time with a kidney, bladder or renal problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

SkipInstructions: <1-95,D>[goto AHCL20T]
<R>[store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.319_02.000 **Instrument Variable Name:** AHCL20T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with kidney, bladder or renal problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL20T
[if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T

Hard Edit: ERR_AHCL20T
 * Time with condition cannot be greater than age.
 * Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.320_01.000   **Instrument Variable Name:**   AHCL21N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a circulation problem

SkipInstructions: <1-95,D>[goto AHCL21T]
<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.320_02.000   **Instrument Variable Name:**   AHCL21T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with circulation problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL21T
[if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T

Hard Edit: ERR_AHCL21T
* Time with condition cannot be greater than age.
* Please correct.

| **Question ID:** | AHS.321_01.000 | **Instrument Variable Name:** | AHCL22N | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to benign tumors or cysts

SkipInstructions: <1-95,D>[goto AHCL22T]
<R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

| **Question ID:** | AHS.321_02.000 | **Instrument Variable Name:** | AHCL22T | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 2 of 2

* Enter time period for time with benign tumors or cysts.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL22T
[if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

Hard Edit: ERR_AHCL22T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.322_01.000   **Instrument Variable Name:**   AHCL23N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to fibromyalgia or lupus

SkipInstructions: <1-95,D>[goto AHCL23T]
<R>[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.322_02.000   **Instrument Variable Name:**   AHCL23T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL23T
[if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T

Hard Edit: ERR_AHCL23T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.323_01.000   **Instrument Variable Name:** AHCL24N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

SkipInstructions:
<1-95,D>[goto AHCL24T]
<R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.323_02.000   **Instrument Variable Name:** AHCL24T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL24T
[if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T

Hard Edit:
ERR_AHCL24T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.324_01.000   **Instrument Variable Name:**   AHCL25N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to epilepsy or seizures

SkipInstructions: <1-95,D>[goto AHCL25T]
<R>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.324_02.000   **Instrument Variable Name:**   AHCL25T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL25T
[if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T

Hard Edit: ERR_AHCL25T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.325_01.000 **Instrument Variable Name:**   AHCL26N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had multiple sclerosis (MS) 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

SkipInstructions: <1-95,D>[goto AHCL26T]
<R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.325_02.000 **Instrument Variable Name:**   AHCL26T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with multiple sclerosis or muscular dystrophy.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL26T
[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T

Hard Edit: ERR_AHCL26T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.326_01.000   **Instrument Variable Name:**   AHCL27N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had polio(myelitis), paralysis 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadriplegia

SkipInstructions: <1-95,D>[goto AHCL27T]
<R>[store "R" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.326_02.000   **Instrument Variable Name:**   AHCL27T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL27T
[if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto ERR1_AHCL27T

Hard Edit: ERR_AHCL27T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.327_01.000   **Instrument Variable Name:**   AHCL28N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had Parkinson's disease or tremors?

* Enter number for time with Parkinson's disease or tremors.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

SkipInstructions: <1-95,D>[goto AHCL28T]
<R>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.327_02.000   **Instrument Variable Name:**   AHCL28T   **QuestionnaireFileName:**   Sample Adult

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL28T
[if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T

Hard Edit: ERR_AHCL28T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.328_01.000 **Instrument Variable Name:** AHCL29N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to nerve damage

SkipInstructions: <1-95,D>[goto AHCL29T]
<R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.328_02.000 **Instrument Variable Name:** AHCL29T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with nerve damage.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL29T
[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

Hard Edit: ERR_AHCL29T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.329_01.000   **Instrument Variable Name:** AHCL30N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a hernia

SkipInstructions: <1-95,D>[goto AHCL30T]
<R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.329_02.000   **Instrument Variable Name:** AHCL30T   **QuestionnaireFileName:** Sample Adult

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL30T
[if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T

Hard Edit: ERR_AHCL30T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.330_01.000   **Instrument Variable Name:**   AHCL31N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to an ulcer

SkipInstructions: <1-95,D>[goto AHCL31T]
<R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.330_02.000   **Instrument Variable Name:**   AHCL31T   **QuestionnaireFileName:**   Sample Adult

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL31T
[if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T

Hard Edit: ERR_AHCL31T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

| **Question ID:** | AHS.331_01.000 | **Instrument Variable Name:** | AHCL32N | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 1 of 2

How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

SkipInstructions: <1-95,D>[goto AHCL32T]
<R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

| **Question ID:** | AHS.331_02.000 | **Instrument Variable Name:** | AHCL32T | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 2 of 2

* Enter time period for time with varicose veins or hemorrhoids.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL32T
[if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1_AHCL32T

Hard Edit: ERR_AHCL32T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.332_01.000 **Instrument Variable Name:** AHCL33N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a thyroid 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
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

SkipInstructions: <1-95,D>[goto AHCL33T]
<R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.332_02.000 **Instrument Variable Name:** AHCL33T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL33T
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T

Hard Edit: ERR_AHCL33T
* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID:	AHS.333_01.000	**Instrument Variable Name:**	AHCL34N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a knee problem

SkipInstructions: <1-95,D>[goto AHCL34T]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.333_02.000	**Instrument Variable Name:**	AHCL34T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with knee problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL34T
[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T

Hard Edit: ERR1_AHCL34T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.334_01.000   **Instrument Variable Name:**   AHCL35N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to migraine headaches

SkipInstructions: <1-95,D>[goto AHCL35T]
<R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.334_02.000   **Instrument Variable Name:**   AHCL35T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL35T
[if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T

Hard Edit: ERR1_AHCL35T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 20-Aug-13

Question ID: AHS.335_01.000   **Instrument Variable Name:** AHCL90N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?

* Enter number for time with {problem in AFLHCA90}.
* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D>[goto AHCL90T]
<R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000   **Instrument Variable Name:** AHCL90T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL90T
[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T

Hard Edit: ERR_AHCL90T

* Time with condition cannot be greater than age.
* Please correct.

| **Question ID:** | AHS.336_01.000 | **Instrument Variable Name:** | AHCL91N | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 1 of 2

How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

SkipInstructions: <1-95,D>[goto AHCL91T]
<R>[store "R" in AHCL91T] [goto SMKEV (next section)]
<96>[store "6" in AHCL91T] [goto SMKEV (next section)]

| **Question ID:** | AHS.336_02.000 | **Instrument Variable Name:** | AHCL91T | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA91}.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL91T
[if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T

Hard Edit: ERR_AHCL91T

* Time with condition cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID:	AHB.010_00.000	Instrument Variable Name:	SMKEV	QuestionnaireFileName:	Sample Adult

QuestionText: These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	AHB.020_00.000	Instrument Variable Name:	SMKREG	QuestionnaireFileName:	Sample Adult

QuestionText: How old were you when you FIRST started to smoke fairly regularly?

* Enter '6' if less than 6 years old.

* Enter '95' if 95 years old or older.

* Enter '96' if never smoked regularly.

06-84	6 - 84 years
85	85 years or older
96	Never smoked regularly
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <6-95,96,R,D> [goto SMKNOW]

[If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG

Hard Edit: ERR_SMKREG

* Starting age exceeded current age.
* Please correct.

Question ID:	AHB.030_00.000	**Instrument Variable Name:**	SMKNOW	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you NOW smoke cigarettes every day, some days or not at all?

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions:
<1>[goto CIGSDA1]
<2>[goto CIGDAMO]
<3>[goto SMKQTNO]
<D,R>[goto OTHCIGEV]

Question ID:	AHB.040_01.000	**Instrument Variable Name:**	SMKQTNO	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

* Enter '95' for 95 years old or older.

01-94	1 - 94
95	95+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions:
<1-95> [goto SMKQTTP]
<D,R> [goto OTHCIGEV]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.040_02.000 **Instrument Variable Name:** SMKQTTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time since quit smoking.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-4> [goto OTHCIGEV]
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.

Hard Edit: ERR2_SMKQTTP

* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).
* Please correct.

Soft Edit: ERR1_SMKQTTP

* Respondent quit smoking before age 15?
* Please verify.

Question ID: AHB.050_00.000 **Instrument Variable Name:** CIGSDA1 **QuestionnaireFileName:** Sample Adult

QuestionText: On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

01-94	1 - 94 cigarettes
95	95+ cigarettes
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current every day smokers

SkipInstructions: <1-95,R,D> [goto CIGQTYR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.060_00.000   **Instrument Variable Name:** CIGDAMO   **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS did you smoke a cigarette?

*Enter '0' for None.

00	None
01-30	1-30 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <0>[goto CIGQTYR]
<1-30,R,D> [goto CIGSDA2]

Question ID: AHB.070_00.000   **Instrument Variable Name:** CIGSDA2   **QuestionnaireFileName:** Sample Adult

QuestionText: On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

01-94	1-94 cigarettes
95	95+ cigarettes
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <1-95,R,D> [goto CIGQTYR]

Question ID:	AHB.080_00.000	**Instrument Variable Name:**	CIGQTYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are every day or someday smokers

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

Question ID:	AHB.085_00.010	**Instrument Variable Name:**	OTHCIGEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

These next questions are about your use of tobacco products OTHER THAN CIGARETTES.

Tobacco products OTHER THAN CIGARETTES that are smoked include cigars, pipes, water pipes or hookahs, very small cigars that look like cigarettes, bidis (bee-dees) or cigarillos (cig-a-ril-los).

Have you ever smoked tobacco products other than cigarettes EVEN ONE TIME?

* Do not include electronic cigarettes or e-cigarettes.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.085_00.020   **Instrument Variable Name:**   OTHCIGED   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you NOW smoke tobacco products other than cigarettes every day, some days, rarely, or not at all?

1	Every day
2	Some days
3	Rarely
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever smoked tobacco products other than cigarettes

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

Question ID: AHB.085_00.030   **Instrument Variable Name:**   SMKLESEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (snoose), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

* Do not include nicotine replacement therapy products (patch, gum, lozenge, spray), which are considered smoking cessation treatments.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKLESED]
<2,R,D> [if SMKEV=1 or OTHCIGEV=1, [goto TOBLASYR];
   else goto VIGNO]

Question ID: AHB.085_00.040   **Instrument Variable Name:**   SMKLESED   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, rarely, or not at all?

1	Every day
2	Some days
3	Rarely
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

SkipInstructions: <1-4,R,D> goto TOBLASYR

Question ID: AHB.085_00.050   **Instrument Variable Name:**   TOBLASYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: Around this time last year, were you using ANY KIND of tobacco product?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who smoked at least 100 cigarettes in their entire life, ever smoked tobacco products other than cigarettes, or ever used smokeless tobacco products

SkipInstructions: <1,2,R,D> If (TOBLASYR='1' or SMKNOW in('1','2') or OTHCIGED in('1','2','3') or SMKLESED in('1','2','3')) and CIGQTYR ne '2' [goto TOBQTYR];
    Else If (TOBLASYR ne'1' & SMKNOW not in('1','2')& OTHCIGED not in('1','2','3') & SMKLESED not in('1','2','3'))
    or CIGQTYR = '2' [goto VIGNO]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.085_00.060 **Instrument Variable Name:** TOBQTYR **QuestionnaireFileName:** Sample Adult

QuestionText: During the past 12 months, have you stopped using ALL KINDS of tobacco products for more than one day because you were trying to quit using tobacco?

* "All kinds" means trying to quit using tobacco completely, including smoking cigarettes, smoking products other than cigarettes, and using smokeless tobacco products.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were using tobacco products around this time last year or were current users of any tobacco products (cigarettes, non-cigarette tobacco, or smokeless)

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

Question ID: AHB.090_01.000 **Instrument Variable Name:** VIGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]
<1-995>[goto VIGTP]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.090_02.000	**Instrument Variable Name:** VIGTP	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for vigorous leisure-time physical activities.

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-4> goto VIGLNGNO

[if (VIGNO gt <4> and VIGTP eq <1>) or
        (VIGNO gt <28> and VIGTP eq <2>) or
        (VIGNO gt <31> and VIGTP eq <3>) or
        (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

Soft Edit: ERR1_VIGTP

* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high.
* Please verify.

Question ID: AHB.100_01.000	**Instrument Variable Name:** VIGLNGNO	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-995>[goto VIGLNGTP]
<R,D>[goto MODNO]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.100_02.000   **Instrument Variable Name:**   VIGLNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

     * Enter time period for length of vigorous leisure-time physical activities.

1	Minutes
2	Hours
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1,2>goto MODNO

     if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP;

     if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP

Hard Edit: ERR1_VIGLNGTP

     * Question asked for activities lasting at least 10 minutes.
     * Please correct.

Soft Edit: ERR2_VIGLNGTP

     * [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.
     * Please verify.

Question ID: AHB.110_01.000   **Instrument Variable Name:**   MODNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

     * If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

     * Enter number of light or moderate leisure-time physical activities.

     * Enter '0' for Never.

     * Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]
                   <0, 996, R,D>[goto STRNGNO]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.110_02.000 **Instrument Variable Name:** MODTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for light or moderate leisure-time physical activities

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or
         (MODNO gt <28> and MODTP eq <2>) or
         (MODNO gt <31> and MODTP eq <3>) or
         (MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO

Soft Edit: ERR_MODNO

* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.
* Please verify.

Question ID: AHB.120_01.000 **Instrument Variable Name:** MODLNGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.120_02.000   **Instrument Variable Name:**   MODLNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

1	Minutes
2	Hours
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2>goto ERR2_MODLNGTP

Hard Edit: ERR1_MODLNGTP

* Question asked for activities lasting at least 10 minutes.
* Please correct.

Soft Edit: ERR2_MODLNGTP

* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.
* Please verify.

Question ID: AHB.130_01.000   **Instrument Variable Name:**   STRNGNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.130_02.000   **Instrument Variable Name:**   STRNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for strengthening activities

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do strengthening activities

SkipInstructions: <1-4> goto ALC1YR
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or
(STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto
ERR_STRNGTP]

Soft Edit: ERR_STRNGTP

* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.
* Please verify.

Question ID: AHB.140_00.000   **Instrument Variable Name:**   ALC1YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto ALCLIFE]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.150_00.000 **Instrument Variable Name:** ALCLIFE **QuestionnaireFileName:** Sample Adult

QuestionText: In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto AHGT_FT]

Question ID: AHB.160_01.000 **Instrument Variable Name:** ALC12MNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000	Never
001-365	1-365 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life

SkipInstructions: <1-365>[goto ALC12MTP]
<0,R,D>[goto AHGT_FT]

Question ID: AHB.160_02.000   **Instrument Variable Name:** ALC12MTP   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0	Never/None
1	Week
2	Month
3	Year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank at least once in the past year

SkipInstructions: <1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

Hard Edit: ERR_ALC12MTP

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.
* Please correct.

Question ID: AHB.170_00.000   **Instrument Variable Name:** ALCAMT   **QuestionnaireFileName:** Sample Adult

QuestionText: In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter '1' if less than 1 drink.

* Enter '95' if 95 or more drinks.

01-94	1-94 drinks
95	95+ drinks
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,R,D> [goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]

Soft Edit: ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.
* Please verify.
* Do not probe

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.180_01.000   **Instrument Variable Name:** ALC5UPNO   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have 5 or more drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000	Never/None
001-365	1-365 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-365>[goto ALC5UPTP]
<0,R,D>[goto AHGT_FT]

Question ID: AHB.180_02.000   **Instrument Variable Name:** ALC5UPTP   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for days per week, per month or per year.

0	Never/None
1	Per week
2	Per month
3	Per year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had 5+ drinks in one day at least once in the past year

SkipInstructions: <1-3>goto AHGT_FT
 [If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or
  (ALC5UPNO gt <31> & ALC5UPTP = <2>) or
  (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP
[if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) lt number of days per
year with 5 or more drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]

Hard Edit: ERR1_ALC5UPTP

* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.
* Please correct.

ERR2_ALC5UPTP

* Number of days had 5 or more drinks exceeds number of days drank.
* Please correct.
* Do not probe.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID:	AHB.190_01.000	**Instrument Variable Name:**	AHGT_FT	**QuestionnaireFileName:**	Sample Adult

QuestionText: How tall are you without shoes?

* Enter "M" to record metric measurements

02-07	2-7 feet
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <2-7> [goto AHGT_IN]
<R,D> [goto AWGT_LB]
<M> [goto AHGT_M]
[if AHGT_FT NE<2-7,D,R,M> goto ERR1_AHGT_FT]
[if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Hard Edit: ERR1_AHGT_FT

* Only 2-7, Don't Know/Refused or M allowed in this field.
* Please correct.

Soft Edit: ERR2_AHGT_FT

* Respondent's height in feet is [fill: AHGT_FT]?
* Please verify.

Question ID:	AHB.190_02.000	**Instrument Variable Name:**	AHGT_IN	**QuestionnaireFileName:**	Sample Adult

QuestionText: How tall are you without shoes?

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

00-11	0-11 inches
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who answered their height in feet

SkipInstructions: <0-11,R,D> [goto AWGT_LB]
<empty> [goto ERR_AHGT_IN]

Hard Edit: ERR1_AHGT_IN

* If [fill: AHGT_FT] feet exactly, enter "0"; otherwise enter number of inches.

Soft Edit: ERR2_AHGT_IN

* Please verify that the height was entered correctly. Probe only if necessary.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID: AHB.190_03.000   **Instrument Variable Name:**   AHGT_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: How tall are you without shoes?

* Enter height in metric.

0-2	0-2 meters
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who choose to give their height in metric measurements

SkipInstructions: <0-2> [goto AHGT_CM]
<R,D> [goto AWGT_LB]
<empty> [goto ERR_AHGT_M]

Hard Edit: ERR_AHGT_M

* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

Question ID: AHB.190_04.000   **Instrument Variable Name:**   AHGT_CM   **QuestionnaireFileName:**   Sample Adult

QuestionText:

*Enter centimeters.

000-241	0-241 centimeters
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who answered their height in meters

SkipInstructions: <0-241,R,D> goto AWGT_LB

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto ERR1_AHGT_CM]
< > goto ERR2_AHGT_CM
[If AHGT_M eq <1> and AHGT_CM lt <20> or AHGT_M eq <0> and AHGT_CM lt <120>] goto ERR3_AHGT_CM]

Hard Edit: ERR1_AHGT_CM

* Total height exceeds maximum allowed.
* Please correct.

ERR2_AHGT_CM

* If [fill: AHGT_M] meters exactly, enter "0"; otherwise enter number of centimeters.

Soft Edit: ERR3_AHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 20-Aug-13

Question ID:	AHB.200_01.000	**Instrument Variable Name:**	AWGT_LB	**QuestionnaireFileName:**	Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter "M" to record metric measurements

* Enter '500' for 500 pounds or more

050-500	50-500 pounds
997	Refused
999	Don't know
M	Metric

UniverseText: Sample adults 18+

SkipInstructions: <50-500> [goto next section]
[if AWGT_LB lt <50> or gt <500> goto ERR_AWGT_LB]
<R,D>[goto next section]
<M> [goto AWGT_KG]

Hard Edit: ERR1_AWGT_LB

* Weight is out of range (50-500).
* Please correct.

Soft Edit: ERR2_AWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.

Question ID:	AHB.200_02.000	**Instrument Variable Name:**	AWGT_KG	**QuestionnaireFileName:**	Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter weight in kilograms

023-226	23-226 kilograms
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who choose to give their weight in metric measurements

SkipInstructions: <23-226,R,D> [goto next section]

[If AWGT_KG lt <23> or K gt <226>goto ERR_AWGT_KG]

Hard Edit: ERR1_AWGT_KG

*Weight is out of range (23-226).
* Please correct.

Soft Edit: ERR2_AWGT_KG

* Please verify that the weight was entered correctly. Probe only if necessary.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.020_00.000   **Instrument Variable Name:**   AUSUALPL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is there a place that you USUALLY go to when you are sick or need advice about your health?

1	Yes
2	There is NO place
3	There is MORE THAN ONE place
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3> [goto APLKIND]
<2,R,D> [goto AHCPLKND]

Question ID: AAU.030_00.000   **Instrument Variable Name:**   APLKIND   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

1	Clinic or health center
2	Doctor's office or HMO
3	Hospital emergency room
4	Hospital outpatient department
5	Some other place
6	Doesn't go to one place most often
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

SkipInstructions: <1-5> [go to AHCPLROU]
<6,R,D> [go to AHCPLKND]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.035_00.000 **Instrument Variable Name:** AHCPLROU **QuestionnaireFileName:** Sample Adult

QuestionText: Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health

SkipInstructions: <1> [goto AHCCHGYR]
<2,R,D> [go to AHCPLKND]

Question ID: AAU.037_00.000 **Instrument Variable Name:** AHCPLKND **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

0	Doesn't get preventive care anywhere
1	Clinic or health center
2	Doctor's office or HMO
3	Hospital emergency room
4	Hospital outpatient department
5	Some other place
6	Doesn't go to one place most often
7	Refused
9	Don't know

UniverseText: Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

SkipInstructions: <0-6,R,D> if AUSUALPL = 2 [goto ANOUSLPL]; else if AUSUALPL=R,D goto APRVTRYR
ELSE goto AHCCHGYR

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.040_00.000   **Instrument Variable Name:**   AHCCHGYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

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

Question ID: AAU.050_00.000   **Instrument Variable Name:**   AHCCHGHI   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was this change for a reason related to health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.050_00.010 **Instrument Variable Name:** ANOUSLPL **QuestionnaireFileName:** Sample Adult

QuestionText: Why don't you have a usual source of medical care?

*Enter all that apply, separate with commas.

01	Doesn't need a doctor/Haven't had any problems
02	Doesn't like/trust/believe in doctors
03	Doesn't know where to go
04	Previous doctor is not available/moved
05	Too expensive/no insurance/cost
06	Speak a different language
07	No care available/Care too far away, not convenient
08	Put it off/Didn't get around to it
09	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ without a usual place of care

SkipInstructions: <1-9,R,D>[goto APRVTRYR]

Question ID: AAU.051_00.010 **Instrument Variable Name:** APRVTRYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.053_00.010   **Instrument Variable Name:**   APRVTRFD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Were you able to find a general doctor or provider who could see you?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had trouble finding a provider

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

Question ID: AAU.057_00.010   **Instrument Variable Name:**   ADRNANP   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.059_00.010   **Instrument Variable Name:**   ADRNAI   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care coverage?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.061_01.000   **Instrument Variable Name:**   AHCDLY_1   **QuestionnaireFileName:**   Sample Adult

QuestionText:

There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

Question ID: AAU.061_02.000   **Instrument Variable Name:**   AHCDLY_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.061_03.000 **Instrument Variable Name:** AHCDLY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]

Question ID: AAU.061_04.000 **Instrument Variable Name:** AHCDLY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.061_05.000   **Instrument Variable Name:**   AHCDLY_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_1]

Question ID: AAU.111_01.000   **Instrument Variable Name:**   AHCAFY_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.111_02.000 **Instrument Variable Name:** AHCAFY_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000 **Instrument Variable Name:** AHCAFY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.111_04.000   **Instrument Variable Name:**   AHCAFY_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_5]

Question ID: AAU.111_05.010   **Instrument Variable Name:**   AHCAFY_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...To see a specialist.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_6]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.111_06.010   **Instrument Variable Name:** AHCAFY_6   **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Follow-up care.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.113_00.010   **Instrument Variable Name:** AWORPAY   **QuestionnaireFileName:** Sample Adult

QuestionText: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

1	Very worried
2	Somewhat worried
3	Not at all worried
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.113_00.020 **Instrument Variable Name:** AHICOMP **QuestionnaireFileName:** Sample Adult

QuestionText: In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

1	Better
2	Worse
3	About the same
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,3,R,D>[goto ARX12MO]

Question ID: AAU.126_01.010 **Instrument Variable Name:** ARX12MO **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARX12_1]
<2,R,D> [goto ARX12_5]

Question ID: AAU.127_01.010 **Instrument Variable Name:** ARX12_1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

…You skipped medication doses to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who took prescription medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.127_02.010 **Instrument Variable Name:** ARX12_2 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You took less medicine to save money.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who took prescription medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_3]

Question ID: AAU.127_03.010 **Instrument Variable Name:** ARX12_3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You delayed filling a prescription to save money.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who took prescription medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_4]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.127_04.010 **Instrument Variable Name:** ARX12_4 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You asked your doctor for a lower cost medication to save money.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who took prescription medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_5]

Question ID: AAU.127_05.010 **Instrument Variable Name:** ARX12_5 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

…You bought prescription drugs from another country to save money.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARX12_6]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.127_06.010   **Instrument Variable Name:**   ARX12_6   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You used alternative therapies to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.135_00.000   **Instrument Variable Name:**   ADENLONG   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A7

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0	Never
1	6 months or less
2	More than 6 mos, but not more than 1 yr ago
3	More than 1 yr, but not more than 2 yrs ago
4	More than 2 yrs, but not more than 5 yrs ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[goto AHCSY1_1]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.141_01.000   **Instrument Variable Name:**   AHCSY1_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_2]

Question ID: AAU.141_02.000   **Instrument Variable Name:**   AHCSY1_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_3]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.141_03.000   **Instrument Variable Name:**   AHCSY1_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_4]

Question ID: AAU.141_04.000   **Instrument Variable Name:**   AHCSY1_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_5]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.141_05.000 **Instrument Variable Name:** AHCSY1_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_6]

Question ID: AAU.141_06.000 **Instrument Variable Name:** AHCSY1_6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[if SEX=1goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

Question ID: AAU.200_00.000 **Instrument Variable Name:** AHCSYR7 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample female adults aged 18+ years

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 8]

Question ID: AAU.211_01.000 **Instrument Variable Name:** AHCSY8_ 8 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 9]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.211_02.000 **Instrument Variable Name:** AHCSY8_9 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHCSYR10]
<2,R,D> [goto AHERNOYR]

Question ID: AAU.230_00.000 **Instrument Variable Name:** AHCSYR10 **QuestionnaireFileName:** Sample Adult

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

SkipInstructions: <1,2,R,D> [go to AHERNOYR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.240_00.000 **Instrument Variable Name:** AHERNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]

Question ID: AAU.243_00.010 **Instrument Variable Name:** AERVISND **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERHOS]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.245_00.010 **Instrument Variable Name:** AERHOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did this emergency room visit result in a hospital admission?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERREAS1]

Question ID: AAU.248_01.010 **Instrument Variable Name:** AERREAS1 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

… You didn't have another place to go

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS2]

Question ID: AAU.248_02.020 **Instrument Variable Name:** AERREAS2 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… Your doctor's office or clinic was not open

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS3]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.248_03.030 **Instrument Variable Name:** AERREAS3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… Your health provider advised you to go

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS4]

Question ID: AAU.248_04.040 **Instrument Variable Name:** AERREAS4 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… The problem was too serious for the doctor's office or clinic

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS5]

Question ID: AAU.248_05.050 **Instrument Variable Name:** AERREAS5 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… Only a hospital could help you

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS6]

Question ID: AAU.248_06.060 **Instrument Variable Name:** AERREAS6 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… the emergency room is your closest provider

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS7]

Question ID: AAU.248_07.070 **Instrument Variable Name:** AERREAS7 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you get most of your care at the emergency room

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS8]

Question ID: AAU.248_08.080 **Instrument Variable Name:** AERREAS8 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you arrived by ambulance or other emergency vehicle

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.250_00.000 **Instrument Variable Name:** AHCHYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.260_00.000 **Instrument Variable Name:** AHCHMOYR **QuestionnaireFileName:** Sample Adult

QuestionText: During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12	01-12 months
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-12,R,D>[goto AHCHNOYR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.270_00.000 **Instrument Variable Name:** AHCHNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A9

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-8,R,D>[goto AHCNOYR]

Question ID: AAU.280_00.000 **Instrument Variable Name:** AHCNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.290_00.000 **Instrument Variable Name:** ASRGYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.300_00.000 **Instrument Variable Name:** ASRGNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

01-94	1-94 times
95	95+ times
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG]
<11-95> [goto ERR_ASGYR]

Soft Edit: * {ASRGYR} is an unusually large number.

* Please verify.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.305_00.000   **Instrument Variable Name:**   AMDLONG   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A7 ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0	Never
1	6 months or less
2	More than 6 mos, but not more than 1 yr ago
3	More than 1 yr, but not more than 2 yrs ago
4	More than 2 yrs, but not more than 5 yrs ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto HIT1A] <1-5> [goto AVISLAST]

Question ID: AAU.306_00.010   **Instrument Variable Name:**   AVISLAST   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking about your last visit for any type of medical care, where did you go?

*Read categories if necessary.

1	Clinic or health center
2	Doctor's office or HMO
3	Hospital emergency room
4	Hospital outpatient department
5	Urgent care center
6	Some other place
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen/talked to a doctor

SkipInstructions: <1,2,4,6> [goto ALASTTYP]
<3,5> [goto AWAITRMN]
<R,D> [goto HIT1A]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.306_00.020 **Instrument Variable Name:** ALASTTYP **QuestionnaireFileName:** Sample Adult

QuestionText: Did you see a general doctor, a specialist, a nurse practitioner or physician assistant, or someone else?

1	General doctor
2	Specialist
3	Nurse practitioner/Physician assistant
4	Someone else
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit

SkipInstructions: <1-3,R,D> [goto AVISAPTN] <4> [goto ALASTSPC]

Question ID: AAU.306_00.025 **Instrument Variable Name:** ALASTSPC **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of health professional did you see at your last visit?

Verbatim Verbatim response

UniverseText: Sample adults 18+ who saw some other kind of provider on their last health care visit

SkipInstructions: <Allow 75,R,D> [goto AVISAPTN]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.307_01.010 **Instrument Variable Name:**   AVISAPTN **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor or other health professional?

*Enter '0' for same day , walk-in appointment , or no appointment made.

*Enter number for appointment wait time.

*Enter '96' for routine appointment, appointment arranged during a previous visit, or received a reminder card from provider.

00	Same day/walk-in appt/no appt made
01-95	1-95
96	Routine appt/appt arranged on previous visit/rec'd appt reminder card
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit

SkipInstructions: <0,96,R> [goto AWAITRMN]
<1-95,D> [goto AVISAPTT]

Question ID: AAU.307_02.020 **Instrument Variable Name:**   AVISAPTT **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for appointment wait time.

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else and gave a number or answered DK for length of time to make an appointment

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.308_01.010 **Instrument Variable Name:**   AWAITRMN   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long did you have to wait in the waiting room before you saw a doctor or other health professional for this visit?

*Enter '0' for no wait time.

*Enter number for time in waiting room.

00	No time
01-96	1-96
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit

SkipInstructions: <0,R> [goto HIT1A]
<1-96,D> [goto AWAITRMT]

Question ID: AAU.308_02.020 **Instrument Variable Name:**   AWAITRMT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time in waiting room.

1	Minutes
2	Hours
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit and did not refuse number portion of waiting room time

SkipInstructions: <1,2,R,D> [goto HIT1A]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.309_00.010 **Instrument Variable Name:** HIT1A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Look up health information on the Internet.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT2A]

Question ID: AAU.309_00.020 **Instrument Variable Name:** HIT2A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Fill a prescription.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.309_00.030 **Instrument Variable Name:**   HIT3A   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Schedule an appointment with a health care provider.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT4A]

Question ID: AAU.309_00.040 **Instrument Variable Name:**   HIT4A   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Communicate with a health care provider by email.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT5A]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.309_00.050 **Instrument Variable Name:** HIT5A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Use online chat groups to learn about health topics.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.310_00.000 **Instrument Variable Name:** SHTFLUYR **QuestionnaireFileName:** Sample Adult

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.312_01.000 **Instrument Variable Name:**   ASHFLU_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu shot?

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a flu shot

SkipInstructions: <1-12,D> [goto ASHFLU_Y] <R> [goto SPRFLUYR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.312_02.000 **Instrument Variable Name:** ASHFLU_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their last flu shot or who didn't know the month

SkipInstructions: <valid year,R,D> [goto SPRFLUYR]
[If ASHFLU_M and ASHFLU_Y = a future date [goto ERR1_ASHFLU_Y]
[If ASHFLU_M and ASHFLU_Y = a date prior to birth [goto ERR2_ASHFLU_Y]
[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago [goto ERR3_ASHFLU_Y]

Hard Edit: ERR1_ASHFLU_Y

*Future date invalid

ERR2_ASHFLU_Y

*Date before birth

ERR3_ASHFLU_Y

*Date more than 12 months ago

Question ID: AAU.313_00.000 **Instrument Variable Name:** FLUSHPG1 **QuestionnaireFileName:** Sample Adult

QuestionText: Did you get a flu shot before or during your current pregnancy?

1	Before this pregnancy
2	During this pregnancy
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.314_00.000 **Instrument Variable Name:** FLUSHPG2 **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Earlier you said you were pregnant sometime since August 1st, 2011. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August 2011 and March 2012. Did you get a flu shot before, during or after this pregnancy?/]

1	Before this pregnancy
2	During this pregnancy
3	After this pregnancy
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been determined to be pregnant at a specific point in the past year

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

Question ID: AAU.315_00.000 **Instrument Variable Name:** SPRFLUYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPFLU_M]
      [if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR
      [if AGE GE 50] goto ERR2_SPRFLUYR
   <2,D,R> [goto SHTPNUYR]

Soft Edit: ERR1_SPRFLUYR

*Respondent says they have received both a flu shot and flu nasal vaccine.
*Please verify.

ERR2_SPRFLUYR

*Respondent says they have received a nasal vaccine to PREVENT the flu, not to TREAT symptoms of the flu.

*Please verify.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.318_01.000 **Instrument Variable Name:** ASPFLU_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu nasal spray?

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [goto ASPFLU_Y]
<R> [goto SHTPNUYR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.318_02.000   **Instrument Variable Name:** ASPFLU_Y   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn't know the month

SkipInstructions: <valid year, R, D> [goto SHTPNUYR]
[If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

Hard Edit: ERR1_ASPFLU_Y

*Future date invalid

ERR2_ASPFLU_Y

*Date before birth

ERR3_ASPFLU_Y

*Date more than 12 months ago

Question ID: AAU.320_00.000   **Instrument Variable Name:** SHTPNUYR   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.330_00.000 **Instrument Variable Name:** APOX **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had chickenpox?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APOX12MO]
<2,R,D> [goto AHEP]

Question ID: AAU.340_00.000 **Instrument Variable Name:** APOX12MO **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had chickenpox

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

Question ID: AAU.350_00.000 **Instrument Variable Name:** AHEP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had hepatitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID:	AAU.360_00.000	**Instrument Variable Name:**	AHEPLIV	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

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

Question ID:	AAU.365_00.010	**Instrument Variable Name:**	AHEPBTST	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever had a blood test for hepatitis B?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	AAU.370_00.000	**Instrument Variable Name:**	SHTHEPB	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.380_00.000   **Instrument Variable Name:**   SHEPDOS   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1	Received at least 3 doses
2	Received less than 3 doses
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

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

Question ID: AAU.390_00.010   **Instrument Variable Name:**   SHTHEPA   **QuestionnaireFileName:**   Sample Adult

QuestionText: The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.400_00.010   **Instrument Variable Name:**   SHEPANUM   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many hepatitis A shots did you receive?

         *Enter '96' if all shots were received

01-95	01-95 shots
96	Received all shots
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> [goto AHEPCTST]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.405_00.010 **Instrument Variable Name:** AHEPCTST **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever had a blood test for hepatitis C?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPCRES]
<2,R,D> if AGE GE 50 goto SHINGLES
elseif AGE LT 50 goto SHTTD

Question ID: AAU.405_00.020 **Instrument Variable Name:** AHEPCRES **QuestionnaireFileName:** Sample Adult

QuestionText: What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.

1	You or your doctor thought you were at risk of having hepatitis C because a blood tests or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease
2	You were born from 1945 through 1965
3	You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992
4	Some other reason
7	Refused
8	Don't know

UniverseText: Sample adults 18+ who have had a blood test for hepatitis C

SkipInstructions: <1-4,R,D> if AGE GE 50 [goto SHINGLES];
elseif AGE LT 50 goto SHTTD

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.410_00.010   **Instrument Variable Name:**   SHINGLES   **QuestionnaireFileName:**   Sample Adult

QuestionText: Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

    1   Yes
    2   No
    7   Refused
    9   Don't know

UniverseText: Sample adults 50+

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

Question ID: AAU.420_00.010   **Instrument Variable Name:**   SHTTD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you received a tetanus shot in the past 10 years?

    1   Yes
    2   No
    7   Refused
    9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHTTD05
                      <2,R,D> and AGE >64 [goto LIVEV]
                      Else if <2,R,D> and AGE<65 [goto SHTHPV2]

Question ID: AAU.430_00.010   **Instrument Variable Name:**   SHTTD05   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was your most recent tetanus shot given in 2005 or later?

    1   Yes
    2   No
    7   Refused
    9   Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in the past 10 years

SkipInstructions: <1,R> [goto SHTTDAP]
                      <2,D> if AGE le 64 [goto SHTHPV2]
                         elseif AGE gt 64 goto LIVEV

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.440_00.010 **Instrument Variable Name:** SHTTDAP **QuestionnaireFileName:** Sample Adult

QuestionText: There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

1   Yes-included pertussis
2   No-did not include pertussis
3   Doctor did not say
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond

SkipInstructions: <1-3,R,D> if age le 64 [goto SHTHPV2];
    else [goto LIVEV]

Question ID: AAU.446_00.010 **Instrument Variable Name:** SHTHPV2 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever received an HPV shot or vaccine?

*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

1   Yes
2   No
3   Doctor refused when asked
7   Refused
9   Don't know

UniverseText: Sample adults LE 64

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID:	AAU.448_00.010	**Instrument Variable Name:**	SHHPVDOS	**QuestionnaireFileName:**	Sample Adult

QuestionText: How many HPV shots did you receive?
* Enter '50' if 50 or more shots
* Enter '96' for all shots

01-49	1-49 shots
50+	50+
96	All shots
97	Refused
99	Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <1-50,96,R,D> [goto AHPVAGE]
<51-95> [goto ERR_SHHPVDOS]

Hard Edit: ERR_SHHPVDOS

* Shots should be in the range 1-50 or 96 for all shots.

* Please correct.

Question ID:	AAU.449_00.010	**Instrument Variable Name:**	AHPVAGE	**QuestionnaireFileName:**	Sample Adult

QuestionText: How old were you when you received your first HPV shot?

008-current age	8-current age
997	Refused
999	Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <8-120,R,D> [goto LIVEV]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.450_00.010   **Instrument Variable Name:**   LIVEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.460_00.010   **Instrument Variable Name:**   TRAVEL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.465_00.010   **Instrument Variable Name:**   WRKHLTH   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.470_00.010   **Instrument Variable Name:** WRKDIR   **QuestionnaireFileName:** Sample Adult

QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we MEAN PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who work or volunteer in a health-care setting

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

Question ID: AAU.500_00.010   **Instrument Variable Name:** APSBPCHK   **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.510_00.010   **Instrument Variable Name:** APSCHCHK   **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.520_00.010   **Instrument Variable Name:**   APSBSCHK   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> and SEX=1 and AGE GE 40 [goto APSCOL]
          If <1,2,R,D> and SEX=1 and AGE < 40 [goto APSDIET]
          Else <1,2,R,D> and SEX=2 [goto APSPAP]

Question ID: AAU.530_00.010   **Instrument Variable Name:**   APSPAP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE GE 30 [goto APSMAM];
          else <1,2,R,D and AGE<30 [goto APSDIET]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.540_00.010   **Instrument Variable Name:**   APSMAM   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1,2,R,D> if AGE GE 40 [gotoAPSCOL];
else <1,2,R,D and AGE<40> [goto APSDIET]

Question ID: AAU.550_00.010   **Instrument Variable Name:**   APSCOL   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.560_00.010   **Instrument Variable Name:**   APSDIET   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SMKNOW in ('1','2') [goto APSSMKC];
else if (40<=AGE<=65) [goto LTCFAM];
else [goto AINDINS]

Question ID: AAU.570_00.010   **Instrument Variable Name:**   APSSMKC   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ currently who smoke every day or some days

SkipInstructions: <1,2,R,D> if (40<=AGE<=65) [goto LTCFAM];
else [goto AINDINS]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID:	AAU.580_00.010	**Instrument Variable Name:**	LTCFAM	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have a parent, spouse, sibling, or adult child who has needed help for at least a year with everyday needs like bathing, dressing or eating due to a long term condition?

*Read if necessary.

Due to a chronic illness or disability.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40-65

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

Question ID:	AAU.582_00.010	**Instrument Variable Name:**	LTCHELP	**QuestionnaireFileName:**	Sample Adult

QuestionText: How likely is it that you may someday need help with daily activities like bathing, dressing, eating, or using the toilet due to a long term condition? Would you say…

*Read categories below.

1	Very likely
2	Somewhat likely
3	Somewhat unlikely
4	Very unlikely
7	Refused
9	Don't know

UniverseText: Sample adults 40-65

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.584_00.010   **Instrument Variable Name:**   LTCWHO   **QuestionnaireFileName:**   Sample Adult

QuestionText: If you needed such help, who would provide this help?

*Enter all that apply, separate with commas.

1	My family
2	Someone I hire
3	Home health care organization
4	Nursing home/assisted living
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 40-65

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

Question ID: AAU.600_00.010   **Instrument Variable Name:**   AINDINS   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AINDPRCH]
<2,R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.600_00.020   **Instrument Variable Name:**   AINDPRCH   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was a plan purchased?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

SkipInstructions: <1> [goto AINDWHO]
<2> [goto AINDNOT]
<R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]

Question ID: AAU.600_00.030   **Instrument Variable Name:**   AINDWHO   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was this plan for yourself, someone else in your family, or both?

1	Self
2	Someone else in family
3	Both
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF1]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.600_00.040   **Instrument Variable Name:**   AINDDIF1   **QuestionnaireFileName:**   Sample Adult

QuestionText: How difficult was it to find a plan with the type of coverage you needed? Would you say…

*Read categories below.

1	Very difficult
2	Somewhat difficult
3	Not at all difficult
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF2]

Question ID: AAU.600_00.050   **Instrument Variable Name:**   AINDDIF2   **QuestionnaireFileName:**   Sample Adult

QuestionText: How difficult was it to find a plan you could afford? Would you say…

*Read categories below.

1	Very difficult
2	Somewhat difficult
3	Not at all difficult
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDENY1]

Question ID: AAU.600_01.060   **Instrument Variable Name:**   AINDENY1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did any company turn you down when you tried to buy coverage on your own ?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 20-Aug-13

Question ID: AAU.600_02.060 **Instrument Variable Name:** AINDENY2 **QuestionnaireFileName:** Sample Adult

QuestionText: Did any company charge a higher price because of {fill 1: your/your family's/you or your family's} health?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY3]

Question ID: AAU.600_03.060 **Instrument Variable Name:** AINDENY3 **QuestionnaireFileName:** Sample Adult

QuestionText: Did any company exclude a specific health problem from the coverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]

Question ID:	AAU.601_00.070	**Instrument Variable Name:**	AINDNOT	**QuestionnaireFileName:**	Sample Adult

QuestionText: Why did you not buy the plan?

*Enter all that apply, separate with commas.

1	Turned down
2	Cost
3	Pre-existing condition
4	Got health insurance from other source
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who tried but did not purchase health insurance directly in the past 3 years

SkipInstructions: <1-4,R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]
<5> [goto AINDNTSP]

Question ID:	AAU.601_00.080	**Instrument Variable Name:**	AINDNTSP	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Specify other reason plan was not obtained.

Verbatim Verbatim response

UniverseText: Sample adults 18+ who had other reason plan was not purchased

SkipInstructions: <allow 75,R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]

Question ID:	AAU.605_00.010	**Instrument Variable Name:**	AEXCHNG	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you looked into purchasing health insurance coverage through the [Fill: Health Insurance Marketplace/Health Insurance Marketplace, such as {fill: state plan name}]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults LT age 65 years

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

Question ID: NAF.032_00.000   **Instrument Variable Name:**   SNONCE   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SNNUM1]
<2,R,D> if SEX=2 and if APSPAP=1 [goto RPAP1_M1];
    else if SEX=2 and APSPAP ne 1 [goto PAPHAD1];
    else if SEX=1 and AGE GE 40 [goto PSAREC];
    else if SEX =1 and AGE<40 [goto next section]

Question ID: NAF.033_00.000   **Instrument Variable Name:**   SNNUM1   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you used an indoor tanning device such as a sunlamp, sunbed or tanning booth? Do NOT include times you have gotten a spray-on tan.

001-365	1-365 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in past year

SkipInstructions: <1-365,R,D> if SEX=2 and if APSPAP=1 [goto RPAP1_M1];
    else if SEX=2 and APSPAP ne 1 [goto PAPHAD1];
    else if SEX=1 and AGE GE 40 [goto PSAREC];
    else if SEX =1 and AGE<40 [goto next section]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.130_00.000   **Instrument Variable Name:**   PAPHAD1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER HAD a Pap smear or Pap test?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have not had a Pap test in the past 12 months

SkipInstructions: <1> [goto RPAP1_M1]
<2> [goto MDRECP1]
<R,D> [goto HYST]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.150_01.000   **Instrument Variable Name:**   RPAP1_M1   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

[Fill1: Earlier you said you had a Pap test.]

When did you have your MOST RECENT Pap test?

*Enter month of last Pap test.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear

SkipInstructions: <1-12,D> [goto RPAP1_Y1]
<R> store 'R' in RPAP1_Y1 [goto RPAP21]
<96> store '9996' in RPAP1_Y1 [goto RPAP1N1]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID:	NAF.150_02.000	**Instrument Variable Name:**	RPAP1_Y1	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of last Pap test.

1880-current year	1880-current year
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 18+ who answered month of last Pap smear test or didn't know month of last Pap smear test

SkipInstructions:
<valid year> if RPAP1_Y1 gt current year or (RPAP1_Y1=current year and RPAP1_M1 gt current month)
   goto ERR1_ RPAP1_Y1 (future date)
elseif RPAP1_Y1 lt DOBY or (RPAP1_Y1=DOBY and RPAP1_M1 lt DOBM)
   goto ERR2_ RPAP1_Y1 (prior to birth date)
elseif RPAP1_M1=D
   goto RPAP21
elseif RPAP1_M1=1-12
   goto PAPREA1
<R,D> goto RPAP21

Hard Edit: ERR1_ RPAP1_Y1

* Future date invalid. Please correct.

ERR2_ RPAP1_Y1

* Date before birth. Please correct.

Question ID:	NAF.160_01.000	**Instrument Variable Name:**	RPAP1N1	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT Pap test?

*Enter number for time since last Pap test.

*Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who selected number and time period format for most recent Pap smear test from the initial month screen

SkipInstructions:
<1-95> [goto RPAP1T1]
<R,D> store 'R,D' in RPAP1T1 [goto RPAP21]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.160_02.000 **Instrument Variable Name:** RPAP1T1 **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent Pap test.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto PAPREA1
<4> if RPAP1N1=4
    set RPAP21=4
    goto PAPREA1
  elseif RPAP1N1 gt 5 and RPAP1N1 gt AGE
    goto ERR_RPAP1T1 (greater than persons age)
  elseif RPAP1N1 gt 5 and RPAP1N1 le AGE
    set RPAP21=5
    goto PAPREA1
  elseif RPAP1N1=1,2,3,5
    goto RPAP21
<R,D> goto RPAP21

Hard Edit: ERR_RPAP1T1

* Time since last exam cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.165_00.000   **Instrument Variable Name:**   RPAP21   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last Pap smear test was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RPAP21];
    else [goto PAPREA1]

Hard Edit: ERR_RPAP21

*That is not a valid response.
*Please correct.

Question ID: NAF.170_00.000   **Instrument Variable Name:**   PAPREA1   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this Pap test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear

SkipInstructions: <1-3,R,D> [goto MDRECP1]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.215_00.000 **Instrument Variable Name:**   MDRECP1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Fill1: (IF PAPHAD1=1 and most recent screening exam LE 3 years from system date)
"Was your most recent Pap test recommended by a doctor or other health professional?"

Else (IF PAPHAD1=2, or PAPHAD1=1 and GT 3 years from system date or RPAP21=R,D)
"In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a PAP test?"

1	Yes
2	No
3	Did not see a doctor in the past 12 months
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who did not answer refused or don't know to initial Pap test question

SkipInstructions: <1-3,R,D>
if PAPHAD1=1 [goto PAPWHEN];
else PAPHAD ne 1 [goto HYST]

Question ID: NAF.216_00.000 **Instrument Variable Name:**   PAPWHEN   **QuestionnaireFileName:**   Sample Adult

QuestionText: When do you expect to have your next Pap smear or Pap test?

01	A year or less from now
02	More than 1 year to 3 years from now
03	More than 3 years to 5 years from now
04	More than 5 years from now
05	When doctor recommends it
06	Never, had HPV DNA test
07	Never, had HPV vaccine
08	Never, other reason
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear

SkipInstructions: <1-8,R,D> [goto HYST]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.220_00.000   **Instrument Variable Name:**   HYST   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a hysterectomy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D>
   if AGE GE 30 [goto MAMHAD];
   else if AGE < 30 [goto next section]

Question ID: NAF.230_00.000   **Instrument Variable Name:**   MAMHAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER HAD a mammogram?

*Read if necessary.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have not had a mammogram in the past 12 months

SkipInstructions: <1> [goto RMAM1_MT]
   <2> [goto MDRECMAM]
   <R,D> if AGE GE 40 [goto COLHAD];
   else [goto next section]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.260_01.000 **Instrument Variable Name:** RMAM1_MT **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

[Fill1: Earlier you said you had a mammogram.]

When did you have your MOST RECENT mammogram?

*Enter month of last mammogram.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1-12,D> [goto RMAM1_YR]
<R> store 'R' in RMAM1_YR [goto RMAM2]
<96> store '9996' in RMAM1_YR [goto RMAM1N]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID:	NAF.260_02.000	**Instrument Variable Name:**	RMAM1_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of last mammogram.

1880-current year	1880-current year
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 30+ who answered month of last mammogram or didn't know month of last mammogram

SkipInstructions:
<valid year> if RMAM1_YR gt current year or (RMAM1_YR=current year and RMAM1_MT gt current month)
  goto ERR1_ RMAM1_YR (future date)
elseif RMAM1_YR lt DOBY or (RMAM1_YR=DOBY and RMAM1_MT lt DOBM)
  goto ERR2_ RMAM1_YR (prior to birth date)
elseif RMAM1_MT=D
  goto RMAM2
elseif RMAM1_MT=1-12
  goto MAMREAS
<R,D> goto RMAM2

Hard Edit: ERR1_ RMAM1_YR

* Future date invalid. Please correct.

ERR2_ RMAM1_YR

* Date before birth. Please correct.

Question ID:	NAF.270_01.000	**Instrument Variable Name:**	RMAM1N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT mammogram?

*Enter number for time since last mammogram.

*Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who selected number and time period format for most recent mammogram from the initial month screen

SkipInstructions:
<1-95> [goto RMAM1T]
<R,D> store 'R,D' in RMAM1T [goto RMAM2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.270_02.000 **Instrument Variable Name:** RMAM1T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent mammogram.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto MAMREAS
<4> if RMAM1N=4
    set RMAM2=4
    goto MAMREAS
  elseif RMAM1N gt 5 and RMAM1N gt AGE
    goto ERR_RMAM1T (greater than persons age)
  elseif RMAM1N gt 5 and RMAM1N le AGE
    set RMAM2=5
    goto MAMREAS
  elseif RMAM1N=1,2,3,5
    goto RMAM2
<R,D> goto RMAM2

Hard Edit: ERR_RMAM1T

* Time since last exam cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.275_00.000 **Instrument Variable Name:** RMAM2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last mammogram was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RMAM2]
    else [goto MAMREAS]

Hard Edit: ERR_RMAM2

*That is not a valid response.
*Please correct.

Question ID: NAF.310_00.000 **Instrument Variable Name:** MAMREAS **QuestionnaireFileName:** Sample Adult

QuestionText: What was the MAIN reason you had this mammogram -- was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.370_00.000 **Instrument Variable Name:** MDRECMAM **QuestionnaireFileName:** Sample Adult

QuestionText: Fill1: (IF MAMHAD=1 and most recent screening exam LE 2 years from system date)
[Was your most recent mammogram recommended by a doctor or other health professional?]

Else (IF MAMHAD=2, or MAMHAD GT 2 years from system date or RMAM2=R,D)
[In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a mammogram?]

1   Yes
2   No
3   Did not see a doctor in the past 12 months
7   Refused
9   Don't know

UniverseText: Female sample adults 30+ who did not answer refused or don't know to initial mammogram question

SkipInstructions: <1-3,R,D> if AGE GE 40 [goto COLHAD];
else [goto next section]

Question ID: NAF.427_00.000 **Instrument Variable Name:** PSAREC **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor EVER recommended that you have a PSA test?

*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Male sample adults 40+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.430_00.000   **Instrument Variable Name:**   PSAHAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER HAD a PSA test?

*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1> [goto RPSA1_MT]
<2,R,D> [goto COLHAD]

Question ID: NAF.440_00.000   **Instrument Variable Name:**   RPSA1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT PSA test?

* Enter month of last PSA test.

* Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <1-12,D> [goto RPSA1_YR]
<R> store 'R' in RPSA1_YR [goto RPSA2]
<96> store '9996' in RPSA1_YR [goto RPSA1N]

Question ID:	NAF.440_01.000	**Instrument Variable Name:**	RPSA1_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter year of last PSA test.

1880-current year	1880-current year
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Male sample adults 40+ who answred month of last PSA test or didn't know month of last PSA test

SkipInstructions: <valid year> if RPSA1_YR gt current year or (RPSA1_YR=current year and RPSA1_MT gt current month)
 goto ERR1_ RPSA1_YR (future date)
elseif RPSA1_YR lt DOBY or (RPSA1_YR=DOBY and RPSA1_MT lt DOBM)
 goto ERR2_ RPSA1_YR (prior to birth date)
elseif RPSA1_MT=D
 goto RPSA2
elseif RPSA1_MT=1-12
 goto PSAREAS
<R,D> goto RPSA2

Hard Edit: ERR1_ RPSA1_YR

* Future date invalid. Please correct.

ERR2_ RPSA1_YR

* Date before birth. Please correct.

Question ID:	NAF.440_02.000	**Instrument Variable Name:**	RPSA1N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT PSA test?

* Enter number for time since last PSA test.

* Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Male sample adults 40+ who have selected number and time period format for most recent PSA test from the initial month screen

SkipInstructions: <1-95> [goto RPSA1T]
<R,D> store 'R,D' in RPSA1T [goto RPSA2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID:	NAF.440_03.000	**Instrument Variable Name:**	RPSA1T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent PSA test.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto PSAREAS
<4> if RPSA1N=4
    set RPSA2=4
    goto PSAREAS
  elseif RPSA1N gt 5 and RPSA1N gt AGE
    goto ERR_RPSA1T (greater than persons age)
  elseif RPSA1N gt 5 and RPSA1N le AGE
    set RPSA2=5
    goto PSAREAS
  elseif RPSA1N=1,2,3,5
    goto RPSA2
<R,D> goto RPSA2

Hard Edit: ERR_RPSA1T

* Time since last exam cannot be greater than age.
* Please correct.

Question ID:	NAF.440_04.000	**Instrument Variable Name:**	RPSA2	**QuestionnaireFileName:**	Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last PSA test was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RPSA2];
    else [goto PSAREAS]

Hard Edit: ERR_RPSA2

*That is not a valid response.
*Please correct.

Question ID:	NAF.441_00.000	**Instrument Variable Name:**	PSAREAS	**QuestionnaireFileName:**	Sample Adult

QuestionText: What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.540_00.000 **Instrument Variable Name:** COLHAD **QuestionnaireFileName:** Sample Adult

QuestionText: Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake.

Have you EVER HAD a colonoscopy?

*Read if necessary:

A polyp is a small growth that develops on the inside of the colon or rectum.

Before these tests, you are asked to take a medication that causes diarrhea.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 40+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.560_01.000   **Instrument Variable Name:**   COL_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT colonoscopy?

*Enter month of last exam.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a colonoscopy

SkipInstructions: <1-12,D> [goto COL_YR]
<R> store 'R' in COL_YR [goto COL2]
<96> store '9996' in COL_YR [goto COLN]

Question ID: NAF.560_02.000   **Instrument Variable Name:** COL_YR   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of last colonoscopy.

1880-current year	1880-current year
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last colonoscopy or didn't know month of last colonoscopy

SkipInstructions: <valid year> if COL_YR gt current year or (COL_YR=current year and COL_MT gt current month)
   goto ERR1_ COL_YR (future date)
elseif COL_YR lt DOBY or (COL_YR=DOBY and COL_MT lt DOBM)
   goto ERR2_ COL_YR (prior to birth date)
elseif COL_MT=D
   goto COL2
elseif COL_MT=1-12
   goto COLREAS
<R,D> goto COL2

Hard Edit: ERR1_ COL_YR

* Future date invalid. Please correct.

ERR2_ COL_YR

* Date before birth. Please correct.

Question ID: NAF.570_01.000   **Instrument Variable Name:** COLN   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT colonoscopy?

*Enter number for time since last colonoscopy.

*Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent colonoscopy from the initial month screen

SkipInstructions: <1-95> [goto COLT]
<R,D> store 'R,D' in COLT [goto COL2]

Question ID:	NAF.570_02.000	**Instrument Variable Name:**	COLT	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent colonoscopy.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto COLREAS
<4> if COLN=4
    set COL2=4
    goto COLREAS
elseif COLN=6,7,8,9
    set COL2=5
    goto COLREAS
elseif COLN gt 10 and COLN gt AGE
    goto ERR_COLT (greater than persons age)
elseif COLN gt 10 and COLN le AGE
    set COL2=6
    goto COLREAS
elseif COLN=1,2,3,5,10
    goto COL2
<R,D> goto COL2

Hard Edit: ERR_COLT

* Time since last exam cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.575_00.000   **Instrument Variable Name:**   COL2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last colonoscopy was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out [goto ERR_COL2];
                else [goto COLREAS]

Hard Edit: ERR_COL2

*That is not a valid response.
*Please correct.

Question ID: NAF.590_00.000   **Instrument Variable Name:**   COLREAS   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Follow-up test of an earlier test or screening exam
4	Other reason
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a colonoscopy

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.591_00.000 **Instrument Variable Name:**   SIGHAD   **QuestionnaireFileName:** Sample Adult

QuestionText: Recall that a sigmoidoscopy is similar to a colonoscopy but the doctor checks only part of the colon and you are fully awake. Have you EVER HAD a sigmoidoscopy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

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

Question ID: NAF.592_01.000 **Instrument Variable Name:**   SIG_MT   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT sigmoidoscopy?

*Enter month of last exam.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a sigmoidoscopy

SkipInstructions: <1-12,D> [goto SIG_YR]
<R> store 'R' in SIG_YR [goto SIG2]
<96> store '9996' in SIG_YR [goto SIGN]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID:	NAF.593_02.000	Instrument Variable Name:	SIG_YR	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

*Enter year of last sigmoidoscopy.

1880-current year	1880-current year
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last sigmoidoscopy or didn't know month of last sigmoidoscopy

SkipInstructions:
<valid year> if SIG_YR gt current year or (SIG_YR=current year and SIG_MT gt current month)
  goto ERR1_ SIG_YR (future date)
elseif SIG_YR lt DOBY or (SIG_YR=DOBY and SIG_MT lt DOBM)
  goto ERR2_ SIG_YR (prior to birth date)
elseif SIG_MT=D
  goto SIG2
elseif SIG_MT=1-12
  goto SIGREAS
<R,D> goto SIG2

Hard Edit:
ERR1_ SIG_YR

* Future date invalid. Please correct.

ERR2_ SIG_YR

* Date before birth. Please correct.

Question ID:	NAF.594_01.000	Instrument Variable Name:	SIGN	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT sigmoidoscopy?

*Enter number for time since last sigmoidoscopy.

*Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent sigmoidoscopy from the initial month screen

SkipInstructions:
<1-95> [goto SIGT]
<R,D> store 'R,D' in SIGT [goto SIG2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.595_02.000	**Instrument Variable Name:** SIGT	**QuestionnaireFileName:** Sample Adult	

QuestionText: 2 of 2

*Enter time period for time since most recent sigmoidoscopy.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions:
```
<1-3> goto SIGREAS
<4> if SIGN=4
        set SIG2=4
        goto SIGREAS
    elseif SIGN=6,7,8,9
        set SIG2=5
        goto SIGREAS
    elseif SIGN gt 10 and SIGN gt AGE
        goto ERR_SIGT (greater than persons age)
    elseif SIGN gt 10 and SIGN le AGE
        set SIG2=6
        goto SIGREAS
    elseif SIGN=1,2,3,5,10
        goto SIG2
<R,D> goto SIG2
```

Hard Edit: ERR_SIGT

* Time since last exam cannot be greater than age.
* Please correct.

Question ID: NAF.596_00.000   **Instrument Variable Name:**   SIG2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last sigmoidoscopy was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out {goto ERR_SIG2]
else [goto SIGREAS]

Hard Edit: ERR_SIG2

*That is not a valid response.
*Please correct.

Question ID: NAF.597_00.000   **Instrument Variable Name:**   SIGREAS   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this sigmoidoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Follow-up test of an earlier test or screening exam
4	Other reason
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a sigmoidoscopy

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

Question ID: NAF.620_00.000   **Instrument Variable Name:**   HFOBHAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

Have you EVER HAD a blood stool test, using a HOME test kit?

*Read if necessary:

Do not include tests done at the doctor's office.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto RHFO1_MT]
<2,R,D> [goto COLPROB]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.640_01.000   **Instrument Variable Name:** RHFO1_MT   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT blood stool test using a kit at home?

*Enter month of last home blood stool test.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a home blood stool test

SkipInstructions:
<1-12,D> goto RHFO1_YR
<R> store "R" in RHFO1_YR and goto RHFO2
<96> store "9996" in RHFO1_YR and goto RHFO1N

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID:	NAF.640_02.000	**Instrument Variable Name:**	RHFO1_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of last home blood stool test.

1880-current year	1880-current year
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last home blood stool test or didn't know month of last test

SkipInstructions: <valid year> if RHFO1_YR gt current year or (RHFO1_YR=current year and RHRO1_MT gt current month)
    goto ERR1_RHFO1_YR (future date)
  elseif RHFO1_YR lt DOBY or (RHFO1_YR=DOBY and RHFO1_MT lt DOBM)
    goto ERR2_RHFO1_YR (prior to birth date)
  elseif RHFO1_MT=D
    goto RHFO2
  elseif RHFO1_MT=1-12
    goto HFOBREA1
<R,D> goto RHFO2

Hard Edit: ERR1_ RHFO1_YR

* Future date invalid. Please correct.

ERR2_ RHFO1_YR

* Date before birth. Please correct.

Question ID:	NAF.650_01.000	**Instrument Variable Name:**	RHFO1N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT blood stool test using a kit at home?

*Enter number for time since last home blood stool test.

*Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent home blood stool test from the initial month screen

SkipInstructions: <1-95> [goto RHFO1T]
<R,D> store 'R,D' in RHFO1T [goto RHFO2]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.650_02.000   **Instrument Variable Name:**   RHFO1T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent home blood stool test.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto HFOBREA1
<4> if RHFO1N=4
    set RHFO2=4
    goto HFOBREA1
  elseif RHFO1N=6,7,8,9
    set RHFO2=5
    goto HFOBREA1
  elseif RHFO1N gt 10 and RHFO1N gt AGE
    goto ERR_RHFO1T (greater than persons age)
  elseif RHFO1N gt 10 and RHFO1N le AGE
    set RHFO2=6
    goto HFOBREA1
  elseif RHFO1N=1,2,3,5,10
    goto RHFO2
<R,D> goto RHFO2

Hard Edit: ERR_RHFO1T

* Time since last exam cannot be greater than age.
* Please correct.

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.655_00.000   **Instrument Variable Name:**   RHFO2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last home blood stool test was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out [goto ERR_RHFO2];
         else [goto HFOBREA1]

Hard Edit: ERR_RHFO2

*That is not a valid response.
*Please correct.

Question ID: NAF.660_00.000   **Instrument Variable Name:**   HFOBREA1   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this home blood stool test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a home blood stool test

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 20-Aug-13

Question ID: NAF.750_00.000   **Instrument Variable Name:**   COLPROB   **QuestionnaireFileName:**   Sample Adult

QuestionText: In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?

    1   Yes
    2   No
    7   Refused
    9   Don't know

UniverseText: Sample adults 40+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.005_00.000 **Instrument Variable Name:** ASIINTRO **QuestionnaireFileName:** Sample Adult

QuestionText: *You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer use, the respondent's neighborhood, sexual identity, financial worries, mental health, and HIV testing.

*Enter 1 to Continue.

1 Continue

UniverseText: Sample adults 18+

SkipInstructions: <1> goto ACICPUSE

Question ID: ASI.130_00.000 **Instrument Variable Name:** ACICPUSE **QuestionnaireFileName:** Sample Adult

QuestionText: These questions are about you and your neighborhood.

How often do you use a computer?

*Read answer categories.

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

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.140_00.000   **Instrument Variable Name:** ACISATHC   **QuestionnaireFileName:** Sample Adult

QuestionText: In general, how satisfied are you with the health care you received in the past 12 months?

*Read answer categories.

1	Very satisfied
2	Somewhat satisfied
3	Somewhat dissatisfied
4	Very dissatisfied
5	You haven't had health care in the past 12 months
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.150_00.000   **Instrument Variable Name:** ACITENUR   **QuestionnaireFileName:** Sample Adult

QuestionText: About how long have you lived in your present neighborhood?

1	Less than 1 year
2	1-3 years
3	4-10 years
4	11-20 years
5	More than 20 years
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.160_00.000   **Instrument Variable Name:**   ACINHELP   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood help each other out.

Would you say…

*Read answer categories.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.170_00.000   **Instrument Variable Name:**   ACINCNTO   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

There are people I can count on in this neighborhood.

Would you say…

*Read answer categories if necessary.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.180_00.000   **Instrument Variable Name:** ACINTRU   **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood can be trusted.

Would you say…

*Read answer categories if necessary.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.190_00.000   **Instrument Variable Name:** ACINKNT   **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

This is a close-knit neighborhood.

Would you say…

*Read answer categories if necessary.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>
[if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.220_00.000 **Instrument Variable Name:** ACISIM **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI1

Which of the following best represents how you think of yourself?

1	Gay
2	Straight, that is, not gay
3	Bisexual
4	Something else
5	I don't know the answer
7	Refused

UniverseText: Male sample adults 18+

SkipInstructions:
<1-3,R> [goto ACIRETR]
<4> [goto ACISMELS]
<5> [goto ACISIMDK]

Question ID: ASI.230_00.000 **Instrument Variable Name:** ACISMELS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI3

What do you mean by something else?

1	You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
2	You are transgender, transsexual or gender variant
3	You have not figured out or are in the process of figuring out your sexuality
4	You do not think of yourself as having sexuality
5	You do not use labels to identify yourself
6	You mean something else
7	Refused
9	Don't know

UniverseText: Male sample adults 18+ who think of themselves as something else

SkipInstructions:
<1-5,R,D> [goto ACIRETR]
<6> [goto ACIMSESP]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.234_00.000   **Instrument Variable Name:** ACISIMDK   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI4

What do you mean by don't know?

1	You don't understand the words
2	You understand the words, but you have not figured out or are in the process of figuring out your sexuality
3	You mean something else
7	Refused
9	Don't know

UniverseText: Male sample adults 18+ who answered don't know at ACISIM

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

Question ID: ASI.238_00.000   **Instrument Variable Name:** ACIMSESP   **QuestionnaireFileName:** Sample Adult

QuestionText: What do you mean by something else?

7	Refused
9	Don't know
verbatim	Verbatim response

UniverseText: Male sample adults 18+ who answered something else at ACISMELS or ACISIMDK

SkipInstructions: <Allow 75,R,D> [goto ACIRETR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.240_00.000 **Instrument Variable Name:** ACISIF **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI2

Which of the following best represents how you think of yourself?

1 Lesbian or gay
2 Straight, that is, not lesbian or gay
3 Bisexual
4 Something else
5 I don't know the answer
7 Refused

UniverseText: Female sample adults 18+

SkipInstructions: <1-3,R> [goto ACIRETR]
<4> [goto ACISFELS]
<5> [goto ACISIFDK]

Question ID: ASI.250_00.000 **Instrument Variable Name:** ACISFELS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI3

What do you mean by something else?

1 You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
2 You are transgender, transsexual or gender variant
3 You have not figured out or are in the process of figuring out your sexuality
4 You do not think of yourself as having sexuality
5 You do not use labels to identify yourself
6 You mean something else
7 Refused
9 Don't know

UniverseText: Female sample adults 18+ who think of themselves as as something else

SkipInstructions: <1-5,R,D> [goto ACIRETR]
<6> [goto ACIFSESP]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

| **Question ID:** | ASI.254_00.000 | **Instrument Variable Name:** | ACISIFDK | **QuestionnaireFileName:** | Sample Adult |

QuestionText: (book) ASI4

What do you mean by don't know?

1   You don't understand the words
2   You understand the words, but you have not figured out or are in the process of figuring out your sexuality
3   You mean something else
7   Refused
9   Don't know

UniverseText: Female sample adults 18+ who answered don't know at ACISIM

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

| **Question ID:** | ASI.258_00.000 | **Instrument Variable Name:** | ACIFSESP | **QuestionnaireFileName:** | Sample Adult |

QuestionText: What do you mean by something else?

7   Refused
9   Don't know
verbatim   Verbatim response

UniverseText: Female sample adults 18+ who answered something else at ACISMELS or ACISIMDK

SkipInstructions: <Allow 75,R,D> [goto ACIRETR]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.260_00.000   **Instrument Variable Name:**   ACIRETR   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you…

*Read answer categories.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.270_00.000   **Instrument Variable Name:**   ACIMEDC   **QuestionnaireFileName:**   Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.280_00.000 **Instrument Variable Name:** ACISTLV **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to maintain the standard of living you enjoy? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.290_00.000 **Instrument Variable Name:** ACICNHC **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs for normal healthcare? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.300_00.000   **Instrument Variable Name:** ACICCOLL   **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not having enough money to pay for your children's college? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
5	This does not apply to me
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.310_00.000   **Instrument Variable Name:** ACINBILL   **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not having enough to pay your normal monthly bills? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.320_00.000 **Instrument Variable Name:** ACIHCST **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.330_00.000 **Instrument Variable Name:** ACICCMP **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to make the minimum payments on your credit cards? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
5	I don't have credit cards
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.340_00.000 **Instrument Variable Name:** ACISLEEP **QuestionnaireFileName:** Sample Adult

QuestionText: On average, how many hours of sleep do you get in a 24-hour period?

*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

01-24	1-24 hours
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5>[goto ERR_SLEEP];
<1-24, R,D>[goto ACISLPFL]

Soft Edit: ERR_SLEEP

*Average number of hours of sleep is [ACISLEEP].
* Please verify.

Question ID: ASI.350_00.000 **Instrument Variable Name:** ACISLPFL **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you have trouble falling asleep?

*Enter '0' if respondent did not have trouble falling asleep in the past week.

*Enter '7' for 7 or more times.

00	Did not have trouble falling asleep in the past week
01-06	1-6 times
07	7 or more times
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPST]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.360_00.000   **Instrument Variable Name:** ACISLPST   **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you have trouble staying asleep?

*Enter '0' if respondent did not have trouble staying asleep in the past week.

*Enter '7' for 7 or more times.

00	Did not have trouble staying asleep in the past week
01-06	1-6 times
07	7 or more times
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPMD]

Question ID: ASI.370_00.000   **Instrument Variable Name:** ACISLPMD   **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you take medication to help you fall asleep or stay asleep?

*Enter '0' if respondent did not take medication to help sleep in the past week.

*Enter '7' for 7 or more times.

00	Did not take medication to help sleep in the past week
01-06	1-6 times
07	7 or more times
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACIREST]

| Question ID: | ASI.380_00.000 | **Instrument Variable Name:** | ACIREST | **QuestionnaireFileName:** | Sample Adult |

QuestionText: In the past week, on how many days did you wake up feeling well rested?

*Enter '0' if respondent never felt well rested in the past week.

00	Never felt rested in the past week
01-07	1-7 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto MHSAD_CK]

| Question ID: | ASI.390_00.000 | **Instrument Variable Name:** | MHSAD_CK | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

1	Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACISAD]

| Question ID: | ASI.390_01.000 | **Instrument Variable Name:** | ACISAD | **QuestionnaireFileName:** | Sample Adult |

QuestionText: (book) ASI5

DURING THE PAST 30 DAYS, how often did you feel

...So sad that nothing could cheer you up?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.390_02.000 **Instrument Variable Name:** ACINERV **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Nervous?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.390_03.000 **Instrument Variable Name:** ACIRSTLS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Restless or fidgety?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.390_04.000   **Instrument Variable Name:** ACIHOPLS   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Hopeless?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.390_05.000   **Instrument Variable Name:** ACIEFFRT   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.390_06.000 **Instrument Variable Name:** ACIWTHLS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto ACIMUCH];
else [goto ACIHIVT]

Question ID: ASI.400_00.000 **Instrument Variable Name:** ACIMUCH **QuestionnaireFileName:** Sample Adult

QuestionText: We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

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

UniverseText: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Sexual Identity

Document Version Date: 20-Aug-13

Question ID: ASI.410_00.000   **Instrument Variable Name:** ACIHIVT   **QuestionnaireFileName:** Sample Adult

QuestionText: The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,R,D> [goto next section]
<2> [goto ACIHIVWN]

Question ID: ASI.420_00.000   **Instrument Variable Name:** ACIHIVWN   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI6

I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

01	It's unlikely you've been exposed to HIV
02	You were afraid to find out if you were HIV positive (that you had HIV)
03	You didn't want to think about HIV or about being HIV positive
04	You were worried your name would be reported to the government if you tested positive
05	You didn't know where to get tested
06	You don't like needles
07	You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08	Some other reason
09	No particular reason
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have never been tested for HIV

SkipInstructions: <1-9,R,D> [goto next section]

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.090_00.000   **Instrument Variable Name:** VIS_0   **QuestionnaireFileName:** Functioning And Disability

QuestionText: Now I am going to ask you some questions about your ability to do different activities, and how you have been feeling. Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all.

Do you wear glasses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1,2,R,D> goto VIS_SS

Question ID: AFD.100_00.000   **Instrument Variable Name:** VIS_SS   **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.140_00.000   **Instrument Variable Name:** HEAR_1   **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you use a hearing aid?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

Question ID: AFD.145_00.000   **Instrument Variable Name:** HEAR_2   **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use a hearing aid

SkipInstructions: <1,2,R,D> goto HEAR_SS

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.150_00.000   **Instrument Variable Name:**   HEAR_SS   **QuestionnaireFileName:**   Functioning And Disability

QuestionText: Do you have difficulty hearing [fill: , even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-3,R,D>[goto HEAR_3]
<4> [goto MOB_SS]

Question ID: AFD.170_00.000   **Instrument Variable Name:**   HEAR_3   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty hearing, even when using a hearing aid

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

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.170_00.001   **Instrument Variable Name:** HEAR_4   **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))

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

Question ID: AFD.180_00.000   **Instrument Variable Name:** MOB_SS   **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID:	AFD.200_00.000	Instrument Variable Name:	MOB_2	QuestionnaireFileName:	Functioning And Disability

QuestionText: Do you use any equipment or receive help for getting around?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

Question ID:	AFD.200_00.001	Instrument Variable Name:	MOB_3A	QuestionnaireFileName:	Functioning And Disability

QuestionText: Do you use any of the following…

Cane or walking stick?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

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

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.200_00.002 **Instrument Variable Name:** MOB_3B **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following…

Walker or Zimmer frame?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

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

Question ID: AFD.200_00.003 **Instrument Variable Name:** MOB_3C **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following…

Crutches?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

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

Question ID:	AFD.200_00.004	**Instrument Variable Name:**	MOB_3D	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following…

Wheelchair or scooter?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

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

Question ID:	AFD.200_00.005	**Instrument Variable Name:**	MOB_3E	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following…

Artificial limb (leg/foot)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

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

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Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.200_00.006 **Instrument Variable Name:** MOB_3F **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following…

Someone's assistance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

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

Question ID: AFD.200_00.007 **Instrument Variable Name:** MOB_3G **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following…

Other type of equipment or help?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

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

| **Question ID:** | AFD.210_00.000 | **Instrument Variable Name:** | MOB_4 | **QuestionnaireFileName:** | Functioning And Disability |

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and do not use a wheelchair or scooter

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

| **Question ID:** | AFD.220_00.000 | **Instrument Variable Name:** | MOB_5 | **QuestionnaireFileName:** | Functioning And Disability |

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, do not use a wheelchair or scooter, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground (without the use of their aid)

SkipInstructions: <1,2,R,D> goto MOB_6

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Adult Functioning and Disability

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Question ID: AFD.230_00.000   **Instrument Variable Name:**   MOB_6   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and do not use a wheelchair or scooter

SkipInstructions: <1-4,R,D> if MOB_2 IN (2,R,D) [goto COM_SS];
else if MOB_2=1 [goto MOB_7]

Question ID: AFD.240_00.000   **Instrument Variable Name:**   MOB_7   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around but do not use a wheelchair or scooter

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

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Adult Functioning and Disability

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Question ID: AFD.250_00.000   **Instrument Variable Name:** MOB_8   **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, use equipment or receive help for getting around but do not use a wheelchair or scooter, and who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground, when using their aid

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

Question ID: AFD.270_00.000   **Instrument Variable Name:** COM_SS   **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-4,R,D> goto COM_2

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Adult Functioning and Disability

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Question ID:	AFD.290_00.000	**Instrument Variable Name:**	COM_2	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Do you use sign language?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

Question ID:	AFD.300_00.000	**Instrument Variable Name:**	COG_SS	**QuestionnaireFileName:**	Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

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Adult Functioning and Disability

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Question ID: AFD.310_00.000   **Instrument Variable Name:**   COG_1   **QuestionnaireFileName:**   Functioning And Disability

QuestionText: Do you have difficulty remembering, concentrating, or both?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have some difficulty, a lot of difficulty, or are unable to remember or concentrate, or don't know or refused if they are able to remember or concentrate

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

Question ID: AFD.320_00.000   **Instrument Variable Name:**   COG_2   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have difficulty remembering or don't know or refused if they have difficulty remembering

SkipInstructions: <1-3,R,D> goto COG_3

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.330_00.000 **Instrument Variable Name:** COG_3 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have difficulty remembering or don't know or refused if they have difficulty remembering

SkipInstructions: <1-3,R,D> goto UB_SS

Question ID: AFD.360_00.000 **Instrument Variable Name:** UB_SS **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID:	AFD.370_00.000	**Instrument Variable Name:**	UB_1	**QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

Question ID:	AFD.380_00.000	**Instrument Variable Name:**	UB_2	**QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.410_00.000   **Instrument Variable Name:**   ANX_1   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

Question ID: AFD.420_00.000   **Instrument Variable Name:**   ANX_2   **QuestionnaireFileName:**   Functioning And Disability

QuestionText: Do you take medication for these feelings?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1,R,D> [goto ANX_3]
<2> if ANX_1=5 [goto DEP_1];
else [goto ANX_3]

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID:	AFD.430_00.000	**Instrument Variable Name:**	ANX_3	**QuestionnaireFileName:**	Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

SkipInstructions: <1-3,R,D> goto DEP_1

Question ID:	AFD.450_00.000	**Instrument Variable Name:**	DEP_1	**QuestionnaireFileName:**	Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.460_00.000 **Instrument Variable Name:** DEP_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you take medication for depression?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1,R,D> [goto DEP_3]
<2> if DEP_1=5 [goto PAIN_2];
else [goto DEP_3]

Question ID: AFD.470_00.000 **Instrument Variable Name:** DEP_3 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

SkipInstructions: <1-3,R,D> goto PAIN_2

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.500_00.000   **Instrument Variable Name:**   PAIN_2   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1> [goto TIRED_1]
<2,3,4,R,D> [goto PAIN_4]

Question ID: AFD.520_00.000   **Instrument Variable Name:**   PAIN_4   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

SkipInstructions: <1-3,R,D> goto TIRED_1

DRAFT 2013 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 20-Aug-13

Question ID: AFD.540_00.000   **Instrument Variable Name:**   TIRED_1   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

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

Question ID: AFD.550_00.000   **Instrument Variable Name:**   TIRED_2   **QuestionnaireFileName:**   Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

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

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Adult Functioning and Disability

Document Version Date: 20-Aug-13

| **Question ID:** | AFD.560_00.000 | **Instrument Variable Name:** | TIRED_3 | **QuestionnaireFileName:** | Functioning And Disability |

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

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

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 20-Aug-13

Question ID: AWB.010_00.000 **Instrument Variable Name:** AWEBUSE **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about your Internet and email use.

Do you use the Internet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AWB.020_01.000 **Instrument Variable Name:** AWEBOFNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How often do you use the Internet?

*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?

*Enter number.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who use the Internet

SkipInstructions: <1-995> [goto AWEBOFTP] <R,D> [goto AWEBEML]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 20-Aug-13

Question ID: AWB.020_02.000 **Instrument Variable Name:** AWEBOFTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for how often Internet is used.

1	Per day
2	Per week
3	Per month
4	Per year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

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

Question ID: AWB.030_00.000 **Instrument Variable Name:** AWEBEML **QuestionnaireFileName:** Sample Adult

QuestionText: Do you send or receive emails?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBEMAD] <2,R,D> [goto next section]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 20-Aug-13

Question ID: AWB.040_00.000 **Instrument Variable Name:** AWEBEMAD **QuestionnaireFileName:** Sample Adult

QuestionText: We may want to contact you to obtain additional health-related information.

May I have your email address?

*Enter email address.

*Enter 'N' for none.

allow 75

97 Refused
99 Don't Know

UniverseText: Sample adults 18+ who send or receive email

SkipInstructions: <address> [goto AWBEMNO] <N,R,D> [goto next section]

Question ID: AWB.050_01.000 **Instrument Variable Name:** AWEBMNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How often do you check this email account?

*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?

*Enter number.

001-995 1-995
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who gave an email address

SkipInstructions: <1-995> [goto AWBEMTP] <R,D> [goto next section]

DRAFT 2013 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 20-Aug-13

Question ID: AWB.050_02.000 **Instrument Variable Name:** AWEBMTP   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

   *Enter time period for how often email is checked.

1	Per day
2	Per week
3	Per month
4	Per year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question

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