2016 Q1 NHIS Instrument Spec Report

Section nar	ne: Family Identification Section
Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.100
Variable Name	HHCHANGE
Universe	All persons who HHSTAT[PX] ne D and FX[PX] = FAMINT
Universe-text	All nondeleted family members
Question Text	I have recorded that [fill 5].
	[fill 6] [fill 7] and [fill 9] [fill 10].
	Is this information correct?
Answer Codes	Yes, information is correct No, correction(s) needed/more corrections needed
Question Type	Pick One - answer list pane
Field Pane Descripti	Verify Info
Fill Instructions	<pre>[fill 1] if SEX[PX] = Male (1), then "he", else "she" [fill 2] if SEX[PX] = Male (1), then "His", else "Her" [fill 3] if AGEDOB_1 = R, then " age is refused "</pre>

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else "Your ethnic backgrounds are: " endif
     else
        if RACE = single response
          "[fill 2] ethnic background is: "
        else "[fill 2] ethnic backgrounds are: "
Ifill 71 if NATOR = D. then "Unknown"
     elseif NATOR = R, then "Refused "
     elseif NATOR = No (2) "Non-Hispanic " endif
     elseif HISPAN = R, then "Refused "
     elseif HISPAN = D, then "Unknown "
     elseif HISPAN = 1, then "Puerto Rican "
     elseif HISPAN = 2. then "Cuban/Cuban American"
     elseif HISPAN = 3, then "Dominican (Republic)"
     elseif HISPAN = 4, then "Mexican "
     elseif HISPAN = 5, then "Mexican American"
     elseif HISPAN = 6, then "Central or South American"
     elseif HISPAN = 7, then [HIS_SP2]
     elseif HISPAN = 8, then [HIS SP3]
[fill 8] if SEX[PX] = Male (1), then "his", else "her"
[fill 9] if PX = LNO RESP
        if RACE = single response
            " your race is "
        else " your races are " endif
     else
        if RACE = single response
           "[fill 8] race is "
        else "[fill 8] races are "
[fill 10] if RACE = D, then "Unknown"
      elseif RACE = R, then "Refused"
      elseif RACE = 1, then "White"
      elseif RACE = 2, then "Black/African American"
      elseif RACE = 3, then "Indian (American)"
      elseif RACE = 4. then "Alaska Native"
      elseif RACE = 5. then "Native Hawaiian"
      elseif RACE = 6, then "Guamanian"
      elseif RACE = 7, then "Samoan"
      elseif RACE = 8, [fill RAC_SP1]
      elseif RACE = 9, then "Asian Indian"
      elseif RACE = 10, then "Chinese"
      elseif RACE = 11, then "Filipino"
      elseif RACE = 12, then "Japanese"
      elseif RACE = 13, then "Korean"
      elseif RACE = 14, then "Vietnamese"
      elseif RACE = 15, [fill RAC_SP2]
      else [fill RAC_SP3]
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Special Instructions | If MARK(datamodel) < 13, set MARK = 13
                     If no additional PX remain:
                        loop through all PX
                           if (NATOR = 1 or RACE = 2) and HHSTAT3 ne A & HHSTAT[PX] ne D
                              store 1 in SCREENIN, endif
                        end loop
                     Concatenate from these variables:
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Skip Instructions	<1> if no additional PX remain if SCREENIN = 0 and L SCRN STATUS = S. GOTO EXIT(HHC)
	if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC) else GOTO FIDCC13
	<2> GOTO CWHAT2
Hard Edits	
Soft Edits	
AssocHelp	
Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.110
Variable Name	CWHAT2
Universe	HHCHANGE = 2 (No, not correct)
Universe-text	HHCHANGE = 2 (No, not correct)
Question Text	* Change(s) needed for [ALIAS(PX)].
	* Enter each number that applies. If a wrong choice, type that choice again.
Answer Codes	1. Name
	2. Age or DOB 3. Sex
	4. National origin
	5. Race
Question Type	Enter All That Apply
Field Pane Descripti	on Character. To Change
Fill Instructions	
Special Instructions	Do not allow D or R
Skip Instructions	<1> GOTO CHG_NAME_FNAME
	<pre><2> GOTO CHG_AGEDOB_1 <3> GOTO CHG_SEX</pre>
	<4> GOTO CHG_NATOR
	<5> GOTO CHG_RACE
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.112_1
Variable Name	CHG_NAME_FNAME
Universe	CWHAT2= 2 (Name)
Universe-text	Persons who have a first name change
Question Text	?[F1]
	What is [ALIAS(PX)] correct name?
	* Probe for middle name or middle initial if not reported. Initials " * Press (enter) to skip to last name if no middle name.
	* If last name is the same as displayed, press <enter>, Otherwise, enter the new last name.</enter>
Answer Codes	
Question Type	Text
Field Pane Descripti	New First Name
Fill Instructions	
Special Instructions	[store NAME_FNAME in CHG_NAME_FNAME and display in Answer Codes
	2. [If CHG_NAME_FNAME valid] [store CHG_NAME_FNAME in NAME_FNAME] [store NTEMP in ALIAS] [store NTEMP in ALIAS(L_NO)]
Skip Instructions	<20 chars,R,D> GOTO CHG_NAME_MNAME
Hard Edits	
Soft Edits	
AssocHelp	H_RPNAME

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.112_2
Variable Name	CHG_NAME_MNAME
Universe	All from CHG_NAME_FNAME
Universe-text	Persons who have a middle name change
Question Text	?[F1]
	* Enter Middle Name.
	* Probe for middle name or middle initial if not reported. * Press <enter> to skip to last name if no middle name.</enter>
Answer Codes	
Question Type	Text
Field Pane Descript	New Middle Name
Fill Instructions	
Special Instructions	[store NAME_MNAME in CHG_NAME_MNAME] and display in Answer Codes
	2. [If CHG_NAME_FNAME valid] [store CHG_NAME_MNAME in NAME_MNAME] [store NTEMP in ALIAS] [store NTEMP in R_ALIAS(L_NO)]
Skip Instructions	<20 chars,R,D, null> [goto CHG_NAME_LNAME]
Hard Edits	
Soft Edits	
AssocHelp	H_RPNAME

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.112_3
Variable Name	CHG_NAME_LNAME
Universe	All from CHG_NAME_FNAME
Universe-text	Persons who have a last name change
Question Text	?[F1]
	* If last name is the same as displayed, press <enter>, otherwise, enter the new last name.</enter>
	*Enter Last Name.
Answer Codes	
Question Type	Text
Field Pane Descripti	ion New Last Name
Fill Instructions	1. [If PX gt <1>] and CHG_NAME_LNAME is blank, then prefill CHG_NAME_LNAME with previous last name.
Special Instructions	store NAME_LNAME in CHG_NAME_LNAME
	2. If CHG_NAME_FNAME valid and CHG_NAME_LNAME valid store CHG_NAME_LNAME in NAME_LNAME make FULLNAME from CHG_NAME_FNAME < > CHG_NAME_LNAME make NTEMP from CHG_NAME_FNAME < > CHG_NAME_LNAME store NTEMP in ALIAS store NTEMP in R_ALIAS(L_NO) if L_NO ne RELRESP_A make PTEMPNAME from ALIAS <'s> store ALIAS in TEMPNAME
Skip Instructions	<pre><20 chars, R,D> IF [(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME valid)] [goto CHG_ALIAS] Else If CWHAT2 = 2 (Age or DOB) change is needed),</pre>
Hard Edits	
Soft Edits	

AssocHelp	H_RPNAME
Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.115
Variable Name	CHG_ALIAS
Universe	[(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME valid)]
Universe-text	Persons who don't know or refused to give first and/or last name.
Question Text	?[F1]
	How shall I refer to (you/this person) for the rest of the interview?
Answer Codes	
Question Type	Text
Field Pane Descript	ion New Alias
Fill Instructions	
Special Instructions	
Skip Instructions	<pre><41 chars> If CWHAT2 = 2 (Age or DOB) change is needed), [goto CHG_AGEDOB_M] If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]</pre>
Hard Edits	
Soft Edits	
AssocHelp	H_RPALIAS

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.125_1
Variable Name	CHG_AGEDOB_1
Universe	CWHAT2= 2 (age or DOB)
Universe-text	CWHAT2= 2 (age or DOB)
Question Text	?[F1]
	1 of 5 What is [fill 1] age?
	* Enter number for age.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on New Age-num
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"
Special Instructions	When entering this screen: If DOBVER = empty store AGE(PX) in CHG_AGEDOB_1 store <4> in CHG_AGEDOB_2 elseif DOBVER <> empty store AGEDOB_1 in CHG_AGEDOB_1 store AGEDOB_2 in CHG_AGEDOB_2 endif store DOBM in CHG_AGEDOB_3 store DOBM in CHG_AGEDOB_4 store DOBY in CHG_AGEDOB_5 Once a value is entered in these items or you have "entered through" an item, retain that value unless it is overwritten. If CHG_AGEDOB_1 eq <d,r> store 999 into AGE1 if CHG_AGEDOB_1 = Refused, store '8' in CHG_AGEDOB_2 if CHG_AGEDOB_1 = Don't know, store '9' in CHG_AGEDOB_2</d,r>
Skip Instructions	<001-120> [goto CHG_AGEDOB_2] <d,r> goto [CHG_AGEDOB_3]</d,r>
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.125_2
Variable Name	CHG_AGEDOB_2
Universe	AGEDOB_1 = <001-120>
Universe-text	Valid age - number entered
Question Text	?[F1]
	2 of 5
	* Enter number for age time period.
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Descripti	New Age-tp
Fill Instructions	
Special Instructions	Do not allow don't know or refused.
	2. Calculate age in years
	If AGEDOB_2 = day, divide AGEDOB_1 by 365, truncate decimal and store integer into AGE1. If AGEDOB_2 = weeks, divide AGEDOB_1 by 52, truncate decimal and store integer into AGE1. If AGEDOB_2 = months, divide AGEDOB_1 by 12, truncate decimal and store integer into AGE1. If AGEDOB_2 = years, store integer into AGE1.
Skip Instructions	<1-4> [goto CHG_AGEDOB_3]
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	03	
Section Name	Family Identification Section	
Part	4	
Question ID	FID.125_3	
Variable Name	CHG_AGEDOB_3	
Universe	All from CHG_AGEDOB_2	
Universe-text	All from CHG_AGEDOB_2	
Question Text	?[F1]	
	3 of 5	
	And what is [fill 1] date of birth?	
	Please give month, day, and year for the date of birth.	
	* Enter month of birth.	
Answer Codes	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description New DOBM		
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"	
Special Instructions		
Skip Instructions	<1-12,R,D>[goto CHG_AGEDOB_4]	
Hard Edits		
Soft Edits		
AssocHelp	H_AGEDOB	

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Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.125_4
Variable Name	CHG_AGEDOB_4
Universe	All from CHG_AGEDOB_3
Universe-text	All from CHG_AGEDOB_3
Question Text	?[F1]
	4 of 5
	* Enter day of birth
Answer Codes	
Question Type	Integer
Field Pane Descript	ion New DOBD
Fill Instructions	
Special Instructions	
Skip Instructions	<1-31> Only allow valid days for month entered. If days not valid, goto ERR_AGEDOB_4.
	<1-31,R,D>[goto CHG_AGEDOB_5]
Hard Edits	ERR_AGEDOB_4
	* [fill1: AGEDOB_4] is not a valid day for [fill2: AGEDOB_3]. * Please correct.
Soft Edits	
AssocHelp	H_AGEDOB

03 **Module** Section Name **Family Identification Section** Part **Question ID** FID.125_5 Variable Name CHG AGEDOB 5 All from CHG AGEDOB 4 Universe All from CHG AGEDOB 4 Universe-text ?[F1] Question Text 5 of 5 * Enter year of birth. Answer Codes Question Type Integer Field Pane Description **New DOBY** Fill Instructions 1. If AGEDOB 5 gt current year, goto ERR4 AGEDOB 5. Special Instructions 2. If AGEDOB 5 = current year and AGEDOB 3 gt current month, goto ERR1 AGEDOB 5. 3. If AGEDOB 5 = current year and AGEDOB 3 = current month and AGEDOB 4 gt current day, goto ERR2 AGEDOB 5. 4. If AGEDOB 3 = 2 and AGEDOB 4 = 29, divide AGEDOB 5 BY 4.00. If AGEDOB 5 ne to (truncated decimal multiplied by 4.00), goto ERR3 AGEDOB 5. 5. Execute Procedure AGECAL. 6. Execute Procedure AGECK. 7. Soft EDIT: Age reported is not equal to age calculated from date of birth, goto ERR5 AGEDOB 5 and BOLD/BLACK text to be read. 8. Store Flag for suppress associated with soft edit. 9. If suppressed STORE AGE2 in AGE, else STORE AGE1 in AGE. Skip Instructions <1880 - 2030, D,R> [goto AGECAL] ERR1 AGEDOB 5 Hard Edits Future month invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR2_AGEDOB_5 Future day invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR3_AGEDOB_5 Invalid date:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR4 AGEDOB 5 Future year invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5

Soft Edits

ERR5_AGEDOB_5

There is a difference between the age the computer calculated from [fill1: your/ALIAS's] date-of-birth and the age that you gave me.

I recorded [fill1: your/ALIAS's] date-of-birth as

{AGEDOB_3<space>AGEDOB_4<,><space>AGEDOB_5}. Is that [fll1: your/ALIAS's]

} correct date-of-birth?
* Please verify.

AssocHelp

H_AGEDOB

03 **Module Family Identification Section** Section Name Part FID.125 6 **Question ID** Variable Name CHG AGECAL All from CHG AGEDOB 5 Universe Universe-text All non-deleted persons Question Text Answer Codes Question Type Procedure Field Pane Description Calculates age(s) from Date of Birth Fill Instructions This item takes the date-of-birth information entered in AGEDOB 3, AGEDOB 4 and Special Instructions AGEDOB 5 and calculates an age. The calculated age is stored in AGE2. There are 4 main sections, number 1-4 below. Which section will be used depends on whether complete DOB information was entered in AGEDOB, and which part of DOB (month, day or year) is missing, if any. If not enough DOB information was given to calculate an age, 999 is assigned to AGE2. 1. If complete DOB information was entered in AGEDOB 3, AGEDOB 4, and AGEDOB 5 [if AGEDOB_3 valid and AGEDOB_4 valid and AGEDOB_5 valid] [if AGEDOB 3 < current month, store (current year - AGEDOB 5) in AGE2] [if AGEDOB_3 > current month, store (current year - AGEDOB_5 - <1>) in AGE2] [if AGEDOB_3 = current month and AGEDOB_4 le current day, store (current year - AGEDOB 5) in AGE21

[if AGEDOB_3 = current month and AGEDOB_4 le current day, store (current year - AGEDOB_5) in AGE2]
[if AGEDOB_3 = current month and AGEDOB_4 > current day. store (current year - AGEDOB_5 - <1>) in AGE2]
Store AGEDOB_3 in DOBM

Store AGEDOB_4 in DOBD

Store ABDDOB 5 in DOBY

2. If only the day is missing an age may be calculated, depending on the month of birth. If the

birth month is the current month, two possible ages are calculated and stored in AGE3 and AGE4.

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[If AGEDOB_3 valid and AGEDOB_5 valid]
[If AGEDOB_5 < current year and AGEDOB_3 < current month, store (current year - AGEDOB_5) in AGE2]</li>
[If AGEDOB_5 < current year and AGEDOB_3 > current month, store (current year - AGEDOB_5 - <1>) in AGE2]
[If AGEDOB_5 < current year and AGEDOB_3 = current month,</li>
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[If AGEDOB_5 < current year and AGEDOB_3 = current month, store <999> in AGE2, store (current year - AGEDOB_5 - <1>) in AGE3, and store (current year - AGEDOB_5) in AGE4]

[if AGEDOB_5 = current year, store <0> in AGE2]

Store AGEDOB_3 in DOBM Store ABDDOB_5 in DOBY

3. If the birth month is missing (or month and day, because the day is useless without the month) two possible ages are calculated, AGE3 and AGE4, if the birth year is less than the current year. If the birth year = current year, an age of 0 is assigned to AGE2.

[If AGEDOB_5 valid and AGEDOB_5 < current year, store <999> in AGE2, store (current year - AGEDOB_5 - <1>) in AGE3, and store (current year - AGEDOB_5) in AGE4]
[If AGEDOB_5 valid and AGEDOB_5 = current year, store <0> in AGE2]
Store ABDDOB_5 in DOBY

4. If the birth year is missing (or any combination of month, month and day, or month, day and year, because month and day are useless without the year) a 999 is stored in AGE2.

[If AGEDOB_5 = Refused or Don't know, store <999> in AGE2]

Skip Instructions	[goto CHG_AGECK]
Hard Edits	
Soft Edits	
AssocHelp	

03 **Module Family Identification Section** Section Name Part FID.125_7 **Question ID** Variable Name **CHG AGECK** HHSTAT ne D Universe Universe-text All non-deleted persons Question Text **Answer Codes** Question Type Procedure Field Pane Description Checking age Fill Instructions AGECK compares the two ages calculated in AGE1 (actual age given) and AGE2 (calc. **Special Instructions** From DOB information). AGE1 and AGE2 will contain an age or 999 if an age could not be calculated. There are 2 main sections to AGECK. If an age was not given at AGEDOB, section 1 and skips 1-3 will be used. If an age was given at AGEDOB, section 2 and skips 4-9 will be used. IIf AGE1 ea <999>1 [#an age was not given at AGEDOB Skip Instructions [If AGE2 ne <999>][store AGE2 in AGE] If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG NATOR] [goto CHG RACE] If CWHAT2 = 5 (Race change), Else [goto HHCHANGE_1 to reverify the changed information] [If AGE2 eq <999>] [If AGE3 eq <> goto CHG_GES1CK] [If AGE3 ne <> goto CHG_AGEPIC] [If AGE2 ne <999>] [If AGE1 eq AGE2][store AGE1 in AGE] If CWHAT2= 3 (sex change), [goto CHG SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG RACE] Else [goto HHCHANGE 1 to reverify the changed information] [If AGE1 ne AGE2] [If CHG DOBVER eq <>] [goto CHG_DOBVER] [Else] [store AGE2 in AGE] If CWHAT2= 3 (sex change), [goto CHG SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG RACE] Else [goto HHCHANGE 1 to reverify the changed information] [If AGE1 eq AGE3 or AGE1 eq AGE4] [store AGE1 in AGE]

If CWHAT2= 3 (sex change),

[goto CHG SEX]

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If CWHAT2 = 4 (National origin change),
                                                    [goto CHG_NATOR]
        If CWHAT2 = 5 (Race change),
                                                    [goto CHG_RACE]
           Else [ goto HHCHANGE 1 to reverify the changed information]
[else]
     [If BYY eq <> and CHG_AGEDOB_5 eq <D>]
       [store AGE1 in AGE]
       [store ({int}CYEAR-AGE1-<1>) in BYY1]
       [store ({int}CYEAR-AGE1) in BYY2]
       [goto CHG_YEARPIC]
     [else]
       [store AGE1 in AGE]
       If CWHAT2= 3 (sex change),
                                                     [goto CHG_SEX]
       If CWHAT2 = 4 (National origin change),
                                                     [goto CHG_NATOR]
       If CWHAT2 = 5 (Race change),
                                                     [goto CHG_RACE]
          Else [goto HHCHANGE_1 to reverify the changed information]
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Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.130
Variable Name	CHG_DOBVER
Universe	CWHAT2= 2 (age or DOB not correct)
Universe-text	Age reported is not equal to age calculated from date of birth.
Question Text	"There is a difference between the age the computer calculated from [fill 1] date-of-birth, [fill :computer calculated AGE (AGE2)], and the age that you gave me, [fill AGE respondent reported (AGE1)].
	I recorded [fill1: your/ALIAS's] date-of-birth as {AGEDOB_3 <space>AGEDOB_4<,><space>AGEDOB_5}. Is that [fll1: your/ALIAS's] } correct date-of-birth?</space></space>
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Date of Birth Verification
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"
Special Instructions	1. If CHG_DOBVER = <1>, store AGE2 in AGE 2. If CHG_DOBVER = <d,r>, store AGE1 in AGE 3. FLAG for CHG_DOBVERFG, store <1> if suppressed</d,r>
Skip Instructions	<pre><1, D, R > If CWHAT2= 3 (sex change),</pre>
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.140
Variable Name	CHG_AGEPIC
Universe	CHG_AGECK= [AGE1 eq <999>] and [AGE2 eq <999>]and [AGE3 ne <>]
Universe-text	CHG_AGECK= [AGE1 eq <999>] and [AGE2 eq <999>]and [AGE3 ne <>]
Question Text	[fill1: Are you/Would you say [fill2: ALIAS] is]
Answer Codes	[fill3: 1. Less than 1 year old?] [fill3: 1. [fill5: AGE3] year(s) old?] 2. [fill6: AGE4] year(s) old? 3. Neither is correct Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Change Agepic
Fill Instructions	if AGE3 = 0 then [fill3: 1. Less than 1 year old?]; else [fill3: 1. [fill5: AGE3] year(s) old?]
Special Instructions	 Bold all answers If CHG_AGEPIC = 1 then set AGE = AGE3. If CHG_AGEPIC = 2 then set AGE = AGE4.
	ANSW:<1> [store AGE3 in AGE] [store CHG_AGEPIC in AGEPIC] ANSW:<2> [store AGE4 in AGE] [store CHG_AGEPIC in AGEPIC]
Skip Instructions	<pre><1,2> If CWHAT2= 3 (sex change),</pre>
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.145_1
Variable Name	CHG_AGEGES1_NUM
Universe	[CHG_AGEPIC = (3or D or R) and CHG_AGEDOB_1 ne R] or [(CHG_AGEDOB_3 or CHG_AGEDOB_4 or CHG_AGEDOB_5 = (D or R)) and (CHG_AGEPIC not asked and CHG_AGEDOB_1 ne R)]
Universe-text	Age unknown and unable to narrow age down to two age choices and respondent did not refuse AGEDOB_1
Question Text	?[F1]
	1 of 2
	What is your best guess of [fill1: your/ALIAS's] age?
	* If the response is a range of ages, enter (C) for compute . * If the respondent does not know the age, enter your best estimate of the person's age.
Answer Codes	C. Compute from range Refused Don't Know
Question Type	Integer
Field Pane Descript	ion Age Guess - Number
Fill Instructions	
Special Instructions	
Skip Instructions	<0-120> [goto CHG_AGEGES1_TP] <c> [goto CHG_AGERNG_N1] <d,r> [goto CHG_AGEGES2]</d,r></c>
Hard Edits	
Soft Edits	
AssocHelp	H_AGEGES

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03
Module
                   Family Identification Section
Section Name
Part
                   FID.145 2
Question ID
Variable Name
                   CHG AGEGES1 TP
                   CHG AGEGES1 NUM = 0-120
Universe
Universe-text
                   Valid age number
                   2 of 2
Question Text
                   * Enter time period
Answer Codes
                   3. Month(s)
                   4. Year(s)
Question Type
                   Pick One - answer list pane
Field Pane Description
                        Change Age Guess - TP
Fill Instructions
                   1. Don't know or Refused not allowed.
Special Instructions
                   2. If CHG AGEGES1 TP = months, divide CHG AGEGES1 NUM by 12, then store
                   integer
                      into AGE.
                   3. If CHG AGEGES1 TP = year(s), then store CHG AGEGES1 NUM into AGE.
                   4. If CHG AGEDOB 5 = D
                        store (current year - AGE - <1>) in BYY1.
                        store (current year - AGE) in BYY2.
                   <3-4> [If CHG_AGEGES1_TP ea <3>].
                          [store (CHG AGEGES1 NUM/<12>) in AGE][endif]
                        [If CHG_AGEGES1_TP eq <4>][store CHG_AGEGES1_NUM in AGE]
                        [If CHG_AGEDOB_5 eq <D>]
                          [store ({int}CYEAR-AGE-<1>) in BYY1]
                          [store ({int}CYEAR-AGE) in BYY2]
                          [store CHG AGEGES1 NUM in AGEGES1 NUM]
                          store CHG_AGEGES1CHG_AGEGES1_TP in
                   GEGESICHG AGEGES1 TPI
                                 [Else]
                          [store CHG_AGEGES1_NUM in AGEGES1_NUM]
                          [store CHG AGEGES1CHG AGEGES1 TP in
                   AGEGES1CHG AGEGES1 TP1
Skip Instructions
                   <3-4> [If CHG AGEGES1 TP eq <3>]
                          [store (CHG AGEGES1 NUM/<12>) in AGE][endif]
                        [If CHG_AGEGES1_TP eq <4>][store CHG_AGEGES1_NUM in AGE]
                        [If CHG AGEDOB 5 eq <D>]
                          [store ({int}CYEAR-AGE-<1>) in BYY1]
                          [store ({int}CYEAR-AGE) in BYY2]
                          [store CHG AGEGES1 NUM in AGEGES1 NUM]
                          [store CHG_AGEGES1CHG_AGEGES1_TP in
                   AGEGES1CHG_AGEGES1_TP]
                          [goto CHG_YEARPIC]
                        [Else]
                          [store CHG_AGEGES1_NUM in AGEGES1_NUM]
```

	[store CHG_AGEGES1CHG_AGEGES1_TP in AGEGES1CHG_AGEGES1_TP] If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR]
	If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information] <c> [goto CHG_AGERNG] <d,r> [goto CHG_AGEGES2] <h> [etc <h h_ageges="">]</h></h></d,r></c>
Hard Edits	
Soft Edits	
AssocHelp	
Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.150
Variable Name	CHG_AGEGES2
Universe	[(CHG_AGEPIC = 3 or R or D) and CHG_AGEDOB_1 = R] or [CHG_AGEGES1_NUM= D or R] or [((CHG_AGEDOB_3 or CHG_AGEDOB_4 or CHG_AGEDOB_5) = (D or R)) and (CHG_AGEPIC = empty) and (CHG_AGEDOB_1 = R)]
Universe-text	(Age unknown and unable to narrow to two age choices and respondent refused or didn't know age at AGEDOB_1) or (Refused to or did not guess age)
Question Text	Certain sections of this interview depend on knowing if a person is 18 years old or older.
	Could you please tell me if [fill1: you/ALIAS] [fill2: are/is] at least 18 years old?
Answer Codes	1. Less than 18 2. 18 or older Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Change At least 18
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CHG_LESS18] <2,D,R> [goto CHG_GREAT18]
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Moanie	
Section Name	Family Identification Section
Part	4
Question ID	FID.155
Variable Name	CHG_LESS18
Universe	CHG_AGEGES2 = 1 (Less than 18)
Universe-text	CHG_AGEGES2 = 1 (Less than 18)
Question Text	* Enter your best estimate of [fill alias]'s age. Enter "0" if less than 1 year old.
Answer Codes	(Enter age 0 to 17)
Question Type	Integer
Field Pane Descripti	Chg Less18
Fill Instructions	
Special Instructions	[store CHG_LESS18 in LESS18] [store LESS18 in AGE]
Skip Instructions	<0-17> If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.160
Variable Name	CHG_GREAT18
Universe	CHG_AGEGES2 = 2 (18 or older) or D or R
Universe-text	CHG_AGEGES2 = 2 (18 or older) or D or R
Question Text	* Enter your best estimate of [fill alias]'s age.
Answer Codes	(Enter age 18 or greater)
Question Type	Integer
Field Pane Descripti	Chg Great18
Fill Instructions	
Special Instructions	[store CHG_GREAT18 in GREAT18] [store GREAT18 in AGE]
Skip Instructions	<18-120> If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.165_1
Variable Name	CHG_AGERNG_N1
Universe	CHG_AGEGES1 = C (compute from range)
Universe-text	Respondent doesn't know the age, so picking a range to compute the age.
Question Text	1 of 4
	* Enter first and last ages of the range.
	First/lower: Last/higher:
	Number Number
	Time Period Time Period
	Month (s) Month(s)
	Year(s) Year(s)
	* Enter First/lower age of the range.
Answer Codes	<0-120>
Question Type	Integer
Field Pane Description	on First/lower
Fill Instructions	
Special Instructions	1. Going into this screen, perform these: [store AGERNG_N1 in CHG_AGERNG_N1] [store AGERNG_T1 in CHG_AGERNG_T1] [store AGERNG_N2 in CHG_AGERNG_N2] [store AGERNG_T2 in CHG_AGERNG_T2] 2. Do not allow "Don't know" or "Refused" on an appropriate the second of the se
	 Do not allow "Don't know" or "Refused" as an answer. Gray out everything in the Question text except for the FR instruction, First/lower, and
	number underneath First/lower.
Skip Instructions	<0-120> [goto CHG_AGERNG_T1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.165_2
Variable Name	CHG_AGERNG_T1
Universe	CHG_AGEGES1 = C (compute from range)
Universe-text	Respondent doesn't know the age, so picking a range to compute the age.
Question Text	2 of 4
	* Enter the first/lower time period of the range
	First/lower: Last/higher:
	Number Number
	Time Period Time Period
	Month(s) Month(s) Year(s) Year(s)
Answer Codes	3. Month(s) 4. Year(s)
Question Type	Integer
Field Pane Descripti	
Fill Instructions	
Special Instructions	1. Display in Question Text: Below the statement to enter first and last ages, HIGHLIGHT only the column heading 'First/lower, then the words 'Time Period' below. DON'T PUT IN THE MARKERS, CONSISTING OF N1, T1, N2, T2. They are there for you to follow the sequence of questions to be answered for the 4 screens.
	2. [If CHG_AGERNG_T1 eq <3>] [store (CHG_AGERNG_N1 /<12>) in LOWER] [else] [store CHG_AGERNG_N1 in LOWER]
Skip Instructions	<3-4> [goto CHG_AGERNG_N2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.165_3
Variable Name	CHG_AGERNG_N2
Universe	AGERNG_2=3-4
Universe-text	First age number and time period has been entered for range.
Question Text	3 of 4
	* Enter the Last/higher age of the range.
	First/lower: Last/higher:
	Number Number
	Time Period Time Period
	Month(s) Month(s) Year(s) Year(s)
Answer Codes	0-120
Question Type	Integer
Field Pane Descripti	on Last/higher
Fill Instructions	
Special Instructions	 Do not allow "Don't know" or "Refused" as an answer. Gray out everything in the Question text except for the FR instruction, Last/higher:, and number underneath Last/higher.
Skip Instructions	<0-120> [goto AGERNG _T2]
Hard Edits	
Soft Edits	
AssocHelp	

03 **Module Family Identification Section** Section Name Part **Question ID** FID.165 4 Variable Name CHG_AGERNG_T2 AGEGES1 NUM= C Universe Universe-text Second age number has been entered for range. 4 of 4 Question Text * Enter the Last/higher time period of the range.. First/lower: Last/higher: Number Number Time Period Time Period Month(s) Month(s) Year(s) Year(s) **Answer Codes** Month(s) Year(s) Question Type Pick One - answer list pane Field Pane Description Time Period Fill Instructions 1. Do not allow "Don't know" or "Refused" as an answer. **Special Instructions** 2. Gray out everything in the Question text except for the FR instruction, Last/higher:, and Month(s) and Year(s) underneath Last/higher:. 3. If CHG_AGERNG_T2 = months, divide CHG_AGERNG_N2 by 12, truncate decimal and store integer into HIGHER. 4. If CHG_AGERNG_T2 = years, store CHG_AGERNG_N2 into HIGHER. 5. If LOWER le HIGHER add LOWER and HIGHER and divide by 2, truncate decimal and store integer in **AGE** store AGE in CHG_AGEGES1_NUM store <year(s)> in CHG_AGEGES1_TP 6. If LOWER > HIGHER, goto ERR_CHG_AGERNG_T2 7. If $CHG_AGEDOB_5 = D$ store (current year - AGE - <1>) in BYY1 store (current year - AGE) in BYY2 [if CHG AGEDOB 5 eq <D>] Skip Instructions

[goto CHG_YEARPIC]

[Else]

	If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	ERR_AGERNG_T2
	* The higher age must be larger than the lower age.
	goto AGERNG_N1
Soft Edits	
AssocHelp	
Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.170
Variable Name	CHG_YEARPIC
Universe	[AGE is valid and [AGERNG_T2 or AGEGES1 or AGECK have AGEDOB_5 = Don't know] and [BYY1 and BYY2 are not blank]
Universe-text	Person's age is known and birth year answered with 'don't know'
Question Text	Would you say that [fill1: you/ALIAS] [fill2: were/was] born in:
Answer Codes	1. [fill3: with 4-digit BYY1] 2. [fill4: with 4-digit BYY2] 3. Neither is correct Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descript	on New DOBY
Fill Instructions	[fill3: with 4-digit BYY1] = low guess for year born [fill4: with 4-digit BYY2] = high guess for year born
Special Instructions	1. If CHG_YEARPIC = 1, store BYY1 in BYY.
	2. If CHG_YEARPIC = 2, store BYY2 in BYY.
Skip Instructions	<1-3,R,D> goto HHCHANGE_1 to reverify the changed information
Hard Edits	
Soft Edits	
AssocHelp	

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03
Module
                     Family Identification Section
Section Name
Part
Question ID
                     FID.180
Variable Name
                     CHG_SEX
                     CWHAT2 = 3 (Sex)
Universe
Universe-text
                     Changing the sex of the person
                     [fill 1] male or female?
Question Text
                     *If don't know or refused enter your best guess.
Answer Codes
                     1. Male
                     2. Female
Question Type
                     Pick One - answer list pane
Field Pane Description
                          New Sex
Fill Instructions
                     [fill 1]
                     if PX = LNO RESP, then "Are you",
                     else "Is [ALIAS(PX)]"
                    1. store SEX in CHG SEX
Special Instructions
                     2. <1-2>
                         if CHG SEX eq <1>
                           store <M> in MF
                         else
                           store <F> in MF
                           store CHG_SEX in SEX
                     3. CHANGE SEX FILLS:
                         store SEX in SEX(PX)
                         if SEX eq <2> and PX ne LNO_RESP
                          store <she> in HESHE
                          store <She> in C_HESHE]
                          store <her> in HIMHER]
                          store <her> in HISHER]
                          store <Her> in C_HISHER
                          store <herself> in SELF
                          store <husband> in SPOUSE
                         else
                          if PX ne LNO RESP
                           store <he> in HESHE
                           store <He> in C HESHE
                           store <him> in HIMHER
                           store <his> in HISHER
                           store <His> in C HISHER
                           store <himself> in SELF
                           store <wife> in SPOUSE
                                                                   [goto CHG_NATOR]
                     <1-2> If CWHAT2 = 4 (National origin change),
Skip Instructions
```

If CWHAT2 = 5 (Race change),

[goto CHG_RACE]

	Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

03 **Module Family Identification Section** Section Name Part **Question ID** FID.190 Variable Name CHG_NATOR CWHAT2 = 4 (National origin change) Universe Universe-text Changing the National origin of an individual (book) H1 ? [F1] Question Text [fill1: Do/Does] [fill2: you/ ALIAS] consider [fill3: yourself/himself/herself] to be Hispanic or Latino? * Read if necessary. Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American Other Latin American Other Hispanic/Latino/Spanish (Where did [fill4: your/ ALIAS's] ancestors come from?) **Answer Codes** 1. Yes 2. No Refused Don't know **Question** Type Yes/No Field Pane Description New Nat. Orig 1. [fill1: Do/Does]: use Do if the referring to the respondent, else Does Fill Instructions 2. [fill2: you/ ALIAS]: use you if referring to the respondent, else ALIAS for the person vou are referring to. 3. fill3: yourself/himself/herself]: use yourself for the respondent, himself for ALIAS being a male, or herself for ALIAS being a female. 4. [fill4: your/ ALIAS's]: use your if referring to the respondent, else ALIAS's. <1,2,D,R> **Special Instructions** [store CHG_NATOR in NATOR] [store <> in TEMP] [if CHG_NATOR eq <1> and HHSTAT3 ne <A>] [store <1> in SCREENIN] [store <> in HISPAN_1] [store <> in CHG_HISPAN_1] [store <> in HISPAN_2] [store <> in CHG_HISPAN_2] [store <> in HISPAN_3] [store <> in CHG_HISPAN_3] [store <> in HISPAN_4] [store <> in CHG_HISPAN_4] [store <> in HISPAN_5] [store <> in CHG_HISPAN_5] [store <> in HIS SP2] [store <> in CHG HIS SP2]

```
[store <> in HIS_SP3] [store <> in CHG_HIS_SP3]
                    [loop for X from <1> to <9>]
                        [if ({int}CHG_HISPAN_1 eq X and CHG_HISPAN_1 onpath) or
                           ({int}CHG_HISPAN_2 eq X and CHG_HISPAN_2 onpath) or
                           ({int}CHG HISPAN 3 eq X and CHG HISPAN 3 onpath) or
                           ({int}CHG HISPAN 4 eq X and CHG HISPAN 4 onpath) or
                           ({int}CHG HISPAN 5 eq X and CHG HISPAN 5 onpath)]
                          [if HISP_1 eq <>]
                            [store X in HISP_1]
                          [endif]
                          [store <X> in HISPAN ARR(X)]
                        [else]
                          [store <> in HISPAN_ARR(X)]
                    <1> [goto CHG_HISPAN]
Skip Instructions
                    <2,R,D> If CWHAT2 = 5 (Race change), [goto CHG RACE]
                            Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits
Soft Edits
                    H NATOR
AssocHelp
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Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.200
Variable Name	CHG_HISPAN
Universe	All from CHG_NATOR
Universe-text	CWHAT2 = National origin was answered yes to being Hispanic or Latino
Question Text	(book) H1 ? [F1]
	Please give me the number of the group that represents [fill: your/ ALIAS's} Hispanic origin or ancestry. You may choose up to five (5), if applicable. * If a nonhispanic group is named, backup to previous screen and change the answer from "yes" to "no". Enter all that apply, separate with commas.
Answer Codes	1. Puerto Rican 2. Cuban/Cuban American 3. Dominican (Republic) 4. Mexican 5. Mexican American 6. Central or South American 7. Other Latin American 8. Other Hispanic/Latino/Spanish Refused Don't know
Question Type	Enter All That Apply
Field Pane Descript	
Fill Instructions	
Special Instructions	Mark up to 5
Skip Instructions	<1-6,>If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information] <7> [goto CHG_HIS_SP2] <8> [goto CHG_HIS_SP3]
Hard Edits	
Soft Edits	
AssocHelp	H_HISPAN

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.210
Variable Name	CHG_HIS_SP2
Universe	CHG_HISPAN=(7 or other Latin American)
Universe-text	CHG_HISPAN answered from selection 7 for Hispanic origin.
Question Text	? [F1]
	* Probe for the country.
	* If any of the following are mentioned, backup to previous screen and correct the entry.
	Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American (REFER TO HELP SCREEN) * (F1) For a list of Central or South American countries. * Specify the other Latin American.
Answer Codes	
Question Type	Text
Field Pane Description New Oth Lat Amer	
Fill Instructions	
Special Instructions	
Skip Instructions	<30 anychar> If <8> is also selected in CHG_HISPAN goto CHG_HIS_SP3 elseif CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHeln	H SPECH

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.215
Variable Name	CHG_HIS_SP3
Universe	CHG_HISPAN= 8 (other Hispanic/Latino)
Universe-text	CHG_HISPAN answer from selection 8 (other Hispanic/Latino) origin
Question Text	? [F1]
	* Probe for the country.
	* If any of the following are mentioned, backup to previous screen and correct the entry.
	Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American (REFER TO HELP SCREEN) * (F1) For a list of Central or South American countries. * Specify the other Hispanic/Latino/Spanish.
Answer Codes	
Question Type	Text
Field Pane Description New Oth Hisp/Lat	
Fill Instructions	
Special Instructions	
Skip Instructions	<30 anychar> If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	H_SPECH

03 **Module Family Identification Section** Section Name Part **Question ID** FID.220 Variable Name CHG RACE All from CHG_HIS_SP3 or CWHAT2 = 5 (Race change) Universe Universe-text All from CHG HIS SP3 or CWHAT2 = 5 (Race change) ? [F1] Question Text * Show flashcard H2 What race or races [fil1l: do/does] [fill2: you/ ALIAS] consider [fill3: yourself/himself/herself] to be? Please select 1 or more of these categories. * Enter all that applies, separate with commas. **Answer Codes** 1. White 10. Chinese 2. Black/African American 11. Filipino 3. Indian (American) 12. Japanese 4. Alaska Native 13. Korean 5. Native Hawaiian 14. Vietnamese 6. Guamanian or Chamorro 15. Other Asian 7. Samoan 16. Some other race 8. Other Pacific Islander Refused 9. Asian Indian Don't know **Question** Type **Enter All That Apply** Field Pane Description **New Race** 1. [fil1l: do/does]: use 'do' if referring to the respondent, else does. Fill Instructions 2. [fill2: you/ ALIAS]: use 'you' if referring to the respondent, else ALIAS. 3. [fill3: yourself/himself/herself]: use 'yourself' if referring to the respondent, else himself if person you are referring to is a male or 'herself' for female. Allow up to 6 answers, and narrow down to 5. **Special Instructions** <1-7,9-14> If more than one selected [goto CHG_MLTRAC], Skip Instructions Else [goto HHCHANGE 1 to reverify the changed information] <8> [goto CHG RAC SP1] <15> [goto CHG_RAC_SP2] <16> [goto CHG_RAC_SP3] <D,R> [goto CHG MLTRAC] Hard Edits Soft Edits H RACE **AssocHelp**

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.230
Variable Name	CHG_RAC_SP1
Universe	CHG_RACE= 8 (other Pacific Islander)
Universe-text	CHG_RACE= 8 (other Pacific Islander)
Question Text	* Specify the other pacific islander. * If any of the following are mentioned, go back to RACE screen to correct. White Asian Indian Black/African American Chinese Indian (American) Filipino Alaska Native Japanese Native Hawaiian Korean Guamanian or Chamorro Vietnamese Samoan
Answer Codes	
Question Type	Text
Field Pane Description	on New Oth Pac Isl
Fill Instructions	
Special Instructions	
Skip Instructions	<30 chars long> If more than one selected [goto CHG_MLTRAC], Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	4
Question ID	FID.232
Variable Name	CHG_RAC_SP2
Universe	CHG_RACE=15 (other Asian)]
Universe-text	CHG_RACE = other Asian listed
Question Text	* If any of the following are mentioned, backup to previous item and correct the entry.
	* Specify the other Asian.
	White Asian Indian Black/African American Chinese Indian (American) Filipino Alaska Native Japanese Native Hawaiian Korean Guamanian or Chamorro Vietnamese Samoan
Answer Codes	
Question Type	Text
Field Pane Description	New Oth Asian
Fill Instructions	
Special Instructions	
Skip Instructions	<30 chars long> If more than one selected [goto CHG_MLTRAC], Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	03	
Section Name	Family Identification Section	
Part	4	
Question ID	FID.234	
Variable Name	CHG_RAC_SP3	
Universe	[RACE=16 (Some other race)]	
Universe-text	RACE answered some other ra	ice.
Question Text	* If any of the following are mer	ntioned, backup to previous item and correct the entry.
	* Specify the other race.	
	White Black/African American Indian (American) Alaska Native Native Hawaiian Guamanian or Chamorro Samoan	Asian Indian Chinese Filipino Japanese Korean Vietnamese
Answer Codes		
Question Type	Text	
Field Pane Descripti	New Oth Race	
Fill Instructions		
Special Instructions		
Skip Instructions		ne selected [goto CHG_MLTRAC], ANGE_1 to reverify the changed information]
Hard Edits		
Soft Edits		
AssocHelp		

03 **Module Family Identification Section** Section Name Part **Question ID** FID.240 Variable Name **CHG MLTRAC** More than on race entered Universe Universe-text More than on race entered ? [F1] Question Text Which one of these groups, that is (* Read groups) would you say BEST represents [fill1: your/ALIAS's] race? **Answer Codes** 1. White 2. Black/African American 3. Indian (American) 4. Alaska Native 5. Native Hawaiian 6. Guamanian or Chamorro 7. Samoan 8. [fill: RAC SP1] 9. Asian Indian 10. Chinese Filipino 11. 12. Japanese 13. Korean 14. Vietnamese 15. [fill RAC_SP2] 16. [fill RAC SP3] Refused Don't know Question Type Pick One - answer list pane Field Pane Description New Multi Race 1. [fill1: your/ALIAS's] = use 'you' if referring to the respondent, else ALIAS's. Fill Instructions 2. [fill: RAC_SP1] = other Pacific Islander specified 3. [fill RAC_SP2] = other Asian specified 4. [fill RAC SP3] = other race specified 1. In the Question Text and Answer Codes, display as 2 columns only answer codes **Special Instructions** entered in RACE in the order entered. 2. if answer NE < 1-16,D,R>(out-of-bound codes), [goto ERR_CHG_MLTRAC] If answer NE < 1-16,D,R>(out-of-bound codes), GOTO ERR CHG MLTRAC Skip Instructions else <1-16,D,R> GOTO HHCHANGE_1 to reverify the changed information ERR_CHG_MLTRAC Hard Edits * Select valid race group number. * Please correct. Soft Edits

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03
Module
                      Family Identification Section
Section Name
Part
                      FID.245
Question ID
Variable Name
                      HHCHANGE 1
                      All persons with HHSTAT[PX] <> D and FX[PX] = FAMINT and CWHAT2 <> empty
Universe
                      and CWHAT2 is on route
                      All nondeleted family members with a change made to their demographic information
Universe-text
                      I have recorded that [fill 5]. [fill 6] [fill 7] and [fill 9] race is:
Ouestion Text
                      [fill 10]
                      Is this information correct?
Answer Codes
                      1. Yes, information is correct
                      2. No, correction(s) needed/more corrections needed
Question Type
                       Pick One - answer list pane
Field Pane Description
                           Reverify Info
                      [fill 1] if SEX[PX] = Male (1), then "he", else "she"
Fill Instructions
                      [fill 2] if SEX[PX] = Male (1), then "His", else "Her"
                      [fill 3] if AGEDOB 1 = R, then "age is refused"
                            elseif AGEDOB 1 = D, then age is about [AGE[PX]] vears old "
                            elseif AGE[PX] = 0, then " less than one year old "
                            else " [AGE[PX]] years old "
                      [fill 4] if AGEDOB 3 or AGEDOB 4 or AGEDOB 5 = R
                               " date-of-birth is refused."
                            elseif AGEDOB 3 or AGEDOB 4 or AGEDOB 5 = D
                               " date-of-birth is unknown."
                            else " [BMM[Month]] [BDD], [BYY]."
                      [fill 5]
                      if PX = LNO RESP
                         if NAME FNAME or NAME LNAME = D
                             your alias is (ALIAS[PX]), your name is unknown, you are [SEX(PX)], [fill 3], [fill
                      41"
                         elseif NAME FNAME or NAME LNAME = R
                             your alias is (ALIAS[PX]), your name is refused, you are [SEX[PX]], [fill 3], [fill 4]"
                         else "your name is (ALIAS[PX]), you are [SEX[PX]], [fill 3], [fill 4]" endif
                      else
                        if NAME FNAME or NAME LNAME = D
                            " [ALIAS(PX)]'s name is unknown, [fill 1] is [SEX[PX]], [fill 3], [fill 4]"
                         elseif NAME_FNAME or NAME_LNAME = R
                            " [ALIAS(PX)]'s name is refused, [fill 1] is [SEX[PX]], [fill 3], [fill 4]"
                         else " [ALIAS(PX)] is [SEX(PX)], [fill 3], [fill 4]"
                      [fill 6] if PX = LNO_RESP
                               if RACE = single response
                                  "Your ethnic background is: "
                               else "Your ethnic backgrounds are: " endif
                            else
                               if RACE = single response
                                "[fill 2] ethnic background is: "
```

```
else "[fill 2] ethnic backgrounds are: "
[fill 7] if NATOR = D, then "Unknown "
     elseif NATOR = R, then "Refused "
     elseif NATOR = No (2) "Non-Hispanic " endif
     elseif HISPAN = R, then "Refused"
     elseif HISPAN = D. then "Unknown "
     elseif HISPAN = 1, then "Puerto Rican "
     elseif HISPAN = 2, then "Cuban/Cuban American"
     elseif HISPAN = 3, then "Dominican (Republic) "
     elseif HISPAN = 4, then "Mexican "
     elseif HISPAN = 5, then "Mexican American"
     elseif HISPAN = 6, then "Central or South American"
     elseif HISPAN = 7, then [HIS SP2]
     elseif HISPAN = 8, then [HIS SP3]
[fill 8] if SEX[PX] = Male (1), then "his", else "her"
[fill 9] if PX = LNO RESP
        if RACE = single response
            your race is "
        else " vour races are " endif
     else
        if RACE = single response
            "[fill 8] race is "
        else "[fill 8] races are "
[fill 10] if RACE = D, then "Unknown"
      elseif RACE = R, then "Refused"
      elseif RACE = 1, then "White"
      elseif RACE = 2. then "Black/African American"
      elseif RACE = 3, then "Indian (American)"
      elseif RACE = 4, then "Alaska Native"
      elseif RACE = 5, then "Native Hawaiian"
      elseif RACE = 6, then "Guamanian"
      elseif RACE = 7, then "Samoan"
      elseif RACE = 8, [fill RAC SP1]
      elseif RACE = 9. then "Asian Indian"
      elseif RACE = 10. then "Chinese"
      elseif RACE = 11, then "Filipino"
      elseif RACE = 12, then "Japanese"
      elseif RACE = 13, then "Korean"
      elseif RACE = 14, then "Vietnamese"
      elseif RACE = 15, [fill RAC_SP2]
      else [fill RAC_SP3]
```

Special Instructions

```
Do not allow an answer of 'Don't know' or 'Refused'
```

```
If no additional PX remain:
    loop through all PX
    if (NATOR = 1 or RACE = 2) and HHSTAT3 ne A & HHSTAT[PX] ne D
        store 1 in SCREENIN, endif
    end loop
```

Concatenate from these variables:

Skip Instructions

```
<1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
else GOTO FIDCC13
```

	<2> GOTO ERR_HHCHANGE_1	
Hard Edits	ERR_HHCHANGE_1 * Press enter to go back to change some demographic information or arrow down and press enter to change your answer.	
	Default Goto should be CWHAT2	
Soft Edits		
AssocHelp		
Module	03	
Section Name	Family Identification Section	
Part	5	
Question ID	FID.248	
Variable Name	FIDCCI3	
Universe	All persons	
Universe-text	All persons	
Question Text		
Answer Codes		
Question Type	Procedure	
Field Pane Descript	ion	
Fill Instructions		
Special Instructions		
Skip Instructions	Loop through all PX if HHSTAT[PX] ne D and FX[PX] = FAMINT if MARITAL[PX] = Living with a partner (6), GOTO COHAB1 elseif AGE[PX] > 13 and MARITAL[PX] = null, GOTO MARITAL, endif endif End loop GOTO FIDCCI4	
Hard Edits		
Soft Edits		
AssocHelp		

Module	03
Section Name	Family Identification Section
Part	5
Question ID	FID.250_1
Variable Name	MARITAL
Universe	FIDCCI3: HHSTAT[PX] ne D and FX[PX] = FAMINTand AGE[PX] > 13 and MARITAL[PX] = null or
	MARVER = No (2)
Universe-text	all persons, 14 and older, who don't have a marital status yet
Question Text	* ASK OR VERIFY
	[fill 1] now married, widowed, divorced, separated, never married, or living with a partner?
Answer Codes	 Married Widowed Divorced Separated Never married Living with a partner Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Marital Status
Fill Instructions	[fill 1] if PX = LNO_RESP "Are you" else "Is [ALIAS[PX]]"
Special Instructions	
Skip Instructions	<1> GOTO SPFLAG <2-5, D, R> GOTO FIDCCI3 <6> if LINTAL[FAMINT] = 1, GOTO FIDCCI4 else GOTO COHAB1
Hard Edits	
Soft Edits	
AssocHelp	

```
03
Module
                     Family Identification Section
Section Name
Part
                     FID.250 2
Question ID
Variable Name
                     SPFLG
                     MARITAL = Married (1)
Universe
Universe-text
                     Person is married
Question Text
Answer Codes
Question Type
                      Procedure
Field Pane Description
Fill Instructions
Special Instructions | loop for Y from 1 to HIGH LNO
                         if FX[Y] = FAMINTand HHSTAT[Y] ne D and AGE[Y] > 13
                         and (SEX[PX] ne SEX[Y])
                           if RPREL[PX] = Child (4) and DEGREE1[PX] = Biological, Adoptive,
                           Step, Foster (1-4)
                              if (RPREL[Y] = Child (4) and DEGREE1[Y] = in-law (5)) or
                              RPREL[Y] = Other relative (12),
                              store 1 in SPFLAG[Y] and TEMP, endif
                           elseif RPREL[PX] = Child (4) and DEGREE1[PX] = in-law (5)
                              if (RPREL[Y] = Child (4) and DEGREE1[Y] = Biological, Adoptive,
                              Step, Foster (1-4) or RPREL[Y] = Other relative (12)
                              store 1 in SPFLAG[Y] and TEMP, endif
                           elseif RPREL[PX] = Child of partner (5)
                              if RPREL[Y] = Other relative (12),
                              store 1 in SPFLG[Y] and TEMP, endif
                           elseif RPREL[PX] = Grandchild (6)
                              if RPREL[Y] = Grandchild (6) or Other relative (12).
                              store 1 in SPFLG[Y] and TEMP, endif
                           elseif RPREL[PX] = Parent (7) and
                           DEGREE2(PX) = Biological, Adoptive, Step, Foster (1-4)
                              if RPREL(Y) = Parent (7) and DEGREE2(Y) = Biological,
                              Adoptive, Step. Foster (1-4)
                              store 1 in SPFLG[Y] and TEMP, endif
                            elseif RPREL[PX] = Parent (7) and DEGREE2[PX] = in-law (5)
                              if RPREL(Y) = Parent (7) and DEGREE2(Y) = in-law (5),
                              store 1 in SPFLG[Y] and TEMP, endif
                            elseif RPREL[PX] = Brother/Sister (8)
                              if RPREL(Y) = Brother/Sister (8),
                              store 1 in SPFLG[Y] and TEMP, endif
                            elseif RPREL[PX] = Grandparent (9)
                              if RPREL(Y) = Grandparent (9) or Other relative (12),
                              store 1 in SPFLG[Y] and TEMP, endif
                            elseif RPREL[PX] = Aunt/Uncle (10)
                              if RPREL(Y) = Aunt/Uncle (10) or Other relative (12).
                              store 1 in SPFLG[Y] and TEMP, endif
                            elseif RPREL[PX] = Niece/Nephew (11)
```

store 1 in SPFLG[Y] and TEMP, endif elseif RPREL[PX] = Other relative (12) if RPREL(Y) = Child of partner (5), Grandchild (6), Grandparent (9), Aunt/Uncle (10), Niece/Nephew (11), Other relative (12), store 1 in SPFLG[Y] and TEMP, endif loop end Y if TEMP > 0. GOTO SPOUS Skip Instructions else, GOTO MARVER **Hard Edits** Soft Edits **AssocHelp** Module 03 **Family Identification Section** Section Name Part FID.250 3 Question ID **MARVER** Variable Name [SPFLG: TEMP = null] OR[AGE= 14, 15, 16, or 17] Universe Person is married and his/her potential spouse does not live in the household. Universe-text * FR: ASK OR VERIFY **Ouestion Text** I have recorded that [fill 1] married. Is this correct? **Answer Codes** 1. Yes 2. No Refused Don't know Question Type Yes/No Field Pane Description Marital Status Verification Fill Instructions if PX = LNO_RESP [fill 1] = " you are " else " [ALIAS[PX]] is" Special Instructions | <1, R, D> store 2 in SPOUS[PX] <1, R, D> GOTO FIDCCI3 Skip Instructions <2> Reset MARITAL, GOTO MARITAL Hard Edits Soft Edits **AssocHelp**

if RPREL(Y) = Niece/Nephew (11) or Other relative (12),

Module	03
Section Name	Family Identification Section
Part	5
Question ID	FID.260
Variable Name	SPOUS
Universe	SPFLG: TEMP > 0
Universe-text	A potential spouse lives in the unit.
Question Text	? [F1]
Answer Codes	* ASK OR VERIFY Is [fill 1] spouse living in the household? 1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Spouse in HH
Fill Instructions	if PX = LNO_RESP [fill 1] = "your" else "[ALIAS[PX]]'s"
Special Instructions	<2,D,R> store null in SPOUS2,
Skip Instructions	<1> If SPOUS2[PX] = null, GOTO SPOUS2 else, GOTO FIDCCI3 <2,D,R> GOTO FIDCCI3
Hard Edits	
Soft Edits	
AssocHelp	H_SPOUS1

Module	03
Section Name	Family Identification Section
Part	5
Question ID	FID.265_H
Variable Name	H_SPOUS1
Universe	
Universe-text	
Question Text	If the spouse is not a household member or has been deleted from the household for any reason, enter 2 - "No".
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on Help screen for determining spouse
Fill Instructions	
Special Instructions	Associated screens:
	SPOUS
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

03 **Module** Section Name **Family Identification Section** Part Question ID FID.270 Variable Name SPOUS2 SPOUS = Yes (1) and SPOUS2 = null Universe Universe-text Person has an unidentified spouse in the household. * Probe as necessary and enter the line number of the spouse. Question Text [fill 1] **Answer Codes** Refused Don't know **Question** Type Pick One - answer list pane Field Pane Description Spouse Line # Fill Instructions [fill 1] Display all possible spouse candidates (SPFLG[Y] = 1). store 1 in MARITAL[SPOUS2] Special Instructions <1-25> store PX (from loop) in SPOUS2[SPOUS2] set AGEDIFF = |AGE[PX] - AGE[SPOUS2]| <R, D> store 2 in SPOUS[PX] Do not allow line number of the subject to be entered. If so, GOTO ERR1_SPOUS2 Skip Instructions <1-25, R,D> If RPREL (PX) = 01 and RPREL (SPOUS2(PX)) NE 2, GOTO ERR2 SPOUS2, elseif SEX (PX) = SEX (SPOUS2(PX)), GOTO ERR3_SPOUS2, elseif AGEDIFF GE 30, GOTO ERR4 SPOUS2 Else GOTO FIDCCI3 ERR1_SPOUS2 Hard Edits *Person can't be his or her own spouse. *Please correct. **ERR2 SPOUS2** Soft Edits *If [ALIAS (SPOUS2(PX)] is [ALIAS (PX)]'s spouse, [ALIAS (SPOUS2(PX))]'s RPREL value should be '02'. *Correct relationship code at RPREL or change answer at SPOUS2. *First GOTO is to change Relationship code of [ALIAS (SPOUS2(PX))] *Second GOTO is to choose different spouse at SPOUS2 Questions involved Value RPREL(SPOUS2(PX))

RPREL: Relationship to Ref Person SPOUS2 ALIAS (SPOUS2(PX))

ERR3 SPOUS2

*Do not read this message to the respondent.

*The married couple [ALIAS (SPOUS2(PX))] and [ALIAS (PX)] are both [SEX(PX)].

*Suppress message if correct.

*Otherwise, correct SEX of either person or choose different spouse.

*First GOTO is to choose different spouse at SPOUS2

*Second GOTO is to change SEX of spouse [ALIAS (SPOUS2(PX))]

*Third GOTO is to change SEX of [ALIAS(PX)]

Questions involved Value

SPOUS2 ALIAS (SPOUS2(PX)) SEX SEX (SPOUS2(PX))

SEX SEX (PX)

ERR4 SPOUS2

*Age difference between spouses is greater than or equal to 30 years. I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] spouse [ALIAS(SPOUS2(PX))] is [AGE(SPOUS2(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different spouse at SPOUS2

*Second GOTO is to change AGE of spouse [ALIAS (SPOUS2(PX))]

*Third GOTO is to change AGE of [ALIAS(PX)]

Questions involved Value

SPOUS2 ALIAS (SPOUS2(PX)) AGE AGE (SPOUS2(PX))

AGE (PX)

AssocHelp

Module	03
Section Name	Family Identification Section
Part	5
Question ID	FID.280
Variable Name	COHAB1
Universe	MARITAL[PX] = Living with a Partner (6) and LINTAL(FAMINT) > 1
Universe-text	Marital status is "living with a partner."
Question Text	? [F1]
Answer Codes	[fill 1] ever been married? 1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion Partner Ever Married
Fill Instructions	if PX = LNO_RESP [fill 1] = "Have you" else "Has [ALIAS[PX]]"
Special Instructions	
Skip Instructions	<1> GOTO COHAB2 <2, D, R> if COHAB3[PX] = null, GOTO COHAB3 else, GOTO FIDCCI3
Hard Edits	
Soft Edits	
AssocHelp	H_COHAB1

-	
Module	03
Section Name	Family Identification Section
Part	5
Question ID	FID.285_H
Variable Name	H_COHAB1
Universe	
Universe-text	
Question Text	Consider as "Never Married" a person whose marriage was legally annulled. In order to consider an annulled marriage as "never having taken place," the annulment must have been granted by the courts, not through religious decree. Mark "Yes" for any "legal" marriage regardless of the outcome or current status. This marriage does not have to have been to the current partner or anyone else in the household.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	Help on defining cohabitation
Fill Instructions	
Special Instructions	Associated screen:
	COHAB1
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	5
Question ID	FID.290
Variable Name	COHAB2
Universe	COHAB1 = Yes (1)
Universe-text	Person has been married.
Question Text	? [F1]
	What is [fill 1] current legal marital status?
Answer Codes	1. Married 2. Widowed 3. Divorced 4. Separated Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	Partner Legal Marital Status
Fill Instructions	<pre>if PX = LNO_RESP [fill 1] = "your" else "[ALIAS[PX]]'s"</pre>
Special Instructions	
Skip Instructions	<1-4, D, R> If COHAB3[PX] = null, GOTO COHAB3 else, GOTO FIDCCI3
Hard Edits	
Soft Edits	
AssocHelp	H_COHAB2

Module	03
Section Name	Family Identification Section
Part	5
Question ID	FID.295_H
Variable Name	H_COHAB2
Universe	
Universe-text	
Question Text	Determine the current legal marital status for any household member "living with a partner" and who has been previously married.
	Enter '1' - Married - for persons who are legally married as well as for the spouse of an Armed Forces member not living at home, as well as for the spouse of a person who is temporarily absent.
	Enter '4' - Separated - only for persons who state that they have a legal separation agreement or have otherwise parted due to marital discord.
	Enter '5' - Never Married - for persons whose marriage has been legally annulled, unless there was a previous marriage which ended in divorce or death. In order to consider an annulled marriage as "never having taken place," the annulment must have been granted by the courts, not through religious decree.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on Legal marital status for persons living with a partner
Fill Instructions	
Special Instructions	Associated Screen:
	COHAB2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

03 **Module Family Identification Section** Section Name Part FID.300 1 **Question ID** Variable Name COHAB3 COHAB1 = No (2), D, R and COHAB3[PX] = null Universe All from COHAB2 when COHAB3[PX] = null Co-habitating partner has yet to be identified. Universe-text * Probe as necessary and enter the line number of the cohabiting partner. Question Text [fill 1] **Answer Codes** <1-25> Refused Don't know Question Type Pick One - answer list pane Field Pane Description Partner Line # [fill 1] In the question text, display all possible co-habitation candidates (SPFLG[Y] = 1) Fill Instructions with their PX. <1-25> store 6 in MARITAL[COHAB3], PX(from loop) in COHAB3[COHAB3 entry] Special Instructions set AGEDIFF = |AGE[PX] - AGE[COHAB3(PX)]| If line number of the subject is entered, GOTO ERR1_COHAB3 Skip Instructions <1-25, D, R> If RPREL (PX) = 01 and RPREL (COHAB3(PX)) NE 3, GOTO ERR2 COHAB3, elseif RPREL (PX) = 04 and RPREL (COHAB3(PX)) = 04, GOTO **ERR3 COHAB3** elseif AGEDIFF GE 20, GOTO ERR4 COHAB3 Else GOTO FIDCCI3 Hard Edits **ERR1 COHAB3** * Person can't be his or her own partner. * Please correct. **ERR2 COHAB3** Soft Edits *If [ALIAS (COHAB3(PX))] is [ALIAS (PX)]'s cohabiting partner, [ALIAS (COHAB3(PX))]'s RPREL value should be '03'. *Correct relationship code at RPREL or change answer at COHAB3. *First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))] *Second GOTO is to choose different cohabiting partner at COHAB3 Questions involved Value RPREL: Relationship to Ref Person RPREL(COHAB3 (PX))

COHAB3

ALIAS (COHAB3 (PX))

ERR3_COHAB3

*If [ALIAS (COHAB3(PX))] and [ALIAS (PX)] are cohabiting partners, it is not possible for both to have RPREL codes equal to '04' for 'Child'. One of their RPREL codes should equal '12' for 'Other relative'.

*Correct relationship code at RPREL or change answer at COHAB3.

*First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))]

*Second GOTO is to change Relationship code of [ALIAS (PX)]

*Third GOTO is to choose different cohabiting partner at COHAB3

Questions involved Value RPREL: Relationship to Ref Person Child RPREL: Relationship to Ref Person Child

COHAB3 ALIAS (COHAB3 (PX))

ERR4_COHAB3

*Age difference between cohabiting partners is greater than or equal to 20 years. I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] cohabiting partner [ALIAS(COHAB3(PX))] is [AGE(COHAB3(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different cohabiting partner at COHAB3

*Second GOTO is to change AGE of cohabiting partner [ALIAS (COHAB3(PX))]

*Third GOTO is to change AGE of [ALIAS(PX)]

Questions involved Value

COHAB3 ALIAS (COHAB3 (PX))
AGE AGE (COHAB3 (PX))

AGE (PX)

AssocHelp

Module	03
Section Name	Family Identification Section
Part	6
Question ID	FID.321_3
Variable Name	FIDCC14
Universe	All persons
Universe-text	All persons
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	if RPREL[PX] = Child (4) and MS(HHREF_B) = Married (1) and DEGREE1(PX) = Biological(1), Adoptive(2), Step(3), Foster(4), Refused(8), Don't know(9) and SPOUS2(HHREF_B) ne null and HHSTAT[SPOUS2[HHREF_B]] ne D, store SPOUS2[HHREF_B] in X2 if RPREL[PX] = Child of Partner (5) and MS(HHREF_B) = Living with partner (6) and COHAB3(HHREF_B) ne null and HHSTAT[COHAB3[HHREF_B]] ne D, store COHAB3[HHREF_B] in X2
Skip Instructions	loop for all PX if FX[PX] = FAMINT and HHSTAT[PX] ne D if AGE[PX] < 90 if X2 ne null if SEX[X2] = Male (1), GOTO DEGREE4 else GOTO DEGREE5, endif else GOTO FIDCCI4B endif endif endif endif endloop GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	

03 **Module Family Identification Section** Section Name Part Question ID FID.322 Variable Name **DEGREE4** (FIDCCI4: FX[PX] = FAMINT and HHSTAT[PX] ne D and AGE[PX] < 90 and X2 ne null Universe and SEX[X2] = Male (1)) or (ERR1 DEGREE4 = closed or goto) or (ERR2 DEGREE4 = closed or goto) When the reference person is the person in question's parent. Universe-text ? [F1] Question Text I noted that [fill 3]. [fill 4] biological, adoptive, step, foster [fill 1], or [fill 1]-in-law? **Answer Codes** 1. Biological [fill 1] 2. Adoptive [fill 1] 3. Step [fill 1] 4. Foster [fill 1] 5. [fill 2]-in-law Refused Don't know Question Type Pick One - answer list pane Field Pane Description Male Spouse Parent Type Fill Instructions if SEX[PX] = Male (1) [fill 1] = "son" and [fill 2] = "Son" else [fill 1] = "daughter" and [fill 2] = "Daughter" if X2 = HHRESP or RELRESP A [fill 3] = "you are the father of [ALIAS[PX]]." [fill 4] = "Is [ALIAS[PX]] your " elseif PX = HHRESP or RELRESP A [fill 3] = "[fill ALIAS[X2] is your father." [fill 4] = "Are you his ' else [fill 3] = "[fill ALIAS[X2]] is the father of [fill ALIAS[PX]]." [fill 4] = "Is [fill ALIAS[PX]] his " set AGEDIFF = AGE[X2] - AGE[PX] **Special Instructions** <1-4,R,D> store X2 in LNDAD[PX] <1> If AGEDIFF < 5, GOTO ERR2 DEGREE4, Skip Instructions elseif AGEDIFF = 5-14, GOTO ERR1 DEGREE4 elseif AGEDIFF GE 50, GOTO ERR3_DEGREE4 elseif additional persons remain, GOTO FIDCCI4 else, GOTO FIDCCI4B <2-5, D,R> if AGEDIFF LE 14, GOTO ERR1_DEGREE4

elseif AGEDIFF GE 50, GOTO ERR3_DEGREE4 elseif additional persons remain, GOTO FIDCCI4 else, GOTO FIDCCI4B

Hard Edits

ERR2 DEGREE4

*Age difference between father and child is [AGEDIFF] years.

I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.

Are these ages and relationships correct?

* Please correct relationship code or age.

*First GOTO is to change Relationship code of [ALIAS(X2)]

*Second GOTO is to change Relationship code of [ALIAS(PX)]

*Third GOTO is to change AGE of father [ALIAS(X2)]

*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

RPREL: Relationship to Ref Person Spouse (husband) or Unmarried Partner

RPREL: Relationship to Ref Person Child or Child of Partner

AGE AGE (X2)
AGE AGE(PX)

Soft Edits

ERR1 DEGREE4

*Age difference between father and child is only [AGEDIFF] years.

I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]

*Second GOTO is to change Relationship code of [ALIAS(PX)]

*Third GOTO is to change AGE of father [ALIAS(X2)]

*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

RPREL: Relationship to Ref Person Spouse (husband) or Unmarried Partner

RPREL: Relationship to Ref Person Child or Child of Partner

 $\begin{array}{ccc} \mathsf{AGE} & & \mathsf{AGE} \, (\mathsf{X2}) \\ \mathsf{AGE} & & \mathsf{AGE} (\mathsf{PX}) \end{array}$

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

ERR3 DEGREE4

*Age difference between father and child is greater than or equal to 50 years. I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]

*Second GOTO is to change Relationship code of [ALIAS(PX)]

*Third GOTO is to change AGE of father [ALIAS(X2)]

*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

RPREL: Relationship to Ref Person Spouse (husband) or Unmarried Partner

RPREL: Relationship to Ref Person Child or Child of Partner

 $\begin{array}{ccc} \mathsf{AGE} & & \mathsf{AGE} \ \mathsf{(X2)} \\ \mathsf{AGE} & & \mathsf{AGE} \ \mathsf{(PX)} \end{array}$

If suppressed and additional persons remain, GOTO FIDCCI4

else GOTO FIDCCI4B, endif

AssocHel	D	H_DEGREE1

03 **Module Family Identification Section** Section Name Part Question ID FID.324 Variable Name **DEGREE5** (FIDCCI4: FX[PX] = FAMINT and HHSTAT[PX] ne D and AGE[PX] < 90 and X2 ne null Universe and SEX[X2] = Female (2)) or (ERR1_DEGREE5 = closed or goto) or (ERR2 DEGREE5 = closed or goto) When the reference person is the person in question's parent. Universe-text ? [F1] Question Text I noted that [fill 3]. [fill 4] biological, adoptive, step, foster [fill 1], or [fill 1]-in-law? **Answer Codes** 1. Biological [fill 1] 2. Adoptive [fill 1] 3. Step [fill 1] 4. Foster [fill 1] 5. [fill 2]-in-law Refused Don't know Question Type Pick One - answer list pane Field Pane Description Female Spouse Parent Type Fill Instructions if SEX[PX] = Male (1) [fill 1] = "son" and [fill 2] = "Son" else [fill 1] = "daughter" and [fill 2] = "Daughter" if X2 = HHRESP or RELRESP A [fill 3] = "you are the mother of [ALIAS[PX]]." [fill 4] = "Is [ALIAS[PX]] your " elseif PX = HHRESP or RELRESP A [fill 3] = "[fill ALIAS[X2] is your mother." [fill 4] = "Are you her ' else [fill 3] = "[fill ALIAS[X2]] is the mother of [fill ALIAS[PX]]." [fill 4] = "Is [fill ALIAS[PX]] her " **Special Instructions** set AGEDIFF = AGE[X2] - AGE[PX] <1-4,R,D> store X2 in LNMOM[PX] <1> If AGEDIFF < 5, GOTO ERR2_DEGREE5 Skip Instructions elseif AGEDIFF = 5-14, GOTO ERR1 DEGREE5 elseif AGEDIFF GE 50, GOTO ERR3_DEGREE5 elseif additional persons remain, GOTO FIDCCI4 else, GOTO FIDCCI4B <2-5, D,R> if AGEDIFF LE 14, GOTO ERR1_DEGREE5

elseif AGEDIFF GE 50, GOTO ERR3_DEGREE5 elseif additional persons remain, GOTO FIDCCI4 else, GOTO FIDCCI4B

Hard Edits

ERR2 DEGREE5

*Age difference between mother and child is [AGEDIFF] years.

I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old.

Are these ages and relationships correct?

* Please correct relationship code or age.

*First GOTO is to change Relationship code of [ALIAS(X2)]

*Second GOTO is to change Relationship code of [ALIAS(PX)]

*Third GOTO is to change AGE of mother [ALIAS(X2)]

*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

RPREL: Relationship to Ref Person Spouse (wife) or Unmarried Partner

RPREL: Relationship to Ref Person Child or Child of Partner

AGE AGE (X2)
AGE AGE(PX)

Soft Edits

ERR1 DEGREE5

*Age difference between mother and child is only [AGEDIFF] years.

I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]

*Second GOTO is to change Relationship code of [ALIAS(PX)]

*Third GOTO is to change AGE of mother [ALIAS(X2)]

*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

RPREL: Relationship to Ref Person Spouse (wife) or Unmarried Partner

RPREL: Relationship to Ref Person Child or Child of Partner

 $\begin{array}{ccc} \mathsf{AGE} & & \mathsf{AGE} \, (\mathsf{X2}) \\ \mathsf{AGE} & & \mathsf{AGE} (\mathsf{PX}) \end{array}$

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

ERR3 DEGREE5

*Age difference between mother and child is greater than or equal to 50 years. I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]

*Second GOTO is to change Relationship code of [ALIAS(PX)]

*Third GOTO is to change AGE of mother [ALIAS(X2)]

*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

RPREL: Relationship to Ref Person Spouse (wife) or Unmarried Partner

RPREL: Relationship to Ref Person Child or Child of Partner

 $\begin{array}{ccc} \mathsf{AGE} & & \mathsf{AGE} \ \mathsf{(X2)} \\ \mathsf{AGE} & & \mathsf{AGE} \ \mathsf{(PX)} \end{array}$

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

AssocHel	D	H_DEGREE1

```
03
Module
                     Family Identification Section
Section Name
Part
                     FID.325 2
Question ID
Variable Name
                     FIDCCI4B
                     All persons who have HHSTAT[PX] ne D, AGE[PX] < 90 and FX[PX] = FAMINT
Universe
Universe-text
Question Text
Answer Codes
Question Type
                      Procedure
Field Pane Description
                          Possible mother
Fill Instructions
                     loop for Y from 1 to HIGH LNO
Special Instructions
                        if FX[Y] = FAMINT and HHSTAT[Y] ne D and Y ne PX and
                        AGE[Y] > 11 and SEX[Y] = 2
                          if RPREL[PX] = Spouse (2) or Unmarried Partner (3)
                             if RPREL[Y] = Parent (7) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPREL[PX] = Child (4) and DEGREE1[PX] = Biologica I(1), Adoptive (2),
                          Step (3), Foster (4), Refused (8), Don't know (9) and LNMOM[PX] = null
                             if RPREL[Y] = Unmarried Partner (3) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif (RPREL[PX] = Child (4) and DEGREE1[PX] = in-law (5))
                          or RPREL[PX] = Child of partner (5)
                             if RPREL[Y] = Spouse (2) Unmarried Partner (3)
                             or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPREL[PX] = Grandchild (6)
                             if RPREL[Y] = Child (4), Child of partner (5) or Other relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPREL[PX] = Parent (7)
                             if RPREL[Y] = Grandparent (9) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPRELIPX1 = Brother/Sister (8)
                             if RPREL[Y] = Parent (7) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPREL(PX) = Grandparent (9)
                             if RPREL[Y] = Grandparent (9) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPREL[PX] = Aunt/Uncle (10)
                             if RPREL[Y] = Grandparent (9) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPREL(PX) = Niece/Nephew (11)
                             if RPREL[Y] = Brother/Sister (8) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
                          elseif RPREL[PX] = Other Relative (12)
                             if RPREL[Y] = Niece/Nephew (11) or Other Relative (12)
                             Add 1 to TEMP, store 1 in MOMFLG(Y), endif
```

	loop end Y
Skip Instructions	If LNMOM[PX] = null and TEMP > 0, GOTO MOTHER else, GOTO FIDCCI5
Hard Edits	
Soft Edits	
AssocHelp	
Module	03
Section Name	Family Identification Section
Part	6
Question ID	FID.326
Variable Name	MOTHER
Universe	FIDCCI4B: TEMP > 0 and LNMOM[PX] = null
Universe-text	Potential mother in the Family, mother not already identified
Question Text	? [F1]
	* Ask or verify Is [fill 1] mother a household member? Include biological (natural), adoptive, step, or foster mother or mother-in-law. * Enter the line number of the mother or mother-in-law. * If the mother or mother-in-law is not a household member, enter "0". * Choose mother over mother-in-law if both are present.
Answer Codes	O. Not Listed [fill potential list of persons who could be the mother]
Question Type	Pick One - answer list pane
Field Pane Descripti	
Fill Instructions	if PX = HHRESP or RELRESP_A [fill 1] = "your" else [fill 1] = "[ALIAS[PX]]'s"
Special Instructions	Display potential list of persons who could be the mother (MOMFLG[PX] = 1) except for self in the Answer Codes.
Skip Instructions	<01-25> GOTO MOTHERCK_A <0, D, R> GOTO FIDCCI5
Hard Edits	
Soft Edits	
AssocHelp	H_MOTHER

Module	03
Section Name	Family Identification Section
Part	6
Question ID	FID.327_H
Variable Name	H_MOTHER
Universe	
Universe-text	
Question Text	Include biological, step, adoptive, and foster mother/child relationships. Enter '0' if the person's mother is not a household member or is deceased.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens:
	MOTHER MOTHERCK_A
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

03 **Module Family Identification Section** Section Name Part Question ID FID.330 1 Variable Name **MOTHERCK A** MOTHER = 1-25 or (ERR1_MOTHERCK_A = closed or goto) or Universe (ERR2_MOTHERCK_A = closed or goto) Mother or mother-in-law has been identified. Universe-text ? [F1] **Ouestion Text** [fill 1] biological (natural), adoptive, step, or foster mother or mother-in-law? **Answer Codes** 1. Biological mother 2. Adoptive mother 3. Step mother 4. Foster mother 5. mother-in-law Refused Don't know Question Type Pick One - answer list pane Field Pane Description Mother Type Fill Instructions if LNMOM[PX] = HHRESP or RELRESP A [fill 1] = "Are you [fill ALIAS[PX]]'s " elseif PX = HHRESP or RELRESP A [fill 1] = "Is [fill ALIAS[LNMOM[PX]]] your " else [fill 1] = "Is she [fill ALIAS[PX]]'s " **Special Instructions** | set AGEDIFF = AGE[LNMOM[PX]] - AGE[PX] if MOTHER(PX) = 1(biological)store MOTHER(PX) in LNMOM(PX) elseif MOTHER(PX) = 2(adopted), 3(step), 4(foster) if LNMOM(PX) = emptystore MOTHER(PX) in LNMOM(PX) endif elseif MOTHER(PX) = 5(in-law) if LNMOM(PX) = emptvstore MOTHER(PX) in LNMOM(PX) endif elseif MOTHER(PX) = refused, don't know if LNMOM(PX) = emptystore MOTHER(PX) in LNMOM(PX) endif endif <1> If AGEDIFF < 5, GOTO ERR2_MOTHERCK_A Skip Instructions elseif AGEDIFF = 5-14, GOTO ERR1_MOTHERCK_A

elseif AGEDIFF GE 50, GOTO ERR3 MOTHERCK A

else, GOTO FIDCCI5

<2-5, D, R> if AGEDIFF LE 14, GOTO ERR1_MOTHERCK_A elseif AGEDIFF GE 50, GOTO ERR3_ MOTHERCK_A else, GOTO FIDCCI5

Hard Edits

ERR2 MOTHERCK A

*Age difference between mother and child is [AGEDIFF] years.

I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

* Please correct relationship code or age.

*First GOTO is to change code at MOTHER

*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]

*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

MOTHER ALIAS (MOTHER [PX])
AGE AGE(LNMOM[PX])

AGE AGE(PX)

Soft Edits

ERR1 MOTHERCK A

*Age difference between mother and child is only [AGEDIFF] years.

I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at MOTHER

*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]

*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

MOTHER ALIAS (MOTHER [PX])
AGE AGE(LNMOM[PX])

AGE AGE(PX)

if suppressed goto FIDCCI5

ERR3 MOTHERCK A

*Age difference between mother and child is greater than or equal to 50 years. I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at MOTHER

*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]

*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

MOTHER ALIAS (MOTHER [PX])
AGE AGE(LNMOM[PX])

AGE AGE(PX)

if suppressed goto FIDCCI5

AssocHelp

H MOTHER

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03
Module
                     Family Identification Section
Section Name
Part
Question ID
                     FID.330 3
Variable Name
                     FIDCC15
                     All persons who have HHSTAT[PX] ne D, FX[PX] = FAMINT, AGE[PX] < 90
Universe
Universe-text
Question Text
Answer Codes
Question Type
                      Procedure
Field Pane Description
                           Possible Father
Fill Instructions
Special Instructions | loop for Y from 1 to HIGH LNO
                         if FX(Y) = FAMINT and SEX(Y) = 1 and AGE(Y) > 11
                         and Y ne PX and HHSTAT(Y) ne D
                          if RPREL[PX] = Spouse (2) or Unmarried partner (3)
                             if RPREL[Y] = Parent (7) or Other relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y), endif
                          elseif RPREL[PX] = Child (4) and DEGREE1[PX] = Biological (1), Adoptive (2),
                          Step (3), Foster (4), Refused (8), Don't know (9) and LNDAD[PX] = null
                             if RPREL[Y] = Unmarried partner (3) or Other relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y), endif
                          elseif (RPREL[PX] = Child (4) and DEGREE1[PX] = in-law (5)) or
                          RPREL[PX] = Child of partner (5)
                             if RPREL(Y) = Spouse (2), Unmarried partner (3) or Other Relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y), endif
                          elseif RPREL[PX] = Grandchild (6)
                             if RPREL(Y) = Child (4), Child of partner (5) or Other relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y), endif
                          elseif RPREL[PX] = Parent (7)
                             if RPREL(Y) = Grandparent (9) or Other relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y)
                          elseif RPREL[PX] = Brother/Sister (8)
                             if RPREL(Y) = Parent (7) or Other relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y)
                          elseif RPREL[PX] = Grandparent (9)
                             if RPREL(Y) = Grandparent (9) or Other relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y), endif
                          elseif RPREL[PX] = Aunt/Uncle (10)
                             if RPREL(Y) = Grandparent(9) or Other relative(12)
                             Add 1 to TEMP, store 1 in DADFLG(Y), endif
                          elseif RPREL[PX] = Niece/Nephew (11)
                             if RPREL(Y) = Brother/Sister (8) or Other relative (12)
                             Add 1 to TEMP, store 1 in DADFLG(Y), endif
                          elseif RPREL[PX] = Other relative (12)
                              RPREL(Y) = Niece/Nephew (11) or Other relative (12)
                              Add 1 to TEMP, store 1 in DADFLG(Y), endif
                     loop end Y
```

Skip Instructions	If LNDAD[PX] = null and TEMP > 0, GOTO FATHER elseif LNDAD[PX], LNMOM[PX], LGGUARD1[PX] = null and AGE < 18, GOTO LGGUARD1 elseif additional persons remain, GOTO FIDCCI4 else GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	
Module	03
Section Name	Family Identification Section
Part	6
Question ID	FID.340
Variable Name	FATHER
Universe	FIDCCI5: TEMP > 0 and LNDAD[PX] = null
Universe-text	Potential Father in Family, not already identified
Question Text	? [F1]
	* Ask or verify
	Is [fill 1] father a household member? Include biological (natural), adoptive, step, or foster father or father-in-law.
	* Enter the line number of the father or father-in-law. * If the father or father-in-law is not a household member, enter '0'.
	* Choose father over father-in-law if both are present.
Answer Codes	O. Not Listed [fill potential list of persons who could be the father]
Question Type	Pick One - answer list pane
Field Pane Descripti	on Father Line #
Fill Instructions	If PX = HHRESP or RELRESP_A [fill 1] = "your" else [fill 1] = "[ALIAS[PX]]'s"
Special Instructions	Display potential Fathers (DADFLG[Y] = 1), except self in the Question Text
Skip Instructions	<1-25> GOTO FATHERCK_A <0, D, R> if additional persons remain, GOTO FIDCCI4 else GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	H_FATHER

Module	03	
Section Name	Family Identification Section	
Part	6	
Question ID	FID.345_H	
Variable Name	H_FATHER	
Universe		
Universe-text		
Question Text	Include biological, step, adoptive, and foster father/child relationships. Enter '0' if the person's father is not a household member or is deceased.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens:	
	FATHER FATHERCK_A	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

03 **Module Family Identification Section** Section Name Part **Question ID** FID.350 1 Variable Name **FATHERCK A** FATHER = 1-25 or (ERR1 FATHERCK A = closed or goto) or (ERR2 FATHERCK A Universe = closed or goto) Father or father-in-law has been identified Universe-text ? [F1] **Ouestion Text** [fill 1] biological (natural), adoptive, step, or foster father or father-in-law? **Answer Codes** 1. Biological father 2. Adoptive father 3. Step father 4. Foster father 5. father-in-law Refused Don't know Question Type Procedure Field Pane Description Father Type Fill Instructions if LNDAD[PX] = HHRESP or RELRESP A [fill 1] = "Are you [fill ALIAS[PX]]'s " elseif PX = HHRESP or RELRESP A [fill 1] = "Is [fill ALIAS[LNDAD[PX]]] your " else [fill 1] = "Is he [fill ALIAS[PX]]'s " **Special Instructions** set AGEDIFF = AGE[LNDAD[PX]] - AGE[PX] if FATHER(PX) = 1(biological) store FATHER (PX) in LNDAD(PX) elseif FATHER(PX) = 2(adopted), 3(step), 4(foster) if LNDAD(PX) = emptystore FATHER(PX) in LNDAD(PX) endif elseif FATHER(PX) = 5(in-law) if LNDAD(PX) = emptystore FATHER(PX) in LNDAD(PX) endif elseif FATHER(PX) = refused, don't know if LNDAD(PX) = emptystore FATHER(PX) in LNDAD(PX) endif endif <1> If AGEDIFF < 5, GOTO ERR2_FATHERCK_A Skip Instructions elseif AGEDIFF = 5-14, GOTO ERR1_FATHERCK_A elseif AGEDIFF GE 50, GOTO ERR3_ FATHERCK_A

elseif additional persons remain, GOTO FIDCCI4

else, GOTO EMAN SA SC

<2-5, D, R> if AGEDIFF LE 14, GOTO ERR1_FATHERCK_A elseif AGEDIFF GE 50, GOTO ERR3_ FATHERCK_A elseif additional persons remain, GOTO FIDCCI4 else, GOTO EMAN SA SC

Hard Edits

ERR2 FATHERCK A

*Age difference between father and child is [AGEDIFF] years.

I have recorded [ALIAS(LNDAD[PX])] is [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.

Are these ages and relationships correct?

* Please correct relationship code or age.

*First GOTO is to change code at FATHER

*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]

*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

FATHER ALIAS(FATHER [PX])
AGE AGE(LNDAD[PX])

AGE AGE(PX)

Soft Edits

ERR1 FATHERCK A

*Age difference between father and child is only [AGEDIFF] years.

I have recorded [ALIAS(LNDAD[PX])] is [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER

*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]

*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

FATHER ALIAS(FATHER [PX])
AGE AGE(LNDAD[PX])

AGE AGE(PX)

if suppressed goto FIDCCI4

ERR3_FATHERCK_A

*Age difference between father and child is greater than or equal to 50 years. I have recorded [ALIAS(LNDAD[PX])] is [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER

*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]

*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value

FATHER ALIAS(FATHER [PX])
AGE AGE(LNDAD[PX])

AGE AGE(PX)

if suppressed goto FIDCCI4

AssocHelp

H FATHER

Module	03
Section Name	Family Identification Section
Part	6
Question ID	FID.358
Variable Name	EXIT2
Universe	For all PX in FX with HHSTAT ne 'D' and ST NOT IN ('empty','Refused','Don't know') and ((ST = 'MS' and AGE <'21') or (ST IN ('AL','NE') and AGE <'19') or (ST NOT IN ('MS','AL','NE') and AGE <'18'))
Universe-text	For all states all nondeleted persons who are less than 21 years old in MS or less than 19 years old in AL and NE or less than 18 years old in all other states
Question Text	Not every family in our survey is asked all questions. I have all the information about your family that I need at this time. Thank you for your assistance.
	* Enter (1) to proceed.
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description Emancipation	
Fill Instructions	
Special Instructions	
Skip Instructions	<1> set OUTCOME = Occupied entirely by minors (224) GOTO VISITCNT (Back Section)
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	6
Question ID	FID.361_00.000
Variable Name	LGGUARD1
Universe	[(RPREL=17) or (FIDCCI5: LNMOM[PX], LNDAD[PX], LGGUARD1, and TEMP = null (0))] and (AGE[PX] < 18) and (All persons who have HHSTAT[PX] ne D) and (All persons who have HHSTAT4[PX] ne E)
Universe-text	(Person is ward of reference person OR both mother and father are not present in the household) AND person is less than 18 AND person is not deleted and is not an emancipated minor
Question Text	[fill: Do you/Does ALIAS] have a legal guardian?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	ion
Fill Instructions	if PX = HHRESP or RELRESP_A [fill 1] = "Do you" else [fill 1] = "[Does ALIAS[PX]]'s"
Special Instructions	Display list of persons GE 18 in the Question text
Skip Instructions	<1> [goto LGGUARD2] <2,R,D> if additional persons remain, GOTO FIDCCI4 else GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	

Module	03	
Section Name	Family Identification Section	
Part	6	
Question ID	FID.362_00.000	
Variable Name	LGGUARD2	
Universe	LGGUARD1=1	
Universe-text	Person less than 18 has legal	guardian
Question Text	*Ask or verify. Is [fill ALIAS'S] legal guardian a *Enter the line number of the legal guardian is not a h	egal guardian.
Answer Codes	(Allow 0, 1-25 for line number of	
Question Type Field Pane Descripti	Integer on	
Fill Instructions	if PX = HHRESP or RELRESP [fill 1] = "your" else [fill 1] = "[ALIAS[PX]]'s"	_A
Special Instructions	Display list of persons GE 18 in	n the Question text
Skip Instructions	<0-25, D, R> if additional personal selse GOTO ROSTERCK	ons remain, GOTO FIDCCI
Hard Edits		
Soft Edits		
AssocHelp	H_LGGUARD2	

Module	03
Section Name	Family Identification Section
Part	6
Question ID	FID.362_00_H
Variable Name	H_LGGUARD2
Universe	
Universe-text	
Question Text	If the person has a legal guardian living in the household enter the person number that corresponds to the guardian. If the legal guardian is not a household member enter '0'.
Answer Codes	
Question Type	Help Screen
Field Pane Description	n Help about legal guardians
Fill Instructions	
Special Instructions	Associated Screen:
	LGGUARD2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	
Question ID	FID.365
Variable Name	ROSTERCK
Universe	All cases
Universe-text	
Question Text	Fill:
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description	Verify roster
Fill Instructions	If Sample Child and/or Sample Adult not yet selected Fill = * You WILL NOT be able to change demographic information after answering this question. * Please review the roster information listed below. * If you are confident that it has been recorded accurately, you may enter 1 to continue. Otherwise, go back and correct now. LN NAME AGE SEX Relationship (line number, name, age, sex, and relationship of all persons in the HH (not just the family), including deleted persons) else Fill = * The demographic information is now locked and cannot be changed. * Enter 1 to continue. Endif
Special Instructions	
Skip Instructions	goto EMAN_SA_SC
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	7
Question ID	FID.368
Variable Name	EMAN_SA_SC
Universe	All cases
Universe-text	
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	# Emancipated Minor Definition: 1. Age 14-20, married, widowed, divorced, separated, or living with a partner in MS 2. Age 14-18, married, widowed, divorced, separated, or living with a partner in AL or NE 3. Age 14-17, married, widowed, divorced, separated, or living with a partner in all other states # Emancipated minor cannot be sample adult nor sample child. *** If there are any non-deleted persons in the family, who are > 17 *** store N in AGE17 *** Loop to determine emancipated minors. Loop for all HH members: if FX[PX] = FAMINT and ((ST = MS and AGE[PX] = 14-20) or (ST IN (AL,NE) and AGE[PX] = 14-17)) and HHSTAT[PX] ne D and (MARITAL[PX] = married (1), widowed (2), divorced (3), separated (4), or living with a partner (6)), store E in HHSTAT4[PX] endloop *** loop to determine sample adult eligibility loop through all PX if FX[PX] = FAMINT and HHSTAT[PX] ne D and HHSTAT3[PX] ne A and ((ST = MS and AGE[PX] > 20) or (ST IN (AL,NE) and AGE[PX] > 18) or (ST NOT IN (AL,NE,MS) and AGE[PX] > 17)) add 1 to TEMP, store 1 in ELIG[PX] and PX in HOLD, endif loop end Y if TEMP = 0 store 0 in SASEL, ASTAT elseif TEMP = 1 store HOLD in SASEL, S in HHSTAT4[HOLD] else randomly select a PX, using only ELIG[PX] = 1 persons. Store PX in SASEL, S in HHSTAT4[PX] AND SET SAFLG endif

	** Loop to determine if an eligible sample child exists. ** child must not be emancipated, deleted ** or in the armed forces ** and less than 18. Set TEMP and HOLD = null loop through all PX if FX[PX] = FAMINT and HHSTAT[PX] ne D and HHSTAT3[PX] ne A and AGE[PX] < 18 and HHSTAT4[PX] ne E add 1 to TEMP, store 1 ELIG[PX] and PX in HOLD endif loop end
	if TEMP = 0 store 0 in SCSEL, 0 in CSTAT elseif TEMP = 1 store HOLD in SCSEL, C in HHSTAT4[HOLD] else randomly select a sample child using only ELIG[PX] = 1 store PX in SCSEL, C in HHSTAT4[PX] AND SET SCFLG endif
Skip Instructions	GOTO SASCFLG
Hard Edits	
Soft Edits	
AssocHelp	

```
03
Module
                     Family Identification Section
Section Name
Part
Question ID
                     FID.370
Variable Name
                     SAID
                     All cases
Universe
Universe-text
                     * [fill 1]
Question Text
                     * [fill 2]
Answer Codes
Question Type
                     Enter 1 to Continue
Field Pane Description
Fill Instructions
                     [fill 1]
                     if SASEL ne 0
                        "[ALIAS[SASEL]] is selected as the sample adult."
                        "No sample adult was selected."
                     [fill2]
                     If SCSEL ne 0
                        "[ALIAS[SCSEL]] is selected as the sample child."
                        "No sample child was selected."
                     Cycle through all HH members to identify the total number of sample adults in the
Special Instructions
                     family.
                     I. if FX[PX] = FAMINT and HHSTAT[PX] ne D and ((ST = MS and AGE[PX] > 20) or
                     (ST IN (AL,NE) and AGE[PX] > 18) or (ST NOT IN (AL,NE,MS) and AGE[PX] > 17))
                        add 1 to TOTADULT
                        store PX in HOLD (a temporary array variable)
                       endif
                     II. WEIGHTED CONDITIONS after meeting the above conditions:
                        A. Weight=1 for those greater than 17 years old.
                        B. Weight=2 for those AGE= (65 and up) AND a minority where either:
                           1. NATOR = 1 or
                           2. RACE = 2, 9, 10, 11, 12, 13, 14, or 15
                     III. if TOTADULT = 1 and HHRESP = HOLD (the PX of the only adult counted in
                     TOTADULT in the array)
                          store HOLD in KNOW2, FINTRO2, FAMRESP, LNO_RESP
                          set HHSTAT7[HOLD] = B and HSTAT = 1
                          if SCSEL ne 0
                            store HOLD in KNOWSC2
                          endif
                        endif
Skip Instructions
                     if TOTADULT > 1 or (TOTADULT = 1 and HHRESP ne HOLD)
```

goto KNOW2

	elseif TOTADULT = 1 and HHRESP = HOLD goto FHS.HLTH_BEG endif
Hard Edits	
Soft Edits	
AssocHelp	
Module	03
Section Name	Family Identification Section
Part	
Question ID	FID.375
Variable Name	CNAM_FLG
Universe	
Universe-text	Household respondent has backed up to change data in the sample adult or sample child name fields after the sample persons selections have been made
Question Text	
Answer Codes	Blank - no change in name field 1 - change in name field
Question Type	**Instrument variable**
Field Pane Descripti	on
Fill Instructions	
Special Instructions	if SAID screen has been passed, and if FR backs up and changes data in fields HHC.010_1 (NAME_FNAME), HHC.010_2 (NAME_MNAME), or HHC.010_3 (NAME_LNAME) or data in fields FID.112_1 (CHG_NAME_FNAME), FID.112_2 (CHG_NAME_MNAME) or FID.112_3 (CHG_NAME_LNAME) for the sample adult or the sample child then output value of '1'; else value is blank
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

	03
Section Name	Family Identification Section
Part	8
Question ID	FID.380
Variable Name	KNOW2
Universe	TOTADULT > 1 or (TOTADULT = 1 and HHRESP ne HOLD)
Universe-text	More than one adult or (one adult and that adult is not the household respondent.)
Question Text	? [F1]
Question Text	* Verify or ask Who in the family would you say knows about the health of all the family members? [fill 1] * Mark all that apply, separate with commas.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descript	ion
Fill Instructions	[fill 1] Display all family members who are not deleted and ((ST = MS and AGE[PX] > 20) or (ST IN (AL, NE) and AGE[PX] > 18) or (ST NOT IN (AL,NE,MS) and AGE[PX] > 17))
Special Instructions	
Skip Instructions	<1-25, D, R> if SCSEL = 0, GOTO FINTRO2 else, GOTO KNOWSC2
Hard Edits	
Soft Edits	
AssocHelp	H_KNOW2

Module	03
Section Name	Family Identification Section
Part	8
Question ID	FID.385_H
Variable Name	H_KNOW2
Universe	
Universe-text	
Question Text	Enter the person numbers of up to 3 family members who are knowledgeable about the health of the rest of the family.
	The persons entered in this item must be "eligible" respondents, that is, they must be a responsible adult household member 18 years of age or older. Adult Armed Forces members living at home may respond for the family.
	Do not include family members under 18 unless they have ever been married or there are no persons 18+ in the family.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	On Help to determine who is knowledgeable about the health of family members
Fill Instructions	
Special Instructions	Associated Screen:
	KNOW2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

03 Module **Family Identification Section** Section Name **Part Question ID** FID.390 1 Variable Name **KNOWSC2** (TOTADULT > 1 or (TOTADULT = 1 and HHRESP ne HOLD)) and SCSEL ne 0 Universe (More than one adult or (one adult and that adult is not the household respondent)) and Universe-text a sample child is selected. ? [F1] Question Text We select one child in each family for additional health questions. In this family that is [fill 2]. Who in the family would you say knows about and is responsible for the health of [fill 2]? [fill 1] * Select up to three persons. Mark all that apply (up to three persons), separate by commas. **Answer Codes** Question Type **Enter All That Apply** Field Pane Description Fill Instructions [fill 1] Display all family members who are not deleted and ((ST = MS and AGE[PX] > 20) or (ST IN (AL, NE) and AGE[PX] > 18) or (ST NOT IN (AL, NE, MS) and AGE[PX] > 17)) [fill 2] = [ALIAS[SCSEL]] **Special Instructions** <1-25, D, R> If more than 3 are selected, GOTO ERR KNOWSC2 Skip Instructions **ELSE, GOTO FINTRO2 ERR KNOWSC2** Hard Edits * Can't have more than three. Unselect someone. * Please correct. Soft Edits **H KNOWSC AssocHelp**

Module	03
Section Name	Family Identification Section
Part	8
Question ID	FID.390_2_H
Variable Name	H_KNOWSC
Universe	
Universe-text	
Question Text	Enter the person numbers of up to 3 family members who are the most knowledgeable about the sample child.
	The persons entered in this item must be "eligible" respondents, that is, they must be a responsible adult household member 18 years of age or older. Adult Armed Forces members living at home may respond for the sample child. Do not include family members under 18 unless they have ever been married or there are no persons 18+ in the family.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	On Help to determine who is knowledgeable about the health of family members
Fill Instructions	
Special Instructions	Associated Screen:
	KNOWSC2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	8
Question ID	FID.390_3
Variable Name	FINTRO2
Universe	TOTADULT > 1 or (TOTADULT = 1 and HHRESP ne HOLD)
Universe-text	More than one adult or (one adult and that adult is not the household respondent.)
Question Text	* Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas. [fill 1] * If any persons listed are not present, say: We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now? * If yes, ask: Could they join us? * If nobody is presently available, enter "96" to procede to a callback screen.
Answer Codes	*/ ALLOW UP TO 10 ENTRIES FROM 1-25/* 96. No one available
Question Type	Enter All That Apply
Field Pane Descripti	on Family members present
Fill Instructions	[fill 1] Display all family members who are not deleted and ((ST = MS and AGE[PX] > 20) or (ST IN (AL, NE) and AGE[PX] > 18) or (ST NOT IN (AL,NE,MS) and AGE[PX] > 17))
Special Instructions	Do not allow Don't Know or Refused
	If only 1 PX entered, store FINTRO2 in FAMRESP, LNO_RESP set HHSTAT7=B, HSTAT=1 endif
Skip Instructions	<96> GOTO FCALLBK1 (Callback section) if only one PX selected, GOTO HLTH_BEG (FHS) else GOTO FAMRESP
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	8
Question ID	FID.390_4
Variable Name	FAMRESP
Universe	FINTRO2 ne 96 and more than one adult person number is entered.
Universe-text	More than one adult is present and available for interviewing.
Question Text	* Ask if necessary: With whom am I speaking? [fill 1] * Enter the line number of the person you consider to be the main respondent for this family's health questions.
Answer Codes	
Question Type	Pick One - answer list pane
Field Pane Descripti	on Family respondent
Fill Instructions	[fill 1] Display all selected from FINTRO2
Special Instructions	Do not allow Don't Know or Refused Set HHSTAT7=B, HSTAT=1 Store PX in LNO_RESP
Skip Instructions	GOTO HLTH_BEG
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Family Identification Section
Part	
Question ID	FID.400
Variable Name	HHCFIDC_FLG
Universe	
Universe-text	
Question Text	***FLAG***
Answer Codes	0,1
Question Type	Flag
Field Pane Descripti	on
Fill Instructions	
Special Instructions	if HLTH_BEG in(1,8) then HHCFIDC_FLG := 1 else HHCFIDC_FLG := 0 endif
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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Section name:

HEALTH STATUS AND LIMITATION OF ACTIVITIES

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.001	
Variable Name	HLTH_BEG	
Universe	FSTAT= empty or FSTAT=2	
Universe-text	All families	
Question Text	* Read the following introduction:	
		I1: your/the] general health [fill2: /of family members] mental, or emotional health problems.
	* If refused enter CTRL-R.	
Answer Codes	Enter 1 to Continue	
Question Type	Text	
Field Pane Descripti	on Continue	
Fill Instructions	fill1: if the subject=respondent f	ill "your" else fill "the". ill an empty blank " " else, fill "of family members"
Special Instructions	family level item; don't store do not allow <dk></dk>	
Skip Instructions	<1> [store <> in FSTAT; if AGE <r> goto [BCK.215_VISITCNT</r>	LE 4 goto FLAPLYLM; else goto FSPEDEIS]
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	Family Health Ststus and Limitations of Activity
Part	
Question ID	FHS.002
Variable Name	FAMDATE
Universe	HLTH_BEG = continue
Universe-text	Family Questionnaire has been started
Question Text	
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Set only if FAMDATE = empty if HLTH_BEG = 1 (continue), set FAMDATE = CDATE (current date) (now called ComputationDate) This is an output variable that should be in the format 'MMDDYYYY'
Skip Instructions	
-	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	Family Health Ststus and Limitations of Activity
Part	
Question ID	FHS.003
Variable Name	FAMTIME
Universe	HLTH_BEG = continue
Universe-text	Family Questionnaire has been started
Question Text	
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	on
Fill Instructions	
Special Instructions	Set only if FAMTIME = empty if HLTH_BEG = 1 (continue), set FAMTIME = current time
	This is an output variable that should be in the format "HH:MM [fill: a.m./p.m.]
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.005
Variable Name	FLAPLYLM
Universe	AGE<5
Universe-text	Families with one or more children age 0 to 4 years
Question Text	?[F1]
	[fill1: Are/ls]
	* Read names (fill roster of persons age 0-4)
	limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Limited in Play
Fill Instructions	fill1: For multi-person children age 0 to 4 years fill "Are", else fill "Is" fill2: For multi-person children age 0 to 4 years fill "they", else fill "he/she"
Special Instructions	family level item; roster grid (display roster of children age 0 to 4) Store this family level value to the person level.
Skip Instructions	<1> and only one child <5 store line number in PLAPLYLM and goto PLAPLYUN. Else, goto [PLAPLYLM] <2,D,R> [goto FSPEDEIS]
Hard Edits	
Soft Edits	
AssocHeln	H FLAPLYLM

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.005_H	
Variable Name	H_FLAPLYLM	
Universe		
Universe-text		
Question Text	This question is only for children four years old or younger.	
	Physical, mental, and emotional problems are respondent defined.	
	The term "limited" is respondent defined.	
	Enter "1" if the respondent believes that any of the children four years old or younger are limited in the kind or amount of play activities they can do because of a physical, mental, or emotional problem.	
	Enter "2" if the respondent does not believe that any of the children four years old or younger are limited in the kind or amount of play activities they can do because of a physical, mental, or emotional problem.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description	on	
Fill Instructions		
Special Instructions	Associated Screens: FLAPLYLM	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04		
Section Name	HEALTH STATUS AND LIMITA	TION OF ACTIVITIES	
Part			
Question ID	FHS.010		
Variable Name	PLAPLYLM		
Universe	FLAPLYML=1		
Universe-text	Persons <5 years and more than	1 child under 5	
Question Text	* Ask or verify. Enter applicable	line number(s), separate with commas.	
	Who is this? (Anyone else?)		
Answer Codes			
Question Type	Enter All That Apply		
Field Pane Description	on Who		
Fill Instructions			
Special Instructions	family level item; store at both far Eligible children with age 0-4 yea Store this family level value to the	rs	
Skip Instructions	[Goto PLAPLYUN]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.020
Variable Name	PLAPLYUN
Universe	FLAPLYLM =1 and persons selected in PLAPLYLM
Universe-text	Persons <5 yrs limited in play activities
Question Text	Is [fill: Alias listed in PLAPLYLM] able to take part AT ALL in the usual kinds of play activities done by most children [Alias]'s age?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Can Play at All
Fill Instructions	fill: Alias listed in PLAPLYLM
Special Instructions	person level item
Skip Instructions	<1,2,D,R> [Repeat this question to those children listed in PLAPLYLM, then [Goto FSPEDEIS]
Hard Edits	
Soft Edits	
AssocHelp	

-		
Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.050	
Variable Name	FSPEDEIS	
Universe	AGE<18	
Universe-text	Persons<18 years	
Question Text	?[F1]	
	[fill: Do you/Does/Do any of the following family members,	
	* Read names	
	(fill roster of persons less than age 18)]	
	receive Special Educational or Early Intervention Services?	
Answer Codes	1. Yes 2. No Refused Don't Know	
Question Type	Yes/No	
Field Pane Descripti	ion Special Ed/EIS	
Fill Instructions	fill: for single-person household AGE<18 fill "Do you" (Emancipated minor), for multi- person houshold in which there is a single-person<18 years fill "Does" else fill "Do any of the"	
Special Instructions	family level item; roster grid (display roster of persons<18 years) Store this family level value to the person level.	
Skip Instructions	<1> If only 1 child in the family, or if subject (child<18)=respondent [store child's person number in [PSPEDEIS]_1, goto PSPEDEM], else [goto PSPEDEIS] <2,D,R> [goto FLAADL]	
Hard Edits		
Soft Edits		
AssocHelp	H_FSPEDEIS	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.050_H
Variable Name	H_FSPEDEIS
Universe	
Universe-text	
Question Text	This question is only for children 17 years old or younger.
	Special Education is teaching designed to meet the needs of a child with special needs and/or disabilities. They are designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital. Early Intervention Services are services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FSPEDEIS
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.060
Variable Name	PSPEDEIS
Universe	FSPEDEIS=1 and more than 1 child less than 18
Universe-text	Persons < 18 receive Special Ed/EIS
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who is this? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	family level item; store at both family and at person level eligible children ages 0-17 years Store this family level value to the person level.
Skip Instructions	[Goto PSPEDEM]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04		
Section Name	HEALTH STATUS AND LIMITA	ATION OF ACTIVITIES	
Part			
Question ID	FHS.065		
Variable Name	PSPEDEM		
Universe	FSPEDEIS= 1 and persons sele	ected in PSPEDEIS	
Universe-text			
Question Text	[fill: Do you/Does ALIAS] receive problem?	e these services because of	of an emotional or behavioral
Answer Codes	1. Yes 2. No Refused Don't Know		
Question Type	Yes/No		
Field Pane Description	on Due to Emotional/Behavio	ral Problem	
Fill Instructions	fill: if the subject=respondent fill	"Do you" else, fill "Does A	LIAS"
Special Instructions	person level item		
Skip Instructions	<1,2,D,R> [goto FLAADL]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.070
Variable Name	FLAADL
Universe	All families
Universe-text	Families with one or more persons ages 3 years and older
Question Text	Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?
	[fill2: Do not include family members age 2 and under.]
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Personal Care Needs
Fill Instructions	fill1: if one person family fill "do you" else, fill "does anyone in the family" fill2: If there is a child < 3 years old in the family add "Do not include family members age 2 and under."
Special Instructions	family level item; roster grid Store this family level value to the person level.
Skip Instructions	<1>If one person family, [store the respondent person number into PLAADL, [goto LABATH], else [goto PLAADL] <2,D,R> [goto FLAIADL]
Hard Edits	
Soft Edits	
AssocHelp	H_FLAADL

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.070_H
Variable Name	H_FLAADL
Universe	
Universe-text	
Question Text	This question is for all family members age 3 and over.
	Physical, mental, and emotional problems are respondent defined.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FLAADL
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.080
Variable Name	PLAADL
Universe	FLAADL= 1 and more than 1 person age 3+ years
Universe-text	All families
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who is this? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	family level item; store at both family and at person level Eligible persons ages 3+ years Store this family level value to the person level.
Skip Instructions	[Goto LABATH]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.090_1
Variable Name	LABATH
Universe	FLAADL= 1 and person selected in PLAADL
Universe-text	Persons with a limitation
Question Text	[fill: Do you/Does Alias] need the help of other persons with
	Bathing or showering?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Repeating Series - Yes/No
Field Pane Descripti	ion Bathing
Fill Instructions	fill: if the subject= respondent fill "Do you" else, fill "Does Alias"
Special Instructions	person level item; Roster grid for all selected in PLAADL
Skip Instructions	<1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LADRESS-LAHOME] Else, [goto FLAIADL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.090_2
Variable Name	LADRESS
Universe	FLAADL= 1 and person selected in PLAADL
Universe-text	Persons with a limitation
Question Text	* Read if necessary.
	[fill: Do you/Does Alias] need the help of other persons with Dressing?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Repeating Series - Yes/No
Field Pane Descripti	on Dressing
Fill Instructions	fill: if the subject=respondent fill "Do you" else, fill "Does Alias"
Special Instructions	person level item Roster grid
Skip Instructions	<1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LAEAT-LAHOME Else, [goto FLAIADL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.090_3
Variable Name	LAEAT
Universe	FLAADL= 1 and person selected in PLAADL
Universe-text	Persons with a limitation
Question Text	* Read if necessary.
	[fill: Do you/Does Alias] need the help of other persons with Eating?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Repeating Series - Yes/No
Field Pane Descripti	on Eating
Fill Instructions	fill: if the subject=respondent fill "Do you" else, fill "Does Alias"
Special Instructions	person level item; Roster grid
Skip Instructions	<1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LABED-LAHOME Else [goto FLAIADL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.090_4	
Variable Name	LABED	
Universe	FLAADL= 1 and person selected in PLAADL	
Universe-text	Persons with a limitation	
Question Text	* Read if necessary.	
Answer Codes	[fill: Do you/Does Alias] need the help of other persons with Getting in or out of bed or chairs? 1. Yes 2. No Refused	
	Don't Know	
Question Type	Repeating Series - Yes/No	
Field Pane Descripti	on In/out Bed/ Chairs	
Fill Instructions	fill: if the subject=respondent fill "Do you" else, fill "Does Alias"	
Special Instructions	person level item; Roster grid	
Skip Instructions	<1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LATOILT- LAHOME Else [goto FLAIADL]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.090_5	
Variable Name	LATOILT	
Universe	FLAADL= 1 and person selected in PLAADL	
Universe-text	Persons with a limitation	
Question Text	* Read if necessary.	
Answer Codes	[fill: Do you/Does Alias] need the help of other persons with Using the toilet, including getting to the toilet? 1. Yes 2. No Refused Don't Know	
Question Type	Repeating Series - Yes/No	
Field Pane Descripti	on Toileting	
Fill Instructions	fill: if the subject=respondent fill "Do you" else, fill "Does Alias"	
Special Instructions	person level item; Roster grid	
Skip Instructions	<1, 2, D, R> [Repeat this question for family members listed in PLAADL, goto LAHOME Else [goto FLAIADL]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.090_6	
Variable Name	LAHOME	
Universe	FLAADL= 1 and person selected in PLAADL	
Universe-text	Persons with a limitation	
Question Text	* Read if necessary.	
	[fill: Do you/Does Alias] need the help of other persons with Getting around inside the home?	
Answer Codes	1. Yes 2. No Refused Don't Know	
Question Type	Repeating Series - Yes/No	
Field Pane Description Get Around in Home		
Fill Instructions	fill: if the subject=respondent fill "Do you" else, fill "Does Alias"	
Special Instructions	person level item; Roster grid	
Skip Instructions	<1, 2, D, R> [Repeat this question for family members listed in PLAADL, Else [goto FLAIADL]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.150	
Variable Name	FLAIADL	
Universe	AGE>=18	
Universe-text	Families with one or more persons ages 18 years and older	
Question Text	?[F1]	
	Because of a physical, mental, or emotional problem, do [fill: you/any of these family members	
	* Read names (fill roster of persons greater than or equal to age 18)]	
	need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	
Answer Codes	1. Yes 2. No Refused Don't Know	
Question Type	Yes/No	
Field Pane Descripti	Routine needs	
Fill Instructions	fill: if one person family fill "you" else, fill "any of these family members * (Read names)"	
Special Instructions	family level item new form pane (display roster of persons AGE>=18)	
Skip Instructions	<1> If one person family, store the respondent's person number in PLAIADL, Goto FLAWKNOW], else [goto PLAIADL] <2,D,R> [goto FLAWKNOW]	
Hard Edits		
Soft Edits		
AssocHelp	H_FLAIADL	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.150_H	
Variable Name	H_FLAIADL	
Universe		
Universe-text		
Question Text	This question is for all family members age 18 and older.	
	Physical, mental, and emotional problems are respondent define	ed.
	Enter "1" if the respondent believes that someone in the family repersons in handling routine needs, such as everyday household chores, doing necessary business, shop for other purposes. Enter "2" if the respondent does not believe that anyone in the factor other persons in handling routine needs,	oping, or getting around amily needs the help of
	such as everyday household chores, doing necessary business, around for other purposes.	shopping, or getting
Answer Codes		
Question Type	Help Screen	
Field Pane Descripti	ion	
Fill Instructions		
Special Instructions	Associated Screens: FLAIADL	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.160	
Variable Name	PLAIADL	
Universe	FLAIADL= 1 and more than 1 person 18+	
Universe-text	Families with limitations persons 18+yrs. and more than 1 persons 18+ yrs.	
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.	
	Who is this? (Anyone else?)	
Answer Codes		
Question Type	Enter All That Apply	
Field Pane Description	on Who	
Fill Instructions		
Special Instructions	family level item; store at both family and at person level Eligible persons age 18+	
Skip Instructions	Family members not in delete status only. Otherwise, [goto FLAWKNOW].	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.170
Variable Name	FLAWKNOW
Universe	AGE>= 18
Universe-text	Families with one or more persons ages 18 years and older
Question Text	?[F1]
	Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members
	* Read names (fill roster of persons greater than than or equal to age 18)]
	from working at a job or business?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Unable to work	
Fill Instructions	fill: if one person family fill "you" else, fill "any of these family members * (Read names) (fill in names of family members aged 18 and older)"
Special Instructions	family level item display roster of persons 18 and older
Skip Instructions	<1>If one person family store in [PLAWKNOW] goto FLAWALK, Else goto PLAWKNOW <2,R,DK> [goto FLAWKLIM]
Hard Edits	
Soft Edits	
AssocHelp	H_FLAWKNOW

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.170_H
Variable Name	H_FLAWKNOW
Universe	
Universe-text	
Question Text	This question is for family members 18 years old and older.
	Physical, mental, and emotional problems are respondent defined.
	Enter "1" if a physical, mental, or emotional problem NOW keeps any of the family members 18 years old or older from working at a job or business.
	Enter "2" if a physical, mental, or emotional problem does not NOW keep any of the family members 18 years old or older from working at a job or business.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FLAWKNOW
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.180	
Variable Name	PLAWKNOW	
Universe	FLAWKNOW=1 and more than	1 person 18+
Universe-text	Families with more than 1 limite	ed person 18+ years
Question Text	* Ask or verify. Enter applicab	e line number(s), separate with commas.
	Who is this? (Anyone else?)	
Answer Codes		
Question Type	Enter All That Apply	
Field Pane Descripti	on Who	
Fill Instructions		
Special Instructions	family level item; store at both f Eligible persons age 18+	amily and at person level
Skip Instructions	All selected goto [FLAWALK], Else goto [FLAWKLIM]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.190	
Variable Name	FLAWKLIM	
Universe	AGE >= 18 and at least 1 person	on NOT selected in PLAWKNOW
Universe-text	Families with (one or more personal PLAWKNOW)	sons ages 18 years and older and not selected in
Question Text	?[F1]	
	[fill: Are you limited in the kind OR amount of work you/ Is Alias limited in the kind OR amount of work he/she/ Are any of these family members,	
	* Read names (fill roster of persons greater th	an or equal to age 18)]
	limited in the kind OR amount of emotional problem?	of work they] can do because of a physical, mental or
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	on Limited in work	
Fill Instructions		l "Are you" If only 1 person not selected in" else, fill "Are any of these family members, * (Read d OR amount of work they"
Special Instructions	family level item (Read names below) display ro PLAWKNOW	ster of persons AGE>=18 and not selected in
Skip Instructions	<1> [if one-person family, or or person number in PLAWKLIM a <2,R,DK> [goto FLAWALK]	nly 1 person 18+ not selected in PLAWKNOW, store and goto [FLAWALK]; else goto [PLAWKLIM]
Hard Edits		
Soft Edits		
AssocHelp	H_FLAWKLIM	

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.190_H	
Variable Name	H_FLAWKLIM	
Universe		
Universe-text		
Question Text	identified as having a physical, problem that NOW keeps them Physical, mental, and emotional Enter "1" if any of the family me identified as having a physical, emotional problem that NOW k in the kind OR amount of work because of a physical, mental, Enter "2" if none of the family nidentified as having a physical,	from working at a job or business. If problems are respondent defined. If problems are limited they can do If problems are limited they can do If problems are limited they can do If problems are limited they can do
Answer Codes		
Question Type	Help Screen	
Field Pane Descripti	on	
Fill Instructions		
Special Instructions	Associated Screen: FLAWKLIM	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHeln		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.200	
Variable Name	PLAWKLIM	
Universe	FLAWKLIM = 1 and more than 1 person 18+ NOT selected in PLAWKNOW	
Universe-text	More than 1 persons 18+ years and able to work	
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.	
	Who is this? (Anyone else?)	
Answer Codes		
Question Type	Enter All That Apply	
Field Pane Description	on Who	
Fill Instructions		
Special Instructions	family level item; store at both family and at person level Eligible persons age 18+ and NOT selected in PLAWKNOW	
Skip Instructions	Family members not in delete status only. [goto FLAWALK];	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.210	
Variable Name	FLAWALK	
Universe	All	
Universe-text	All families	
Question Text	?[F1]	
	Because of a health problem, [fill: do you/does anyone in the family] have difficulty walking without using any special equipment?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	on Difficulty walking	
Fill Instructions	fill: if one person family fill "do you" else, fill "does anyone"	
Special Instructions	family level item	
Skip Instructions	<1> if one person family store in PLAWALK and goto [FLAREMEM], else goto [PLAWALK] <2,R,DK> [goto FLAREMEM]	
Hard Edits		
Soft Edits		
AssocHelp	H_FLAWALK	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.210_H
Variable Name	H_FLAWALK
Universe	
Universe-text	
Question Text	This question is for all family members.
	The term "health problem" is respondent defined.
	Enter "1" if any family member, because of a health problem, has difficulty walking without using any special equipment.
	Enter "2" if no family member, because of a health problem, has difficulty walking without using any special equipment.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	Associated Screens: FLAWALK
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.220	
Variable Name	PLAWALK	
Universe	FLAWALK = 1 and more than 1	person in family
Universe-text		
Question Text	* Ask or verify. Enter applicab	e line number(s), separate with commas.
	Who is this? (Anyone else?)	
Answer Codes		
Question Type	Enter All That Apply	
Field Pane Descripti	on Who	
Fill Instructions		
Special Instructions	family level item; store at both f All non-deleted persons eligible	·
Skip Instructions	Family members not in delete s Goto [FLAREMEM].	status only.
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.230
Variable Name	FLAREMEM
Universe	
Universe-text	All families
Question Text	?[F1]
	[fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because [fill2: you/they] experience periods of confusion?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	ion Difficulty remembering
Fill Instructions	fill1: if one person family fill "Are you" else, fill "Is anyone in the family" fill2: if one person family fill "you" else, fill "they"
Special Instructions	family level item
Skip Instructions	<1> if single-person family and age is less than 18, store person number in PLAREMEM and goto [LAHCC] Else, if single person family and age is 18+ store person # in [PLAREMEM] and goto LAHCA. Else goto [PLAREMEM] <2,R,DK> [goto FLIMANY]
Hard Edits	
Soft Edits	
AssocHelp	H_FLAREMEM

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.230_H
Variable Name	H_FLAREMEM
Universe	
Universe-text	
Question Text	This question is for all family members.
	Consider a person to be "limited" if he/she can only partially perform an activity, or can do it fully only part of the time, or cannot do it at all. Include only limitations related to difficulty remembering or experiencing periods of confusion.
Answer Codes	CONTROLL.
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FLAREMEM
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.240
Variable Name	PLAREMEM
Universe	FLAREMEM = 1 and more than 1 person in family
Universe-text	
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who is this? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	family level item; store at both family and at person level All non-deleted persons eligible
Skip Instructions	Goto [FLIMANY]
Hard Edits	
Soft Edits	
AssocHeln	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.250
Variable Name	FLIMANY
Universe	At least 1 person NOT selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM
Universe-text	All families with any family members with no previously mentioned limitations (NOT selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM)
Question Text	?[F1]
	[fill: Are you/ Is Alias/ Are any family members
	* Read names (fill roster of applicable persons.)]
	LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	On Any limitation
Fill Instructions	fill: if one person family fill "Are you" if more than 1 member not selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM, fill "Are any family members * (Read names) (list names of persons without limitation)" Else, fill "Is Alias"
Special Instructions	family level item; Background validation using PLAPLYLM, PSPEDEIS, PLAADL, PLAIADL, PLAWKNOW, PLAWKLIM, PLAWALK, and PLAREMEM. * Read names below; Only display family members NOT selected in these items.
Skip Instructions	<1> [if 1 person family or respondent= only person NOT selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] fill "Are you". Else if only 1 person not selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] fill "Is Alias"; Else fill "Are any family members * Read names below (list names of person without limitation)" <2,R,DK> [goto LAHCC]
Hard Edits	
Soft Edits	
AssocHelp	H_FLIMANY

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.250_H
Variable Name	H_FLIMANY
Universe	
Universe-text	
Question Text	This question is for those family members that have not been previously reported as having a limitation due to a physical, mental, or emotional problem, or a limitation due to difficulty remembering or experiencing periods of confusion. Physical, mental, and emotional problems are respondent defined. Consider a person to be "limited" if he/she can only partially perform an activity, or can do it fully only part of the time, or cannot do it at all. Include only limitations related to physical, mental, or emotional problems.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FLIMANY
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.260
Variable Name	PLIMANY
Universe	FLIMANY = 1 and more than 1 person NOT selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM
Universe-text	
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who is this? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	family level item; store at both family and at person level Eligible persons NOT selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM. Only display family members NOT selected in these items.
Skip Instructions	Goto LAHCC
Hard Edits	
Soft Edits	
AssocHelp	

04 **Module HEALTH STATUS AND LIMITATION OF ACTIVITIES** Section Name Part **Question ID** FHS.270 Variable Name LAHCC Universe age 0 to 17 years and (person selected in (PLAPLYLM or PSPEDEIS or PLAADL or Universe-text PLAWALK or PLAREMEM or PLIMANY)) (book) F1 Question Text What conditions or health problems cause [fill: Alias]'s limitations? * Enter all that apply, separate with commas. * Do not probe except to clarify answer. Answer Codes 1. Vision/ problem seeing 2. Hearing problem 3. Speech problem 4. Asthma/breathing problem 5. Birth defect 6. Injury 7. Intellectual disability, also known as mental retardation 8. Other developmental problem (for example, cerebral palsy) 9. Other mental, emotional, or behavioral problem 10. Bone, joint, or muscle problem 11. Epilepsy or seizures 12. Learning disability 13. Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90. Other impairment/problem (LAHCC S1) 91. Other impairment/problem (LAHCC S2) Refused Don't know Question Type **Enter All That Apply** Field Pane Description Conditions/health problems Fill Instructions fill: [Alias] person level item; store at person level **Special Instructions** Condition Grid <1-4, 6-13> selected entries goto appropriate follow up question LHCL##N [##= 01-13, Skip Instructions 90.911 <5> fill "96" in LHCL05N and fill "6" in LHCL05T <90> goto LAHCC_S1 <91> goto LAHCC_S2 <R, DK> Roster through all selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] Once exhausted goto LAHCA. For all selected LAHCC entries goto appropriate follow up question LHCL##N [##= 01-13, 90,91]

Roster through all LAHCC entries. Roster through all selected in [PLAPLYLM or in

	PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] Once exhausted goto LAHCA.
Hard Edits	
Soft Edits	
AssocHelp	H_LAHCC
Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.270_H
Variable Name	H_LAHCC
Universe	
Universe-text	
Question Text	This question is for those family members less than 18 years old who were previously reported as having a limitation.
	The terms "conditions" and "health problems" are respondent defined.
	Do not read the precoded categories to the respondent.
	Enter "90 or 91" if the respondent mentions a condition or health problem not listed and then specify the condition exactly as the respondent states it.
	Consider a person to be "limited" if he/she can only partially perform an activity, or can do it fully only part of the time, or cannot do it at all.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on [
Fill Instructions	
Special Instructions	Associated Screens: LAHCC
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.271_90
Variable Name	LAHCC_S1
Universe	If 90 selected in LAHCC
Universe-text	Other impairment selected in LAHCC
Question Text	* Read if necessary.
	What is the other impairment or problem?
Answer Codes	
Question Type	Text
Field Pane Descripti	Specify One
Fill Instructions	
Special Instructions	
Skip Instructions	<50 chars> goto [LHCL90N]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.271_91
Variable Name	LAHCC_S2
Universe	If 91 selected in LAHCC
Universe-text	Other impairment selected in LAHCC
Question Text	* Read if necessary.
	What is the other impairment or problem?
Answer Codes	
Question Type	Text
Field Pane Descripti	on Specify One
Fill Instructions	
Special Instructions	
Skip Instructions	<50 chars> goto [LHCL91N]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.280_1	
Variable Name	LHCL01N	
Universe	LAHCC=1	
Universe-text	Condition number 1 selected in	LAHCC
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a vision problem or problem seeing?
	* Enter number for time with vis * Enter '95' for 95 or more. * Enter '96' if since birth.	ion problem or problem seeing.
Answer Codes		
Question Type	Integer	
Field Pane Description Number		
Fill Instructions	fill: if the subject=respondent fil	"have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL01T <96> then fill "6" in LHCL01T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL01T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04		
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES		
Part			
Question ID	FHS.280_2		
Variable Name	LHCL01T		
Universe	LHCL01N=1-95, DK		
Universe-text	Condition number 1 selected in LAHCC		
Question Text	2 of 2		
	* Enter time period for time with vision problem or problem seeing. (LHCL01N)		
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know		
Question Type Pick One - answer list pane			
Field Pane Description Time period			
Fill Instructions			
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.		
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL01T		
	if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto [ERR1_LHCL01T]		
Hard Edits	ERR1_LHCL01T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL01T * "6" not selectable.		
Soft Edits			
AssocHelp			

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.282_1	
Variable Name	LHCL02N	
Universe	LAHCC=2	
Universe-text	Condition number 2 selected in	LAHCC
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a hearing problem?
	* Enter number for time with he * Enter '95' for 95 or more. * Enter '96' if since birth.	aring problem.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	"have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL02T <96> then fill "6" in LHCL02T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL02T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.282_2	
Variable Name	LHCL02T	
Universe	LHCL02N=1-95, DK	
Universe-text	Condition number 2 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with hearing problem. (LHCL02N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Description	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL02T	
	if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto [ERR1_LHCL02T]	
Hard Edits	ERR1_LHCL02T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL02T * "6" not selectable.	
Soft Edits		
AssacHeln		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.284_1	
Variable Name	LHCL03N	
Universe	LAHCC=3	
Universe-text	Condition number 3 selected in LAHCC	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had a speech problem?	
	* Enter number for time with speech problem. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL03T <96> then fill "6" in LHCL03T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL03T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04		
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES		
Part			
Question ID	FHS.284_2		
Variable Name	LHCL03T		
Universe	LHCL03N=1-95, DK		
Universe-text	Condition number 3 selected in LAHCC		
Question Text	2 of 2		
	* Enter time period for time with speech problem. (LHCL03N)		
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know		
Question Type	Pick One - answer list pane		
Field Pane Description Time period			
Fill Instructions			
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.		
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL03T		
	if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto [ERR1_LHCL03T]		
Hard Edits	ERR1_LHCL03T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL03T * "6" not selectable.		
Soft Edits			
AssocHelp			

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.286_1	
Variable Name	LHCL04N	
Universe	LAHCC=4	
Universe-text	Condition number 4 selected in	LAHCC
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had asthma or a breathing problem?
	* Enter number for time with as * Enter '95' for 95 or more. * Enter '96' if since birth.	thma or breathing problem.
Answer Codes		
Question Type	Integer	
Field Pane Description Number		
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL04T <96> then fill "6" in LHCL04T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL04T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.286_2	
Variable Name	LHCL04T	
Universe	LHCL04N=1-95, DK	
Universe-text	Condition number 4 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with asthma or a breathing problem. (LHCL04N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Description Time period		
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL04T	
	if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto [ERR1_LHCL04T]	
Hard Edits	ERR1_LHCL04T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL04T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.287_1	
Variable Name	LHCL05N	
Universe	LAHCC=5	
Universe-text	Condition number 5 selected in	LAHCC
Question Text		
Answer Codes		
Question Type	Integer	
Field Pane Description	on Number	
Fill Instructions		
Special Instructions	Storage variable for the line nu defect condition. Question text not displayed person level item; store at pers	mber of the Health Status and Limitation section birth on level
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITAT	ON OF ACTIVITIES
Part		
Question ID	FHS.287_2	
Variable Name	LHCL05T	
Universe	LHCL05N=1-95, DK	
Universe-text	Condition number 5 selected in LA	HCC
Question Text		
Answer Codes		
Question Type	Pick One - answer list pane	
Field Pane Description Units		
Fill Instructions		
Special Instructions	Storage variable for the line numb defect condition. Question text not displayed	er of the Health Status and Limitation section birth
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.288_1	
Variable Name	LHCL06N	
Universe	LAHCC=6	
Universe-text	Condition number 6 selected in LAHCC	
Question Text	1 of 2	
	How long [fill1: have you/has Alias] had the injury that caused [fill2:your/his/her] limitation?	
	* Enter number for time with the injury. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill1: if the subject=respondent fill "have you" else, fill "has Alias" fill2: if the subject=respondent fill "your" else, fill "his/her"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL06T <96> then fill "6" in LHCL06T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL06T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.288_2	
Variable Name	LHCL06T	
Universe	LHCL06N=1-95, DK	
Universe-text	Condition number 6 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with the injury that caused [fill: your/his/her] limitation. (LHCL06N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Time period	
Fill Instructions	fill: if the subject=respondent fill "your" else, fill "his/her"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL06T	
	if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto [ERR1_LHCL06T]	
Hard Edits	ERR1_LHCL06T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL06T	
	* "6" not selectable.	
Soft Edits	* "6" not selectable.	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.290_1	
Variable Name	LHCL07N	
Universe	LAHCC=7	
Universe-text	Condition number 7 selected in LAHCC	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had intellectual disability, also known as mental retardation?	
	* Enter number for time with intellectual disability/mental retardation. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL07T <96> then fill "6" in LHCL07T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL07T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.290_2	
Variable Name	LHCL07T	
Universe	LHCL07N=1-95, DK	
Universe-text	Condition number 7 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with intellectual disability/mental retardation. (LHCL07N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Description Time period		
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Special Instructions Skip Instructions	The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which	
	The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC. <1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.	
	The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC. <1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL07T if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE	
Skip Instructions	The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC. <1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL07T if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto [ERR1_LHCL07T] ERR1_LHCL07T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL07T	

Module	04	
Section Name	HEALTH STATUS AND LIMIT.	ATION OF ACTIVITIES
Part		
Question ID	FHS.292_1	
Variable Name	LHCL08N	
Universe	LAHCC=8	
Universe-text	Condition number 8 selected in	LAHCC
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a developmental problem (e.g. cerebral palsy)?
	* Enter number for time with de * Enter '95' for 95 or more. * Enter '96' if since birth.	velopmental problem.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	ion Number	
Fill Instructions	fill: if the subject=respondent fil	"have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL08T <96> then fill "6" in LHCL08T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL08T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.292_2	
Variable Name	LHCL08T	
Universe	LHCL08N=1-95, DK	
Universe-text	Condition number 8 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with developmental problem (e.g. cerebral palsy). (LHCL08N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Description	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL08T	
	if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto [ERR1_LHCL08T]	
Hard Edits	ERR1_LHCL08T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL08T * "6" not selectable.	
Soft Edits		
AssacHeln		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.294_1	
Variable Name	LHCL09N	
Universe	LAHCC=9	
Universe-text	Condition number 9 selected in	LAHCC
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a mental, emotional, or behavioral problem?
	* Enter number for time with me * Enter '95' for 95 or more. * Enter '96' if since birth.	ental, emotional, or behavioral problem.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL09T <96> then fill "6" in LHCL09T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL09T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.294_2	
Variable Name	LHCL09T	
Universe	LHCL09N=1-95, DK	
Universe-text	Condition number 9 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with mental, emotional, or behavioral problem. (LHCL09N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Description	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL09T	
	if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto [ERR1_LHCL09T]	
Hard Edits	ERR1_LHCL09T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL09T * "6" not selectable.	
Soft Edits		
AssacHeln		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.296_1	
Variable Name	LHCL10N	
Universe	LAHCC=10	
Universe-text	Condition number 10 selected in	n LAHCC
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a bone, joint, or muscle problem?
	* Enter number for time with bo * Enter '95' for 95 or more. * Enter '96' if since birth.	ne, joint, or muscle problem.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL10T <96> then fill "6" in LHCL10T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL10T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.296_2	
Variable Name	LHCL10T	
Universe	LHCL10N=1-95, DK	
Universe-text	Condition number 10 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with bone, joint, or muscle problem. (LHCL10N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descript	ion Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL10T	
	if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto [ERR1_LHCL10T]	
Hard Edits	ERR1_LHCL10T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL10T * "6" not selectable.	
Soft Edits		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.298_1	
Variable Name	LHCL11N	
Universe	LAHCC=11	
Universe-text	Condition number 11 selected i	n LAHCC
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had epilepsy or seizures?
	* Enter number for time with ep * Enter '95' for 95 or more. * Enter '96' if since birth.	ileplsy or seizures.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL11T <96> then fill "6" in LHCL11T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL11T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.298_2	
Variable Name	LHCL11T	
Universe	LHCL11N=1-95, DK	
Universe-text	Condition number 11 selected in LAHCC	
Question Text	2 of 2	
	* Enter time period for time with epilepsy or seizures.	
	(LHCL11N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descript	ion Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL11T	
	if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto [ERR1_LHCL11T]	
Hard Edits	ERR1_LHCL11T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL11T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.300_1	
Variable Name	LHCL12N	
Universe	LAHCC=12	
Universe-text	Condition number 12 selected in LAHCC	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had a learning disability?	
	* Enter number for time with learning disability. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	
Skip Instructions	<1-95, D> goto LHCL12T <96> then fill "6" in LHCL12T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL12T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.300_2
Variable Name	LHCL12T
Universe	LHCL12N=1-95, DK
Universe-text	Condition number 12 selected in LAHCC
Question Text	2 of 2
	* Enter time period for time with learning disability. (LHCL12N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL12T
	if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto [ERR1_LHCL12T]
Hard Edits	ERR1_LHCL12T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL12T * "6" not selectable.
Soft Edits	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.302_1
Variable Name	LHCL13N
Universe	LAHCC=13
Universe-text	Condition number 13 selected in LAHCC
Question Text	1 of 2
	How long [fill: have you/has Alias] had attention deficit/hyperactivity disorder?
	* Enter number for time with attention deficit/hyperactivity disorder. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
Skip Instructions	<1-95, D> goto LHCL13T <96> then fill "6" in LHCL13T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL13T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.302_2
Variable Name	LHCL13T
Universe	LHCL13N=1-95, DK
Universe-text	Condition number 13 selected in LAHCC
Question Text	2 of 2
	* Enter time period for time with attention deficit/hyperactivity disorder. (LHCL13N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL13T
	if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto [ERR1_LHCL13T]
Hard Edits	ERR1_LHCL13T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL13T * "6" not selectable.
Soft Edits	

Module	04	
Section Name	HEALTH STATUS AND LIMITATI	ON OF ACTIVITIES
Part		
Question ID	FHS.304_1	
Variable Name	LHCL90N	
Universe	LAHCC=90	
Universe-text	Condition number 90 selected in L.	AHCC
Question Text	1 of 2	
	How long [fill1: have you/has Alias]	had [fill2: problem in LAHCC_S1]?
	* Enter number for time with [fill1: p * Enter '95' for 95 or more. * Enter '96' if since birth.	problem in LAHCC_S1]?
Answer Codes		
Question Type	Integer	
Field Pane Descripti	ion Number	
Fill Instructions	fill1: if the subject=respondent fill "I fill2: problem LAHCC2_S1	nave you" else, fill "has Alias"
Special Instructions	The form pane for this item was re	designed for Q2, such that only conditions that were so, the conditions will display in the order in which
Skip Instructions		nue to ask number and time period for each nd LHCL##T]; Roster through persons eligible in ext condition in [LAHCC]
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.304_2
Variable Name	LHCL90T
Universe	LHCL90N=1-95, DK
Universe-text	Condition number 90 selected in LAHCC
Question Text	2 of 2
	* Enter time period for time with [fill: problem in LAHCC_S1].
	(LHCL90N)
Answer Codes	1. Day(s)
	2. Week(s) 3. Month(s)
	4. Year(s) Since Birth
	Refused Don't Know
Question Type	
Field Pane Descripti	Pick One - answer list pane ion Time period
Fill Instructions	fill: problem in LAHCC2_S1
Special Instructions	person level item; store at person level.
Special Instituctions	The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
Skip Instructions	<1-4, R, D>
	if 91 selected in LAHCC, then goto LAHCC_S2, Else, roster through all LAHCC entries and goto appropriate LHCL##N [##= 01-13, 90,
	91]
	Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA.
	<6> goto ERR2_LHCL90T
	if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto [ERR1_LHCL90T]
Hard Edits	ERR1_LHCL90T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL90T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.306_1	
Variable Name	LHCL91N	
Universe	LAHCC=91	
Universe-text	Condition number 91 selected in LAHCC	
Question Text	1 of 2	
	How long [fill1: have you/has Alias] had [fill2: problem in LAHCC_S2]?	
	* Enter number for time with [fill1: problem in LAHCC_S2].	
	* Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	ion Number	
Fill Instructions	fill1: if the subject=respondent fill "have you" else, fill "has Alias" fill2: problem in LAHCC2_S2	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.	Э
Skip Instructions	<1-95, D> goto LHCL91T <96> then fill "6" in LHCL91T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T]; Roster through persons eligible in LAHCC, else go to[LAHCA] <r> store "R" in [LHCL91T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.306_2
Variable Name	LHCL91T
Universe	LHCL91N=1-95, DK
Universe-text	Condition number 91 selected in LAHCC
Question Text	2 of 2
	* Enter time period for time with [fill: problem in LAHCC_S2]. (LHCL91N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	fill: problem in LAHCC_S2
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_LHCL91T
	if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto [ERR1_LHCL91T]
Hard Edits	ERR1_LHCL91T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL91T * "6" not selectable.
Soft Edits	
AssocHelp	

04 **Module HEALTH STATUS AND LIMITATION OF ACTIVITIES** Section Name Part Question ID FHS.350 Variable Name **LAHCA** Universe age 18+ and (person selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM Universe-text or PLAWALK or PLAREMEM or PLIMANY)) (book) F2 ?[F1] Question Text What conditions or health problems cause [fill: your/Alias's] limitations? * Enter all that apply, separate with commas. * Do not probe except to clarify answer. Answer Codes 1. Vision/problem seeing 2. Hearing problem 3. Arthritis/rheumatism 4. Back or neck problem 5. Fracture or bone/joint injury 6. Other injury 7. Heart problem 8. Stroke problem 9. 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 (LAHCA_S1)

91. Other impairment/problem (LAHCA_S2)

Refused Don't know/not sure Question Type Enter All That Apply Field Pane Description Conditions/health problems fill: if the subject=respondent fill "your" else, fill " Alias" Fill Instructions **Special Instructions** person level item; store at person level Condition Grid <1-12, 14-35, 90,91> selected entries goto appropriate follow up question LHAL##N Skip Instructions [##= 01-35, 90, 91]<13> fill "96" in LHAL13N and fill "6" in LHAL13T <90> goto LAHCA_S1 <91> goto LAHCA S2 <R, DK> Roster through all selected in (PLAADL or PLAIADL or PLAWKNOW or **PLAWKLIM** or PLAWALK or PLAREMEM or PLIMANY)) Once exhausted goto PHSTAT For all selected LAHCA entries goto appropriate followup question LHAL##N [##= 01-35, 90, 911 Roster through all LAHCA entries. Roster through all selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY)) Once exhausted goto PHSTAT. Hard Edits

Soft Edits

AssocHelp

H_LAHCA

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.350_H
Variable Name	H_LAHCA
Universe	
Universe-text	
Question Text	This question is for those family members 18 years old or older who were previously reported as having a limitation.
	The terms [b]conditions[b] and [b]health problems[b] are respondent defined.
	Do not read the precoded categories to the respondent.
	Enter "90" or "91" if the respondent mentions a condition or health problem not listed and then specify the condition exactly as the respondent states it.
	Consider a person to be [b]limited[b] if he/she can only partially perform an activity, or can do it fully only part of the time, or cannot do it at all.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: LAHCA
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.351_90
Variable Name	LAHCA_S1
Universe	If 90 selected in LAHCA
Universe-text	Other impairment selected in LAHCA
Question Text	* Read if necessary.
	What is the other impairment or problem?
Answer Codes	
Question Type	Text
Field Pane Descripti	on Specify One
Fill Instructions	
Special Instructions	
Skip Instructions	<50 chars> goto [LHAL90N]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.351_91
Variable Name	LAHCA_S2
Universe	If 91 selected in LAHCA
Universe-text	Other impairment selected in LAHCA
Question Text	* Read if necessary.
	What is the other impairment or problem?
Answer Codes	
Question Type	Text
Field Pane Descripti	on Specify One
Fill Instructions	
Special Instructions	
Skip Instructions	<50 chars> Roster through all LAHCA entries and goto appropriate LHAL##N [##= 01-35, 90, 91]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.360_1
Variable Name	LHAL01N
Universe	LAHCA= 1
Universe-text	Condition number 1 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had a vision problem or problem seeing?
	* Enter number for time with vision problem or problem seeing. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject= respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL01T <96> then fill "6" in LHAL01T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL01T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.360_2
Variable Name	LHAL01T
Universe	LHAL01N= 1-95, DK
Universe-text	Condition number 1 selected in LAHCA
Question Text	2 of 2
	* Enter time period for time with vision problem or problem seeing.
	(LHAL01N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	ion Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL01T
	if (LHAL01T = 4 and LHAL01N > AGE), goto [ERR1_LHAL01T]
Hard Edits	ERR1_LHAL01T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL01T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.362_1	
Variable Name	LHAL02N	
Universe	LAHCA= 2	
Universe-text	Condition number 2 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had a hearing problem?	
	* Enter number for time with hearing problem. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL02T <96> then fill "6" in LHAL02T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL02T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.362_2	
Variable Name	LHAL02T	
Universe	LHAL02N= 1-95, DK	
Universe-text	Condition number 2 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with hearing problem.	
	(LHAL02N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type Pick One - answer list pane		
Field Pane Descripti	Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL02T	
	if (LHAL02T = 4 and LHAL02N > AGE), goto [ERR1_LHAL02T]	
Hard Edits	ERR1_LHAL02T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL02T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.364_1	
Variable Name	LHAL03N	
Universe	LAHCA= 3	
Universe-text	Condition number 3 selected in	LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had arthritis or rheumatism?
	* Enter number for time with ar * Enter '95' for 95 or more. * Enter '96' if since birth.	hritis or rheumatism.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL03T <96> then fill "6" in LHAL03T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL03T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.364_2	
Variable Name	LHAL03T	
Universe	LHAL03N= 1-95, DK	
Universe-text	Condition number 3 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with arthritis or rheumatism.	
	(LHAL03N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL03T	
	if (LHAL03T = 4 and LHAL03N > AGE), goto [ERR1_LHAL03T]	
Hard Edits	ERR1_LHAL03T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL03T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.366_1	
Variable Name	LHAL04N	
Universe	LAHCA= 4	
Universe-text	Condition number 4 selected in	LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a back or neck problem?
	* Enter number for time with ba * Enter '95' for 95 or more. * Enter '96' if since birth.	ck or neck problem.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL04T <96> then fill "6" in LHAL04T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL04T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.366_2	
Variable Name	LHAL04T	
Universe	LHAL04N= 1-95, DK	
Universe-text	Condition number 4 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with back or neck problem.	
	(LHAL04N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type Pick One - answer list pane		
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL04T	
	if (LHAL014T = 4 and LHAL04N > AGE) , goto [ERR1_LHAL04T]	
Hard Edits	ERR1_LHAL04T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL04T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.368_1	
Variable Name	LHAL05N	
Universe	LAHCA= 5	
Universe-text	Condition number 5 selected in	LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a fracture, bone, or joint injury?
	* Enter number for time with fra * Enter '95' for 95 or more. * Enter '96' if since birth.	cture, bone or joint injury.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL05T <96> then fill "6" in LHAL05T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL05T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.368_2	
Variable Name	LHAL05T	
Universe	LHAL05N= 1-95, DK	
Universe-text	Condition number 5 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with fracture, bone, or joint injury.	
	(LHAL05N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	ion Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL05T	
	if (LHAL05T = 4 and LHAL05N > AGE), goto [ERR1_LHAL05T]	
Hard Edits	ERR1_LHAL05T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL05T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04		
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES		
Part			
Question ID	FHS.370_1		
Variable Name	LHAL06N		
Universe	LAHCA= 6		
Universe-text	Condition number 6 selected in LAHCA		
Question Text	1 of 2		
	How long [fill1: have you/has Alias] had the [fill2: other] injury that caused [fill3: your/his/her] limitation? * Enter number for time with the injury. * Enter '95' for 95 or more.		
American Codes	* Enter '96' if since birth.		
Answer Codes			
Question Type	Integer		
Field Pane Description	Field Pane Description Number		
Fill Instructions	fill1: if the subject=respondent fill "have you" else, fill "has Alias" fill2: if (LAHCA=5) fill "other" fill3: if the subject=respondent fill "your" else, fill "his/her"		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.		
Skip Instructions	<1-95, D> goto LHAL06T <96> then fill "6" in LHAL06T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL06T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>		
Hard Edits			
Soft Edits			
AssocHelp			

Module	04		
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES		
Part			
Question ID	FHS.370_2		
Variable Name	LHAL06T		
Universe	LHAL06N= 1-95, DK		
Universe-text	Condition number 6 selected in	LAHCA	
Question Text	2 of 2		
	* Enter time period for time with [fill1: other] injury that caused [fill2: your/his/her] limitation. (LHAL06N)		
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know		
Question Type	Pick One - answer list pane		
Field Pane Description Time period			
Fill Instructions	fill1: if (LAHCA=5) fill "other" fill2: if the subject=respondent fill "your" else, fill "his/her"		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.		
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL06T		
	if (LHAL06T = 4 and LHAL06N	> AGE), goto [ERR1_LHAL06T]	
Hard Edits	ERR1_LHAL06T * Time with condition cannot be ERR2_LHAL06T * "6" not selectable.	greater than age. Please correct.	
Soft Edits			
AssocHelp			

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.372_1
Variable Name	LHAL07N
Universe	LAHCA= 7
Universe-text	Condition number 7 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had a heart problem?
	* Enter number for time with heart problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL07T <96> then fill "6" in LHAL07T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL07T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.372_2	
Variable Name	LHAL07T	
Universe	LHAL07N= 1-95, DK	
Universe-text	Condition number 7 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with heart problem.	
	(LHAL07N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL07T	
	if (LHAL07T = 4 and LHAL07N > AGE), goto [ERR1_LHAL07T]	
Hard Edits	ERR1_LHAL07T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL07T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.374_1	
Variable Name	LHAL08N	
Universe	LAHCA= 8	
Universe-text	Condition number 8 selected in	LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a stroke problem?
	* Enter number for time with str * Enter '95' for 95 or more. * Enter '96' if since birth.	oke problem.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions		s redesigned for Q2, such that only conditions that were Also, the conditions will display in the order in which
Skip Instructions	<1-95, D> goto LHAL08T <96> then fill "6" in LHAL08T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL08T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.374_2
Variable Name	LHAL08T
Universe	LHAL08N= 1-95, DK
Universe-text	Condition number 8 selected in LAHCA
Question Text	2 of 2
	* Enter time period for time with stroke problem.
	(LHAL08N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL08T
T	if (LHAL08T = 4 and LHAL08N > AGE), goto [ERR1_LHAL08T]
Hard Edits	ERR1_LHAL08T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL08T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.376_1	
Variable Name	LHAL09N	
Universe	LAHCA= 9	
Universe-text	Condition number 9 selected in	LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had hypertension or high blood pressure?
	* Enter number for time with hy * Enter '95' for 95 or more. * Enter '96' if since birth.	pertension or high blood pressure.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	ion Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions		s redesigned for Q2, such that only conditions that were Also, the conditions will display in the order in which
Skip Instructions	<1-95, D> goto LHAL09T <96> then fill "6" in LHAL09T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL09T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.376_2	
Variable Name	LHAL09T	
Universe	LHAL09N= 1-95, DK	
Universe-text	Condition number 9 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with hypertension or high blood pressure. (LHAL09N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL09T	
	if (LHAL09T = 4 and LHAL09N > AGE) , goto [ERR1_LHAL09T]	
Hard Edits	ERR1_LHAL09T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL09T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.378_1
Variable Name	LHAL10N
Universe	LAHCA= 10
Universe-text	Condition number 10 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had diabetes?
	* Enter number for time with diabetes. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL10T <96> then fill "6" in LHAL10T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL10T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.378_2	
Variable Name	LHAL10T	
Universe	LHAL10N= 1-95, DK	
Universe-text	Condition number 10 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with diabetes.	
	(LHAL10N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descript	ion Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL10T	
Hand Edda	if (LHAL10T = 4 and LHAL10N > AGE), goto [ERR1_LHAL10T]	
Hard Edits	ERR1_LHAL10T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL10T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.380_1	
Variable Name	LHAL11N	
Universe	LAHCA= 11	
Universe-text	Condition number 11 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had a lung problem or breathing problem (e.g., asthma and emphysema)?	
	* Enter number for time with lung problem or breathing problem. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL11T <96> then fill "6" in LHAL11T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL11T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.380_2	
Variable Name	LHAL11T	
Universe	LHAL11N= 1-95, DK	
Universe-text	Condition number 11 selected i	n LAHCA
Question Text	2 of 2	
	* Enter time period for time with emphysema). (LHAL11N)	n lung problem or breathing problem (e.g., asthma and
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Description Time period		
Fill Instructions		
Special Instructions		s redesigned for Q2, such that only conditions that were Also, the conditions will display in the order in which
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL11T	
	if (LHAL11T = 4 and LHAL11N	> AGE), goto [ERR1_LHAL11T]
Hard Edits	ERR1_LHAL11T * Time with condition cannot be ERR2_LHAL11T * "6" not selectable.	greater than age. Please correct.
Soft Edits		
AssocHoln		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.382_1
Variable Name	LHAL12N
Universe	LAHCA= 12
Universe-text	Condition number 12 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had cancer?
	* Enter number for time with cancer. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL12T <96> then fill "6" in LHAL12T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL12T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.382_2	
Variable Name	LHAL12T	
Universe	LHAL12N= 1-95, DK	
Universe-text	Condition number 12 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with cancer.	
	(LHAL12N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL12T	
	if (LHAL12T = 4 and LHAL12N > AGE), goto [ERR1_LHAL12T]	
Hard Edits	ERR1_LHAL12T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL12T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITA	TION OF ACTIVITIES
Part		
Question ID	FHS.383_1	
Variable Name	LHAL13N	
Universe	LAHCA=13	
Universe-text	Condition number 13 selected in	LAHCA
Question Text		
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions		
Special Instructions	Storage variable for the line number defect condition. Question text not displayed person level item; store at person	ber of the Health Status and Limitation section birth
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.383_2	
Variable Name	LHAL13T	
Universe	LHCL13N=1-95, DK	
Universe-text	Condition number 13 selected	n LAHCA
Question Text		
Answer Codes		
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	Storage variable for the line nu defect condition. Question text not displayed	mber of the Health Status and Limitation section birth
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.384_1
Variable Name	LHAL14N
Universe	LAHCA= 14
Universe-text	Condition number 14 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had intellectual disability, also known as mental retardation?
	* Enter number for time with intellectual disability/mental retardation. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL14T <96> then fill "6" in LHAL14T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL14T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.384_2	
Variable Name	LHAL14T	
Universe	LHAL14N= 1-95, DK	
Universe-text	Condition number 14 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with intellectual disability/mental retardation. (LHAL14N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL14T	
	if (LHAL14T = 4 and LHAL14N > AGE), goto [ERR1_LHAL14T]	
Hard Edits	ERR1_LHAL14T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL14T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.386_1
Variable Name	LHAL15N
Universe	LAHCA= 15
Universe-text	Condition number 15 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had a developmental problem (e.g. cerebral palsy)?
	* Enter number for time with developmental problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL15T <96> then fill "6" in LHAL15T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL15T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.386_2	
Variable Name	LHAL15T	
Universe	LHAL15N= 1-95, DK	
Universe-text	Condition number 15 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with developmental problem (e.g. cerebral palsy). (LHAL15N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL15T	
	if (LHAL15T = 4 and LHAL15N > AGE), goto [ERR1_LHAL15T]	
Hard Edits	ERR1_LHAL15T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL15T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATIO	N OF ACTIVITIES
Part		
Question ID	FHS.388_1	
Variable Name	LHAL16N	
Universe	LAHCA= 16	
Universe-text	Condition number 16 selected in LA	HCA
Question Text	1 of 2	
	How long [fill: have you/has Alias] ha	d senility?
	* Enter number for time with senility. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	ion Number	
Fill Instructions	fill: if the subject=respondent fill "have	e you" else, fill "has Alias"
Special Instructions		vel. esigned for Q2, such that only conditions that were to the conditions will display in the order in which
Skip Instructions		ue to ask number and time period for each I LHAL##T]; Roster through persons eligible in It condition in [LAHCA]
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.388_2
Variable Name	LHAL16T
Universe	LHAL16N= 1-95, DK
Universe-text	Condition number 16 selected in LAHCA
Question Text	2 of 2
	* Enter time period for time with senility.
	(LHAL16N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL16T
	if (LHAL16T = 4 and LHAL16N > AGE), goto [ERR1_LHAL16T]
Hard Edits	ERR1_LHAL16T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL16T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.390_1
Variable Name	LHAL17N
Universe	LAHCA= 17
Universe-text	Condition number 17 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] 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.
Answer Codes	
Question Type	Integer
Field Pane Descripti	ion Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL17T <96> then fill "6" in LHAL17T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL17T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.390_2
Variable Name	LHAL17T
Universe	LHAL17N= 1-95, DK
Universe-text	Condition number 17 selected in LAHCA
Question Text	2 of 2
	* Enter time period for time with depression, anxiety, or an emotional problem.
	(LHAL17N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL17T
	if (LHAL17T = 4 and LHAL17N > AGE), goto [ERR1_LHAL17T]
Hard Edits	ERR1_LHAL17T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL17T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.392_1
Variable Name	LHAL18N
Universe	LAHCA= 18
Universe-text	Condition number 18 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had a weight problem?
	* Enter number for time with weight problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL18T <96> then fill "6" in LHAL18T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL18T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.392_2	
Variable Name	LHAL18T	
Universe	LHAL18N= 1-95, DK	
Universe-text	Condition number 18 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with weight problem.	
	(LHAL18N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL18T	
	if (LHAL18T = 4 and LHAL18N > AGE) , goto [ERR1_LHAL18T]	
Hard Edits	ERR1_LHAL18T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL18T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.394_1	
Variable Name	LHAL19N	
Universe	LAHCA= 19	
Universe-text	Condition number 19 selected i	n LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a missing limb (finger, toe, or digit)?
	* Enter number for time with mi * Enter '95' for 95 or more. * Enter '96' if since birth.	ssing limb.
Answer Codes		
Question Type	Integer	
Field Pane Description Number		
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions		s redesigned for Q2, such that only conditions that were Also, the conditions will display in the order in which
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.394_2	
Variable Name	LHAL19T	
Universe	LHAL19N= 1-95, DK	
Universe-text	Condition number 19 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with missing limb (finger, toe, or digit). (LHAL19N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL19T	
	if (LHAL19T = 4 and LHAL19N > AGE), goto [ERR1_LHAL19T]	
Hard Edits	ERR1_LHAL19T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL19T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.396_1
Variable Name	LHAL20N
Universe	LAHCA= 20
Universe-text	Condition number 20 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had a kidney, bladder or renal problem?
	* Enter number for time with kidney, bladder or renal problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL20T <96> then fill "6" in LHAL20T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL20T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.396_2	
Variable Name	LHAL20T	
Universe	LHAL20N= 1-95, DK	
Universe-text	Condition number 20 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with kidney, bladder or renal problem.	
	(LHAL20N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL20T	
	if (LHAL20T = 4 and LHAL20N > AGE), goto [ERR1_LHAL20T]	
Hard Edits	ERR1_LHAL20T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL20T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.398_1	
Variable Name	LHAL21N	
Universe	LAHCA= 21	
Universe-text	Condition number 21 selected i	n LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a circulation problem (including blood clots)?
	* Enter number for time with cir * Enter '95' for 95 or more. * Enter '96' if since birth.	culation problem.
Answer Codes		
Question Type	Integer	
Field Pane Description Number		
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions		s redesigned for Q2, such that only conditions that were Also, the conditions will display in the order in which
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.398_2
Variable Name	LHAL21T
Universe	LHAL21N= 1-95, DK
Universe-text	Condition number 21 selected in LAHCA
Question Text	2 of 2
	* Enter time period for time with circulation problem (including blood clots).
	(LHAL21N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL21T
	if (LHAL21T = 4 and LHAL21N > AGE), goto [ERR1_LHAL21T]
Hard Edits	ERR1_LHAL21T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL21T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.400_1	
Variable Name	LHAL22N	
Universe	LAHCA= 22	
Universe-text	Condition number 22 selected	n LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had benign tumors or cysts?
	* Enter number for time with be * Enter '95' for 95 or more. * Enter '96' if since birth.	nign tumors or cysts.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	l "have you" else, fill "has Alias"
Special Instructions		s redesigned for Q2, such that only conditions that were Also, the conditions will display in the order in which
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.400_2	
Variable Name	LHAL22T	
Universe	LHAL22N= 1-95, DK	
Universe-text	Condition number 22 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with benign tumors or cysts.	
	(LHAL22N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL22T	
	if (LHAL22T = 4 and LHAL22N > AGE), goto [ERR1_LHAL22T]	
Hard Edits	ERR1_LHAL22T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL22T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.402_1
Variable Name	LHAL23N
Universe	LAHCA= 23
Universe-text	Condition number 23 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had fibromyalgia or lupus?
	* Enter number for time with fibromyalgia or lupus. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL23T <96> then fill "6" in LHAL23T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL23T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.402_2	
Variable Name	LHAL23T	
Universe	LHAL23N= 1-95, DK	
Universe-text	Condition number 23 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with fibromyalgia or lupus.	
	(LHAL23N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL23T	
	if (LHAL23T = 4 and LHAL23N > AGE) , goto [ERR1_LHAL23T]	
Hard Edits	ERR1_LHAL23T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL23T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.404_1
Variable Name	LHAL24N
Universe	LAHCA= 24
Universe-text	Condition number 24 selected in LAHCA
Question Text	1 of 2
	How long [fill: have you/has Alias] had osteoporosis or tendinitis?
	* Enter number for time with osteoporosis or tendinitis. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto LHAL24T <96> then fill "6" in LHAL24T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL24T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.404_2
Variable Name	LHAL24T
Universe	LHAL24N= 1-95, DK
Universe-text	Condition number 24 selected in LAHCA
Question Text	2 of 2
	* Enter time period for time with osteoporosis or tendinitis.
Answer Codes	(LHAL24N) 1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL24T
	if (LHAL24T = 4 and LHAL24N > AGE), goto [ERR1_LHAL24T]
Hard Edits	ERR1_LHAL24T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL24T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.406_1	
Variable Name	LHAL25N	
Universe	LAHCA= 25	
Universe-text	Condition number 25 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had epilepsy or seizures?	
	* Enter number for time with epilepsy or seizures. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL25T <96> then fill "6" in LHAL25T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL25T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.406_2	
Variable Name	LHAL25T	
Universe	LHAL25N= 1-95, DK	
Universe-text	Condition number 25 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with epilepsy or seizures.	
	(LHAL25N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL25T	
	if (LHAL25T = 4 and LHAL25N > AGE), goto [ERR1_LHAL25T]	
Hard Edits	ERR1_LHAL25T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL25T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.408_1	
Variable Name	LHAL26N	
Universe	LAHCA= 26	
Universe-text	Condition number 26 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had multiple sclerosis (MS) or muscular dystrophy (MD)?	
	* Enter number for time with multiple sclerosis (MS) or muscular dtstrophy (MD)? * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL26T <96> then fill "6" in LHAL26T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL26T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.408_2	
Variable Name	LHAL26T	
Universe	LHAL26N= 1-95, DK	
Universe-text	Condition number 26 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with multiple sclerosis (MS) or muscular dystrophy (MD). (LHAL26N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL26T	
	if (LHAL26T = 4 and LHAL26N > AGE), goto [ERR1_LHAL26T]	
Hard Edits	ERR1_LHAL26T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL26T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.410_1	
Variable Name	LHAL27N	
Universe	LAHCA= 27	
Universe-text	Condition number 27 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] 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.	
Answer Codes		
Question Type	Integer	
Field Pane Description Number		
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL27T <96> then fill "6" in LHAL27T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL27T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.410_2	
Variable Name	LHAL27T	
Universe	LHAL27N= 1-95, DK	
Universe-text	Condition number 27 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia. (LHAL27N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	ion Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL27T	
	if (LHAL27T = 4 and LHAL27N > AGE), goto [ERR1_LHAL27T]	
Hard Edits	ERR1_LHAL27T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL27T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.412_1	
Variable Name	LHAL28N	
Universe	LAHCA= 28	
Universe-text	Condition number 28 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] 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.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL28T <96> then fill "6" in LHAL28T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL28T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.412_2	
Variable Name	LHAL28T	
Universe	LHAL28N= 1-95, DK	
Universe-text	Condition number 28 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with Parkinson's disease or tremors. (LHAL28N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL28T	
	if (LHAL28T = 4 and LHAL28N > AGE) , goto [ERR1_LHAL28T]	
Hard Edits	ERR1_LHAL28T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL28T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION	ON OF ACTIVITIES
Part		
Question ID	FHS.414_1	
Variable Name	LHAL29N	
Universe	LAHCA= 29	
Universe-text	Condition number 29 selected in L	AHCA
Question Text	1 of 2	
	How long [fill: have you/has Alias] had nerve damage (including carpal tunnel syndrome)?	
	* Enter number for time with nerve * Enter '95' for 95 or more. * Enter '96' if since birth.	damage.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	ion Number	
Fill Instructions	fill: if the subject=respondent fill "ha	ve you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL29T <96> then fill "6" in LHAL29T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL29T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.414_2	
Variable Name	LHAL29T	
Universe	LHAL29N= 1-95, DK	
Universe-text	Condition number 29 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with nerve damage (including carpal tunnel syndrome). (LHAL29N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL29T	
	if (LHAL29T = 4 and LHAL29N > AGE), goto [ERR1_LHAL29T]	
Hard Edits	ERR1_LHAL29T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL29T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.416_1	
Variable Name	LHAL30N	
Universe	LAHCA= 30	
Universe-text	Condition number 30 selected i	n LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alia	as] had a hernia?
	* Enter number for time with he * Enter '95' for 95 or more. * Enter '96' if since birth.	rnia.
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fil	"have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL30T <96> then fill "6" in LHAL30T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL30T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.416_2	
Variable Name	LHAL30T	
Universe	LHAL30N= 1-95, DK	
Universe-text	Condition number 30 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with hernia.	
	(LHAL30N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL30T	
	if (LHAL30T = 4 and LHAL30N > AGE), goto [ERR1_LHAL30T]	
Hard Edits	ERR1_LHAL30T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL30T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.418_1	
Variable Name	LHAL31N	
Universe	LAHCA= 31	
Universe-text	Condition number 31 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] had an ulcer?	
	* Enter number for time with an ulcer. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL31T <96> then fill "6" in LHAL31T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL31T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.418_2	
Variable Name	LHAL31T	
Universe	LHAL31N= 1-95, DK	
Universe-text	Condition number 31 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with ulcer.	
	(LHAL31N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type Pick One - answer list pane		
Field Pane Descripti	ion Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL31T	
	if (LHAL31T = 4 and LHAL31N > AGE), goto [ERR1_LHAL31T]	
Hard Edits	ERR1_LHAL31T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL31T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.420_1	
Variable Name	LHAL32N	
Universe	LAHCA= 32	
Universe-text	Condition number 32 selected in LAHCA	
Question Text	1 of 2	
	How long [fill: have you/has Alias] 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.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL32T <96> then fill "6" in LHAL32T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL32T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.420_2	
Variable Name	LHAL32T	
Universe	LHAL32N= 1-95, DK	
Universe-text	Condition number 32 selected in LAHCA	
Question Text	2 of 2	
	* Enter time period for time with varicose veins or hemorrhoids.	
	(LHAL32N)	
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions		
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL32T	
	if (LHAL32T = 4 and LHAL32N > AGE), goto [ERR1_LHAL32T]	
Hard Edits	ERR1_LHAL32T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL32T * "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.422_1	
Variable Name	LHAL33N	
Universe	LAHCA= 33	
Universe-text	Condition number 33 selected in	n LAHCA
Question Text	1 of 2	
	How long [fill: have you/has Alias] had a thyroid problem, Grave's disease or gout?	
	* Enter number for time with the * Enter '95' for 95 or more. * Enter '96' if since birth.	roid problem, Grave's disease or gout.
Answer Codes		
Question Type	Integer	
Field Pane Description Number		
Fill Instructions	fill: if the subject=respondent, fi	ll "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL33T <96> then fill "6" in LHAL33T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL33T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04		
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES		
Part			
Question ID	FHS.422_2		
Variable Name	LHAL33T		
Universe	LHAL33N= 1-95, DK		
Universe-text	Condition number 33 selected in LAHCA		
Question Text	2 of 2		
	* Enter time period for time with thyroid problem, Grave's disease or gout.		
	(LHAL33N)		
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know		
Question Type	Question Type Pick One - answer list pane		
Field Pane Descripti	Time period		
Fill Instructions			
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.		
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL33T		
	if (LHAL33T = 4 and LHAL33N > AGE), goto [ERR1_LHAL33T]		
Hard Edits	ERR1_LHAL33T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL33T * "6" not selectable.		
Soft Edits			
AssocHelp			

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.424_1	
Variable Name	LHAL34N	
Universe	LAHCA= 34	
Universe-text	Condition number 34 selected in LAHCA	
Question Text	1 of 2	
	How long fill: have you/has Alias] had a knee problem?	
	* Enter number for time with knee problem. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL34T <96> then fill "6" in LHAL34T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL34T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04		
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES		
Part			
Question ID	FHS.424_2		
Variable Name	LHAL34T		
Universe	LHAL34N= 1-95, DK		
Universe-text	Condition number 34 selected in LAHCA		
Question Text	2 of 2		
	* Enter time period for time with knee problem.		
	(LHAL34N)		
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know		
Question Type Pick One - answer list pane			
Field Pane Descripti	on Time period		
Fill Instructions			
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.		
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL34T		
	if (LHAL34T = 4 and LHAL34N > AGE), goto [ERR1_LHAL34T]		
Hard Edits	ERR1_LHAL34T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL34T * "6" not selectable.		
Soft Edits			
AssocHelp			

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.426_1	
Variable Name	LHAL35N	
Universe	LAHCA= 35	
Universe-text	Condition number 35 selected in LAHCA	
Question Text	1 of 2	
	How long {have you/has Alias} had migraine headaches?	
	* Enter number for time with migrane headaches. * Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on Number	
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL35T <96> then fill "6" in LHAL35T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL35T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04		
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES		
Part			
Question ID	FHS.426_2		
Variable Name	LHAL35T		
Universe	LHAL35N= 1-95, DK		
Universe-text	Condition number 35 selected in LAHCA		
Question Text	2 of 2		
	* Enter time period for time with migraine headaches.		
	(LHAL35N)		
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know		
Question Type Pick One - answer list pane			
Field Pane Descripti	on Time period		
Fill Instructions			
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.		
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL35T		
	if (LHAL35T = 4 and LHAL35N > AGE) , goto [ERR1_LHAL35T]		
Hard Edits	ERR1_LHAL35T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL35T * "6" not selectable.		
Soft Edits			
AssocHelp			

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.450_1	
Variable Name	LHAL90N	
Universe	LAHCA= 90	
Universe-text	Condition number 90 selected in LAHCA	
Question Text	1 of 2	
	How long [fill1: have you/has Alias] had [fill2: LAHCA_S1]?	
	* Enter number for time with [fill1: LAHCA_S1].	
	* Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Description Number		
Fill Instructions	fill1: if the subject=respondent fill "have you" else, fill "has Alias" fill2: LAHCA_S1	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL90T <96> then fill "6" in LHAL90T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T]; Roster through persons eligible in LAHCA, else go to [PHSTAT]	
	<r> store "R" in [LHAL90T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMIT	ATION OF ACTIVITIES
Part		
Question ID	FHS.450_2	
Variable Name	LHAL90T	
Universe	LHAL90N= 1-95, DK	
Universe-text	Condition number 90 selected i	n LAHCA
Question Text	2 of 2	
	* Enter time period for time with [fill: LAHCA_S1].	
	(LHAL90N)	
Answer Codes	1. Day(s) 2. Week(s)	
	3. Month(s)	
	4. Year(s) Since Birth	
	Refused	
	Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Time period	
Fill Instructions	fill: LAHCA_S1	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.	
Skip Instructions	<1-4, R, D>	
_	If 91 selected in LAHCA, then g	oto LAHCA_S2, entries and goto appropriate LHAL##N [##= 01-35, 90,
	91]	
	Roster through all LAHCA entrice goto PHSTAT.	es, roster through next person 18+ Once exhausted
	<6> goto ERR2_LHAL90T	
	if (LHAL90T = 4 and LHAL90N	> AGE), goto [ERR1_LHAL90T]
Hard Edits	ERR1_LHAL90T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL90T	
	* "6" not selectable.	
Soft Edits		
AssocHelp		

Module	04	
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES	
Part		
Question ID	FHS.452_1	
Variable Name	LHAL91N	
Universe	LAHCA= 91	
Universe-text	Condition number 91 selected in LAHCA	
Question Text	1 of 2	
	How long [fill1: have you/has Alias] had [fill2: LAHCA_S2]	?
	* Enter number for time with [fill1: LAHCA_S2].	
	* Enter '95' for 95 or more. * Enter '96' if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	tion Number	
Fill Instructions	fill1: if the subject=respondent fill "have you" else, fill "ha fill2: LAHCA_S2	s Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such selected at LAHCA will display. Also, the conditions will of the FR entered the data in LAHCA.	
Skip Instructions	<1-95, D> goto LHAL91T <96> then fill "6" in LHAL91T If another condition selected, continue to ask number and subsequent condition (LHAL##N and LHAL##T]; Roster t LAHCA, else go to [PHSTAT] <r> store "R" in [LHAL91T] goto next condition in [LAHC. Once exhausted goto [PHSTAT]</r>	hrough persons eligible in
Hard Edits		
Soft Edits		
AssocHelp		

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.452_2
Variable Name	LHAL91T
Universe	LHAL91N= 1-95, DK
Universe-text	Condition number 91 selected in LAHCA
Question Text	2 of 2
-	* Enter time period for time with [fill: LAHCA_S2].
	(LHAL91N)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	fill: LAHCA_S2
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCA], continue to ask number and time period for each subsequent condition; else go to PHSTAT Roster through all LAHCA entries, roster through next person 18+ Once exhausted goto PHSTAT. <6> goto ERR2_LHAL91T
	if (LHAL91T = 4 and LHAL91N > AGE), goto [ERR1_LHAL91T]
Hard Edits	ERR1_LHAL91T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL91T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.500
Variable Name	PHSTAT
Universe	All persons
Universe-text	
Question Text	Would you say [fill: your/Alias's] health in general is excellent, very good, good, fair, or poor?
Answer Codes	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	General Health
Fill Instructions	fill: if subject= respondent fill "your" else fill "Alias"
Special Instructions	Associated Screens: H_PHSTAT
Skip Instructions	Repeat for all people in the household Every family member goto next section
Hard Edits	
Soft Edits	
AssocHelp	H_PHSTAT

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.500_H
Variable Name	H_PHSTAT
Universe	
Universe-text	
Question Text	If the response is not one of the given categories (for example, "pretty good" or "up and down"), repeat the question, emphasizing "IN GENERAL" and clearly state the answer choices. In no instance should you choose an answer for the respondent.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: PHSTAT
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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Section nan	ne: Family Food Security
Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.010_00.000
Variable Name	FSRUNOUT
Universe	All
Universe-text	All families
Question Text	These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days. The first statement is "[fill 2: I/We] worried whether [fill 3: my/our] food would run out before [fill 4: I/we] got money to buy more." Was that often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days?
Answer Codes	1 Often true 2 Sometimes true 3 Never true Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	fill 1: if single-person family, fill "you"; else fill "your family" fill 2: if single-person family, fill "I"; else fill "We" fill 3: if single-person family, fill "my"; else fill "our" fill 4: if single-person family, fill "I"; else fill "we"
Special Instructions	
Skip Instructions	<1-3,R,D> goto FSLAST
Hard Edits	
Soft Edits	
AssocHelp	

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.020_00.000
Variable Name	FSLAST
Universe	All
Universe-text	All families
Question Text	"The food that [fill 1: I/we] bought just didn't last, and [fill 1: I/we] didn't have money to get more." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?
Answer Codes	1 Often true 2 Sometimes true 3 Never true Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	fill 1: if single-person family fill "I"; else fill "we" fill 2: if single-person family, fill "you"; else fill "your family"
Special Instructions	
Skip Instructions	<1-3,R,D> goto FSBALANC
Hard Edits	
Soft Edits	
AssocHelp	

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.030_00.000
Variable Name	FSBALANC
Universe	All
Universe-text	All families
Question Text	"[fill 1: I/We] couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?
Answer Codes	1 Often true 2 Sometimes true 3 Never true Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	fill 1: if single-person family, fill "I"; else fill "We" fill 2: if single-person family, fill "you"; else fill "your family"
Special Instructions	
Skip Instructions	<1,2> [goto FSSKIP] <3,D,R> [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]
Hard Edits	
Soft Edits	
AssocHelp	

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.040_00.000
Variable Name	FSSKIP
Universe	FSRUNOUT in('1','2') or FSLAST in('1','2') or FSBALANC in('1','2')
Universe-text	Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals
Question Text	In the last 30 days, did [fill 1: you/you or other adults in your family] ever cut the size of your meals or skip meals because there wasn't enough money for food?
Answer Codes	1 Yes 2 No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	fill 1: if single-adult (18+) family, fill "you"; else fill "you or other adults in your family"
Special Instructions	
Skip Instructions	<1> [goto FSSKDAYS] <2,R,D> [goto FSLESS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.050_00.000
Variable Name	FSSKDAYS
Universe	FSSKIP='1'
Universe-text	Adults in the family cut the size of their meals or skipped meals in the last 30 days because there wasn't enough money for food
Question Text	In the last 30 days, how many days did this happen?
Answer Codes	
Question Type	Integer
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-30,R,D> [goto FSLESS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.060_00.000
Variable Name	FSLESS
Universe	FSRUNOUT in('1','2') or FSLAST in('1','2') or FSBALANC in('1','2')
Universe-text	Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals
Question Text	In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?
Answer Codes	1 Yes 2 No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto FSHUNGRY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.070_00.000
Variable Name	FSHUNGRY
Universe	FSRUNOUT in('1','2') or FSLAST in('1','2') or FSBALANC in('1','2')
Universe-text	Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals
Question Text	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?
Answer Codes	1 Yes 2 No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto FSWEIGHT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.080_00.000
Variable Name	FSWEIGHT
Universe	FSRUNOUT in('1','2') or FSLAST in('1','2') or FSBALANC in('1','2')
Universe-text	Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals
Question Text	In the last 30 days, did you lose weight because there wasn't enough money for food?
Answer Codes	1 Yes 2 No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto FSNOTEAT] <2,R,D> [if FSSKIP=1 or FSLESS=1 or FSHUNGRY=1, goto FSNOTEAT; else goto FINJ3M]
Hard Edits	
Soft Edits	
AssocHelp	

Module	38	
Section Name	Family Food Security	
Part		
Question ID	FFS.090_00.000	
Variable Name	FSNOTEAT	
Universe	FSSKIP='1' or FSLESS='1' or FSHUNGRY='1' or FSWEIGHT='1'	
Universe-text	All families where adult(s) cut the size of meals or meals were skipped, ate less than they felt they should, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food	
Question Text	In the last 30 days, did [fill 1: you/you or other adults in your family] ever not eat for a whole day because there wasn't enough money for food?	
Answer Codes	1 Yes 2 No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions	fill 1: if single-adult (18+) family, fill "you"; else fill "you or other adults in your family"	
Special Instructions		
Skip Instructions	<1> [goto FSNEDAYS] <2,R,D> [goto FINJ3M]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.100_00.000
Variable Name	FSNEDAYS
Universe	FSNOTEAT='1'
Universe-text	All families where the adult(s) did not eat for a whole day, in the last 30 days, because there wasn't enough money for food
Question Text	In the last 30 days, how many days did this happen?
Answer Codes	
Question Type	Integer
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-30,R,D> [goto FINJ3M]
Hard Edits	
Soft Edits	
AssocHelp	

2016 Q1 NHIS Instrument Spec Report

Section name:

Family Injuries & Poisonings

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.010	
Variable Name	FINJ3M	
Universe	All families	
Universe-text	!Create input entry for FIJ.010_01!	
Question Text	?[F1]	
	The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.	
	DURING THE PAST THREE MONTHS, that is since [fill 1: date (91 days before today's date)], [fill 2: did you/did you or anyone in your family] have an injury where any part of [fill 3: your/the] body was hurt, for example, with a [fill 4: (random set of examples) cut or wound, broken bone, sprain or burn?]	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	on Injury	
Fill Instructions	fill1: fill 91 days before today's date (which will be determined once FR has entered FIJ section) fill2: if single person household fill "did you" else, fill "did you or anyone" fill3: if the subject=respondent fill "your" else, fill "the" fill4: fill random set of examples (mixed order: cut or wound, broken bone, sprain or burn) Formula for fill4=?	
Special Instructions	1. A random set of four injury examples (from a list of 10 sets) will be inserted into the question text. The list of 10 example sets will be provided to the section author as separate documentation. To ensure that the same list is used for a family when backups or break-offs occur, we suggest something like this: IF (LISTNUM = a number) select a number between 1 and 10 at random, assign LISTNUM that number, and read list LISTNUM; ELSE read list LISTNUM. When FINJ3M is reached for the first time, LISTNUM is assigned a number between 1 and 10. It will not be assigned a	

different list number if the interviewer returns to FINJ3M, because LISTNUM will never

STORE RANDOMLY SELECTED NUMBER IN INJNUM AND INJLIST. IF EMPTY

again be equal to zero for that case.

SELECT RANDOM NUMBER

Random List

- 1. cut or wound, dislocation, bruise, or sprain
- 2. bruise, cut or wound, sprain, or head injury
- 3. head injury, sprain, broken bone, or cut or wound
- 4. sprain, bruise, cut or wound, or scrape
- 5. cut or wound, broken bone, sprain, or burn
- 6. cut or wound, bruise, broken bone, or sprain
- 7. cut or wound, sprain, scrape, or broken bone
- 8. head injury, bruise, cut or wound, or sprain
- 9. bruise, insect bite, sprain, or cut or wound
- 10. cut or wound, sprain, broken bone, or bruise
- 2. If "yes" and a single-person family, store the person number in WFINJ3M and goto TFINJ3M.

Skip I	nst	ruci	tons
--------	-----	------	------

<1> [if single-person family, store person number in WFINJ3M and goto TFINJ3M; else goto

WFINJ3M]

<2,R,DK> [goto FPOI3M]

Hard Edits

Soft Edits

AssocHelp

H_FINJ3M

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.010_H
Variable Name	H_FINJ3M
Universe	
Universe-text	
Question Text	Injuries INCLUDE any physical trauma to the body such as
	[blt] cuts, wounds, sprains, bruises, fractures (broken bones), concussions and other head injuries, scrapes, burns, dislocations, insect stings, animal bites, foreign bodies (such as splinters or dirt in eye), and anything else the respondent considers an injury. [blt] EXCLUDE injuries resulting from repetitive trauma or cumulative injuries such as carpal tunnel syndrome, tennis elbow, and trigger finger.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FINJ3M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.012	
Variable Name	WFINJ3M	
Universe	AGE = All and FINJ3M = 1	
Universe-text		
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.	
	Who was this? (Anyone else?)	
Answer Codes		
Question Type	Enter All That Apply	
Field Pane Description Who		
Fill Instructions		
Special Instructions	Display roster of all non-deleted family members. If a single-person family, this question should be skipped.	
Skip Instructions	<1-25> [All family members. Avoid duplicate; goto TFINJ3M] <dk,r> [goto FPOI3M]</dk,r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.014	
Variable Name	TFINJ3M	
Universe	FINJ3M = 1 and person selected in WFINJ3M	
Universe-text		
Question Text	?[F1]	
	DURING THE PAST THREE MONTHS, how many different times [fill 1: were you/was ALIAS] injured?	
Answer Codes		
Question Type	Integer	
Field Pane Description No. of times injured		
Fill Instructions	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS"	
Special Instructions	Complete loop of injury questions (including follow-ups) for current person before returning to this question for the next person selected in WFINJ3M.	
Skip Instructions	<01-10,DK> [goto MFINJ3M] <r> [goto TFINJ3M for next person with reported injuries; if no more persons with injuries, goto FPOI3M] <11-91> [goto ERR_TFINJ3M]</r>	
Hard Edits	THE ISSUE THE THEORY	
Soft Edits	ERR_TFINJ3M	
Soft Little	* ^TFINJ3M is unusually high. Please verify.	
	<suppress> [goto MFINJ3M] <close> [reset TFINJ3M for new entry] <goto> [reset TFINJ3M for new entry]</goto></close></suppress>	
AssocHelp	H_TFINJ3M	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.014_H	
Variable Name	H_TFINJ3M	
Universe		
Universe-text		
Question Text	This question is asking about the number of events that lead to an injury.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens: TFINJ3M	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.016
Variable Name	MFINJ3M
Universe	TFINJ3M = 01-91 or DK
Universe-text	
Question Text	?[F1]
	Did [fill 1: you /ALIAS] talk to or see a medical professional about [fill 2: any of these injuries/this injury/your injury or injuries/his injury or injuries]?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Consult medical professional
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if 01-91 in [TFINJ3M] and the subject has multiple injuries then fill "any of these injuries" else, fill "this injury" if "DK" in [TFINJ3M] and the subject=respondent then fill "your injury or injuries" if "DK" in [TFINJ3M] and the subject is NOT the respondent then fill "his injury or injuries/her injury or injuries" according to the subject's gender.
Special Instructions	 Fill 2:your injury or injuries/his injury or injuries/her injury or injuries applies to situations where a don't know response was provided at TFINJ3M. If TFINJ3M = 1 and MFINJ3M = 1, fill "1" in MTFINJ3M and goto IPDATEM.
Skip Instructions	<1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else goto MTFINJ3M] <2,DK,R> [goto TFINJ3M for next person with reported injuries; if no more persons with injuries, goto FPOI3M]
Hard Edits	
Soft Edits	
AssocHelp	H_MFINJ3M

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.016_H	
Variable Name	H_MFINJ3M	
Universe		
Universe-text		
Question Text	Talking to or seeing a trained medical professional can take place in a formal office setting, over the phone, or in informal settings such as a dinner party. This includes talking to or seeing a friend or relative that is a trained medical professional. A trained medical professional includes anyone the respondent deems a medical professional. Some examples may include: a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse, a physical or occupational therapist, a podiatrist, a chiropractor an acupuncturist, a naturopath, and a homoeopathist.	
Answer Codes	•	
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens: MFINJ3M	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

05 **Module Family Injuries & Poisonings** Section Name Part FIJ.018 **Question ID** Variable Name MTFINJ3M MFINJ3M = 1Universe Universe-text ?[F1] Question Text Of [fill 1: the ^TFINJ3M/all the] times that [fill 2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted? Answer Codes Question Type Integer Field Pane Description Times injured for which a medical professional consulted fill1: if 01-91 in [TFINJ3M] fill that number in "the ^TFINJ3M" Fill Instructions fill2: if the subject=respondent fill "you were" else, fill "ALIAS was" [If (MTIFNJ3M at TFINJ3M)] display ERR1 MTFINJ3M **Special Instructions** [If (TFINJ3M = 99 and MTFINJ3M at 3) display ERR2 MTFINJ3M <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, goto IPDATEM] Skip Instructions <R, D> [goto TFINJ3M for next person with reported injuries; if no more persons with injuries, goto FPOI3M] [If MTIFNJ3M gt 3 and TFINJ3M= DK goto ERR2 MTFINJ3M] **Hard Edits** ERR1_MTFINJ3M [If (MTIFNJ3M gt TFINJ3M), display ERR1 MTFINJ3M]: [^MTFINJ3M] is greater than the total number of times you said [you were/ALIAS was] injured, which is [ATFINJ3M]. For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event. Goto Close ERR2_MTFINJ3M Soft Edits [If (TFINJ3M = 99 and MTFINJ3M gt 3), display ERR2 MTFINJ3M]: ^MTFINJ3M is an unusually high number of injuries for which a medical professional was consulted. Please verify. *Read if necessary.

For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times, but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event.

Suppress Goto Close

AssocHelp

H_MTFINJ3M

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.018_H	
Variable Name	H_MTFINJ3M	
Universe		
Universe-text		
Question Text	trained medical professional was [b]Consulting a trained medical advice may be given in a format such as a dinner party. Advice of that is a trained medical professional professional. Some examples in [blt] a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse, a physical or occupational there a podiatrist, a chiropractor an acupuncturist,	professional[b] is seeking advice or treatment. This I office setting, over the phone, or in informal settings or treatment may be received from a friend or relative sional. [al[b] includes anyone the respondent deems a medical may include
	a naturopath, and a homoeopath. [blt]	
Answer Codes		
Question Type	Help Screen	
Field Pane Description	on	
Fill Instructions		
Special Instructions	Associate Screens: MTFINJ3M	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHeln		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.020
Variable Name	FPOI3M
Universe	All families
Universe-text	
Question Text	?[F1]
	DURING THE PAST THREE MONTHS, that is since [fill 1: date (91 days before today's date)], [fill 2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Poisoning
Fill Instructions	fill1: fill 91 days before today's date (which will be determined once FR has entered FIJ section) fill2: if single person household fill "were you" else, fill "were you or anyone in your family"
Special Instructions	If <1> and a single-person family, store the person number in WFPOI3M and goto TFPOI3M.
Skip Instructions	<1> [if single-person family, store person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M] <2,DK,R> [goto FDMED12M]
Hard Edits	
Soft Edits	
AssocHelp	H_FPOI3M

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.020_H
Variable Name	H_FPOI3M
Universe	
Universe-text	
Question Text	Poisonings can be accidental or on purpose.
	Poisonings INCLUDE substances such as
	[blt] being bitten or stung by a poisonous animal or insect, overdosing on any drug or medicine, taking or being given the wrong drug, and swallowing, breathing, injecting, or otherwise coming in contact with too much of a harmful substance liquid, solid, or gas). [blt] Poisonings EXCLUDE substances such as food poisoning, sun poisoning, poison ivy rashes, and poison oak.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens: FPOI3M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.022
Variable Name	WFPOI3M
Universe	AGE = All and FPOI3M = 1and more than 1 person
Universe-text	
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who was this? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members. If a single-person family, this question should be skipped.
Skip Instructions	<1-25> [All family members. Avoid duplicate; goto TFPOI3M] <dk,r> [goto FDMED12M]</dk,r>
Hard Edits	
Soft Edits	
AssocHelp	

05 Module **Family Injuries & Poisonings** Section Name Part **Question ID** FIJ.024 Variable Name TFPOI3M FPOI3M = 1 and person selected in WFPOI3M Universe Universe-text ?[F1] Question Text DURING THE PAST THREE MONTHS, how many different times [fill 1: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes. **Answer Codes** Question Type Integer Field Pane Description No. of times poisoned fill1: if the subject=respondent fill "were you" else, fill "was ALIAS" Fill Instructions Complete loop of poisoning questions (including follow-ups) for current person before **Special Instructions** returning to this question for the next person selected in WFPOI3M. <01-10, DK> [goto MFPOI3M] Skip Instructions <R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto FDMED12M] <11-91> [goto ERR TFPOI3M] Hard Edits **ERR TFPOI3M** Soft Edits [If TFPOI3M gt 10, display ERR_TFPOI3M] * ^TFPOI3M is unusually high. Please verify. <Suppress> [goto MFPOI3M] <Close> [goto TFPOI3M for new entry] <Goto> [goto TFPOI3M for new entry] H_TFPOI3M **AssocHelp**

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.024_H
Variable Name	H_TFPOI3M
Universe	
Universe-text	
Question Text	This question is asking about the number of times the individual was poisoned.
	Poisonings can be accidental or on purpose.
Answer Codes	Poisonings include things such as: being bitten or stung by a poisonous animal or insect, overdosing on any drug or medicine, taking or being given the wrong drug, and swallowing, breathing, injecting, or otherwise coming in contact with too much of a harmful substance (liquid, solid, or gas). Poisonings exclude things such as: food poisoning, sun poisoning, poison ivy rashes, and poison oak.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: TFPOI3M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.026
Variable Name	MFPOI3M
Universe	TFPOI3M = 01-91 or DK
Universe-text	
Question Text	?[F1]
	Did [fill 1: you /ALIAS] talk to or see a medical professional about [fill 2: any of these poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings]?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Consult medical professional
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if 01-91 in [TFPOI3M] and the subject has multiple injuries then fill "any of these poisonings" else, fill "this poisoning" if "DK" in [TFPOI3M] and the subject=respondent then fill "your poisoning or poisonings" if "DK" in [TFPOI3M] and the subject is NOT the respondent then fill "his poisoning or poisonings/her poisoning or poisonings" according to the subject's gender.
Special Instructions	Fill 2: "your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings" applies to situations where a "don't know" response was provided at TFPOI3M. If TFPOI3M = 1 and MFPOI3M = 1, fill "1" in MTFINJ3M and goto IPDATEM.
Skip Instructions	<1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else goto MTFPOI3M] <2,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto FDMED12M]
Hard Edits	
Soft Edits	
AssocHelp	H_MFPOI3M

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.026_H
Variable Name	H_MFPOI3M
Universe	
Universe-text	
Question Text	This question is asking about the number of times the individual was poisoned for which a trained medical professional was consulted. Poisonings can be accidental or on purpose. Poisonings include things such as: being bitten or stung by a poisonous animal or insect, overdosing on any drug or medicine, taking or being given the wrong drug, and swallowing, breathing, injecting, or otherwise coming in contact with too much of a harmful substance (liquid, solid, or gas). Poisonings exclude things such as: food poisoning, sun poisoning, poison ivy rashes, and poison oak. Talking to or seeing a trained medical professional can take place in a formal office setting, over the phone, or in informal settings such as a dinner party. This includes talking to or seeing a friend or relative that is a trained medical professional. A trained medical professional includes anyone the respondent deems a medical professional. Some examples may include: a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse, a physical or occupational therapist, a podiatrist, a chiropractor an acupuncturist, a naturopath, and a homoeopathist.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens:

	MFPOI3M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module 05

Section Name Family Injuries & Poisonings

Part

Question ID FIJ.028

Variable Name MTFPOI3M

Universe MFPOI3M = 1

Universe-text

Question Text ?[F1]

. .

Of [fill 1: the ^TFPOI3M/all the] times that [fill 2: you were/ALIAS was] poisoned, how

many of

those times was the poisoning serious enough that a medical professional was

consulted?

Answer Codes

Question Type

Integer

Field Pane Description

Times poisoned for which a medical professional consulted

Fill Instructions

fill1: see FIJ.018

fill2: if the subject=respondent fill "you were" else, fill "ALIAS was"

Special Instructions

Fill 1: "...all the" would be used when a "don't know" response was provided at TFPOI3M.

TEPOISIVI.

Skip Instructions

<01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM] <R, D> [goto TFPOI3M for next person with reported poisoning; if no more persons

with a

poisoning, goto FDMED12M]

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M]:

Hard Edits

ERR1 MTFPOI3M

[If (MTFPOI3M gt TFPOI3M), display ERR1_MTFPOI3M]:

[^MTFPOI3M] is greater than the total number of times you said [you were/ALIAS was] poisoned, which is [^TFPOI3M]. For this question, we are asking about the number of times [you were/ALIAS was] poisoned and a medical professional was consulted. For example, if you were poisoned three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that poisoning event.

<Close> [goto MTFPOI3M for new entry]

<Goto> [goto TFPOI3M or MTFPOI3M for new entry]

Soft Edits

ERR2_MTFPOI3M

[If TFPOI3M = 99 and MTFPOI3M gt 3), display ERR2_MTFINJ3M]:

* ^MTFINJ3M is an unusually high number.

For this question, we are asking about the number of times [you were/ALIAS was] poisoned and a medical professional was consulted. For example, if you were poisoned three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that poisoning event.

Suppress Goto Close

AssocHelp

H_MTFPOI3M

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.028_H
Variable Name	H_MTFPOI3M
Universe	
Universe-text	
Question Text	This question is asking about the number of times the individual was poisoned for which a trained medical professional was consulted. Consulting a trained medical professional is seeking medical advice or treatment. This advice may be given in a formal office setting, over the phone, or in informal settings such as a dinner party. Advice and treatment may be received from a friend or relative that is a trained medical professional.
	A trained medical professional includes anyone the respondent deems a medical professional. Some examples may include: a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse, a physical or occupational therapist, a podiatrist, a chiropractor an acupuncturist, a naturopath, and a homoeopathist.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: MTFPOI3M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

05 **Module Family Injuries & Poisonings** Section Name **Part** Question ID FIJ.050 1 Variable Name **IPDATEM** (MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)Universe Universe-text 1 of 3 Question Text (calendar card) * Please hand the calendar card to the respondent. When did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] happen for which a medical professional was consulted? Now I'm going to ask a few questions about the [fill 3: ^MTFINJ3M/^MTFPOI3M] times Ifill 4: you were/ALIAS was] [fill 5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill 6: injury/poisoning] happen? You just told me about [fill 7: your/ALIAS's] [fill 8: month, day of previous event] [fill11:most recent/second most recent/third most recent/fourth most recent][fill 9: injury/poisoning]. What was the date of the [fill 10: injury/poisoning] before that for which a medical professional was consulted? * Enter month. **Answer Codes** 1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December Refused Don't know Question Type Multi Part Field Pane Description Month

fill1: if the subject=respondent fill "your" else fill "ALIAS's"

fill3: fill "MTFINJ3M/ MTFPOI3M"

fill2: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"

Wednesday, August 12, 2015

Fill Instructions

fill4: if the subject=respondent fill "you were" else fill "ALIAS was"

fill5: if FINJ3M=1 then fill "injured", if FPOI3M =1 then fill "poisoned"

fill6: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"

fill7: if the subject=respondent fill "your" else fill "ALIAS's"

fill8: fill moth, day of previous event

fill9: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning" fill10: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"

DO NOT ALLOW FUTURE DATE ENTRY TO WHAT IS IN FILL #8

fill11: when a person has multiple injury episodes but provides incomplete date information, use the following fill "You just told me about [your/ALIAS's] [most recent/second most recent/third most recent/fourth most recent].." If the FR collects complete date information on an injury or poisoning episode, fill the date.

Special Instructions

if (FINJ3M eq <1> and TFINJ3M eq <1> and MFINJ3M eq <1>) OR (FINJ3M eq <1> and TFINJ3M eq <1>) OR (FINJ3M eq <1>) OR (FPOI3M eq <1>) and TFPOI3M eq <1>) and MFPOI3M eq <1>) ithen fill "When did.."

[if (FINJ3M eq <1> and TFINJ3M eq <2-91,DK> and MFINJ3M eq <1> and MTFINJ3M eq <2-91>) OR (FPOI3M eq <1> and TFPOI3M eq <2-91,DK> and MFPOI3M eq <1> and MTFPOI3M eq <2-91>) AND the most recent injury/poisoning episode is being asked about] then fill "Now I'm going to ask a few questions about the.."

[if (FINJ3M eq <1> and TFINJ3M eq <2-91,DK> and MFINJ3M eq <1> and MTFINJ3M eq <2-91>) OR (FPOI3M eq <1> and TFPOI3M eq <2-91,DK> and MFPOI3M eq <1> and MTFPOI3M eq <2-91>) AND the other injury/poisoning episodes are being asked about] then fill "You just told me about.."

ONLY DISPLAY VALID MONTHS (91 days before today's date, which will be determined once the FR enters FIJ for the first time).

	determined once the FR enters FIJ for the first time).
Skip Instructions	<01-12> [goto IPDATED] <r> [goto IPHOW] <dk> [goto IPDATENO]</dk></r>
Hard Edits	
Soft Edits	
AssocHeln	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.050_2
Variable Name	IPDATED
Universe	IPDATEM = 01-12
Universe-text	
Question Text	2 of 3
	* Enter day.
Answer Codes	
Question Type	Multi Part
Field Pane Descripti	on Day
Fill Instructions	
Special Instructions	(NOTE: Add invalid date messages.)
	<1-31> Only allow valid days for month entered. If days not valid, [goto ERR_IPDATED]
	<if gt32=""> [then automatic blaise default error]</if>
Skip Instructions	<01-31> [goto IPDATEY] <r>[goto IPHOW] <dk> [goto IPDATEMT]</dk></r>
Hard Edits	ERR_IPDATED
	[fill1: IPDATED] is not a valid day for [fill2: IPDATEM].
	<close> [reset IPDATED for new entry] <goto> [reset IPDATED for new entry]</goto></close>
Soft Edits	
AssocHelp	

05 **Module Family Injuries & Poisonings** Section Name Part Question ID FIJ.050_3 Variable Name **IPDATEY** IPDATED = 01-31Universe Universe-text 3 of 3 Question Text * Enter year. **Answer Codes Question** Type Integer Field Pane Description Year Fill Instructions Special Instructions | Allow 4 digits, Allow D, R. If IPDATEM, IPDATED and IPDATEY result in a future date; then goto ERR_IPDATEY. Skip Instructions If IPDATEM, <DK>IPDATED, IPDATEMTresult in future date; the goto ERR_IPDATEY. If IPDATEM, IPDATED and IPDATEY result in a date before the 91 day reference period, then goto ERR1 IPDATEY. If IPDATEM, <DK>IPDATED, IPDATEMT, and IPDATEY result in a date before the 91 day period, then do to ERR2 IPDATEY If IPDATEM, <DK>IPDATED, <DK>IPDATEMT, and IPDATEY result in a date before the 91 day period, then do to ERR3 IPDATEY [goto IPHOW] **ERR IPDATEY** Hard Edits * Future date invalid. * Please correct. <Close> [reset IPDATED for new entry] <Goto> [reset IPDATED for new entry] **ERR1 IPDATEY** Soft Edits * The reported date, [^IPDATEM(text)^IPDATED(numeric)^IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010]. *Please verify the date and make any corrections.

ERR2 IPDATEY

*The reported date, [^IPDATEM(text)^IPDATED(numeric)^IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010]. NOTE: The start of the reference period falls in the [beginning/middle/end] of [month used in FIJ.010].

*Please verify the date and make any corrections.

ERR3_IPDATEY

* The reported date, [^IPDATEM(text)^IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify the date and make any corrections.

AssocHelp	
Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.051_1
Variable Name	IPDATENO
Universe	IPDATEM = DK
Universe-text	
Question Text	1 of 2
	Can you tell me approximately how long ago [fill 1: your/ALIAS's] [fill 2: injury/poisoning] happened?
	*Enter number for time since event.
Answer Codes	
Question Type	Multi Part
Field Pane Descripti	on Number
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning" ***how/where do we cycle if both injury and poisoning?*****
Special Instructions	This is part one of a question that is asked when a "don't know" response is provided to IPDATEM. In conjunction with IPDATETP, it is intended to capture an approximate date of the injury/poisoning episode.
Skip Instructions	<001-996> [goto IPDATETP] <dk,r> [goto IPHOW]</dk,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.051_2
Variable Name	IPDATETP
Universe	IPDATENO= 01-91
Universe-text	
Question Text	2 of 2
	*Enter number for time period since event.
	^IPDATENO
Answer Codes	1. Days
	2. Weeks3. Months
	Refused Don't know
Question Type	Multi Part
Field Pane Descripti	
Fill Instructions	
Special Instructions	This is part two of a question that is asked when a "don't know" response is provided to IPDATEM. In conjunction with IPDATENO, it is intended to capture an approximate date of the injury/poisoning episode.
Skip Instructions	If <dk>IPDATEM, IPDATENO, and IPDATETP result in a date before the 91 day period, then do to ERR1_IPDATETP</dk>
	<1,2,3,R,DK> [goto IPHOW]
Hard Edits	If IPDATENO GT 91 days (1) or IPDATENO GT 13 weeks (2) or IPDATENO GT 4 months (3) then goto ERR_IPDATETP
	ERR_IPDATETP defaul blaise message for now "Out of range"
Soft Edits	ERR1_IPDATETP
	*The approximate date falls outside the reference period beginning [fill date used in FIJ.010].
	*Please verify and make any corrections.
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.052	
Variable Name	IPDATEMT	
Universe	IPDATED = DK	
Universe-text		
Question Text	(book) F3 ?[F1]	
	Was this in the beginning of [fill 1: ^IPDATEM (text)], the middle of [fill 2: ^IPDATEM (text)], or the end of [fill 3: ^IPDATEM (text)]?	
Answer Codes	1. Beginning 2. Middle 3. End Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descript	ion What point in month	
Fill Instructions	fill1/2/3: fill the entire name of the month selected in [IPDATEM]	
Special Instructions	This question is asked when a "don't know" response is provided to IPDATED. It is intended to capture an approximate date of the injury/poisoning episode.	
Skip Instructions	<1,2,3,R,DK> [gotolPHOW]	
Hard Edits		
Soft Edits		
AssocHelp	H_IPDATEMT	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.052_H	
Variable Name	H_IPDATEMT	
Universe		
Universe-text		
Question Text	The beginning of the month includes the 1st - 10th days of the month.	
	The middle of the month includes the 11th - 20th days of the month.	
	The end of the month includes the 21st - 31st days of the month.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens: IPDATEMT	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.060
Variable Name	IPHOW
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	?[F1]
	[fill 7: How did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] on [fill 3: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?] [fill 5: How did this [fill 6: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill 4: injury/poisoning], and any objects, substances, or other people involved. * Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding
	the event. Record all volunteered information.
	*Do not use proper names or language that will identify family members.
Answer Codes	To not see proper names or language max min seemly raining members.
Question Type	Text
Field Pane Descripti	
Fill Instructions	fill1: if the subject=respondent fill "your"; else, fill "ALIAS's"
	fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1; then fill "poisoning" ***how/where do we cycle if both injury and poisoning?*****
	fill3: fill month and date selected in [IPDATEM] and [IPDATED]
	fill4: if FINJ3M=1 fill "injury", or if FPOI3M=1; then fill "poisoning"
	fill5: if IPDATEM, IPDATED, IPDATEY, IPDATENO, or IPDATEMPT= DK, then fill "How did this [fill6: injury/poinsoning] happen?"; else use fill 7.
	fill6: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	If injury and "refused" auto fill "R" for ICAUS; if injury and "don't know" auto fill "DK" for ICAUS.
Skip Instructions	<allow 300,="" anychar=""> [if injury, goto ICAUS; else, if poisoning, goto PPCC] <r> [if injury, auto fill "R" for ICAUS and goto IJBODY; else, if poisoning, goto PPCC] <dk> [if injury, auto fill "DK" for ICAUS and goto IJBODY; else, if poisoning, goto PPCC]</dk></r></allow>
Hard Edits	
Soft Edits	
AssocHelp	H_IPHOW

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.060_H	
Variable Name	H_IPHOW	
Universe		
Universe-text		
Question Text	With as much detail as possible, type a description of the event that caused the injury. This description is used to categorize the cause of injury.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens: IPHOW	
Skip Instructions		
Sup Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.065
Variable Name	ICAUS
Universe	MTFINJ3M = 01-91 and IPHOW=NE to DK or R
Universe-text	
Question Text	?[F1]
	* Enter the number which best describes the cause of the person's injury from the list below.
Answer Codes	 In a motor vehicle On a bike, scooter, skateboard, skates, skis, horses, etc. Pedestrian who was struck by a vehicle such as a car or bicycle In a boat, train, or plane Fall Burned or scalded by substances such as hot objects or liquids, fire or chemicals Other Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Cause of injury
Fill Instructions	
Special Instructions	
Skip Instructions	<01-07,R,DK> [goto IJBODY]
Hard Edits	
Soft Edits	
AssocHelp	H_ICAUS

Module

Section Name
Family Injuries & Poisonings

Part

Question ID
FIJ.065_H

Variable Name
H_ICAUS

Universe

Question Text

This question determines the skip pattern for follow-up questions.

[b]In a motor vehicle[b] includes events such as a rollover accident, a fall from the motor vehicle, or any collision with a motor vehicle, an animal, or an object such as a tree, car, pole, or water.

A [b]motor vehicle[b] is any mechanically or electrically powered device not operated on rails. Any object such as a trailer, coaster, sled or wagon being towed by a motor vehicle is considered a part of the motor vehicle. Examples of a motor vehicle include a

[blt] motorcycle,
car,
truck,
ATV,
bus,
tractor,
semi-truck,
4 wheeler,
dirt bike,
snowmobile,
motorized scooter,
and any other vehicle with a motor except a boat, train, or plane. [blt]

[b]On a bike, scooter, skateboard, skates, skis, horse, etc.,[b] includes any injury or fall to a person on a nonmotorized vehicle such as

[blt] a bike, a skateboard, in-line and ice skates, skis, snowboards, a nonmotorized scooter, or a horse.

[b]Pedestrian who was struck by a vehicle such as a car or bicycle[b] includes any injury to a person involved in a collision with a vehicle or bike who was not, at the time of the collision, riding in or on a motor vehicle, railway train, motorcycle, bicycle, airplane, streetcar, animal-drawn vehicle, or other vehicle.

[b]Fall[b] includes any injury received when a person descends abruptly due to the force of gravity and strikes an injury-producing surface at the same or lower level. DO NOT SELECT THIS OPTION if the fall was from a motor vehicle, bike, skis, skateboard, skates, horse, etc.

Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: ICAUS
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

05 Module **Family Injuries & Poisonings** Section Name **Part Question ID** FIJ.070 Variable Name **IJBODY** MTFINJ3M = 01-91Universe All injury episodes for which a medical professional was consulted Universe-text Question Text (book) F4 * Enter up to 4 responses, separate with commas. * Ask or verify. In this injury, what parts of [fill 1: your/ALIAS's] body were hurt? Answer Codes 1. Ankle 2. Back 3. Buttocks 4. Chest 5. Ear 6. Elbow 7. Eye 8. Face 9. Finger/thumb 10. Foot 11. Forearm 12. Groin 13. Hand 14. Head (not face) 15. Hip 16. Jaw 17. Knee 18. Lower leg 19. Mouth 20. Neck 21. Nose 22. Shoulder 23. Stomach 24. Teeth 25. Thigh 26. Toe 27. Upper arm 28. Wrist 29. Other, please specify Refused Don't know Question Type Pick Four - answer list pane Field Pane Description Parts of body hurt

fill1: if the subject=respondent fill "your" else, fill "ALIAS's"

Fill Instructions

Special Instructions	
Skip Instructions	<01-28> [goto IJTYPE1] <29> [goto IJBODYOS] <dk,r> goto IPEV</dk,r>
Hard Edits	
Soft Edits	
AssocHelp	
Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.071
Variable Name	IJBODYOS
Universe	IJBODY = 29
Universe-text	All injury episodes where some "other" part of the body was hurt
Question Text	*Read if necessary.
	What other parts of the body were hurt?
Answer Codes	
Question Type	Text
Field Pane Description	Other
Fill Instructions	
Special Instructions	<allow 100,="" anychar=""></allow>
Skip Instructions	<allow 100,="" anychar="">[goto IJTYPE1] <r, dk=""> [goto IJTYPE1]</r,></allow>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.072
Variable Name	IJTYPE1
Universe	IJBODY= 01-29
Universe-text	All injury episodes where at least one part of the body was hurt
Question Text	(book) F5
	*Enter up to 2 responses, separate with a comma. * Ask or verify.
	In what way was [fill 1: your/ALIAS's] [fill 2: first entry^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	 Broken bone or fracture Sprain, strain, or twist Cut Scrape Bruise Burn Insect bite Animal bite Other (specify) Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Descripti	on How was the first body part hurt
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	 This question is asked for the first body part entered at IJBODY. Fill 2: If one or more body parts were entered at IJBODY and the first body part was recorded. Specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<01-08, D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV] <9> [goto IJTYP1OS] <r> [goto IPEV]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.073
Variable Name	IJTYP10S
Universe	IJTYPE1 = 09
Universe-text	All injury episodes where the first body part was hurt in some "other" way
Question Text	?[F1]
	* Read if necessary.
	How was [fill 1: your/ALIAS's] [fill 2: first entry ^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	
Question Type	Text
Field Pane Descripti	Other
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	Fill 2: If one or more body parts were entered at IJBODY and the first body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<allow 100,="" anychar=""> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV] <r,d> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]</r,d></allow>
Hard Edits	
Soft Edits	
AssocHelp	H_IJTYP1OS

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.073_H	
Variable Name	H_IJTYP10S	
Universe		
Universe-text		
Question Text	Please use specific descriptions such as crush and concussion. Avoid terms that describe the cause (such as hit or punch) and symptoms (such as hurt and painful).	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens: IJTYP1OS	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.074
Variable Name	IJTYPE2
Universe	IJTYPE1 = 01-09, D and a second body part entered at IJBODY
Universe-text	All injury episodes where a second body part was entered at IJBODY and type of injury or don't know was entered for the first body part at IJTYPE1
Question Text	(book) F5
	*Enter up to 2 responses, separate with a comma. * Ask or verify. In what way was [fill 1: your/ALIAS's] [fill 2: second entry^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	 Broken bone, or fracture Sprain, strain, or twist Cut Scrape Bruise Burn Insect bite Animal bite Other, please specify Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Descripti	on How was the second body part hurt
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	 This question is asked for the first body part entered at IJBODY. Fill 2: If two or more body parts were entered at IJBODY and the second body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part"
Skip Instructions	<01-08, D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV] <9> [goto IJTYP2OS] <r> [goto IPEV]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.075
Variable Name	IJTYP2OS
Universe	IJTYPE2 = 09
Universe-text	All injury episodes where the second body part was hurt in some "other" way
Question Text	?[F1]
	*Read if necessary.
	How else was [fill 1: your/ALIAS's] [fill 2: second entry ^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	
Question Type	Text
Field Pane Descripti	ion Other
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	Fill 2: If two or more body parts were entered at IJBODY and the first body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<allow 100,="" anychar=""> [goto IJTYPE3 for next body part; if no more body parts, goto IPEV] <r,d> [goto IJTYPE3 for next body part; if no more body parts, goto IPEV]</r,d></allow>
Hard Edits	
Soft Edits	
AssocHelp	H_IJTYP1OS

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.076
Variable Name	IJTYPE3
Universe	IJTYPE2 = 01-09, D and a third body part entered at IJBODY
Universe-text	All injury episodes where a third body part was entered at IJBODY and type of injury or don't know was entered for the second body part at IJTYPE2
Question Text	(book) F5
	*Enter up to 2 responses, separate with a comma.
	* Ask or verify.
	In what way was [fill 1: your/ALIAS's] [fill 2: third entry^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	 Broken bone, or fracture Sprain, strain, or twist Cut Scrape Bruise Burn Insect bite Animal bite Other, please specify Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Descripti	On How was the third body part hurt
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	 This question is asked for the third body part entered at IJBODY. Fill 2: If three or more body parts were entered at IJBODY and the third body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<01-08, D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts,
	goto IPEV] <9> [goto IJTYP3OS] <r> [goto IPEV]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.077
Variable Name	IJTYP3OS
Universe	IJTYPE3 = 09
Universe-text	All injury episodes where the third body part was hurt in some "other" way
Question Text	?[F1]
	* Read if necessary.
	How else was [fill 1: your/ALIAS's] [fill 2: third entry ^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	
Question Type	Text
Field Pane Descripti	Other
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	Fill 2: If three or more body parts were entered at IJBODY and the third body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<allow 100,="" anychar=""> [goto IJTYPE4 for next body part; if no more body parts, goto IPEV] <r,d> [goto IJTYPE4 for next body part; if no more body parts, goto IPEV]</r,d></allow>
Hard Edits	
Soft Edits	
AssocHelp	H_IJTYP10S

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.078
Variable Name	IJTYPE4
Universe	IJTYPE3 = 01-09, D and a fourth body part entered at IJBODY
Universe-text	All injury episodes where a fourth body part was entered at IJBODY and type of injury or don't know was entered for the third body part at IJTYPE3
Question Text	(book) F5
	*Enter up to 2 responses, separate with a comma. * Ask or verify.
	In what way was [fill 1: your/ALIAS's] [fill 2: fourtht entry^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	 Broken bone, or fracture Sprain, strain, or twist Cut Scrape Bruise Burn Insect bite Animal bite Other, please specify Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Descripti	on How was the fourth body part hurt
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	 This question is asked for the fourth body part entered at IJBODY. Fill 2: If four body parts were entered at IJBODY and the fourth body part was recorded in the ther-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<01-08,D,R> [goto IPEV] <09> [goto IJTYP4OS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.079
Variable Name	IJTYP4OS
Universe	IJTYPE4 = 09
Universe-text	All injury episodes where the fourth body part was hurt in some "other" way
Question Text	?[F1]
	* Read if necessary.
	How else was [fill 1: your/ALIAS's] [fill 2: fourth entry ^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	
Question Type	Text
Field Pane Descripti	Other
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	Fill 2: If four body parts were entered at IJBODY and the fourth body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<allow 100,="" anychar=""> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV] <r,d> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]</r,d></allow>
Hard Edits	
Soft Edits	
AssocHelp	H_IJTYP10S

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.080_1
Variable Name	PPCC
Universe	MTFPOI3M = 01-91
Universe-text	
Question Text	Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from
	A phone call to a poison control center?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Repeating Series - Yes/No
Field Pane Descripti	Poison control center
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS"
Special Instructions	This part of the repeating stem series is only asked of/about subjects for which a poisoning(s) was reported.
Skip Instructions	<1,2,DK> [goto IPEV] <r> [goto IPHOSP]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05		
Section Name	Family Injuries & Poisonings		
Part			
Question ID	FIJ.080_2		
Variable Name	IPEV		
Universe	(MTFINJ3M = 01-91) OR (MTFP	OI3M = 01-91)	
Universe-text			
Question Text	Did [fill 1: you/ALIAS] get MEDIC this [fill 2: injury/poisoning] from An emergency vehicle, such as a	•	
Answer Codes	1. Yes 2. No Refused Don't know		
Question Type	Repeating Series - Yes/No		
Field Pane Descripti	ion Emergency vehicle		
Fill Instructions	fill1: if the subject=respondent fill fill2: if FINJ3M=1 fill "injury", or if		oning"
Special Instructions	The "read if necessary" instruction	on should only appear for	poisoning episodes.
Skip Instructions	<1,2,DK> [goto IPER] <r> [goto</r>	IPHOSP]	
Hard Edits			
Soft Edits			
AssocHelp			

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.080_3
Variable Name	IPER
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	* Read if necessary.
	Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning] from A visit to an emergency room?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Repeating Series - Yes/No
Field Pane Description	en Emergency room
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	
Skip Instructions	<1,2,DK> [goto IPDO] <r> [goto IPHOSP]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.080_4	
Variable Name	IPDO	
Universe	(MTFINJ3M = 01-91) OR (MTFF	POI3M = 01-91)
Universe-text		
Question Text	?[F1]	
	* Read if necessary.	
	Did [fill 1: you/ALIAS] get MEDIC this [fill 2: injury/poisoning] from.	CAL ADVICE, TREATMENT, or FOLLOW-UP CARE for
	A visit to a doctor's office or other	er health clinic?
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Repeating Series - Yes/No	
Field Pane Description Doctor's office/health clinic		
Fill Instructions	fill1: if the subject=respondent fill fill2: if FINJ3M=1 fill "injury", or if	
Special Instructions		
Skip Instructions	<1,2,DK> [goto IPPCHCP] <r> </r>	goto IPHOSP]
Hard Edits		
Soft Edits		
AssocHelp	H_IPDO	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.080_4_H
Variable Name	H_IPDO
Universe	
Universe-text	
Question Text	A visit to a doctor's office or other health clinic includes an urgent care center.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens: IPDO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.080_5
Variable Name	IPPCHCP
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	?[F1]
	* Read if necessary.
	Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning] from
	A phone call to a doctor, nurse, or other health care professional?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Repeating Series - Yes/No
Field Pane Description Phone call to health care professional	
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	g
Skip Instructions	<1,2,DK> [goto IPOTH] <r> [goto IPHOSP]</r>
Hard Edits	
Soft Edits	
AssocHelp	H_IPPCHCP

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.080_5_H
Variable Name	H_IPPCHCP
Universe	
Universe-text	
Question Text	A [b]phone call to a doctor, nurse, or other health care professional[b] includes a call to a nurse line, or a relative, friend, or acquaintance that is a trained medical professional.
	A [b]trained medical professional[b] includes anyone the respondent deems a medical professional. Some examples may include:
	[blt] a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse,
	a physical or occupational therapist, a podiatrist, a chiropractor an acupuncturist, a naturopath, and a homoeopath. [blt]
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: IPPCHCP
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.080_6
Variable Name	IPOTH
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	* Read if necessary.
	Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning] from Any place else?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Repeating Series - Yes/No
Field Pane Descripti	Any place else
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	
Skip Instructions	<1> [goto IPOTHOS] if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER <2,R,DK> [goto IPHOSP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.081
Variable Name	IPOTHOS
Universe	IPOTH = 1
Universe-text	
Question Text	* Read if necessary.
	Where else did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning]?
Answer Codes	
Question Type	Text
Field Pane Descripti	on Other
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	<allow 100,="" anychar=""></allow>
Skip Instructions	<allow 100,="" any="" char="">[goto IPHOSP]</allow>
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.082	
Variable Name	IPVER	
Universe	((MTFINJ3M=01-91) and (IPEV=2 and IPER=2 and IPDO=2 and IPPCHCP=2 and IPOTH=2)) OR ((MTFPOI3M=01-91) and (PPCC=2 and IPEV=2 and IPER=2 and IPDO=2 and IPPCHCP=2 and IPOTH=2))	
Universe-text		
Question Text	* Please verify.	
	[fill 1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill 2: injury/poisoning]. Is that correct?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Verify		
Fill Instructions	fill1: if the subject=respondent fill "You" else, fill "ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"	
Special Instructions	Treat this as a signal so that the FR may go back and make corrections.	
Skip Instructions	<1>[If the subject HAS more injury/poisoning episodes, then go to FIJ.050_1for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to FPOI3M/FDMED12M.] <2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]	
Hard Edits	ERR_IPVER	
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.090
Variable Name	IPHOSP
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	?[F1]
	[fill 1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill 2: injury/poisoning]?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Hospital overnight
Fill Instructions	fill1: if the subject=respondent fill "Were you" else, fill "Was ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	
Skip Instructions	<1> [goto IPIHNO] <2,R,DK> [if injury episode, goto IMTRAF; if poisoning episode, goto PPOIS]
Hard Edits	
Soft Edits	
AssocHelp	H_IPHOSP

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.090_H
Variable Name	H_IPHOSP
Universe	
Universe-text	
Question Text	Hospitalized means a person is admitted and must stay one or more nights in a hospital. Visits to an emergency room or outpatient clinic is not considered hospitalized, even if they occur at night, unless the person is admitted and stays overnight. Do not include stays in the hospital during which the person does not spend at least one night, even though surgery may have been performed.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Assicated Screens: IPHOSP
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.091	
Variable Name	IPIHNO	
Universe	IPHOSP = 1	
Universe-text		
Question Text	How many nights [fill 1: were you/was ALIAS] in the hospital?	
	* If still in hospital, ask how many nights up to today.	
	* Enter '95' for 95 or more nights.	
Answer Codes		
Question Type Integer		
Field Pane Descript		
Fill Instructions	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS"	
Special Instructions		
Skip Instructions	<01-60,R,DK> [if ICAUS eq 01 or 02 or 03, goto IMTRAF] if ICAUS eq 04 or 06 or 07 or R, or DK, goto IPWHAT] if ICAUS eq 05, goto IFALL]] <61-95> [goto ERR_IPIHNO]	
Hard Edits		
Soft Edits	[if IPIHNO gt 60, display ERR_IPIHNO] * AIPIHNO is unusually high. Please verify.	
	Suppress Goto Close	
	<supress> [if ICAUS eq 01 or 02 or 03, goto IMTRAF] if ICAUS eq 04 or 06 or 07 or 97, or 99, goto IPWHAT] if ICAUS eq 05, goto IFALL]] <close, goto=""> [reset IPIHNO for new entry]</close,></supress>	
AssocHelp	H_IPIHNO	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.091_H
Variable Name	H_IPIHNO
Universe	
Universe-text	
Question Text	Please enter the number of nights they were in the hospital and not the number of days. For example, an answer of, "I was in for 7 days," could mean 6, 7, or 8 nights. Probe further, emphasizing the word "nights." Please include the total number of nights for all the hospital stays related to this injury. If the person was transferred or had a repeat admission for the same injury add up the number of nights.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: IPIHNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.109
Variable Name	IMTRAF
Universe	ICAUS = 01-03
Universe-text	
Question Text	?[F1]
Answer Codes	* Ask or verify. Did this accident occur on a public highway, street, or road? 1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Traffic-related
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R DK> [goto IMVWHO]
Hard Edits	
Soft Edits	
AssocHelp	H_IMTRAF

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.109_H
Variable Name	H_IMTRAF
Universe	
Universe-text	
Question Text	Public highway, street, or road includes items such as: a break down lane, a shoulder, a ditch, or a median.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: IMTRAF
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.110	
Variable Name	IMVWHO	
Universe	ICAUS = 01- 03	
Universe-text		
Question Text	* Ask or verify. [fill 1: Were you/Was ALIAS] injured as:	
	* Read answer categories.	
Answer Codes	1. The driver of a motor vehicle 2. A passenger in a motor vehicle 3. A pedestrian 4. A bicycle rider or tricycle rider 5. The rider of a scooter, skateboard, skates, or other non-motorized vehicle Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Field Pane Description Injured as	
Fill Instructions	fill1: if the subject=respondent fill "Were you" else, fill "Was ALIAS"	
Special Instructions		
Skip Instructions	<1,2> [goto IMVTYP] <4,5> [goto IHELMT] <3,R,DK> [goto IPWHAT]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.111
Variable Name	IMVTYP
Universe	IMVWHO = 01 or 02
Universe-text	
Question Text	(book) F6 ?[F1]
	* Ask or verify.
	What type of vehicle [fill 1: were you/was ALIAS] in?
Answer Codes	 Passenger car Passenger truck, such as a pickup truck, van, or SUV Bus Large commercial truck, such as a semi-truck, big rig, or 18-wheeler Motorcycle (including mopeds, minibikes) All terrain vehicle or ski/snow-mobile Farm equipment (such as a tractor) Industrial or construction vehicle Other Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Type of vehicle
Fill Instructions	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS"
Special Instructions	
Skip Instructions	<01,02,04> [goto ISBELT] <05,06> [goto IHELMT] <03,07,08,09,R,DK> [goto IPWHAT]
Hard Edits	
Soft Edits	
AssocHelp	H_IMVTYP

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.111_H
Variable Name	H_IMVTYP
Universe	
Universe-text	
Question Text	A [b]motorcycle[b], including mopeds and mini-bikes, is a two-wheeled motor vehicle having one or two riding saddles and sometimes having a third wheel for the support of a sidecar. The sidecar is considered part of the motorcycle. An [b]all terrain vehicle or ski/snow-mobile[b] is a motor vehicle of special design, to enable it to negotiate rough or soft terrain or snow. Examples of special design are high construction, special wheels or tires, driven by treads, or support on a cushion of air. Include hovercrafts (on land or swamp) in this category. [b]Farm equipment[b] includes tractors and other farm machinery. An [b]industrial or construction vehicle[b] includes industrial machinery, steamroller, highway grades, etc.
Answer Codes	highway grader, etc.
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: IMVTYP
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.112
Variable Name	ISBELT
Universe	IMVTYP = 01, 02, 04
Universe-text	
Question Text	?[F1]
Answer Codes	* Ask or verify. [fill 1: Were you/Was ALIAS] restrained at the time of the accident? 1. Yes 2. No Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Restrained
Fill Instructions	fill1: if the subject=respondent fill "Were you" else, fill "Was ALIAS"
Special Instructions	
Skip Instructions	<1,2,R,DK> [goto IPWHAT]
Hard Edits	
Soft Edits	
AssocHelp	H_ISBELT

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.112_H
Variable Name	H_ISBELT
Universe	
Universe-text	
Question Text	A safety belt is a seat belt.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens: ISBELT
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.113
Variable Name	IHELMT
Universe	(IMVWHO = 04, 05) OR (IMVTYP = 05, 06)
Universe-text	
Question Text	?[F1]
Answer Codes	* Ask or verify. [fill 1: Were you/Was ALIAS] wearing a helmet at the time of the accident? 1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion Wearing a helmet
Fill Instructions	fill1: if the subject=respondent fill "Were you" else, fill "Was ALIAS"
Special Instructions	
Skip Instructions	<1,2,R,DK> [goto IPWHAT]
Hard Edits	
Soft Edits	
AssocHelp	H_IHELMT

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.113_H
Variable Name	H_IHELMT
Universe	
Universe-text	
Question Text	Helmet includes: a bike helmet, a motorcycle helmet, or a hard hat for horse back riding.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: IHELMT
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.130
Variable Name	IFALL
Universe	ICAUS = 05
Universe-text	
Question Text	(book) F7
	* Enter up to 2 responses, separate with a comma.
	* Ask or verify.
	How did [fill 1: you/ALIAS] fall? Anything else?
Answer Codes	 Stairs, steps, or escalator Floor or level ground Curb (including sidewalk) Ladder or scaffolding Playground equipment Sports field, court, or rink Building or other structure Chair, bed, sofa, or other furniture Bathtub, shower, toilet, or commode Hole or other opening Other Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Descripti	Fall on, down, from, or into
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS"
Special Instructions	Allow up to two responses for this question
Skip Instructions	<01-11,R,DK> [goto IFALLWHY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.131	
Variable Name	IFALLWHY	
Universe	IFALL = 01-11 or R or DK	
Universe-text		
Question Text	(book) F8	
	* Ask or verify.	
	What caused [fill 1: you/ALIAS] to	fall?
Answer Codes	 Slipping or tripping Jumping or diving Bumping into an object or ano Being shoved or pushed by an Losing balance or having dizzi Other Refused Don't know 	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Cause of fall	
Fill Instructions	fill1: if the subject=respondent fill	"you" else, fill "ALIAS"
Special Instructions		
Skip Instructions	<1-6,R,DK> [goto IPWHAT]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.140
Variable Name	PPOIS
Universe	MTFPOI3M = 01-91
Universe-text	
Question Text	(book) F9 ?[F1]
	* Ask or verify.
	What did [fill 1: your/ALIAS's] poisoning result from?
Answer Codes	 Swallowing a drug or medical substance mistakenly or in overdose Swallowing or touching a harmful solid or liquid substance Inhaling harmful gases or vapors Eating a poisonous plant or other substance mistaken for food Being bitten by a poisonous animal Other (specify) Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Cause of poisoning
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's"
Special Instructions	
Skip Instructions	<1-5,R,DK> [goto IPWHAT] <6> [goto PPOISOS]
Hard Edits	
Soft Edits	
AssocHelp	H PPOIS

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.140_H
Variable Name	H_PPOIS
Universe	
Universe-text	
Question Text	Poisonings can be accidental or on purpose. Poisonings include things such as: being bitten or stung by a poisonous animal or insect, overdosing on any drug or medicine, taking or being given the wrong drug, and swallowing, breathing, injecting, or otherwise coming in contact with too much of a harmful substance (liquid, solid, or gas). Poisonings exclude things such as: food poisoning, sun poisoning, poison ivy rashes, and poison oak. 1. "Swallowing a drug or medical substance mistakenly or in overdose" includes items such as: over the counter drugs, prescribed medications, street drugs, and herbs.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: PPOIS
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.141	
Variable Name	PPOISOS	
Universe	PPOIS = 6	
Universe-text		
Question Text	* Read if necessary.	
	How did [fill 1: your/ALIAS's] poisoning occur?	
Answer Codes		
Question Type	Text	
Field Pane Description Other		
Fill Instructions	fill1: if the subject=respondent fill "your" else fill "ALIAS's"	
Special Instructions	<allow 100,="" anychar=""></allow>	
Skip Instructions	<allow 100,="" any="" chara=""> [goto IPWHAT]</allow>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.150
Variable Name	IPWHAT
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	(book) F10 ?[F1]
	* Enter up to 2 responses, separate with a comma.
	* Ask or verify.
	What activity [fill 1: were you/was ALIAS] involved in at the time of the [fill 2: injury/poisoning]?
Answer Codes	 Driving or riding in a motor vehicle Working at a paid job Working around the house or yard Attending school Unpaid work (such as volunteer work) Sports and exercise Leisure activity (excluding sports) Sleeping, resting, eating, or drinking Cooking Being cared for (hands-on care from other person) Other (specify) Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Description Activity	
Fill Instructions	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	Allow up to two responses for this question.
Skip Instructions	<01-10,R,DK> [goto IPWHER] <11> [goto IPWHATOT]
Hard Edits	
Soft Edits	
AssocHelp	H_IPWHAT

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.150_H
Variable Name	H_IPWHAT
Universe	
Universe-text	
Question Text	PLEASE NOTE THAT THE RESPONDENT CAN PICK 2 ACTIVITIES.
	[b]Driving or riding in a motor vehicle:[b] A motor vehicle is any mechanically or electrically powered device not operated on rails including a [blt] motorcycle,
	car, truck, ATV, bus, tractor, semi-truck,
	4 wheeler, dirt bike, snow mobile, and any other vehicle with a motor except a boat, train, or plane. [blt]
	[b]Working at a paid job[b] includes doing work for pay or other compensation, including in employer parking lots while working, arriving, or leaving; during transportation between locations as a part of the job (excluding commuting to or from home); and engaged in work activity where the vehicle is considered the work environment (e.g., taxi driver, truck driver, etc.).
	[b]Working around the house or yard[b] includes mowing the lawn, ironing, doing laundry, and doing other house chores.
	[b]Attending school (response category 4)[b] includes classroom activities, informal activities during school hours, and school sponsored field trips.
	[b]Unpaid work (response category 5)[b] includes caring for children or relatives and volunteer work for an organized group.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens: IPWHAT
Skip Instructions	
Hard Edits	

Soft Edits	
AssocHelp	
Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.151
Variable Name	IPWHATOT
Universe	IPWHAT = 11
Universe-text	
Question Text	* Read if necessary.
	What other activity [fill 1: were you/was ALIAS] involved in at the time of the [fill 2: injury/poisoning]?
Answer Codes	
Question Type	Text
Field Pane Description	Other
Fill Instructions	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	<allow 100,="" anychar=""></allow>
Skip Instructions	<allow 100,="" anychar=""> [goto IPWHER]</allow>
Hard Edits	
Soft Edits	
AssocHelp	

05 **Module Family Injuries & Poisonings** Section Name Part **Question ID** FIJ.160 Variable Name **IPWHER** (MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)Universe Universe-text (book) F11 ?[F1] Question Text * Enter up to 2 responses, separate with a comma. * Ask or verify. Where [fill 1: were you/was ALIAS] when the [fill 2: injury/poisoning] happened? **Answer Codes** 1. Home (inside) 2. Home (outside) 3. School (not residential) 4. Child care center or preschool 5. Residential institution (excluding hospital) 6. Health care facility (including hospital) 7. Street or highway 8. Sidewalk 9. Parking lot 10. Sport facility, athletic field, or playground 11. Shopping center, restaurant, store, bank, gas station, or other place of business 12. Farm 13. Park or recreation area (including bike or jog path) 14. River, lake, stream, or ocean 15. Industrial or construction area 16. Other public building 17. Other Refused Don't know Question Type Pick Two - answer list pane Field Pane Description Place at time of injury/poisoning fill1: if the subject=respondent fill "were you" else, fill "was ALIAS" Fill Instructions fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning" Special Instructions <01-17,R,DK> [If AGE It 5 and person HAS more injury/poisoning episodes, goto Skip Instructions **IPDATEM** for that person: else if AGE It 5 and person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if AGE lt 5 and no more family members with an injury/poisoning, go to FPOI3M/FDMED12M; Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]

Hard Edits

Soft Edits	
AssocHelp	H_IPWHER

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.160_H
Variable Name	H_IPWHER
Universe	
Universe-text	
Question Text	[b]Home inside[b] is any area that is under the roof of a residential structure or anything that is attached to the structure INCLUDING a porch, deck, detached garage (with roof and 4 walls), hallway or stairwell of an apartment building, and a crawl space.
	[b]Home outside[b] INCLUDES on top of the roof or on the exterior side of the home, a garden, the yard, and a private playground.
	[b]School (not residential)[b] EXCLUDES places such as dorm rooms.
	[b]Child care center or preschool[b] INCLUDES places such as a home day care facility.
	[b]Residential institution (excluding hospitals)[b] INCLUDES places such as boarding schools.
	[b]Health care facility (including hospitals)[b] INCLUDES places such as a doctor's office, an outpatient facility, and an urgent care centers.
	[b]Street/highway[b] INCLUDES places such as rural or dirt roads, and EXCLUDES places such as sidewalks, driveways, and parking lots.
	[b]Sports facility, athletic field, or playground[b] INCLUDES places such as a baseball diamond, a basketball or tennis court, a public swimming pool, and a skating rink.
	[b]Park/recreation area (bike or jog path)[b] INCLUDES places and things such as a picnic area and bike or jog path.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: IPWHER
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.170	
Variable Name	IPEMP	
Universe	(MTFINJ3M = 01-91 and AGE >= 13) OR (MTFPOI3M = 01-91 and AGE >= 13)	
Universe-text		
Question Text	?[F1]	
	At the time of this [fill 1: injury/poisoning], [fill 2: were you/was ALIAS] employed full-time, part-time, or not employed?	
Answer Codes	1. Full-time 2. Part-time 3. Not employed Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description Employed		
Fill Instructions	fill1: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning" fill2: if the subject=respondent fill "were you" else, fill "was ALIAS"	
Special Instructions		
Skip Instructions	<1,2> [goto IPWKLS] <3,R,DK> [goto IPSTU]	
Hard Edits		
Soft Edits		
AssocHelp	H_IPEMP	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.170_H
Variable Name	H_IPEMP
Universe	
Universe-text	
Question Text	The person is [b]employed[b] if they had a job when the injury happened. This question is NOT asking if they were at work when the injury happened.
	Volunteer work is included.
	[b]Employed full-time[b] is defined as if the person works an average of 40 hours per week.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: IPEMP
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.171
Variable Name	IPWKLS
Universe	IPEMP = 1 or 2
Universe-text	
Question Text	As a result of this [fill 1: injury/poisoning], how many days of work did [fill 2: you/ALIAS] miss?
Answer Codes	1. None 2. Less than 1 day 3. One to five days 4. Six or more days Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Days of work missed
Fill Instructions	fill1: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning" fill2: if the subject=respondent fill "you" else, fill "ALIAS"
Special Instructions	
Skip Instructions	<1-4,R,DK> [goto IPSTU]
Hard Edits	
Soft Edits	
AssocHelp	

Module	05			
Section Name	Family Injuries & Poisonings			
Part				
Question ID	FIJ.180			
Variable Name	IPSTU			
Universe	(MTFINJ3M = 01-91 and AGE >= 5) OR (MTFPOI3M = 01-91 and AGE >= 5)			
Universe-text				
Question Text	?[F1]			
	At the time of this [fill 1: injury/poisoning], [fill 2: were you/was ALIAS] a full-time student, part-time student or not a student?			
Answer Codes	1. Full-time 2. Part-time 3. Not a student Refused Don't know			
Question Type	Pick One - answer list pane			
Field Pane Description Student?				
Fill Instructions	fill1: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning" fill2: if the subject=respondent fill "were you" else, fill "was ALIAS"			
Special Instructions				
Skip Instructions	<1,2> [goto IPSCLS] <3,R,DK> [If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto FDMED12M]			
Hard Edits				
Soft Edits				
AssocHelp	H_IPSTU			

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.180_H	
Variable Name	H_IPSTU	
Universe		
Universe-text		
Question Text	The person is a student if they are enrolled in school at the time of the injury. The question is NOT asking if they were at school at the time of the injury.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens: IPSTU	
Skip Instructions		
Hard Edits		
nara Eaus		
Soft Edits		
AssocHelp		

Module	05	
Section Name	Family Injuries & Poisonings	
Part		
Question ID	FIJ.181	
Variable Name	IPSCLS	
Universe	IPSTU = 1 or 2	
Universe-text		
Question Text	As a result of this [fill 1: injury/poisoning], how many days of school did [fill 2: you/ALIAS] miss?	
Answer Codes	1. None 2. Less than 1 day 3. One to five days 4. Six or more days Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Days of school missed	
Fill Instructions	fill1: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning" fill2: if the subject=respondent fill "you" else, fill "ALIAS"	
Special Instructions		
Skip Instructions	<1-4,R,DK>[If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto FDMED12M]	
Hard Edits		
Soft Edits		
AssocHelp		

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Section name: HEALTH CARE ACCESS AND UTILIZATION

Module	06		
Section Name	HEALTH CARE ACCESS AND UTILIZATION		
Part	Α		
Question ID	FAU.010		
Variable Name	FDMED12M		
Universe	AGE=AII		
Universe-text	All families		
Question Text	?[F1]		
	The following questions are abou	ut the use of health care. Do not include dental care.	
		IS, [fill1: have you delayed seeking medical care/has nyone in the family] because of worry about the cost?	
Answer Codes	1. Yes 2. No Refused Don't know		
Question Type	Yes/No		
Field Pane Description	on Medical care delayed cost		
Fill Instructions	fill1: For a 1 person family fill "hamedical care been delayed "	ave you delayed " For multi-person families, fill " has	
Special Instructions			
Skip Instructions	<1> [If one person family, store the person number in PDMED12M, goto FNMED12M; else, goto PDMED12M] <2,D,R> goto FNMED12M		
Hard Edits			
Soft Edits			
AssocHelp	H_FDMED12M		

Module	06		
Section Name	HEALTH CARE ACCESS AND UTILIZATION		
Part			
Question ID	FAU.010_H		
Variable Name	H_FDMED12M		
Universe			
Universe-text			
Question Text	Includes all types of financial limitations that delayed a person in getting medical care.		
	[b]Delayed[b] assumes that medical care has been or will eventually be received.		
	[b]Medical Care[b] means medical care from a trained medical professional.		
Answer Codes			
Question Type	Help Screen		
Field Pane Description	on		
Fill Instructions			
Special Instructions	Associated Screens: FDMED12M		
Skip Instructions			
Hard Edits			
Soft Edits			
AssocHelp			

Module	06		
Section Name	HEALTH CARE ACCESS AND UTILIZATION		
Part	A		
Question ID	FAU.020		
Variable Name	PDMED12M		
Universe	AGE=All and FDMED12M= yes and family members > 1		
Universe-text	1+ Persons had medical care delayed due to worry about cost during past 12 months		
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.		
	For which family member was medical care delayed? (Anyone else?)		
Answer Codes			
Question Type	Enter All That Apply		
Field Pane Description Who			
Fill Instructions			
Special Instructions	Display roster of all non-deleted family members.		
Skip Instructions	goto FNMED12M		
Hard Edits			
Soft Edits			
AssocHelp			

Module	06		
Section Name	HEALTH CARE ACCESS AND UTILIZATION		
Part	Α		
Question ID	FAU.030		
Variable Name	FNMED12M		
Universe	AGE=AII		
Universe-text	All families		
Question Text	?[F1]		
	DURING THE PAST 12 MONTHS, was there any time when [fill 1: you/someone in the family] needed medical care, but did not get it because [fill 2: you/the family] couldn't afford it?		
Answer Codes	1. Yes 2. No Refused Don't know		
Question Type	Yes/No		
Field Pane Description Could not afford medical care			
Fill Instructions	fill 1: for a 1 person family fill "you" For a multi-person family fill "someone in the family" fill 2: for a 1 person family fill "you" For a multi-person family fill "the family"		
Special Instructions			
Skip Instructions	<1> [If one person family, store the person number in PNMED12M, goto FHOSPYR; else, goto PNMED12M] <2,D,R> goto FHOSPYR		
Hard Edits			
Soft Edits			
AssocHelp	H_FNMED12M		

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	
Question ID	FAU.030_H
Variable Name	H_FNMED12M
Universe	
Universe-text	
Question Text	Include all types of financial limitations that prevented a person(s) from getting medical care.
	[b]Medical Care[b] means medical care from a trained medical professional.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FNMED12M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	06		
Section Name	HEALTH CARE ACCESS AND UTILIZATION		
Part	A		
Question ID	FAU.040		
Variable Name	PNMED12M		
Universe	AGE=All and FNMED12M = yes and family members > 1		
Universe-text	1+ Persons didn't get med care due to cost during the past 12 months		
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.		
	Who didn't get needed care? (Anyone else?)		
Answer Codes			
Question Type	Enter All That Apply		
Field Pane Description	On Who		
Fill Instructions			
Special Instructions	Display roster of all non-deleted family members.		
Skip Instructions	go to FHOSPYR		
Hard Edits			
Soft Edits			
AssocHelp			

Module	06		
Section Name	HEALTH CARE ACCESS AND UTILIZATION		
Part	В		
Question ID	FAU.050		
Variable Name	FHOSPYR		
Universe	AGE=All		
Universe-text	All families		
Question Text	?[F1]		
	[fill1: Have you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.		
Answer Codes	1. Yes 2. No Refused Don't know		
Question Type	Yes/No		
Field Pane Descripti	In Hospital Overnight		
Fill Instructions	fill1: for a 1 person family fill "Have you" For a multi-person family fill "Including all infants born in a hospital, has anyone in the family"		
Special Instructions	Store this family level value to the person level.		
Skip Instructions	<1> [If one person family, store the person number in PHOSPYR goto HOSPNO; Else,goto PHOSPYR] <2,D,R> goto FHCHM2W		
Hard Edits			
Soft Edits			
AssocHelp	H_FHOSPYR		

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	
Question ID	FAU.050_H
Variable Name	H_FHOSPYR
Universe	
Universe-text	
Question Text	INCLUDE as a patient in a hospital only persons who were admitted and stayed overnight or longer.
	EXCLUDE persons who visit emergency rooms or outpatient clinics, unless that person was admitted and stayed overnight.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: FHOSPYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	06		
Section Name	HEALTH CARE ACCESS AND	UTILIZATION	
Part	В		
Question ID	FAU.060		
Variable Name	PHOSPYR		
Universe	AGE=All and FHOSPYR= yes a	and family members > 1	
Universe-text	1+ Persons who were patients ER)	in a hospital OVERNIGHT	during past 12 months (Excl.
Question Text	*Ask or verify. Enter applicable	line number(s), separate	with commas.
	Who was in a hospital overnigh (Anyone else?)	t?	
Answer Codes			
Question Type	Enter All That Apply		
Field Pane Description Who			
Fill Instructions			
Special Instructions	Display roster of all non-deleted Store this family level value to t	•	
Skip Instructions	Go to HOSPNO.		
Hard Edits			
Soft Edits			
AssocHelp			

06 Module **HEALTH CARE ACCESS AND UTILIZATION** Section Name Part **Question ID FAU.070** Variable Name **HOSPNO** Persons selected in PHOSPYR Universe Persons who stayed overnight in a hospital during past 12 months (Excl. ER) Universe-text Question Text ?[F1] How many different times did [fill: you/Alias] stay in any hospital overnight or longer **DURING THE PAST 12 MONTHS? Answer Codes** Question Type Integer Field Pane Description How many different times fill: for a 1 person family fill "you" For a multi-person family fill "Alias" Fill Instructions Special Instructions | Ask HOSPNO and HPNITE together for each person selected in PHOSPYR <1-10> goto HPNITE <11-365> goto ERR_HOSPNO Skip Instructions <D,R> goto HPNITE Hard Edits **ERR HOSPNO** Soft Edits * [fill: HOSPNO] is unusually high. * Verify entry. * Make corrections if necessary. H HOSPNO **AssocHelp**

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	
Question ID	FAU.070_H
Variable Name	H_HOSPNO
Universe	
Universe-text	
Question Text	This question refers to hospital stays, not the total number of nights spent in the hospital. For example, if a person is admitted as a patient in the hospital and stays for 5 nights, this would count as 1 hospital stay.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens: HOSPNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

06 **Module HEALTH CARE ACCESS AND UTILIZATION** Section Name Part Question ID **FAU.110** Variable Name **HPNITE** Persons selected in PHOSPYR and HOSPNO not empty Universe Universe-text Persons who stayed overnight in a hospital during past 12 months (Excl. ER) ?[F1] Question Text Altogether how many nights [fill1: were you/was Alias] in the hospital DURING THE PAST 12 MONTHS? **Answer Codes** Question Type Integer Field Pane Description Altogether how many nights fill 1: for a 1 person family fill "were you" for a multi-person family fill "was Alias" Fill Instructions Ask HOSPNO and HPNITE together for each person selected in PHOSPYR **Special Instructions** Set flag if instrument goes to ERR2 HPNITE. <1-50,D,R> goto next person selected in [PHOSPYR], once exhausted goto [FHCM2W] Skip Instructions <51-365> goto ERR1_HPNITE [if HOSPNO le HPNITE goto the next person selected in PHOSPYR] else go to ERR2 HPNITE once exhausted move to FHCM2W Hard Edits **ERR1 HPNITE** Soft Edits * [fill: HPNITE] is unusually high. * Verify entry. * Make corrections if necessary. **ERR2 HPNITE** * Do not read. * [fill: HPNITE] night(s) is less than the total number of times in the hospital overnight.

AssocHelp

H HPNITE

* Please verify.

Note: If edit suppressed, store S in HPNITE FLG

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	A
Question ID	FAU.110_FLG
Variable Name	HPNITE_FLG
Universe	
Universe-text	
Question Text	***OUT VARIABLE***
Answer Codes	S
Question Type	Instrument Out Variable
Field Pane Description	on
Fill Instructions	
Special Instructions	If ERR2_HPNITE edit is suppressed, store S in HPNITE_FLG
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	
Question ID	FAU.110_H
Variable Name	H_HPNITE
Universe	
Universe-text	
Question Text	If the respondent answers in terms of days, repeat the question so that it is understood we are interested only in the number of nights. For example, a first answer of, "I was in for 7 days", could mean 6, 7, or 8 nights. Always follow up such answers by repeating the question, emphasizing the word "nights".
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: HPNITE
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	С
Question ID	FAU.120
Variable Name	FHCHM2W
Universe	AGE=AII
Universe-text	All families
Question Text	?[F1]
	These next questions are about health care received DURING THE LAST 2 WEEKS. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists (AHF-thal-MOL-oh-jists), and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors. Do not include dental care. Do not include care while an overnight patient in a hospital. DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	n Received Home Care
Fill Instructions	fill: for a 1 person family fill "you" For a multi-person family fill "anyone in the family"
Special Instructions	Store this family level value to the person level.
Skip Instructions	<1> [If one person family, store the person number in PHCHM2W goto PHCHMN2W; Else, goto PHCHM2W] <2,D,R> [goto FHCPH2W]
Hard Edits	
Soft Edits	
AssocHelp	H_FHCHM2W

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	
Question ID	FAU.120_H
Variable Name	H_FHCHM2W
Universe	
Universe-text	
Question Text	This question refers to health care received in the person's home by a trained medical professional.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens: FHCHM2W
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	С
Question ID	FAU.130
Variable Name	PHCHM2W
Universe	AGE=All and FHCHM2W=yes and family members > 1
Universe-text	1+ Persons received care AT HOME from hlth care professional during the past 2 weeks
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received care at home? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members. Store this family level value to the person level.
Skip Instructions	go to PHCHMN2W
Hard Edits	
Soft Edits	
AssocHelp	

06 Module **HEALTH CARE ACCESS AND UTILIZATION** Section Name Part Question ID **FAU.140** Variable Name PHCHMN2W Persons selected in PHCHM2W Universe Persons who received care AT HOME from health care professional during the past 2 Universe-text weeks (excl. dental care) How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS? Question Text * Enter '50' for 50 or more visits. Answer Codes Question Type Integer Field Pane Description How Many Home Visits fill: for a 1 person family fill "you" For a multi-person family fill "Alias" Fill Instructions Roster through for every person marked in PHCHM2W **Special Instructions** <1-14> [goto FHCPH2W] <15-50> [goto ERR_PHCPHMN2W] Skip Instructions <D,R> [goto FHCPH2W] **Hard Edits** ERR PHCHMN2W Soft Edits * [fill: PHCHMN2W] is unusually high. * Verify entry. * DO NOT PROBE. Make corrections if necessary. **AssocHelp**

Module	06		
Section Name	HEALTH CARE ACCESS AND	UTILIZATION	
Part	С		
Question ID	FAU.150		
Variable Name	FHCPH2W		
Universe	AGE=All		
Universe-text	All families		
Question Text	DURING THE LAST 2 WEEKS advice or test results over the F professional? Do not include phone calls to me	PHONE from a doctor, nurs	se, or other health care
	prescription refills.	and appointmente, for bini	
Answer Codes	1. Yes 2. No Refused Don't know		
Question Type	Yes/No		
Field Pane Descripti	Received Medical Advice/	Test Results by Phone	
Fill Instructions	fill: for a 1 person family fill "you	" For a multi-person fam	ily fill "anyone in the family"
Special Instructions	Store this family level value to t	he person level.	
Skip Instructions	<1> [If one person family, store goto PHCPHN2W; Else, goto F<2,D,R> [goto FHCDV2W]		CPH2W
Hard Edits			
Soft Edits			
AssocHelp			

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	С
Question ID	FAU.160
Variable Name	PHCPH2W
Universe	AGE=All and FHCPH2W= yes and family members >1
Universe-text	1+ Persons for whom medical advise or test results were received over the phone from a health care professional during the past 2 weeks (exclude calls for appointments, billing questions, or prescription medicines)
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas. Who was the phone call about? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members. Store this family level value to the person level.
Skip Instructions	go to PHCPHN2W
Hard Edits	
Soft Edits	
AssocHelp	

06 Module **HEALTH CARE ACCESS AND UTILIZATION** Section Name **Part** Question ID **FAU.170** Variable Name PHCPHN2W Persons selected in PHCPH2W Universe Universe-text Persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (exclude calls for appointments, billing questions, or prescription refills) DURING THE LAST 2 WEEKS, how many telephone calls **Question Text** [fill1: did you make?] [fill2: were made about [fill: Alias]? * Enter '50' for 50 or more phone calls. **Answer Codes** Question Type Integer Field Pane Description How Many Phone Calls Were Made Fill Instructions fill1: For a 1 person family fill "did you make?" fill2: For a multi-person family fill "were made about '[fill: Alias]" Special Instructions | Roster through for all persons marked in PHCPH2W <1-14> [goto FHCDV2W] <15-50> [goto ERR_PHCPHN2W] Skip Instructions <D,R> [goto FHCDV2W] Hard Edits **ERR PHCPHN2W** Soft Edits * [fill: PHCPHN2W] is unusually high. * Verify that all calls were within the two week period. * Make corrections if necessary. **AssocHelp**

Module	06	
Section Name	HEALTH CARE ACCESS AND UTILIZATION	
Part	С	
Question ID	FAU.180	
Variable Name	FHCDV2W	
Universe	AGE=AII	
Universe-text	All families	
Question Text	DURING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? [fill2: Do not include times during an overnight hospital stay.]	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	on Visit Doctor's Office, Etc.	
Fill Instructions	fill1: For a 1 person family fill "you" For a multi-family fill "anyone in the family" fill2: if FHOSPYR=1 then fill "Do not include times during an overnight hospital stay."	
Special Instructions	Store this family level value to the person level.	
Skip Instructions	<1> [If one person family, store the person number in PHCDV2W goto PHCDVN2W; Else, goto PHCDV2W] <2,D,R> [goto F10DVYR]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	С
Question ID	FAU.190
Variable Name	PHCDV2W
Universe	AGE=All and FHCDV2W = yes and family members>1
Universe-text	1+ Persons who saw a health care professional in office, etc. during past 2 weeks (exclude visits during overnight hospital stays)
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received care? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster including all non-deleted family members
Skip Instructions	goto PHCDVN2W
Hard Edits	
Soft Edits	
AssocHelp	

06 Module **HEALTH CARE ACCESS AND UTILIZATION** Section Name Part Question ID **FAU.200** Variable Name PHCDVN2W AGE=All and persons selected in PHCDV2W Universe Persons who had a visit to a health care professional during past 2 weeks (excl. Visits Universe-text during overnight hospital stays) How many times did [fill: you/ Alias] visit a doctor or other health care professional Question Text **DURING THE LAST 2 WEEKS?** * Enter '50' for 50 or more visits. Answer Codes Question Type Integer Field Pane Description How Many Visits to Health Professional fill: for a 1 person family fill "you" For a multi-person family fill "Alias" Fill Instructions Roster through for all persons marked in PHCDV2W **Special Instructions** <1-14> [goto F10DVYR] <15-50> [goto ERR_PHCDVN2W] Skip Instructions <D,R> [goto F10DVYR] **Hard Edits** Soft Edits ERR PHCDVN2W * [fill: PHCDVN2W] is unusually high. * Verify that all visits were within the two week reference period. * Make corrections if necessary. H_PHCDVN2W **AssocHelp**

Module	06	
Section Name	HEALTH CARE ACCESS AND UTILIZATION	
Part	С	
Question ID	FAU.210	
Variable Name	F10DVYR	
Universe	AGE=AII	
Universe-text	All families	
Question Text	DURING THE PAST 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	on Received care 10 or more times	
Fill Instructions	fill: For a 1 person family fill "you" For a multi-person family fill "any member of the family"	
Special Instructions		
Skip Instructions	<1> [If one person family, store the person number in P10DVYR goto FHICOV; Else, goto P10DVYR] <2,D,R> [goto FHICOV] next section	
Hard Edits		
Soft Edits		
AssocHelp		

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	С
Question ID	FAU.220
Variable Name	P10DVYR
Universe	AGE=All and F10DVYR= yes and family members >1
Universe-text	1+ Persons received care 10 or more times from health care professional during past 12 months (exclude telephone calls)
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received care 10 or more times? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster including all non-deleted family members
Skip Instructions	goto FHICOV
Hard Edits	
Soft Edits	
AssocHelp	

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Section nan	ne: Family Health Insurance
Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.050
Variable Name	FHICOV
Universe	AGE=AII
Universe-text	All families
Question Text	(book) F12 and (book) F14
	The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills. [fill 1:Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Family Health Insurance
Fill Instructions	Fill 1: If single person family fill "Are you"; else fill "Is anyone in the family".
Special Instructions	If FR enters 2, mark HIKIND = 11 for all persons in family
Skip Instructions	<1, D, R> [goto HIKIND] <2> [if AGE ge 65, goto MCAREPRB; else goto MCAIDPRB]
Hard Edits	
Soft Edits	
AssocHelp	

07 **Module Family Health Insurance** Section Name Part Question ID FHI.070 Variable Name **HIKIND** AGE=All and FHICOV=1,D,R Universe All persons in the family where FHICOV= yes, Don't Know or Refused for that family Universe-text (book) F12 and (book) F14 Question Text What kind of health insurance or health care coverage [fill 1: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized. * Enter all that apply, separate with commas. **Answer Codes** 1. Private health insurance 2. Medicare 3. Medi-Gap 4. Medicaid 5. CHIP (SCHIP/ Children's Health Insurance Program) 6. Military health care (TRICARE/VA/CHAMP-VA) 7. Indian Health Service 8. State-sponsored health plan 9. Other government program 10. Single service plan (e.g., dental, vision, prescriptions) 11. No coverage of any type Don't Know Refused **Question** Type **Enter All That Apply** Field Pane Description Coverage Type Fill 1: If subject=respondent, fill [do you]; else fill [does ALIAS]. Fill Instructions Special Instructions <D,R> [goto HCSPFYR] Skip Instructions <1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else if HIKIND ne 10 goto SINCOV; else goto HICHANGE] <11> [if HIKIND = 1-10, goto ERR HIKIND; else if AGE ge 65 goto MCAREPRB, else goto MCAIDPRB] ERR HIKIND: Hard Edits * Cannot mark "No coverage of any kind" and another type. * Please correct. Soft Edits H HIKIND **AssocHelp**

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.070_H	
Variable Name	H_HIKIND	
Universe		
Universe-text		

Question Text

- 1. A [b]private health insurance plan[b] is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the programs in categories (2) and (4-10). These plans may be provided in part or full by the person's employer or union, or may be purchased directly by the individual.
- 2. [b] Medicare[b] refers to the Federal health insurance coverage for persons 65+ years of age and certain disabled persons under 65 years of age. [b]Medicare Managed Care or Medicare + Choice[b] is a way of receiving your Medicare benefits. These types of plans involve specific groups of doctors, hospitals, and other health care providers who have agreed to provide care to Medicare beneficiaries in exchange for a fixed payment from Medicare every month. In these plans, a person must receive all of their care from the Medicare managed care plan, except for emergencies.
- 3. [b]Medigap[b] insurance (also called Medicare Supplement Insurance, Medsup and Medicare Select) is a private health insurance policy which provides reimbursement for the out-of-pocket costs that are not covered by Medicare (for example: prescription drugs, hearing aids, and foot care). There are ten standard Medigap policies (A through J).
- 4. [b] Medicaid[b] refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states. In some states the Medicaid programs have distinct names.
- 5. [b]Children's Health Insurance Program[b] (also called [b]SCHIP[b] or [b]CHIP[b]) refers to a joint federal and state program, administered by each state that offers health care coverage to low-income, uninsured children. The program has recently expanded in some states to include low income adults as well. This law was passed in 1997. In some states, CHIP programs have distinct names.
- 6. [b]Military health care[b] includes health care available to active duty personnel and their dependents ([b]TRICARE[b]) as well as [b]VA[b] (Veterans Administration) which provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments and [b]CHAMP-VA[b] (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability. TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. [b]TRICARE[b] offers eligible beneficiaries four choices for their health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for life. TRICARE Standard is the new name for traditional [b]CHAMPUS[b] (Comprehensive Health and Medical Plan for the Uniformed Services).
- 6. [b]Military health care[b] includes:

[b]TRICARE[b] - a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. TRICARE offers eligible beneficiaries four choices for their health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for life. TRICARE Standard is the new name for traditional CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services).

[b]VA[b] (Veterans Administration) - provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

[b]CHAMP-VA[b] (Comprehensive Health and Medical Plan of the Veterans Administration) - provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

- 7. [b]Indian Health Service[b] is the Federal health care program for Native Americans.
- 8. [b]State-sponsored health plan[b] refers to any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.
- 9. [b]Other Government Program[b] is a catch-all category for any public program providing health care coverage other than those programs in categories 2, and 4-8.
- 10. [b]Single Service Plans[b] A Single Service Plan (SSP) is designed to provide coverage for a specific type of service/care. This plan is usually limited to one type of service or treatment for a specific condition and is frequently obtained to supplement a comprehensive plan that may not provide that type of service. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	HIKIND

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.072
Variable Name	MCAREPRB
Universe	AGE ge 65 and (FHICOV ='2' or (HIKIND ne '2' and ne '3'))
Universe-text	All persons age 65 or older in the family where FHICOV is no, or where HIKIND is not equal to Medicare for that person
Question Text	(book) F13
	People covered by Medicare have a card that looks like this. [fill 1: Are you/Is ALIAS] covered by Medicare?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on Medicare Probe
Fill Instructions	Fill 1: If subject = respondent fill: [Are you]; else fill: [Is ALIAS].
Special Instructions	If FR enters "1" add precode 2 to HIKIND; If FR enters "1" and HIKIND=11, replace HIKIND with a 2.
Skip Instructions	<1,2,D,R> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.073	
Variable Name	MCAIDPRB	
Universe	AGE It 65 and (FHICOV='2' or I	HIKIND='11')
Universe-text	All persons in the family whose HIKIND is not equal to Medicaid	age is less than 65 where FHICOV is no, or where d for that person
Question Text	(book F14)	
	* Refer to flashcard F14 for star	te Medicaid names.
		caid that pays for health care for persons in need. In State name]. [fill 1: Are you/Is ALIAS] covered by
Answer Codes	1. Yes 2. No Don't Know Refused	
Question Type	Yes/No	
Field Pane Descripti	on Medicaid Probe	
Fill Instructions	Fill 1: If subject = respondent fill Fill 2: State Name	l: [Are you]; else fill: [Is ALIAS].
Special Instructions	If FR enters "1" add precode 4 If FR enters "1" and HIKIND=1	
Skip Instructions	<1,2,D,R> [if HIKIND ne 10 got	o SINCOV; else goto HICHANGE]
Hard Edits		
Soft Edits		
AssocHelp		

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.074	
Variable Name	SINCOV	
Universe	AGE= All and (FHICOV='2', or HIKIND ne '10')	
Universe-text	All persons in the family where FHICOV is no, or where HIKIND is not equal to single service plan for that person	
Question Text	[fill 1: Do you/Does ALIAS] have a separate insurance plan that pays for only one type of service such as dental, vision, or prescriptions?	
Answer Codes	1. Yes 2. No Don't Know Refused	
Question Type	Question Type Yes/No	
Field Pane Descripti	eld Pane Description Single Service Probe	
Fill Instructions	Fill 1: If subject = respondent fill: [Do you]; else fill: [Does ALIAS].	
Special Instructions	If FR enters "1" add precode "10" to HIKIND; If FR enters "1", and HIKIND ='11', replace with a "10".	
Skip Instructions	<1,2,D,R> [goto HICHANGE]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.075	
Variable Name	HICHANGE	
Universe	AGE=AII	
Universe-text	All persons	
Question Text	I have recorded [fill 1:you are/ALIAS is] [fill 2: covered by/not covered by health insurance.]	
	[fill 3:^HIKIND] Is this correct?	
Answer Codes	1. Yes 2. No Don't Know Refused	
Question Type	Other	
Field Pane Descripti	Field Pane Description Verification	
Fill Instructions	Fill1: If subject=respondent, fill:"you are"; else, fill:" ALIAS is". Fill 2: If (FHICOV=2 or HIKIND=11) and (MCAREPRB=2,R,D or MCAIDPRB=2,R,D) and SINCOV=2,R,D fill "covered by"; else fill "not covered by health insurance". Fill 3: fill coverage types from HIKIND, except HIKIND=11, else if MCAREPRB=1, fill "Medicare"; else if SINCOV=1, fill "single service plan"; else if MCAIDPRB=1, fill "Medicaid".	
Special Instructions	If HIKIND=3, and HIKIND ne 2, add precode "2" to HIKIND (This is being done in the post processing.)	
	Hard error should include variables HIKIND and HICHANGE. HIKIND should be listed first.	
Skip Instructions	[1, D, R] goto next person; [2] goto ERR_HICHANGE	
Hard Edits	ERR_HICHANGE	
	*Press enter to go back to HIKIND and update coverage.	
Soft Edits		
AssocHelp		

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.090	
Variable Name	MCPART	
Universe	Age=All and (HIKIND IN ('2','3') or MCAREPRB = '1')	
Universe-text	All persons with Medicare	
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by Medicare. May I please see [fill 2: your/ALIAS's] Medicare card to determine the type of coverage?	
	* Reports from memory are acceptable if the Medicare card (or some other form of documentation) is not available.	
	* Enter the coverage type.	
Answer Codes	1. Part A - Hospital Only 2. Part B - Medical Only 3. Both Part A & Part B Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description Coverage Type		
Fill Instructions	Fill 1: If subject=respondent, fill:[you are]; else fill, [ALIAS is] Fill 2: If subject=respondent, fill:[your]; else fill:[ALIAS's]	
Special Instructions		
Skip Instructions	<1-3> [goto MCCARD] <r,d> [prefill MCCARD with a "2", goto MCCHOICE]</r,d>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.092
Variable Name	MCCARD
Universe	MCPART = ('1', '2', '3')
Universe-text	All persons with Part A Medicare coverage, Part B Medicare coverage, or both
Question Text	* Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	on Plan Card
Fill Instructions	
Special Instructions	Do not allow D or R
Skip Instructions	<1,2> [If MCPART = 1, goto MCPARTD; else if MCPART = 2,3, goto MCCHOICE]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.095
Variable Name	MCCHOICE
Universe	MCPART IN ('2','3','R','D')
Universe-text	All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage
Question Text	? [F1]
	Medicare Advantage is the new name for Medicare Plus Choice plans. [fill 1: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descript	ion Advantage
Fill Instructions	Fill 1: If subject= respondent, fill: [Are you]; else fill:[Is ALIAS]
Special Instructions	
Skip Instructions	<1,2,R,D> goto MCHMO
Hard Edits	
Soft Edits	
AssocHelp	H_MCCHOICE

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.095_H
Variable Name	H_MCCHOICE
Universe	
Universe-text	
Question Text	[b]Medicare Plus Choice[b] is also known as Medicare+Choice, M Plus C, and Medicare Part C. [b]Medicare Plus Choice[b] expands the Medicare Health Plan options to include a broader range of plans in addition to the original fee-for-service Medicare and Health Maintenance Organizations (HMO's). New Medicare Health plans include: Preferred provider Organizations (PPO's), Health Maintenance Organizations with a Point of Service Option, Point of Service plans, Private Fee-For-Service (PFFS) plans (not the same as Medigap), and Medical Savings Accounts (MSA).
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MCCHOICE

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.100
Variable Name	МСНМО
Universe	MCPART IN ('2','3','R','D')
Universe-text	All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage
Question Text	? [F1]
	[fill 1:Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?
	(With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.)
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descript	ion HMO
Fill Instructions	Fill 1: If subject=respondent, fill:[Are you]; else fill, [Is ALIAS]
Special Instructions	
Skip Instructions	<1> [goto MCANAME] <2,D,R> if MCCHOICE=1 [goto MCANAME]; else if MCCHOICE in(2,D,R) [goto MCREF]
Hard Edits	
Soft Edits	
AssocHelp	H_MCHMO

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.100_H
Variable Name	H_MCHMO
Universe	
Universe-text	
Question Text	[b]Medicare Managed Care[b] is a way of receiving your Medicare benefits. These types of plans involve specific groups of doctors, hospitals, and other health care providers who have agreed to provide care to Medicare beneficiaries in exchange for a fixed payment from Medicare every month. In these plans, a person must receive all of their care from the Medicare managed care plan, except for emergencies. [b]Health Maintenance Organization (HMO)[b] is a health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis. There are three basic types of HMOs: 1) Group/Staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO. 2) An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices. 3) Network HMO contracts with two or more group practices to provide health services. Other managed care arrangements that may be available through Medicare include: HMO's with Point of Service Options (POS), Provider sponsored Organizations (PSO's), and Preferred Provider Organizations (PPO's).
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MCHMO

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.112	
Variable Name	MCANAME	
Universe	MCCHOICE='1' or MCHMO='1'	
Universe-text	All persons who answered that they had either a Medicare Advantage plan or a Medicare HMO plan	
Question Text	? [F1]	
	What is the name of [fill 1: your/ALIAS's] Medicare Advantage or Medicare HMO plan?	
	* Read if necessary: Do you have a health plan card or something with the plan name on it?	
Answer Codes		
Question Type	Text	
Field Pane Descripti	ion HMO Name	
Fill Instructions	Fill 1: If subject = respondent, fill: [your]; else fill:[ALIAS's]	
Special Instructions	Allow 80 characters, Allow D, R	
	Display the text "Do you have a health plan card or something with the plan name on it?" in BOLD GRAY text.	
Skip Instructions	<allow 80,r,d=""> goto MCPREM</allow>	
Hard Edits		
Soft Edits		
AssocHelp	H_MCANAME	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.112_H
Variable Name	H_MCANAME
Universe	
Universe-text	
Question Text	Verify that the name given is the EXACT name of the Health Plan. Verify that you have spelled it correctly.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MCANAME

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.113
Variable Name	MCPREM
Universe	MCCHOICE='1' or MCHMO='1'
Universe-text	All persons who answered that they had either a Medicare Advantage plan or a Medicare HMO plan
Question Text	Besides [fill 1: your/ALIAS's] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	On Additional Premium
Fill Instructions	Fill 1: If subject = respondent, fill: [your]; else fill: [ALIAS's] Fill 2: If subject = respondent, fill: [are you]; else fill: [is ALIAS] Fill 3: if subject = respondent, fill: [your]; else if subject is not the respondent and is male, fill: [his]; else fill: [her]
Special Instructions	
Skip Instructions	<1,2,R,D> goto MCREF
Hard Edits	
Soft Edits	
AssocHelp	

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.114	
Variable Name	MCREF	
Universe	MCPART IN ('2','3','R','D')	
Universe-text		have signed up for part B coverage or nave signed up for Part B coverage
Question Text	? [F1]	
		icare plan, if [fill 2: you need/he needs/she needs] to go r special care, [fill 3: do you/does he/does she] need include emergency care.
Answer Codes	1. Yes 2. No Don't Know Refused	
Question Type	Yes/No	
Field Pane Descripti	on Referral	-
Fill Instructions	needs]; else if subject's SEX= f	II: [you need]; else if subject's SEX= male, fill: [he emale, fill: [she needs] II: [do you]; else if subject's SEX= male, fill: [does he];
Special Instructions		
Skip Instructions	<1,2,R,D> goto MCPARTD	
Hard Edits		
Soft Edits		
AssocHelp	H_MCREF	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.114_H
Variable Name	H_MCREF
Universe	
Universe-text	
Question Text	Most managed care plans require approval or a referral from one of the doctors participating in the plan before the person can see a specialist who participates in the plan or a doctor not participating in the plan.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MCREF

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.118
Variable Name	MCPARTD
Universe	AGE= ALL and (HIKIND IN ('2','3') or MCAREPRB = '1')
Universe-text	All persons with Medicare
Question Text	[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Medicare part D
Fill Instructions	Fill 1: If subject = respondent, fill: [Are you]; else fill:[Is ALIAS]
Special Instructions	If more persons with Medicare, goto MCPART. If no more persons with Medicare, goto next appropriate question.
Skip Instructions	If more persons with Medicare, goto MCPART. If no more persons with Medicare, goto next appropriate question.
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.120
Variable Name	MACHMD
Universe	AGE= All and (HIKIND= '4' or MCAIDPRB = '1')
Universe-text	All persons with Medicaid coverage
Question Text	?[F1]
	(book) F14
	* Refer to flashcard F14 for state Medicaid name
	The next questions are about Medicaid coverage. In this State it is also called [fill1: State Name]. [fill 2: You are/ALIAS is] listed as having Medicaid coverage.
	Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4:you/he/she] choose from a list of doctors or is a doctor assigned?
Answer Codes	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Any Doctor
Fill Instructions	Fill 1: fill State Name Fill 2: If subject= respondent, fill: [You are]; else fill: [ALIAS is] Fill 3: If subject= respondent, fill: [you]; else fill: [ALIAS] Fill 4: If subject= respondent, fill: [you]; else if subject's SEX= male, fill: [he]; else, if subject's SEX = female, fill: [she]
Special Instructions	
Skip Instructions	<1,R,D> [goto MXCHNG] <2> [goto MACHMD1] <3> [goto MACHMD2]
Hard Edits	
Soft Edits	
AssocHelp	H_MACHMD

Module

Section Name
Family Health Insurance

Part

Question ID
FHI.120_H

Variable Name
H_MACHMD

Universe

Universe-text

Question Text

[b]Medicaid[b] refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the States. The Medicaid program is also often referred to as "Medical Assistance Program", "Medical Assistance", "Title 19" or "(State) Medicaid", such as "Alabama Medicaid". In the listing below are some additional program names for Medicaid by state.

STATE NAMES FOR MEDICAID:

Alabama - Patients 1st; SOBRA

Arizona - AHCCS (Pronounced "Access") (Arizona Health Care Cost Containment

System); Healthy Arizona Arkansas - ConnectCare California - Medi-Cal

Colorado - Primary Care Physician Program (PCPP); BabyCare/KidsCare

Connecticut - Medical Assistance Program; HUSKY Part A

Delaware - Diamond State Health Plan District of Columbia - Medical Assistance

Florida - MediPass

Georgia - Better Health Care; Right from the Start

Hawaii - Hawaii-QUEST

Idaho - Healthy Connections; Medical Assistance

Illinois - Medical Assistance; Healthy Start; Parent Assist; Kidcare Assist Indiana - Hoosier Healthwise; Primestep; Risk Based Managed Care

Iowa - Medical Assistance; MediPASS; Iowa Plan

Kansas - HealthConnect; Healthwave 19

Kentucky - KenPAC (Kentucky Patient Access and Care System)

Louisiana - CommunityCARE; LaMoms

Maine - PrimeCare; Maine Care

Maryland - Medical Assistance Program; Healthchoice; REM Program

Massachusetts - MassHealth

Michigan - MICHOICE; Medical Assistance Program; Healthy Kids

Minnesota - Medical Assistance (MA)

Missouri - Missouri Managed Care Plus (MC+); MCPlus; Sarah Lopez Waiver

Montana - Passport to Health

Nebraska - Nebraska Health Connection (NHC); Medical Assistance Program

New Hampshire - Medical Assistance Program; Healthy Kids Gold

New Jersey - New Jersey Care 2000+

New Mexico - SALUD!

New York - The Partnership Plan

North Carolina - Carolina Access; Health Care Connection; Access II; Access III North Dakota - Medical Services; North Dakota Access and Care Program (NoDAC)

Ohio - Premier Care; Healthy Families, Healthy Start

Oklahoma - SoonerCare;

Oregon - Oregon Health Plan (OHP)

Pennsylvania - Medical Assistance; Access Card; HealthChoices Rhode Island - Rite Care; RI Medical Assistance; Katie Beckett

South Carolina - Healthy Options; Physicians Enhanced Program; South Carolina

Partners for Health Medicaid Insurance

South Dakota - Prime; Medical Assistance; M-CHIP

Tennessee - TennCare Medicaid

Texas - State of Texas Access Reform (STAR); Star+Plus

Virginia - Virginia Medallion; Medallion II

Washington - Basic Health Plus

West Virginia - Medical Assistance; Mountain Health Trust; Physicians Assured Access

System (PAAS)

Wisconsin Medical Assistance; Healthy Start

	Wisconsin Wedical Accidence, Frealtry Clare
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MACHMD

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.130
Variable Name	MACHMD1
Universe	MACHMD= '2'
Universe-text	Persons with Medicaid who must select a doctor from a list of doctors
Question Text	* Ask or verify.
	What is the name of the health plan that provided the list?
	*Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	<allow 80="" characters=""></allow>
Question Type	Text
Field Pane Descripti	on Plan with list
Fill Instructions	
Special Instructions	Allow 80 characters Prefill the response of the 1st person for subsequent family members who get this question, but still display question so FR can ask or verify.
Skip Instructions	goto MANAM
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.131
Variable Name	MACHMD2
Universe	MACHMD= '3'
Universe-text	Persons with Medicaid for whom a doctor is assigned
Question Text	* Ask or verify.
	What is the name of the health plan that assigned the doctor?
	*Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	<allow 80="" characters=""></allow>
Question Type	Text
Field Pane Descripti	on Plan Assigned
Fill Instructions	
Special Instructions	allow 80 characters prefill the response of the 1st person for subsequent family members who get this question, but still display question so FR can ask or verify.
Skip Instructions	goto MANAM
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.132
Variable Name	MANAM
Universe	MACHMD= '2','3'
Universe-text	Persons with Medicaid who must select a doctor from a list or for whom a doctor is assigned
Question Text	? [F1]
	* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Descripti	Name from Card
Fill Instructions	
Special Instructions	Do not allow D or R
Skip Instructions	<1, 2> goto MXCHNG
Hard Edits	
Soft Edits	
AssocHelp	H_MANAME

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.132_H
Variable Name	H_MANAME
Universe	
Universe-text	
Question Text	Verify that the name given is the EXACT name of the Health Plan. Verify that you have spelled it correctly.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on [
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MANAM

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.135_00.010
Variable Name	MXCHNG
Universe	AGE=All and (HIKINDE='04' or MCAIDPRBE='1'
Universe-text	All persons with Medicaid coverage
Question Text	Was [fill: your/ALIAS's] Medicaid obtained through Healthcare.gov or the [fill2: Health Insurance Marketplace/state specific name fill]?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Description	on Medicaid from marketplace
Fill Instructions	Fill 1: If subject = respondent, fill [your]; else, fill [ALIAS's] Fill 2: If no state specified below, fill Health Insurance Marketplace If state specified below fill: If CA then fill Health Insurance Marketplace, such as Covered California If CO then fill Health Insurance Marketplace, such as Connect for Health Colorado If CT then fill Health Insurance Marketplace, such as Access Health CT If DC then fill Health Insurance Marketplace, such as DC Health Link If HI then fill Health Insurance Marketplace, such as Hawaii Health Connector If ID then fill Health Insurance Marketplace, such as Your Health Idaho If KY then fill Health Insurance Marketplace, such as KYnect If MA then fill Health Insurance Marketplace, such as Health Connector If MD then fill Health Insurance Marketplace, such as Maryland Health Connection If MN then fill Health Insurance Marketplace, such as New Mexico Health Connections If MS then fill Health Insurance Marketplace, such as One, Mississippi If NV then fill Health Insurance Marketplace, such as Nevada Health Link If NY then fill Health Insurance Marketplace, such as New York State of Health If OR then fill Health Insurance Marketplace, such as HealthSource RI If VT then fill Health Insurance Marketplace, such as Vermont Health Connect If WA then fill Health Insurance Marketplace, such as Washington Healthplanfinder If UT then fill Health Insurance Marketplace, or through Avenue H
Special Instructions	
Skip Instructions	<1, 2, R, D> goto MEDPREM
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.137_00.020
Variable Name	MEDPREM
Universe	AGE=All and (HIKIND(e)='04' or MCAIDPRB(e)='1'
Universe-text	All persons with Medicaid coverage
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [Fill 1: your/ALIAS's] Medicaid plan?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Medicaid premium	
Fill Instructions	Fill 1: If subject = respondent, fill [your]; else, fill [ALIAS's]
Special Instructions	
Skip Instructions	<1> goto MDPRINC <2,R,D> goto MAPCMD
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.137_00.030
Variable Name	MDPRINC
Universe	AGE=All and MEDPREM(e)='1'
Universe-text	All persons with Medicaid coverage who pay a premium for their plan
Question Text	Is the premium paid for this Medicaid plan based on income?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Premium based on income
Fill Instructions	
Special Instructions	
Skip Instructions	loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions. If HIKIND=10 goto SSTYPE2; else goto If HIKIND=1 or 3, goto FHICCI6 If any person with HIKIND=1 or 3, but not in NEXTPNM*_B, goto HIVER1; else gotot FHICC18 If any family member with HIKIND=5; goto STNAME, else if any member with HIKIND=10,11, goto HILAST; else if HIKIND=1-9 goto HINOTYR, else goto HILAST
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.156
Variable Name	SSTYPE2
Universe	AGE=All and (HIKIND = '10' or SINCOV = '1').
Universe-text	All persons with single service plans
Question Text	(book) F15
	* Enter all that apply, separate with commas.
	You mentioned that [fill 1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill 2: your/ALIAS's] single service plan or plans pay for?
Answer Codes	1. Accidents 2. AIDS care 3. Cancer treatment 4. Catastrophic care 5. Dental care 6. Disability insurance (cash payments when unable to work for health reasons) 7. Hospice care 8. Hospitalization only 9. Long-term care (nursing home care) 10. Prescriptions 11. Vision care 12. Other (specify) Refused Don't know
Question Type	Enter All That Apply
Field Pane Descripti	on Single Service Plan Type
Fill Instructions	Fill 1: If subject= respondent, fill: [you have]; Else fill: [ALIAS has] Fill 2: If subject= respondent, fill: [your]; Else fill: [ALIAS's]
Special Instructions	
Skip Instructions	1-11, D, R roster through for all people with single service plans, then goto next appropriate question 12 goto SSOTHER
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.157
Variable Name	SSOTHER
Universe	SSTYPE= 12
Universe-text	Persons with "Other" Single service plan
Question Text	* Other type of single-service plan
Answer Codes	
Question Type	Text
Field Pane Description	Other Single Service Plan
Fill Instructions	
Special Instructions	Allow 80 characters
Skip Instructions	if other persons with single service plan, goto SSTYPE2 until roster is exhausted. Else goto next appropriate group of questions.
Hard Edits	
Huiu Luus	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.158
Variable Name	FHICCI6
Universe	AGE=All and HIKIND= '1','3' for any person in the family
Universe-text	All families with at least one person with private health insurance
Question Text	The next questions are about private health insurance plans [fill 2: including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program. [Fill 1: We have the following persons listed as being covered by such plans:
	* Read names. (Display roster of persons covered by private health insurance plans.)]
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Descripti	on Continue
Fill Instructions	Fill 1: If more than 1 person has private health insurance, fill:
	We have the following persons listed as being covered by such plans:
	* Read names. (Display roster of persons covered by private health insurance plans.)
	Fill 2: When HIKIND = Medigap (3), fill: [including Medi-Gap].
Special Instructions	If more than 1 person has private health insurance, display roster of family members with private health insurance (HIKIND = 1 or 3)
Skip Instructions	goto HIPNAM1
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.160
Variable Name	HIPNAM1
Universe	AGE=All and HIKIND= '1','3' for any person in the family
Universe-text	All families with at least one person with private health insurance
Question Text	It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?
	Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.
	* Read if necessary: Do you have your health plan card or something with the plan name on it?
Answer Codes	
Question Type	Text
Field Pane Descripti	on First plan
Fill Instructions	
Special Instructions	Allow 80 characters if HIPNAM1 = 'refused' or 'don't know' set plan name='Plan 1' else set plan name =HIPNAM1 value
Skip Instructions	<r, d=""> [prefill PCARD1 with a "2", goto HIPNAM1B] else goto PCARD1</r,>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.160_1
Variable Name	PCARD1
Universe	HIPNAM1 ne ' ', 'D', 'R'
Universe-text	Health plan name was collected in HIPNAM1
Question Text	* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	on Plan card
Fill Instructions	
Special Instructions	Do not allow answer codes D, R
Skip Instructions	goto HIPNAM1B
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.170
Variable Name	HIPNAM1B
Universe	HIPNAM1 ne ' '
Universe-text	Health plan name was collected in HIPNAM1 or HIPNAM1 refused or don't know
Question Text	* Ask or verify. Enter all that apply, separate with commas.
	Which family members are covered by this plan?
	* Indicate each family member covered by this plan.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of all persons with HIKIND=1 or 3 in answer pane. (Private health insurance or MediGap.)
	Please have the instrument automatically fill the person number if only one person is covered by private health insurance or MediGap.
Skip Instructions	<1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto MORPLAN <d,r>[if HIPNAM1= D, R, goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR else, goto MORPLAN</d,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.171
Variable Name	MORPLAN
Universe	(HIPNAM1 ne 'R','D', ' ') or (HIPNAM1B ne 'R','D', ' ') or HIVER2='5' and MORPLAN='2','R','D')
Universe-text	Health plan name was collected in HIPNAM1 or a person number was collected in HIPNAM1B or another plan was mentioned at HIVER2 and MORPLAN='2','R','D'
Question Text	* Ask if necessary
	Are there any more private health insurance plans?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on More plans
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto HIPNAM2] <2,D,R> [(If all persons listed in HIPNAM1B goto FHICCI8); else (If some or no persons listed in HIPNAM1B, but not all persons with HIKIND=1,3 listed in HIPNAM1B, goto HIVER1)]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.172
Variable Name	HIPNAM2
Universe	MORPLAN = '1'
Universe-text	All families with a second private health insurance plan
Question Text	What is the name of the next plan?
	*Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	
Question Type	Text
Field Pane Description	on Second plan
Fill Instructions	
Special Instructions	Allow 80 characters if HIPNAM2='refused' or 'don't know' set plan name='Plan 2' else set plan name=HIPNAM2 value
Skip Instructions	<d,r> [prefill PCARD2 with a "2", goto HIPNAM2B] else goto PCARD2</d,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.172_1
Variable Name	PCARD2
Universe	HIPNAM2 ne ' ', D or R
Universe-text	Health plan name was recorded in HIPNAM2
Question Text	* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Descripti	on Plan card
Fill Instructions	
Special Instructions	do not allow answer codes of D or R
Skip Instructions	goto HIPNAM2B
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.173
Variable Name	HIPNAM2B
Universe	HIPNAM2 ne ' '
Universe-text	Health plan name was collected in HIPNAM2 or HIPNAM2 = D, R
Question Text	* Ask or verify. Enter all that apply, separate with commas.
	Which family members are covered by that plan?
	* Indicate each family member covered by this plan.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all persons with HIKIND=1 or 3 in answer pane. (Private health insurance or MediGap.)
	Please have the instrument automatically fill the person number if only one person is covered by private health insurance or MediGap.
Skip Instructions	<1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto MORPLAN2 <d,r> [if HIPNAM2 eq D or R and persons listed in HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B, goto HIVER1; else if HIPNAM2 eq D or R and persons listed in HIPNAM1B, and all persons with HIKIND eq 1 or 3 listed in HIPNAM1B, goto FHICCI8; else if HIPNAM2 eq D or R and persons not listed in HIPNAM1B, goto HIVER1; else if health plan name recorded in HIPNAM2, goto MORPLAN2] else goto MORPLAN2</d,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.174
Variable Name	MORPLAN2
Universe	(HIPNAM2 ne 'R', 'D', ' ') or (HIPNAM2B ne 'R', 'D', ' ') or (HIVER2='5' and MORPLAN2 = '2', 'R', 'D')
Universe-text	Health plan name was collected in HIPNAM2 or a person number was collected in HIPNAM2B or another plan was mentioned at HIVER2 and MORPLAN2='2','R','D'
Question Text	* Ask if necessary
	Are there any more private health insurance plans?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on More plans
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto HIPNAM3] <2,D,R> [if some or no persons listed in HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM2B or HIPNAM1B, goto HIVER1; else goto FHICCI8]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.175
Variable Name	HIPNAM3
Universe	MORPLAN2 = '1'
Universe-text	All families with a third private health insurance plan
Question Text	What is the name of the next plan?
	*Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	
Question Type	Text
Field Pane Descripti	on Third plan
Fill Instructions	
Special Instructions	Allow 80 characters if HIPNAM3 = 'refused' or 'don't know' set plan name = 'Plan 3' else set plan name = HIPNAM3 value
Skip Instructions	<d,r> [prefill PCARD3 with a "2", goto HIPNAM3B] else goto PCARD3</d,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.175_1
Variable Name	PCARD3
Universe	HIPNAM3 ne ' ', 'D' or 'R'
Universe-text	Health plan name was recorded in HIPNAM3
Question Text	* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?
Answer Codes	1. Yes 2.No
Question Type	Yes/No
Field Pane Descripti	on Plan card
Fill Instructions	
Special Instructions	Do not allow answer codes of D or R
Skip Instructions	goto HIPNAM3B
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.176
Variable Name	HIPNAM3B
Universe	HIPNAM3 ne ' '
Universe-text	Health plan name was collected in HIPNAM3 or HIPNAM3 don't know or refused
Question Text	* Ask or verify. Enter all that apply, separate with commas.
	Which family members are covered by that plan?
	* Indicate each family member covered by this plan.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all persons with HIKIND=1 or 3 in answer pane. (Private health insurance or MediGap.)
	Please have the instrument automatically fill the person number if only one person is covered by private health insurance or MediGap.
Skip Instructions	<1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto MORPLAN3 <d,r> [if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto HIVER1; else if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto FHICCI8; else if HIPNAM3 eq D or R and persons not listed in HIPNAM1B and HIPNAM2B, goto HIVER1; else if health plan name recorded in HIPNAM3, goto MORPLAN3] else goto MORPLAN3</d,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.177
Variable Name	MORPLAN3
Universe	(HIPNAM3 ne 'R', 'D', ' ') or (HIPNAM3B ne 'R', 'D', ' ') or (HIVER2='5' and MORPLAN3='2','R','D')
Universe-text	Health plan name was collected in HIPNAM3 or a person number was collected in HIPNAM3B or another plan was mentioned at HIVER2 and MORPLAN3='2','R','D'
Question Text	* Ask if necessary
	Are there any more private health insurance plans?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	on More plans
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto HIPNAM4] <2,D,R> [if some or no persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else goto FHICCI8]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.178
Variable Name	HIPNAM4
Universe	MORPLAN3 = '1'
Universe-text	All families with a fourth private health insurance plan
Question Text	What is the name of the next plan?
	*Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	
Question Type	Text
Field Pane Descripti	on Fourth plan
Fill Instructions	
Special Instructions	Allow 80 characters if HIPNAM4 = 'refused' or 'don't know' set plan name = 'Plan 4' else set plan name = HIPNAM4 value
Skip Instructions	<d,r> [prefill PCARD4 with a "2", goto HIPNAM4B] else goto PCARD4</d,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.178_1
Variable Name	PCARD4
Universe	HIPNAM4 ne ' ', D or R
Universe-text	Health plan name was recorded in HIPNAM4
Question Text	* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?
Answer Codes	1. Yes 2.No
Question Type	Yes/No
Field Pane Description	on Plan card
Fill Instructions	
Special Instructions	Do not allow answer codes of D or R
Skip Instructions	goto HIPNAM4B
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.179
Variable Name	HIPNAM4B
Universe	HIPNAM4 ne ' '
Universe-text	Health plan name was collected in HIPNAM4 or HIPNAM4 don't know or refused
Question Text	* Ask or verify. Enter all that apply, separate with commas.
	Which family members are covered by that plan?
	* Indicate each family member covered by this plan.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all persons with HIKIND=1 or 3 in answer pane. (Private health
	insurance or MediGap.)
	insurance or MediGap.) Please have the instrument automatically fill the person number if only one person is covered by private health insurance or MediGap
Skip Instructions	Please have the instrument automatically fill the person number if only one person is
Skip Instructions Hard Edits	Please have the instrument automatically fill the person number if only one person is covered by private health insurance or MediGap <1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B or HIPNAM4B goto HIVER1 else goto FHICCIB <d,r> [if persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else if persons not listed in HIPNAM1B and HIPNAM2B and HIPNAM3B, goto HIVER1; else goto FHICCI8]</d,r>
	Please have the instrument automatically fill the person number if only one person is covered by private health insurance or MediGap <1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B or HIPNAM4B goto HIVER1 else goto FHICCIB <d,r> [if persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else if persons not listed in HIPNAM1B and HIPNAM2B and HIPNAM3B, goto HIVER1; else goto FHICCI8]</d,r>

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.180	
Variable Name	HIVER1	
Universe	(HIKIND= '1','3') and (person not HIPNAM3B and HIPNAM4B)	t selected in HIPNAM1B and HIPNAM2B and
Universe-text	Persons with private health insu	rance, but not listed under any of the mentioned plans
Question Text	? [F1]	
		s having private insurance but [fill 2: were/was] not any of the plans we just discussed. [fill 3: Are you/Is ance?
Answer Codes	1. Yes 2. No Don't Know Refused	
Question Type	Yes/No	
Field Pane Descripti	<i>on</i> Covered	
Fill Instructions	Fill 1: If subject= respondent, fill: Fill 2: If subject= respondent, fill: Fill 3: If subject= respondent, fill:	[were]; Else fill: [was]
Special Instructions	Loop through all persons with HI HIPNAM2B or HIPNAM3B or HI	KIND=1 or 3, but not mentioned in HIPNAM1B or PNAM4B
	Hard error message should invo	lve HIKIND and HIVER1, with HIKIND listed first.
Skip Instructions	HINOTYR <d> if another person meets crit</d>	or STNAME2 or STNAME3 or MILSPC or HILAST or teria goto HIVER1 NAME1 or STNAME2 or STNAME3 or MILSPC or
Hard Edits	ERR_HIVER1	
	*Press ENTER to go back to HII	KIND to update health insurance coverage.
Soft Edits		
AssocHelp	H_HIVER1	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.180_H
Variable Name	H_HIVER1
Universe	
Universe-text	
Question Text	A private health insurance plan may be provided in part or full by the persons' employer or union, may be purchased directly by the individual, or may be provided through a state government or local community program.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	HIVER

07 **Module Family Health Insurance** Section Name Part Question ID FHI.190 Variable Name **HIVER2** HIVER1= '1' Universe Universe-text All persons who answered yes at HIVER1 ? [F1] Question Text * Enter all that apply, separate with commas. Is [fill 1: your/ALIAS's] health insurance plan the same as one of those already mentioned? Answer Codes Authors: fill names of plans, if not empty, for precodes 1-4 as follows: 1. [HIPNAM1 or 'Plan 1'] 2. [HIPNAM2 or 'Plan 2'] (if available) 3. [HIPNAM3 or 'Plan 3'] (if available) 4. [HIPNAM4 or 'Plan 4'] (if available) 5. Some other plan not already mentioned Refused Don't know Question Type **Enter All That Apply** Field Pane Description Which Plan

Fill Instructions

Fill 1: If subject= respondent, fill: [your]; Else fill: [ALIAS's]

Special Instructions

if HIVER2 = '1' add person's line number to HIPNAM1B or replace 'Don't know' or 'Refused' answer

if HIVER2 = '2' add person's line number to HIPNAM2B or replace 'Don't know' or 'Refused' answer

if HIVER2 = '3' add person's line number to HIPNAM3B or replace 'Don't know' or 'Refused' answer

if HIVER2 = '4' add person's line number to HIPNAM4B or replace 'Don't know' or 'Refused' answer

If HIVER2 = '5' and less than 4 plan names entered, change MORPLAN or MORPLAN2 or MORPLAN3, as appropriate, to '1' (Yes)

Skip Instructions

<1-4> [Update any inputs into the appropriate list (HIPNAM1B, HIPNAM2B, HIPNAM3B, HIPNAM4B),

if another person meets criteria, goto HIVER1,

else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR]

<5> [If 4 plan names were given, ignore this 5th plan and if another person meets criteria, goto HIVER1,

else goto FHICCI8 or FHI200 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR]

If less than 4 plan names, goto MORPLAN or MORPLAN2 or MORPLAN3, as appropriate, to add more private health insurance plans]

<R> goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR

	<d> if another person meets criteria goto HIVER1 else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR</d>
Hard Edits	
Soft Edits	
AssocHelp	H_FHIVER2
Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.190_H
Variable Name	H_FHIVER2
Universe	
Universe-text	
Question Text	A private health insurance plan may be provided in part or full by the persons' employer or union, may be purchased directly by the individual, or may be provided through a state government or local community program.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.195
Variable Name	FHICCI8
Universe	(HIPNAM1 ne ' ') and (HIPNAM1 ne 'D', 'R' or HIPNAM1B ne 'D', 'R')
Universe-text	If there is a private health insurance plan mentioned
Question Text	[Fill 1]
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Descripti	on Continue
Fill Instructions	Fill 1: If this is the first plan in the roster (i.e. from HIPNAM1), then fill: [Now I am going to ask some questions about the [fill 2] you just told me about [fill 3].]; Else fill: [Next I would like to ask you about [fill 5].]
	Fill 2: If only one plan mentioned, fill: [plan], else fill: [plans]
	Fill 3: If more than one plan mentioned, fill: [, starting with [fill 4]]; else no fill
	Fill 4: Fill name of plan mentioned in HIPNAM1 or if HIPNAM1= D, R, fill: [Plan 1]
	Fill 5: Fill name of next plan from roster. (HIPNAM2, HIPNAM3, HIPNAM4) if HIPNAM2=D,R, fill [Plan 2] or if HIPNAM3=D,R, fill [Plan 3] or If HIPNAM4=D,R fill [Plan 4]
Special Instructions	This begins the roster of private health insurance detail questions.
	Do not allow answer codes D, R
Skip Instructions	<1> [goto FHI200]
Hard Edits	
Soft Edits	
AssocHeln	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.200
Variable Name	FHI200
Universe	All private health insurance plans - FHICCI8='1'
Universe-text	asked of all private health insurance plans
Question Text	? [F1]
	Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?
	* Enter line number of family member (from list below) in whose name this plan is held.
	* Enter 0 if the policyholder is not on the family roster."
Answer Codes	
Question Type	Pick One - answer list pane
Field Pane Descripe	tion Policyholder
Fill Instructions	
Special Instructions	Allow "0" response for "Policyholder outside of the family"
Skip Instructions	If <00> goto PRPOLH if <1-25> goto PRCOOH if <d,r> goto PLNWRK</d,r>
Hard Edits	
Soft Edits	
AssocHelp	H_PLNNAM

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.200_H
Variable Name	H_PLNNAM
Universe	
Universe-text	
Question Text	This refers to (1) the person who purchased the policy, or (2) the person whose employment or membership in a particular group makes the person or the family eligible for coverage under the health insurance plan.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	FHI200

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.202_01.010	
Variable Name	PRPOLH	
Universe	FHI200(e)='0'	
Universe-text	All persons on each plan where	the policyholder is outside of the family roster
Question Text	How [fill1:are you/is ALIAS] rela plan1/plan2/plan3/plan4]?	ted to the policyholder for [fill2:
	*Read if Necessary	
	[fill3:You are/ALIAS is} the polic	yholder's
Answer Codes	Child (including stepchildren) Spouse Former spouse Some other relationship Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on	
Fill Instructions	Fill 1: If subject = respondent, fill Fill 2: If subject = respondent, fill [plan1/plan2/plan3/plan4] Fill 3: If subject = respondent, fill Fill 5: If subject = respondent, fill Fill 5: If subject = respondent, fill Fill 5: If subject = respondent,	II: name of plan being asked about
Special Instructions	Looped for each person per pla	n mentioned in fill 2.
Skip Instructions	<1-4,R,D> [goto PLNWRK]	
		t private health insurance plans are looped through for . Information on up to 4 plans per family is collected.
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.204_01.010
Variable Name	PRCOOH
Universe	('01'<=FHI200(e)<='25')
Universe-text	All private health insurance plans with policyholder on family roster
Question Text	Does this plan cover anyone who does not live here?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto PLNWRK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.210
Variable Name	PLNWRK
Universe	All private health insurance plans - FHICCI8='1'
Universe-text	asked of all private health insurance plans
Question Text	? [F1]
	(book) F16
	Which one of these categories best describes how this plan was obtained?
Answer Codes	1. Through employer 2. Through union 3. Through workplace, but don't know if employer or union 4. Through workplace, self-employed or professional association 5. Purchased directly 6. Through Healthcare.gov or the Affordable Care Act, also known as Obamacare 7. Through a state/local government or community program 8. Other (specify) Don't Know Refused
Question Type	Pick One - answer list pane
Field Pane Descripti	How plan obtained
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4, 6> goto PLNPAY <5,7,R,D> goto PLNEXCHG <8> goto PLNWKSP
Hard Edits	
Soft Edits	
AssocHelp	H_PLNWRK

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.210_1
Variable Name	PLNWKSP
Universe	PLNWRK= '08'
Universe-text	All private health insurance plans where the plan was obtained through an other source
Question Text	*Read if necessary.
	How was this plan obtained?
Answer Codes	<allow 80="" characters=""></allow>
Question Type	Text
Field Pane Descripti	on Other
Fill Instructions	
Special Instructions	Allow 80 characters.
Skip Instructions	Goto PLNEXCHG
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health insurance
Part	
Question ID	FHI.210_H
Variable Name	H_PLNWRK
Universe	
Universe-text	
Question Text	A private health insurance plan may be provided in part or full by the persons' employer or union, may be purchased directly by the individual, or may be provided through a state or local government or community program. A private health insurance plan through a state or local government program or community program is a type of private insurance for which state or local government or community effort pays part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	PLNWRK

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.215_00.010	
Variable Name	PLNEXCHG	
Universe	PLNWRK(e) IN ('05', '07', '08', 97, 99)	
Universe-text	All private health insurance plans that are not employer based (or of unknown origins)	
Question Text	Was the plan obtained through the Healthcare.gov or the [fill 1: Health Insurance Marketplace/state specific name fill]?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description	on Purchased through marketplace	
Fill Instructions	Fill 1: If no state specified below, fill Health Insurance Marketplace If state specified below fill: If CA then fill Health Insurance Marketplace, such as Covered California If CO then fill Health Insurance Marketplace, such as Connect for Health Colorado If CT then fill Health Insurance Marketplace, such as Access Health CT If DC then fill Health Insurance Marketplace, such as DC Health Link If HI then fill Health Insurance Marketplace, such as Hawaii Health Connector If ID then fill Health Insurance Marketplace, such as Your Health Idaho If KY then fill Health Insurance Marketplace, such as KYnect If MA then fill Health Insurance Marketplace, such as Health Connector If MD then fill Health Insurance Marketplace, such as Maryland Health Connection If MN then fill Health Insurance Marketplace, such as New Mexico Health Connections If MS then fill Health Insurance Marketplace, such as One, Mississippi If NV then fill Health Insurance Marketplace, such as Nevada Health Link If NY then fill Health Insurance Marketplace, such as New York State of Health If OR then fill Health Insurance Marketplace, such as Cover Oregon If RI then fill Health Insurance Marketplace, such as HealthSource RI If VT then fill Health Insurance Marketplace, such as Vermont Health Connect If WA then fill Health Insurance Marketplace, such as Washington Healthplanfinder If UT then fill Health Insurance Marketplace, or through Avenue H	
Special Instructions		
Skip Instructions	<1,2,R,D> goto PLNPAY	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.220
Variable Name	PLNPAY
Universe	All private health insurance plans - FHICCI8='1'
Universe-text	asked of all private health insurance plans
Question Text	? [F1]
Answer Codes	* Enter all that apply, separate with commas. Who pays for this health insurance plan? * If government program is reported, probe for Medicare or Medicaid or CHIP before entering code 7. If government is the employer, enter code 2. 1. Self or Family (living in the household) 2. Employer or Union 3. Someone outside the household 4. Medicare 5. Medicaid 6. CHIP (SCHIP/Children's Health Insurance Program) 7. State or local government or community program
	Refused Don't know
Question Type	Enter All That Apply
Field Pane Descripti	on Who pays
Fill Instructions	
Special Instructions	
Skip Instructions	<1-7,R,D> if includes '1' [goto PLNPRE] else [goto PLNMGD]
Hard Edits	
Soft Edits	
AssocHeln	H PI NPAY

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.220_H
Variable Name	H_PLNPAY
Universe	
Universe-text	
Question Text	This refers to the payment of premiums, not health care services or out-of-pocket expenditures. Premiums are regular payments for health insurance coverage. Frequently, these payments are made by payroll deduction.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.225_00.000
Variable Name	PLNPRE
Universe	PLNPAY includes '1'
Universe-text	Private plan paid for by self or family
Question Text	Is the premium paid for this plan based on income?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Premium paid
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto HICOSTN]
Hard Edits	
Soft Edits	
AssocHelp	

07 **Module Family Health Insurance** Section Name Part Question ID FHI.230_1 Variable Name **HICOSTN** PLNPAY includes '1' Universe Universe-text Plans payed for by self or family ?[F1] Question Text 1 of 2 How much [fill 1: do you/does your family] currently spend for health insurance premiums for [fill 2: fill plan name/fill name of Plan 1]? Please include payroll deductions for premiums. *Enter dollar amount for premium payments. Answer Codes Question Type Multi Part Field Pane Description Amount Fill Instructions fill 1: If single person family, fill: [do you]; else fill: [does your family] fill 2: fill plan name from HIPNAM1 or HIPNAM2 or HIPNAM3 or HIPNAM4 depending upon which sequence in the roster you are in. If HIPNAM1, HIPNAM2, HIPNAM3, or HIPNAM4=D,R, fill [Plan 1], etc. as appropriate. allow 1-99995, D, R **Special Instructions** part 1 of 2 part question if HICOSTN = 'D' store 'D' in HICOSTT if HICOSTN = 'R' store 'R' in HICOSTT <1-99995> [goto HICOSTT] Skip Instructions <R> [store "R" in HICOSTT and goto PLNMGD] <D> [store "D" in HICOSTT and goto PLNMGD] Hard Edits **ERR HICOSTN** Soft Edits * [fill # from HICOSTN] is unusually high. Please verify. Make corrections if necessary.

AssocHelp

H HICOST

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.230_1_H
Variable Name	H_HICOST
Universe	
Universe-text	
Question Text	This refers to the payment of premiums, not health care services or out-of-pocket expenditures. Premiums are regular payments for health insurance coverage.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	HICOSTN HICOSTT

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.230_2
Variable Name	HICOSTT
Universe	HICOSTN = 1-99995
Universe-text	All private health insurance plans with a valid response to HICOSTN
Question Text	?[F1]
	2 of 2
	* Enter time period for premium payments.
Answer Codes	1. Once a week 2. Once every 2 weeks 3. Once a month 4. Twice a month 5. Every two months 6. Quarterly (every 3 months) 7. Once a year 8. Twice a year Refused Don't know
Question Type	Multi Part
Field Pane Description	on Time period
Fill Instructions	
Special Instructions	part 2 of 2 part question
Skip Instructions	<1-8,R,D> [goto PLNMGD]
Hard Edits	
Soft Edits	
AssocHelp	H_HICOST

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.240	
Variable Name	PLNMGD	
Universe	all private health insurance plar	ns - FHICCI8='1'
Universe-text	asked of all private health insur	ance plans
Question Text	? [F1]	
	an IPA (Individual Practice Ass	of Plan 1] an HMO (Health Maintenance Organization), ociation), a PPO (Preferred Provider Organization), a reservice or is it some other kind of plan?
Answer Codes	1. HMO/IPA 2. PPO 3. POS 4. Fee-for-service 5. Other Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description Type of plan		
Fill Instructions		AM1 or HIPNAM2 or HIPNAM3 or HIPNAM4] or [if 3, or HIPNAM4=D,R, fill [Plan 1], etc. as appropriate.
Special Instructions	Add an answer tag for this ques	stion.
Skip Instructions	<1-5,D,R> [goto HDHP]	
Hard Edits		
Soft Edits		
AssocHelp	H_PLNMGD	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.240_H
Variable Name	H_PLNMGD
Universe	
Universe-text	
Question Text	[b]HMO[b] - Health Maintenance Organizations are health delivery systems that offer comprehensive health coverage for hospital and physician services for a prepaid, fixed fee. [b]IPA[b] - type of HMO which contracts directly with physicians in independent practices, and/or contracts with one or more associations of physicians in independent practices, are multi-practices. The plan is predeminantly arguing a ground selection of the practices.
	practices, or multi-specialties. The plan is predominantly organized around solo/single practices. [b]PPO[b] - Preferred Provider Organizations are a form of managed care although not a "traditional" HMO. Enrollees in PPOs are encouraged to use designated or "preferred" health providers. Financial incentives for individuals include lower payments or coinsurance and maximum limits on out-of-pocket costs for in-network use. PPOs are less restrictive than HMO's in that visits to specialists are not dependent on the authorization by a member's primary care physician. Unlike HMOs, out-of-network usage is allowed by PPOs though at a higher cost to enrollee. [b]POS[b] - Point-of-Service plans are a form of managed care although not a "traditional" HMO. POS plans allow for "opt-out" or out-of-network coverage, but accompanied by strong economic incentives to the enrollees to use network providers. POS plans generally use gatekeepers for referrals to specialists in the network. It is this attribute that most readily distinguishes a POS plan from a PPO. [b]Fee-for-Service[b] - This is the traditional kind of health care policy. Insurance companies pay fees for the services provided to the insured people covered by the policy. This type of health insurance offers the most choices of doctors and hospitals. You can choose any doctor you wish and change doctors any time. You can go to any hospital in any part of the country. With fee-for-service, the insurer only pays for part of your doctor and hospital bills. A fee-for-service plan pays for covered services after services have been received.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	

AssocHelp	PLNMGD
Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.241
Variable Name	HDHP
Universe	All Private Health Insurance Plans - FHICCI8='1'
Universe-text	Asked of All Private Health Insurance Plans
Question Text	?[F1]
	[If only one person covered by this plan:]
	Is the annual deductible for medical care for this plan less than \$1,300 or \$1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.
	[If two or more persons in the family are covered by this plan:]
	Is the family annual deductible for medical care for this plan less than \$2,600 or \$2,600 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.
Answer Codes	1. Less than [fill 1: \$1,300/\$2,600] 2. [fill 1: \$1,300/\$2,600] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion HDHP Plan
Fill Instructions	fill 1: if one person covered by the plan, fill \$1,300; else, if two or more persons covered by the plan, fill \$2,600
Special Instructions	
Skip Instructions	<1,R,D> [goto MGCHMD] <2> [goto HSAHRA]
Hard Edits	
Soft Edits	
AssocHelp	H_HSAHRA

Module	07
Moaute	<u> </u>
Section Name	Family Health Insurance
Part	
Question ID	FHI.242
Variable Name	HSAHRA
Universe	HDHP=2
Universe-text	Asked of All High Deductible Private Health Plans
Question Text	?[F1]
Answer Codes	With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts. 1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on HSAHRA
Fill Instructions	
Special Instructions	
Skip Instructions	1,2,R,D [goto MGCHMD]
Hard Edits	
Soft Edits	
AssocHelp	H_HSAHRA

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.242_H
Variable Name	H_HSAHRA
Universe	
Universe-text	
Question Text	[b]Health Savings Account[b] - A Health Savings Account or HSA is an account that is used to pay for medical expenses not covered by one's insurance plan. HSAs require a companion high deductible insurance policy. The employer may fund them or the employee and balances may rollover from year to year. Features of a HSA include: tax-deductible deposits, tax deferred interest earned on the account, tax-free withdrawals for qualified medical expenses, carryover of unused funds and interest from year to year, and portability. A HSA qualified insurance policy must have a deductible of at least \$1300 for individuals and \$2600 for families. [b]Health Reimbursable Agreement[b] - A Health Reimbursable Agreement or HRA is an account that is used to pay for medical expenses. HRAs are an employer-funded account with the following features: tax free withdrawals for qualified medical expenses, carryover of unused credits from year to year, credits in a HRA do not earn interest, credits in a HRA are forfeited if health insurance plan is switched.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.243
Variable Name	MGCHMD
Universe	all private health insurance plans - FHICCI8='1'
Universe-text	asked of all private health insurance plans
Question Text	Under this plan, can [fill 1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?
Answer Codes	Any doctor Select from group/list Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Any doctor
Fill Instructions	Fill 1: If single person family, or if respondent is the only person covered, fill: [you]; else, if only one person is covered, and that person is not the respondent, fill: [ALIAS]; else, fill: [the family members with this plan]
	Fill 2: If single person family, or if respondent is the only person covered, fill: [you]; else, if only one person is covered, and that person is not the respondent and SEX = 1, fill: [he]; else, if only one person is covered, and that person is not the respondent and SEX = 2, fill: [she]; else, fill: [they]
Special Instructions	
Skip Instructions	<1> [goto MGPRMD] <2> [goto MGPYMD] <d,r> [goto PCPREQ]</d,r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.244
Variable Name	MGPRMD
Universe	MGCHMD = '1'
Universe-text	All private health insurance plans where covered persons can choose any doctor
Question Text	[fill 1:Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	on Choose from list
Fill Instructions	Fill 1: If single person family, or if respondent is the only person covered, fill: [Do you]; else if only one person is covered, and that person is not the respondent, fill: [Does ALIAS]; else fill: [Do the family members with this plan]
Special Instructions	
Skip Instructions	[goto PCPREQ]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.246	
Variable Name	MGPYMD	
Universe	MGCHMD = '2'	
Universe-text	All private health insurance plantist of doctors	ns where covered persons must select from a group or
Question Text		ts/the family members with this plan select] a doctor who NAM1/ ^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan rt of the cost?
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	on Pay for cost	
Fill Instructions	Fill 1: If single person family, or if respondent is the only person covered, fill: [you select]; else if only one person is covered, and that person is not the respondent, fill: [ALIAS selects]; else fill: [the family members with this plan select] fill 2: Fill the plan name from HIPNAM1 or HIPNAM2 or HIPNAM3 or HIPNAM4 depending upon the sequence in the roster. If HIPNAM, HIPNAM2 or HIPNAM3 or HIPNAM4= D, R, fill [Plan 1], etc. as appropriate.	
Special Instructions		
Skip Instructions	[goto PCPREQ]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.248_05.000
Variable Name	PCPREQ
Universe	All private health insurance plans - FHICCI8 = '1'
Universe-text	Asked of all private health insurance plans
Question Text	Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor who approves all [fill2: your/their] care?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	Fill 1: If single person family, or if respondent is the only person covered, fill: [you]; else if only one person is covered, and that person is not the respondent, fill: [ALIAS]; else fill: [the family members with this plan] Fill 2: if single person family or if respondent is the only person covered, fill: [your]; else fill: [their]
Special Instructions	
Skip Instructions	<1,2,R,D> [goto PRRXCOV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.249_01
Variable Name	PRRXCOV
Universe	All private health insurance plans - FHICCI8='1'
Universe-text	All private health insurance plans
Question Text	Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for medicines prescribed by a doctor?
	* Read if necessary: Does this plan have a drug benefit?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	Pays for Drugs Private
Fill Instructions	Fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4
Special Instructions	Loop through from FHICCI8 for any other private plans. When roster is exhausted, goto next appropriate question.
Skip Instructions	goto PRDNCOV
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.249_02
Variable Name	PRDNCOV
Universe	All private health insurance plans - FHICCI8='1'
Universe-text	All private health insurance plans
Question Text	Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for dental care?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Dental insurance
Fill Instructions	Fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4
Special Instructions	
Skip Instructions	Loop through from FHICCI8 for any other private plans. When roster is exhausted, if any PLNWRK in ('1','2','3','4') goto FCOVCONF else goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR
Hard Edits	
Soft Edits	
AssocHelp	

Module	07		
Section Name	Family Health Insurance		
Part			
Question ID	FHI.249_03		
Variable Name	FCOVCONF		
Universe	PLNWRK(e) IN('1','2','3','4')		
Universe-text	All families with an employer-bas	sed health plan	
Question Text		uy a health plan on [fill 2: your/its] own with ow confident are you that [fill 1: you/your faerage Would you say	
Answer Codes	1. Very confident 2. Somewhat confident 3. Not too confident 4. Not confident at all Don't know Refused		
Question Type	Pick One - answer list pane		
Field Pane Description			
Fill Instructions	Fill 1: if single person family fill "y Fill 2: if single person family fill "y Fill 3: if single person family fill "y	our"; else fill "its"	
Special Instructions			
Skip Instructions	<1-4,R,D> goto STNAME1 or ST HINOTYR	NAME2 or STNAME3 or MILSPC or HILA	ST or
Hard Edits			
Soft Edits			
AssocHelp			

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.250
Variable Name	STNAME1
Universe	AGE = All and HIKIND = '05'
Universe-text	All persons with CHIP
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan?
	* Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	
Question Type	Text
Field Pane Descripti	on Name of CHIP Plan
Fill Instructions	Fill 1:If subject = respondent, fill: [you are]; else, fill: [ALIAS is]
Special Instructions	Loop through STNAME1 - STREF1 on a person basis.
	Allow 80 characters, D, R
Skip Instructions	[goto CHXCHNG]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.250_00.010
Variable Name	CHXCHNG
Universe	AGE = All and HIKIND(e)='05'
Universe-text	All persons with CHIP
Question Text	Was [fill 1: your/ALIAS's] CHIP plan obtained through the [fill 2: Health Insurance Marketplace/ fill state specific fill]?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	On CHIP through marketplace
Fill Instructions	Fill 1: If subject = respondent, fill [your]; else, fill [ALIAS's] Fill 2: If no state specified below, fill Health Insurance Marketplace If state specified below fill: If CA then fill Health Insurance Marketplace, such as Covered California If CO then fill Health Insurance Marketplace, such as Connect for Health Colorado If CT then fill Health Insurance Marketplace, such as Access Health CT If DC then fill Health Insurance Marketplace, such as DC Health Link If HI then fill Health Insurance Marketplace, such as Hawaii Health Connector If ID then fill Health Insurance Marketplace, such as Your Health Idaho If KY then fill Health Insurance Marketplace, such as KYnect If MA then fill Health Insurance Marketplace, such as Health Connector If MD then fill Health Insurance Marketplace, such as Maryland Health Connection If MN then fill Health Insurance Marketplace, such as New Mexico Health Connections If MS then fill Health Insurance Marketplace, such as One, Mississippi If NV then fill Health Insurance Marketplace, such as Nevada Health Link If NY then fill Health Insurance Marketplace, such as New York State of Health If OR then fill Health Insurance Marketplace, such as HealthSource RI If VT then fill Health Insurance Marketplace, such as Vermont Health Connect If WA then fill Health Insurance Marketplace, such as Washington Healthplanfinder If UT then fill Health Insurance Marketplace, or through Avenue H
Special Instructions	
Skip Instructions	<1,2,R,D> [goto STRFPRM1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.250_00.020
Variable Name	STRFPRM1
Universe	AGE = All and HIKIND(e)='05'
Universe-text	All persons with CHIP
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on CHIP premium
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CHPRINC] <2,R,D> [goto STDOC1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.250_00.030
Variable Name	CHPRINC
Universe	AGE = All and STRFPRM1(e)='01'
Universe-text	Those with CHIP coverage who pay a premium for their plan
Question Text	Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Premium based on income
Fill Instructions	Fill 1: [fill: ^STNAME1], else if STNAME1 = to D or R, fill: [this CHIP plan]
Special Instructions	
Skip Instructions	<1,2,R,D> goto STDOC1
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.251
Variable Name	STDOC1
Universe	AGE = All and HIKIND = '05'
Universe-text	All persons with SCHIP
Question Text	Under the [fill 1:^STNAME1/CHIP PLAN] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a list of doctors or is the doctor assigned?
Answer Codes	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	ion Any Doctor
Fill Instructions	Fill 1: fill: [^STNAME1]; else, if STNAME1 = D or R, fill: [CHIP Plan]
	Fill 2: If subject = respondent, fill [you]; else fill: [ALIAS]
	Fill 3: If subject = respondent, fill [you]; else if sex = 1, fill: [he]; else, if sex = 2, fill: [she]
Special Instructions	
Skip Instructions	<1, 2, D, R> goto next person in roster, else [goto STNAME2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	
Part	
Question ID	FHI.257
Variable Name	STNAME2
Universe	AGE = All and HIKIND = '08'
Universe-text	All persons with a state sponsored health plan
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?
	* Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	
Question Type	Text
Field Pane Description Name of State Sponsored Plan	
Fill Instructions	Fill 1:If subject = respondent, fill: [you are]; else, fill: [ALIAS is]
Special Instructions	Loop through STNAME2 - STREF2 on a person basis.
Skip Instructions	goto OPXCHNG
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.257_00.010
Variable Name	OPXCHNG
Universe	AGE = All and HIKIND(e) = '08'
Universe-text	All persons with a state sponsored health plan
Question Text	Was [fill 1: your/ALIAS's] state sponsored health plan obtained through Healthcare.gov or the [fill 2: Health Insurance Marketplace/ fill state specific name]?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	State plan through marketplace
Fill Instructions	Fill 1: If subject = respondent, fill [your]; else, fill [ALIAS's] Fill 2: If no state specified below, fill Health Insurance Marketplace If state specified below fill: If CA then fill Health Insurance Marketplace, such as Covered California If CO then fill Health Insurance Marketplace, such as Connect for Health Colorado If CT then fill Health Insurance Marketplace, such as Access Health CT If DC then fill Health Insurance Marketplace, such as DC Health Link If HI then fill Health Insurance Marketplace, such as Hawaii Health Connector If ID then fill Health Insurance Marketplace, such as Your Health Idaho If KY then fill Health Insurance Marketplace, such as KYnect If MA then fill Health Insurance Marketplace, such as Maryland Health Connection If MN then fill Health Insurance Marketplace, such as MNsure If NM then fill Health Insurance Marketplace, such as New Mexico Health Connections If MS then fill Health Insurance Marketplace, such as One, Mississippi If NV then fill Health Insurance Marketplace, such as Nevada Health Link If NY then fill Health Insurance Marketplace, such as New York State of Health If OR then fill Health Insurance Marketplace, such as HealthSource RI If VT then fill Health Insurance Marketplace, such as Washington Health Connect If WA then fill Health Insurance Marketplace, such as Washington Healthplanfinder If UT then fill Health Insurance Marketplace, or through Avenue H
Special Instructions	
Skip Instructions	<1,2,R,D> goto STRFPRM2
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.257_00.020
Variable Name	STRFPRM2
Universe	AGE = All and HIKIND(e) = '08'
Universe-text	All persons with a state sponsored health plan
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill: your/ALIAS's] statesponsored health plan?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion State plan premium
Fill Instructions	Fill 1: If subject = respondent, fill [your]; else, fill [ALIAS's]
Special Instructions	
Skip Instructions	<1> goto SSPRINC <2,R,D> goto STDOC2
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.257_00.030
Variable Name	SSPRINC
Universe	AGE = All and STRFPRM2(e)='1'
Universe-text	Those with state sponsored health plan who pay a premium for their plan
Question Text	Is the premium paid for [fill 1: ^STNAME2/this state sponsored plan] based on income?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Premium based on income
Fill Instructions	Fill 1: [fill: ^STNAME2], else if STNAME2 = to D or R, fill: [this state sponsored plan]
Special Instructions	
Skip Instructions	<1,2,R,D> goto STDOC2
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.258
Variable Name	STDOC2
Universe	AGE = All and HIKIND = '08'
Universe-text	All persons with state sponsored health care
Question Text	Under the [fill 1:^STNAME2/state sponsored plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a list of doctors or is the doctor assigned?
Answer Codes	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	ion Any Doctor
Fill Instructions	Fill 1: [fill: ^STNAME2], else; if STNAME2 = to D or R, fill: [state sponsored plan]
	Fill 2: If subject = respondent, fill [you]; else fill: [ALIAS]
	Fill 3: If subject = respondent, fill [you]; else if sex = 1, fill: [he]; else, if sex = 2, fill: [she]
Special Instructions	
Skip Instructions	<1, 2, D, R> [goto STNAME3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.264
Variable Name	STNAME3
Universe	AGE = All and HIKIND = '09'
Universe-text	All persons with an other government plan
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by an other government program. What is the name of the plan?
	* Read if necessary: Do you have a health plan card or something with the plan name on it?
Answer Codes	<allow 80="" characters,="" d,="" r=""></allow>
Question Type	Text
Field Pane Descripti	Name of Other Government Plan
Fill Instructions	Fill 1:If subject = respondent, fill: [you are]; else, fill: [ALIAS is]
Special Instructions	Loop through STNAME3 - STREF3 on a person basis.
	Allow 80 characters, D, R
Skip Instructions	[goto OGXCHNG]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.264_00.010
Variable Name	OGXCHNG
Universe	AGE = All and HIKIND(e)='09'
Universe-text	All persons with an other government program
Question Text	Was [fill1: your/ALIAS's] other government program obtained through Healthcare.gov or the [fill2]?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Other plan through marketplace
Fill Instructions	Fill 1: If subject = respondent, fill [your]; else, fill [ALIAS's] Fill 2: If no state specified below, fill Health Insurance Marketplace If state specified below fill: If CA then fill Health Insurance Marketplace, such as Covered California If CO then fill Health Insurance Marketplace, such as Connect for Health Colorado If CT then fill Health Insurance Marketplace, such as Access Health CT If DC then fill Health Insurance Marketplace, such as DC Health Link If HI then fill Health Insurance Marketplace, such as Hawaii Health Connector If ID then fill Health Insurance Marketplace, such as Your Health Idaho If KY then fill Health Insurance Marketplace, such as KYnect If MA then fill Health Insurance Marketplace, such as Maryland Health Connection If MD then fill Health Insurance Marketplace, such as MNsure If NM then fill Health Insurance Marketplace, such as New Mexico Health Connections If MS then fill Health Insurance Marketplace, such as One, Mississippi If NV then fill Health Insurance Marketplace, such as Nevada Health Link If NY then fill Health Insurance Marketplace, such as New York State of Health If OR then fill Health Insurance Marketplace, such as HealthSource RI If VT then fill Health Insurance Marketplace, such as Vermont Health Connect If WA then fill Health Insurance Marketplace, such as Washington Healthplanfinder If UT then fill Health Insurance Marketplace, or through Avenue H
Special Instructions	
Skip Instructions	<1,2,R,D> goto STRFPRM3
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.264_00.020
Variable Name	STRFPRM3
Universe	AGE = All and HIKIND(e)='09'
Universe-text	All persons with an other government program
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill: your/ALIAS's] other government program?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Other plan premium
Fill Instructions	Fill 1: If subject = respondent, fill [your]; else, fill [ALIAS's]
Special Instructions	
Skip Instructions	<1> goto OGPRINC <2,R,D> goto STDOC3
Hard Edits	
Soft Edits	
AssocHelp	

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.264_00.030	
Variable Name	OGPRINC	
Universe	AGE = All and STRFPRM3(e)='01'	
Universe-text	Those with other government health plan who pay a premium for their plan	
Question Text	Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Premium based on income		
Fill Instructions	Fill 1: [fill: ^STNAME3], else if STNAME3 = to D or R, fill: [this other government plan]	
Special Instructions		
Skip Instructions	<1,2,R,D> goto STDOC3	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.265
Variable Name	STDOC3
Universe	AGE = All and HIKIND = '09'
Universe-text	All persons with an other government plan
Question Text	Under the [fill 1:^STNAME3/other government plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3:you/he/she] choose from a list of doctors or is the doctor assigned?
Answer Codes	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Any Doctor
Fill Instructions	Fill 1: [^STNAME3]; else, if STNAME3= to D or R, fill: [other government plan]
	Fill 2: If subject = respondent, fill [you]; else fill: [ALIAS]
	Fill 3: If subject = respondent, fill [you]; else if sex = 1, fill: [he]; else, if sex = 2, fill: [she]
Special Instructions	
Skip Instructions	<1,2,D,R> [goto STNAME3] *see flowchart
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.270
Variable Name	MILSPC
Universe	AGE = All and HIKIND = '06'
Universe-text	All persons with military health care
Question Text	? [F1]
Answer Codes	* Enter all that apply, separate with commas. Earlier I recorded that [fill 1] covered by military health care. What types of military health care [fill 2:] covered by? 1. TRICARE 2. VA 3. CHAMP-VA 4. Other military coverage (specify) Don't know Refused
Question Type	Enter All That Apply
Field Pane Descript	Type of Military Coverage
Fill Instructions	Fill 1: If subject = respondent, fill: [you are]; Else fill: [ALIAS is] Fill 2: If subject = respondent, fill: [are you]; Else fill: [is ALIAS]
Special Instructions	
Skip Instructions	<1> [goto MILMAN] <4> [goto MILSPCOT] <2,3,D,R> [loop through for all persons in roster, when exhausted, goto next appropriate question.]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.270_H
Variable Name	H_MILSPC
Universe	
Universe-text	
Question Text	[b]TRICARE[b] is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. TRICARE for military dependents was previously known as CHAMPUS. [b]VA[b] (Veterans Administration) provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments. [b]CHAMP-VA[b] (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MILSPC

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.271	
Variable Name	MILSPCOT	
Universe	MILSPC = '04'	
Universe-text	All persons with other military coverage	
Question Text	* Other military coverage	
Answer Codes		
Question Type	Text	
Field Pane Description Other		
Fill Instructions		
Special Instructions	Allow 80 characters	
Skip Instructions	if MILSPC eq 1, goto MILMAN; else, goto next appropriate question	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.275
Variable Name	MILMAN
Universe	MILSPC = '01'
Universe-text	All persons with TRICARE coverage
Question Text	? [F1]
	Is [fill 1: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?
Answer Codes	1. TRICARE Prime 2. TRICARE Extra 3. TRICARE Standard 4. TRICARE for Life 5. TRICARE other (specify) Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Type of TRICARE
Fill Instructions	Fill 1:If subject = respondent, fill: [your]; Else, fill: [ALIAS's]
Special Instructions	
Skip Instructions	<1-4,D,R> [goto next appropriate question] <5> [goto MILMANOT]
Hard Edits	
Soft Edits	
AssocHelp	H_MILMAN

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.275_H
Variable Name	H_MILMAN
Universe	
Universe-text	
Question Text	[b]TRICARE[b] is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. TRICARE offers eligible beneficiaries four choices for their health care: [b]TRICARE Prime[b] - Under this TRICARE option, Military Treatment Facilities are the principal source of health care. Active duty military personnel are automatically enrolled in TRICARE Prime. Family members and survivors of active duty personnel and retirees and their family members and survivors under age 65 are also eligible for TRCARE prime. [b]TRICARE Extra[b] - Under this TRICARE option you choose a doctor, hospital, or other medical provider listed in the TRICARE provider Directory. Anyone who is CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) eligible may use TRICARE Extra. [b]TRICARE Standard[b] - This is the new name for traditional CHAMPUS. Under this plan, you can see the authorized provider of your choice. Treatment may also be available at a Military Treatment Facility. Anyone who is CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) eligible may use TRICARE Standard. [b]TRICARE for Life (TFL)[b] - This option is available to all Medicare-eligible uniformed services retirees, Medicare-eligible family members, and Medicare-eligible widows/widowers and certain former spouses who were eligible for TRICARE before age 65. Beneficiaries are required to purchase Medicare Part B and MUST pay the appropriate Medicare Part B monthly premiums. TRICARE for Life pays
Answer Codes	secondary to Medicare.
Question Type	Help Screen
Field Pane Description	un
Fill Instructions	
Special Instructions	
Skip Instructions	

Hard Edits	
Soft Edits	
AssocHelp	MILMAN
Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.276
Variable Name	MILMANOT
Universe	MILMAN = '5'
Universe-text	All persons with other type of TRICARE coverage
Question Text	* Other type of TRICARE coverage
Answer Codes	
Question Type	Text
Field Pane Description	Other TRICARE
Fill Instructions	
Special Instructions	Allow 80 characters
Skip Instructions	Loop through from MILSPC for all persons with this coverage. When exhausted, goto next appropriate question.
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.280
Variable Name	HILAST
Universe	AGE = All and HIKIND = '10','11'
Universe-text	All persons without known health insurance or with only single service plans
Question Text	(book) F17 ? [F1]
	Not including Single Service Plans, about how long has it been since [fill 1: you/ALIAS] last had health care coverage?
Answer Codes	 6 months or less More than 6 months, but not more than 1 year ago More than 1 year, but not more than 3 years ago More than 3 years Never Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time Since Last Covered
Fill Instructions	Fill 1: If subject = respondent, fill: [you]; Else fill: [ALIAS]
Special Instructions	
Skip Instructions	[goto HISTOP]
Hard Edits	
Soft Edits	
AssocHelp	H_HILAST

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.280_H
Variable Name	H_HILAST
Universe	
Universe-text	
Question Text	Single Service Plans do not count for this item. A Single Service Plan is designed to provide coverage for a specific type of service/care. This plan is usually limited to one type of service or treatment for a specific condition and is frequently obtained to supplement a comprehensive plan that may not provide that type of service.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	HILAST

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.290
Variable Name	HISTOP
Universe	AGE = All and HIKIND = '10','11'
Universe-text	All persons without known health insurance or with only single service plans
Question Text	(book) F18
	[Fill 1: [Which of these are reasons [fill 2:you/ALIAS] stopped being covered?/Which of these are reasons [fill 3: you do/ALIAS does] not have health insurance?] * Enter up to 5 reasons, separate with commas.
Answer Codes	 Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy Lost Medicaid/Medical plan because of new job or increase in income Other reason for losing Medicaid Other (specify) Refused Don't know
Question Type	Enter All That Apply
Field Pane Descripti	on Why No Coverage
Fill Instructions	Fill 1: If HILAST eq <1-4>, fill: [Which of these are reasons [fill 2] stopped being covered?]; else if HILAST eq <5,R,D>, fill: [Which of these are reasons [fill 3] not have health insurance?] Fill 2: If subject = respondent, fill: [you]; else fill: [ALIAS] Fill 3: If subject = respondent, fill: [you do]; else fill: [ALIAS does]
Special Instructions	
Skip Instructions	<1-9,D,R> [goto FHIKDB] <10> [goto HISTOPOT]
Hard Edits	
Soft Edits	
AssocHeln	

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.291	
Variable Name	HISTOPOT	
Universe	HISTOP = '10'	
Universe-text	All persons without known health insurance and other reason for stopping or not having coverage	
Question Text	? [F1]	
	* Other reason for not having coverage	
Answer Codes		
Question Type	Text	
Field Pane Description Other		
Fill Instructions		
Special Instructions	Allow 80 characters	
Skip Instructions	Goto FHIKDB	
Hard Edits		
Soft Edits		
AssocHelp	H_HISTOPO	

	07	
Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.291_H	
Variable Name	H_HISTOPO	
Universe		
Universe-text		
Question Text	Enter exactly what the respondent tells you, in their own words.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp	HISTOPOT	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.300
Variable Name	HINOTYR
Universe	HIKIND= '1','2','3','4','5','6','7','8','9'
Universe-text	All persons with known health insurance, except single service plans
Question Text	In the PAST 12 MONTHS, was there any time when [fill 1: you/ALIAS] did NOT have ANY health insurance or coverage?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on Without Coverage
Fill Instructions	Fill 1: If subject = respondent, fill: [you]; Else fill: [ALIAS]
Special Instructions	Loop through HINOTYR and PWRKBSP for each person in universe.
Skip Instructions	<1> [goto HINOTMYR] <2,D,R> [goto FHICHNG]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.310
Variable Name	HINOTMYR
Universe	HINOTYR = '1'
Universe-text	All persons who currently have health insurance who did not have health insurance/coverage for some period of time in the past 12 months
Question Text	In the PAST 12 MONTHS, about how many months [fill 1: were you/was ALIAS] without coverage?
	* If less than 1 month, enter '1'.
Answer Codes	
Question Type	Integer
Field Pane Descript	ion Months Without Coverage
Fill Instructions	Fill 1: If subject = respondent, fill: [were you]; Else fill: [was ALIAS]
Special Instructions	Allow 1-12, D, R Insert answer tag "months to the right of answer field. When roster is exhausted, goto FHIKDB
Skip Instructions	<1-12,D,R> When roster is exhausted, goto FHIKDB
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.312_00.010
Variable Name	FHICHNG
Universe	HINOTYR(e)='2','D','R'
Universe-text	All persons who are currently insured who were continuously covered in the past year
Question Text	Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	Fill1: If single person family fill "you"; else fill "ALIAS" Fill 2: fill with [HIKIND] and separate with a comma for multiple plans, when applicable. If MCAREPRB=1 or MCAIDPRB=1, add a fill of 'Medicare' or 'Medicaid' to any other plans mentioned in HIKIND. If HIKIND=11 (No coverage of any type), do not fill this text in the fill variable (tempHIKIND).
Special Instructions	
Skip Instructions	<1,R,D> [goto HCSPFYR] <2> [goto FHIKDB]
Hard Edits	
Soft Edits	
AssocHelp	

Module

07

Section Name

Family Health Insurance

Part

Question ID

FHI.315 00.010

Variable Name

FHIKDB

Universe

HISTOP = '1','2','3','4','5','6','7','8','9','10','D', 'R' or HINOTYR = '1' or FHICHNG = '2'

Universe-text

All persons except those with continuous coverage who are currently uninsured for more than 1 year with no changes

Question Text

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Answer Codes

- 1. Private health insurance
- 2. Medicare
- 3. Medi-Gap
- 4. Medicaid
- 5. CHIP (SCHIP/Children's Health Insurance Program)
- 6. Military health care (TRICARE/VA/CHAMP-VA)
- 7. Indian Health Service
- 8. State-sponsored health plan
- 9. Other government program
- 10. Single service plan (e.g., dental, vision, prescriptions)
- 11. No coverage of any type

Refused

Don't know

Question Type

Enter all that apply

Field Pane Description

Fill Instructions

If HISTOP <1-10, D, R> for currently uninsured fill: [Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type(s) did [fill 1: you/ALIAS] have?]

If HINOTMYR not = to empty, for period without coverage in the past year fill: {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1:you/ALIAS] have before this period?}

	health insurance or health care coverage did [fill1: you/ALIAS] have?}
Special Instructions	
Skip Instructions	<1> [goto PWRKB] <2-11,R,D> [goto HCSPFYR]
Hard Edits	
Soft Edits	
AssocHelp [
Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.316_00.010
Variable Name	PWRKB
Universe	FHIKDB(e)='01'
Universe-text	All persons who had private health insurance previously
Question Text	Which one of these categories best describes how [fill1: your/ALIAS's] private health insurance was obtained?
Answer Codes	1. Through employer 2. Through union 3. Through workplace, but don't know if employer or union 4. Through workplace, self-employed or professional association 5. Purchased directly 6. Through a state/local government or community program 7. Other, specify Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	Fill 1: If subject = respondent, fill: [your]; else fill:[ALIAS's]
Special Instructions	
Skip Instructions	<1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP]
Hard Edits	
Soft Edits	
AssocHelp [

If FHICHNG=2, for a change in coverage type in the last year fill: {What other types of

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.317_00.010	
Variable Name	PWRKBSP	
Universe	PWRKBSP(e)='07'	
Universe-text	All persons who had private health insurance obtained from other source previously	
Question Text	*Enter how private health insurance was obtained.	
Answer Codes		
Question Type	Verbatim	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<allow 75="" characters=""> [goto HCSPFYR]</allow>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.320
Variable Name	HCSPFYR
Universe	All families
Universe-text	All families
Question Text	(book) F19
Answer Codes	The next question is about money that [fill 1:you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill 2: you/your family] spend for medical care and dental care?
	0. Zero 1. Less than \$500 2. \$500-\$1,999 3. \$2,000-\$2,999 4. \$3,000-\$4,999 5. \$5,000 or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	On Out of pocket costs
Fill Instructions	Fill 1: If single person family, fill: [you have]; Else, fill; [your family has]
	Fill 2: If single person family, fill: [you]; Else, fill; [your family]
Special Instructions	
Skip Instructions	goto MEDBILL
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.325_00.010
Variable Name	MEDBILL
Universe	All families
Universe-text	All families
Question Text	In the past 12 months did [fill1: you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	Fill1: if single person family fill "you"; else fill "anyone in the family"
Special Instructions	
Skip Instructions	<1,2,7,9> [goto MEDBPAY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.327_00.010	
Variable Name	MEDBPAY	
Universe	All families	
Universe-text	All families	
Question Text	[fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions	Fill1: if single person family, fill "Do you"; else fill "Does anyone in your family"	
Special Instructions		
Skip Instructions	<1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07	
Section Name	Family Health Insurance	
Part		
Question ID	FHI.327_00.020	
Variable Name	MEDBNOP	
Universe	MEDBILL='1','R','D'	
Universe-text	All families but those who said they don't have problems paying their medical bills	
Question Text	[fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions	Fill1: if single person family fill "Do you"; else fill "Does anyone in your family"	
Special Instructions		
Skip Instructions	<1,2,7,9> [goto FSA]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.330
Variable Name	FSA
Universe	All Families
Universe-text	All Families
Question Text	? [F1]
	[fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on FSAs
Fill Instructions	fill 1: If single person family, fill: [Do you]; else, fill; [Does anyone in your family]
Special Instructions	
Skip Instructions	goto PLBORN
Hard Edits	
Soft Edits	
AssocHelp	H_FSA

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.330_H
Variable Name	H_FSA
Universe	
Universe-text	
Question Text	[b]Flexible Spending Accounts (FSAs)[b] - Health care flexible spending accounts are employer-established benefit plans that reimburse employees for specified medical expenses as they are incurred. These accounts are allowed under section 125 of the Internal Revenue Code. The employee contributes funds to the account through a salary reduction agreement and is able to withdraw the funds set aside to pay for medical bills. The salary reduction agreement means that any funds set aside in a FSA escape both income tax and Social Security tax. Employers may contribute to these accounts as well. Once the amount of contribution has been designated during an open enrollment period that occurs once each year, the employee is not allowed to change the amount or drop out of the FSA during the year unless he or she experiences a change in family status. By law, the employee forfeits any unspent funds in the account at the end of the year other than the 2.5-month grace period. There is no requirement to have a private health insurance plan with a FSA.
Answer Codes	
Question Type Field Pane Descripti	Help Screen
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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Section nan	ne: Socio-Demographic
Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.001
Variable Name	PLBORN
Universe	All
Universe-text	All persons
Question Text	[fill 1: Were you/Was ALIAS] born in the United States?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Description	on Born US
Fill Instructions	1. If subject = respondent, fill: [Were you], else fill: [Was ALIAS]
Special Instructions	
Skip Instructions	<1> [store 1 in CITIZEN and goto PLBORN1] <2> [goto PLBORN2] <r,d> [goto CITIZEN]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.002
Variable Name	PLBORN1
Universe	PLBORN=Yes
Universe-text	All persons
Question Text	In what state [fill 1:were you/was ALIAS] born?
Answer Codes	1. Alabama 19. Louisiana 37. Oklahoma 2. Alaska 20. Maine 38. Oregon 3. Arizona 21. Maryland 39. Pennsylvania 4. Arkansas 22. Massachusetts 40. Rhode Island 5. California 23. Michigan 41. South Carolina 6. Colorado 24. Minnesota 42. South Dakota 7. Connecticut 25. Mississippi 43. South Dakota 8. Delaware 26. Missouri 44. Texas 9. Dist. Of Columbia 27. Montana 45. Utah 10. Florida 28. Nebraska 46. Vermont 11. Georgia 29. Nevada 47. Virginia 12. Hawaii 30. New Hampshire 48. Washington 13. Idaho 31. New Jersey 49. West Virginia 14. Illinois 32. New Mexico 50. Wisconsin 15. Indiana 33. New York 51. Wyoming 16. Iowa 34. North Carolina 17. Kansas 35. North Dakota Refused 18. Kentucky 36. Ohio Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on State of Birth
Fill Instructions	1. If subject = respondent, fill: [were you], else, fill [was alias]
Special Instructions	<1-51,52> [store 1 in CITIZEN] Make this a look-up table. No D/R allowed. Insert answer name. *****(NCHS wants this to be output as 2 variables. Does this go in output specs?)
Skip Instructions	<1-51, D, R> [goto HEADST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio Demographic
Part	
Question ID	FSD.002_01
Variable Name	STATECODE
Universe	
Universe-text	
Question Text	
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	on
Fill Instructions	
Special Instructions	Created in the instrument. State name from PLBORN1 stored in this variable.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.003
Variable Name	PLBORN2
Universe	PLBORN = No
Universe-text	All persons not born in the US
Question Text	In what country [fill: 1] born?
	* Please record country of birth. If country not found, type "ZZ"
Answer Codes	
Question Type	Pick One - popup window
Field Pane Descripti	Country of Birth
Fill Instructions	1. If subject = respondent, fill: [were you], else, fill [was alias]
Special Instructions	Display list of all countries in a lookup table.
	Should allow 40 characters.
Skip Instructions	<60-85> [store 2 in CITIZEN; goto USYR] <100-696> [goto USYR] <zz, d,="" r=""> [goto USYR]</zz,>
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio Demographic
Part	
Question ID	FSD.003_01
Variable Name	COUNTRYCODE
Universe	
Universe-text	
Question Text	
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Created in the instrument. Country name from PLBORN2 stored in this variable. Should allow 40 characters.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.004
Variable Name	USYR
Universe	AGE= All and PLBORN=no
Universe-text	All persons not born in the US
Question Text	[Fill: 1]
	In what year did [fill: 3] come to the United States to stay?
Answer Codes	
Question Type	Integer
Field Pane Descripti	Year Came to US
Fill Instructions	1. If AGEDOB@3 and AGEDOB 4 and AGEDOB 5 are valid, fill [* Read if necessary. Earlier I recorded [fill: 2] date of birth as [month in words, 2-digit day, 4-digit year].]
	2. If subject = respondent, fill [your], else fill [alias's]
	3. If subject = respondent, fill [you], else fill [alias]
Special Instructions	Allow answers of [1880-current year]
Skip Instructions Hard Edits	<d, r=""> goto USLONG <1880-2220> If USYR > CURYEAR THEN Goto ERR1_USYR Elseif AGEDOB_5 not IN('REFUSAL','DONTKNOW') THEN If AGEDOB_5 > USYR THEN Goto ERR2_USYR Endif Elseif AGE < (CURYEAR - USYR - 1) THEN Goto ERR2_USYR Else Goto CITIZEN Endif ERR1_USYR ERR1_USYR</d,>
	*Future year invalid: [fill: USYR]. Please correct.
	ERR2_USYR: * [fill year from USYR] is prior to the person's birth year. *Please correct.
Soft Edits	
AssocHelp	

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.005
Variable Name	USLONG
Universe	USYR = D or R
Universe-text	All persons not born in the US and refused or did not know USYR
Question Text	About how long [fill: 1] been in the United States?
	* Read if necessary: Earlier I recorded that [fill: 2] [fill: AGE] years old.
	*Enter 95 for 95 or more years.
	*If less than 1 year given as a response, code the answer as "0".
Answer Codes	
Question Type	Integer
Field Pane Descripti	On How Long in US
Fill Instructions	1. If subject = respondent, fill: [have you]; else fill: [has alias].
	2. If subject = respondent, fill: [you are]; else fill: [alias is].
Special Instructions	Allow answers of [0-95]
Skip Instructions	<d, r=""> [goto CITIZEN]; else [if gt AGE goto ERR_USLONG]; else goto CITIZEN</d,>
Hard Edits	ERR_LONG: * In US longer than alive!
	* Please correct.
Soft Edits	
AssocHelp	

80 **Module** Socio-Demographic Section Name Part Question ID **FSD.006** Variable Name **CITIZEN** PLBORN2 ge 100 or (PLBORN in (R,D)) or (Universe Universe-text All persons not born in the US or US territory (book) F20 ?[F1] **Ouestion Text** [Fill: 1] a CITIZEN of the United States? **Answer Codes** 1. Yes, born in one of the 50 United States or the District of Columbia 2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory 3. Yes, born abroad to American parent(s) 4. Yes, U.S. citizen by naturalization 5. No, not a citizen of the United States Refused Don't Know Question Type Pick One - answer list pane Field Pane Description Citizen Status Fill Instructions 1. If subject = respondent fill [Are you]; else fill [Is alias] All persons born in the US (PLBORN1 eq 1-52) should automatically get 1 on CITIZEN. Special Instructions and should NOT be asked this question; All persons born in a US territory (PLBORN2 eq 60-99) should automatically get 2 on CITIZEN, and should NOT be asked this question Error meesages involving CITIZEN and PLBORN1 <1> (If PLBORN eq 2 and CITIZEN eq 1): goto ERR1_CITIZEN; [If PLBORN eq R and Skip Instructions CITIZEN eq 1]; goto ERR3 CITIZEN [If PLBORN eq D and CITISEN eq 1]; goto **ERR4 CITIZEN** <2> goto ERR2_CITIZEN else goto HEADST **ERR1 CITIZEN** Hard Edits *Already indicated birth outside the United States. *Please correct. **ERR2 CITIZEN** *Already indicated birth outside United States territory. *Please correct. ERR3 CITIZEN: Refused Soft Edits Previously, you refused to say if [usted/ALIAS] was born in the United States. Would you like to change your answer to the question?

Previosuly, you didn't know if [you/ALIAS] were born in the United States.

Would you like to change your answer to the question?

ERR4 CITIZEN: Don't Know

AssocHelp	H_CITIZEN
Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.006_H
Variable Name	H_CITIZEN
Universe	
Universe-text	
Question Text	Information about citizenship is being collected by the Department of Health and Human Services to perform health-related research pertaining to place of birth and length of time in the United States. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on pending immigration or citizenship petitions.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	CITIZEN

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.007
Variable Name	HEADST
Universe	AGE le 6
Universe-text	All persons age 6 and under
Question Text	?[F1]
	Is [alias] now attending Head Start?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	on Now Attend Head Start
Fill Instructions	
Special Instructions	
Skip Instructions	<2, D, R> [goto HEADSTEV] <1> [goto EDUC]
Hard Edits	
Soft Edits	
AssocHelp	H_HEADST

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.007_H
Variable Name	H_HEADST
Universe	
Universe-text	
Question Text	Headstart programs are designed to provide services for children living in families with incomes below poverty. These services may include but are not limited to: medical, dental, social, and education services. If a child who is eligible for these services has special needs or disabilities, the child may receive both Headstart and Early Intervention Services or Special Education Services. Although many children begin Headstart at age three or four, in some areas Headstart services begin with prenatal care and infant care.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	HEADST HEADSTEV

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.008
Variable Name	HEADSTEV
Universe	AGE It 18 and HEADST ne 1
Universe-text	All persons under age 18 and not currently enrolled in Head Start
Question Text	?[F1]
	Has [alias] ever attended Head Start?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	en Ever Attended Head Start
Fill Instructions	
Special Instructions	
Skip Instructions	<1, 2, D, R> [if no more AGE le 18, goto EDUC]
Hard Edits	
Soft Edits	
AssocHelp	H_HEADST

Module	08	
Section Name	Socio-Demographic	
Part		
Question ID	FSD.010	
Variable Name	EDUC	
Universe	AGE= 5+	
Universe-text	All persons 5 years of age and	older
Question Text	(book) F21 ?[F1]	
	What is the HIGHEST level of s received? Please tell me the nu * Enter highest level of school of	
Answer Codes	0. Never attended/kindergarten 1. 1st grade 2. 2nd grade 3. 3rd grade 4. 4th grade vocational program 5. 5th grade 6. 6th grade BBA) 7. 7th grade MEd, MBA) 8. 8th grade DDS, DVM, JD) 9. 9th grade 10. 10th grade 11. 11th grade	only 12. 12th grade, no diploma 13. GED or equivalent 14. HIGH SCHOOL GRADUATE 15. Some college, no degree 16. Associate's degree: occupational, technical or 17. Associate's degree: academic program 18. Bachelor's degree (Example: BA, AB, BS, 19. Master's degree (Example: MA, MS, MEng, 20. Professional School degree (Example: MD, 21. Doctoral degree (Example: PhD, EdD) Refused Don't know
Question Type	Long List	
Field Pane Descripti		npleted
Fill Instructions	1. If subject = respondent, fill "y	
Special Instructions		uestion, store <96> in EDUC] , store Sufficient partial (14) in MARK
Skip Instructions	if HHSTAT3=A [goto ARMFVEI else HHSTAT3 ne A [goto ARM	
Hard Edits		
Soft Edits		
AssocHelp	H_EDUC	

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.010_H
Variable Name	H_EDUC
Universe	
Universe-text	
Question Text	Include only regular schooling which advances a person toward an elementary or high school diploma, or a college/university/ professional school (such as law, medicine, dentistry) degree. Count schooling in other than regular schools only if the credits obtained are acceptable in a regular school system. Do not include "adult education" classes not taken for credit in a regular school
	system. For example: Do not consider a person to have had "some college" simply because he/she took an "adult education" class in Conversational French at a local university.
	Enter "(14) High School Graduate" if the person received a high school diploma even if in less than 12 years.
	For persons who have attended "post-graduate" high school courses, but have not attended college, probe to determine if a high school diploma was received. If so, enter "(14) High School Graduate". If not enter "(12) 12th grade (no diploma)" if appropriate (or the actual grade completed if less than the 12th).
	For nurses, determine whether training was received in a college or in a nursing school. If college enter (15)-(21) as appropriate. If not college, enter the grade/level completed at the last regular school.
	For persons still in school, be sure to report the highest grade/level completed. For example, a person currently in the 10th grade probably completed the 9th grade.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	EDUC

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.015
Variable Name	ARMF_FLG
Universe	HHSTAT3=A and ARMFVER=2
Universe-text	Household respondent indicated active full time military within household in the HHC section and respondent is not an active full time military when status is verified in FSD section.
Question Text	
Answer Codes	
Question Type	Flag
Field Pane Description	on
Fill Instructions	
Special Instructions	Empty=no conflict between HHSTAT3 and ARMFVER 1=conflict between HHSTAT3 and ARMFVER
	if HHSTAT3=A and ARMFVER=2, set as "1" else leave blank
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.020_00.000
Variable Name	ARMFVER
Universe	AGE GE '018' and AGE not IN('997','999') and HHSTAT3=A
Universe-text	All families with a person age 18 or older who were said to be on active duty in the armed forces in the HHC section
Question Text	Earlier [fill1: you said/it was said] [fill2: you/alias] [fill3: were/was] on full-time active duty with the Armed Forces. Is this correct?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	fill1: if subject=respondent fill "you said" else fill "it was said"; fill2: if subject=respondent fill "you" else fill "alias"; fill3: if subject=respondent fill "were" else fill "was"
Special Instructions	Roster through all persons 18+. If ARMFVER=1 fill ARMFEV=1
Skip Instructions	<1> [goto ARMFFC] <2,R,D> [goto ARMFEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.021_00.000
Variable Name	ARMFEV
Universe	AGE GE '018' and AGE not IN('997','999') and (ARMFVER(e) IN('2','7','9') or HHSTAT3 ne 'A')
Universe-text	All families with a person age 18 or older who is not currently on active duty or said R,D to active duty question
Question Text	[fill1: Have you/Has alias] ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
Answer Codes	*Read if necessary. Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the US or in a foreign country, in support of military or humanitarian operations. 1. Yes
TIMON CI COMOS	2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	fill1: if subject=respondent fill "Have you" else fill "Has alias"
Special Instructions	Roster through all applicable persons 18+. If ARMFVER=1 fill ARMFEV=1
Skip Instructions	<1> [goto ARMFFC] <2,R,D> [goto DOINGLW]
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.022_00.000
Variable Name	ARMFFC
Universe	AGE GE '018' and AGE not IN('997','999') and ARMFEV(e)='1'
Universe-text	All families with a person age 18 or older who has ever served in the armed forces
Question Text	Did [fill1: you/alias] ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?
	*Read if necessary. This would include National Guard or reserve or active duty monitoring or conducting peace keeping operations in Bosnia Kosovo, in the Sinai between Egypt and Israel, or in response to the 2004 tsunami, or Haiti in 2010.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	fill1: if subject=respondent fill "you" else fill "alias"
Special Instructions	Roster through all applicable persons 18+.
Skip Instructions	<1,2,R,D> [goto ARMFTMP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.023_00.000
Variable Name	ARMFTMP
Universe	AGE GE '018' and AGE not IN('997','999',") and ARMFEV(e)='1'
Universe-text	All families with a person age 18 or older who has ever served in the armed forces
Question Text	When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?
	*Enter all that apply, separate with commas.
	*Enter all periods in which this person served. Enter the item even if the person served for just part of that period.
Answer Codes	1. Sept 2001 or later 2. August 1990 to August 2001 (including Persian Gulf War) 3. May 1975 to July 1990 4. Vietnam era (August 1964 to April 1975) 5. February 1955 to July 1964 6. Korean War (July 1950 to January 1955) 7. January 1947 to June 1950 8. December 1946 or earlier Refused Don't know
Question Type	Enter all that apply
Field Pane Descripti	on
Fill Instructions	fill1: if subject=respondent fill "you" else fill "alias"
Special Instructions	Roster through all applicable persons 18+. (NOTE: YEARLY UPDATES NEEDED TO ADJUST YEAR NUMBER, BECAUSE EACH YEAR ADDS '1' YEAR AWAY FROM THE WARS/CONFLICTS SHOWN IN THE ANSWER CODES) If AGE >= 80, gray out answer code 1 if AGE <= 30 or AGE >= 91, gray out answer code 2 if AGE <= 41 or AGE >= 106, gray out answer code 3 if AGE <= 56 or AGE >= 117, gray out answer code 4 if AGE <= 67, gray out answer code 5 if AGE <= 76, gray out answer code 6 if AGE <= 81, gray out answer code 7 if AGE <= 85, gray out answer code 8
Skip Instructions	<1,3-11,R,D> [goto DOINGLW] <2> [goto ARMFDS]
Hard Edits	If gray answer code is selected please display: That selection is not valid at this time. Pleae correct.
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.024_00.000
Variable Name	ARMFDS
Universe	AGE GE '018' and AGE not IN('997','999',") and ARMFTMP(e)='2'
Universe-text	All families with a person age 18 or older who served from August 1990 to August 2001
Question Text	Did [fill1: you/alias] serve in the Persian Gulf during Operation Desert Shield or Operation Desert Storm between August 1990 and April 1991?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion
Fill Instructions	fill1: if subject=respondent fill "Have you" else fill "Has alias"
Special Instructions	Roster through all applicable persons 18+.
	9.13.10 - Spanish Translation: Desert Shield and Desert Storm were left as is. No translation is needed for these two concepts.
Skip Instructions	<1,2,R,D> [goto DOINGLW]
Hard Edits	
Soft Edits	
AssocHelp	

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.050
Variable Name	DOINGLW
Universe	AGE=18+
Universe-text	All persons age 18+
Question Text	(book) F22 ? [F1]
	The next few questions are about employment status.
	Which of the following [fill: 1] doing last week?
	* Read answer categories.
Answer Codes	 Working for pay at a job or business With a job or business but not at work Looking for work Working, but not for pay, at a family-owned job or business Not working at a job or business and not looking for work. Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description Doing last week	
Fill Instructions	1. If subject = respondent fill: [were you]; else fill: [was alias]
Special Instructions	
Skip Instructions	<1,4> [go to WRKHRS1] <2,5> [go to WHYNOWRK] <3,D,R> [go to WRKLYR]
Hard Edits	
Soft Edits	
AssocHelp	H_DOINGLW

Module	08
Section Name	Family Socio Demographic
Part	
Question ID	FSD.050_H
Variable Name	H_DOINGLW
Universe	
Universe-text	
Question Text	A [b]job[b] exists when there is a definite arrangement for regular work on a continuing basis, and the person holding the job receives pay or other compensation for his/her work. The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis. A [b]business[b] exists when machinery or equipment of substantial value is used in conducting the business; an office, store, or other place of business is maintained; or the business is advertised to the public. An individual is [b]working for pay[b] if he or worked for wages, salary, commission, tips, piece-rates, or pay-in-kind (e.g., room-and-board); worked for profit in his/her own business, practice or farm; worked as a civilian for the National Guard or Dept. of Defense; or performed exchange or share work on a farm. [b]Have a job or business but not at work[b] includes individuals on annual leave or vacation (paid or unpaid); on maternity or family leave (paid or unpaid); at jury duty; involved in a labor dispute that is taking place at his/her place of employment; on sick leave (paid or unpaid); on a temporary lay-off (lasting less than 30 days), and the person expects to be called back within that time period. An individual is [b]looking for work[b] if he or she is conducting an active job search, which includes filling out applications or sending out resumes; placing or answering classified ads; checking union/professional registers; bidding on a contract or auditioning for a part in a play; contacting friends or relatives about possible jobs; contacting school/college university employment offices; contacting prospective employers directly; contacting public or private employment offices. Include as [b]working, but not for pay[b] at least 15 hours of work per week without pay in a business or farm operated by a related household member. Volunteer efforts should NOT be considered as working. Likewise, unpaid internships are not considered as working.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	

Soft Edits	
AssocHelp	DOINGLW
Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.060
Variable Name	WHYNOWRK
Universe	(AGE= 18+) and (DOINGLW = with a job or business but not at work, or not working at a job or business and not looking for work)
Universe-text	All persons age 18 + who were either with a job or business but not at work, or not working at a job or business and not looking for work.
Question Text	?[F1]
	What is the main reason [fill: 1] did not [fill: 2]
Answer Codes	 Taking care of house or family Going to school Retired On a planned vacation from work On family or maternity leave Temporarily unable to work for health reasons Have job/contract and off-season On layoff Disabled Other Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	ion Reason for not Working
Fill Instructions	1. If subject = respondent, fill: [you]; else fill: [alias]
	2. If DOINGLW = with a job or business but not at work, fill: [work last week?]; else fill: [have a job or business last week?]
Special Instructions	
Skip Instructions	<01-03, 08-10,D,R> [goto WRKLYR] else <04-07> [goto WRKHRS1]
Hard Edits	
Soft Edits	
AssocHelp	H_WHYNOWRK

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.060_H
Variable Name	H_WHYNOWRK
Universe	
Universe-text	
Question Text	[b]Taking care of house or family[b] is any type of work around the house such as cleaning, cooking, maintaining the yard, caring for children or family, etc. [b]Going to school[b] means attending any type of public or private educational
	establishment both in and out of the regular school system.
	[b]Retired, Unable to work for health reasons[b], and [b]Disabled[b] are respondent defined.
	[b]Layoff[b] means that the person is waiting to be called back to a job from which they have been temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his/her own place of employment as being on layoff.
	[b]Have job/contract and off-season[b] includes school personnel (teachers, administrators, custodians, etc.) on summer vacation who have a definite arrangement, either written or oral, to return to work in the fall, are not considered to be on layoff during the summer. They may, however, be laid off from a summer job or looking for work for the summer months (but this would NOT be considered their main job or employment activity).
Answer Codes	
Question Type	Help Screen
Field Pane Description	<u> </u>
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	WHYNOWRK

08 Module Socio-Demographic Section Name Part Question ID FSD.070 Variable Name **WRKHRS1** (AGE=18+) and [(DOINGLW = Working for pay at a job or business or working, but not Universe for pay, at a family owned job or business) or (WHYNOWRK = on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have job/contract and off-season)] All persons aged 18+ who were working for pay at a job or business or working, but not Universe-text for pay, at a job or business last week or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have job/contract and off-season ?[F1] **Ouestion Text** How many hours [fill: 1] **Answer Codes Question** Type Integer Field Pane Description Hours Worked Fill Instructions 1. If DOINGLW = (working for pay at a job or business) or (working, but not for pay, at a family-owned job or business) fill: [did [fill:2] work LAST WEEK at ALL jobs or businesses?]; else, fill: [do [fill: 2] USUALLY work at ALL jobs or businesses?] 2. If subject = respondent, fill: [you]; else, fill: [alias] Allow 1-168, D, R **Special Instructions** Display "Hours" answer tag in form pane. <1-34, D, R> [goto WRKFTALL] Skip Instructions <95-168> goto soft error message <35-168> [goto WRKLYR] Hard Edits * [Fill: WRKHRS] is an unusually high number. Soft Edits * Please verify.

AssocHelp

H_WRKHRS

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.070_H
Variable Name	H_WRKHRS
Universe	
Universe-text	
Question Text	Include only the actual hours spent on the job last week. Exclude time off for any reason, even if they were paid for the time off. For example, exclude the half hour paid lunch break, any "sick leave" used due to illness or to see a doctor, and any "vacation" time or "personal days". Enter Hours in whole numbers, rounding 30 minutes or more UP to the next whole number and dropping 29 or fewer minutes. For persons with businesses, include hours spent setting up a new business or profession, even if it is not opened yet. Also, include hours worked at a person's business, even if he/she actually transacted no business. Include extra hours worked last week, even if they were without compensation. For example: include the time a teacher spent at home grading papers. Include hours spent doing unpaid work on a family farm or business owned by a related household member.
Answer Codes	Do NOT include hours spent on jury duty or on the National Guard duty.
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	WRKHRS

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.080
Variable Name	WRKFTALL
Universe	AGE=18+ and WRKHRS1 = 1-34, D, R
Universe-text	All persons aged 18+ who worked less than 35 hours last week or did not know/refuse to answer how many hours they worked last week
Question Text	?[F1]
	[Fill: 1] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descript	tion Usually Work Full Time
Fill Instructions	1. If subject = respondent, fill: [Do you]; else fill: [Does ALIAS]
Special Instructions	
Skip Instructions	[goto WRKLYR]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKFTALL

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.080_H
Variable Name	H_WRKFTALL
Universe	
Universe-text	
Question Text	Include only the actual hours spent on the job last week. Exclude time off for any reason, even if they were paid for the time off. For example, exclude the half hour paid lunch break, any sick leave used due to illness or to see a doctor, and any "vacation" time or "personal days".
	Enter Hours in whole numbers, rounding 30 minutes or more UP to the next whole number and dropping 29 or fewer minutes.
	For persons with businesses, include hours spent setting up a new business or profession, even if it is not opened yet. Also, include hours worked at a person's business, even if he/she actually transacted no business.
	Include extra hours worked last week, even if they were without compensation. For example: include the time a teacher spent at home grading papers.
	Include hours spent doing unpaid work on a family farm or business owned by a related household member.
	Do NOT include hours spent on jury duty or on the National Guard duty.
	Consider the [b]usual number of hours worked[b] (more or less than 35 hours) to be those worked in 50 percent or more of the weeks in which the person works. If exactly half are 35+ and half are less than 35, enter "yes". If a new job began last week, "usual" means what the person expects to work.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	WRKFTALL

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.100
Variable Name	WRKLYR
Universe	AGE = 18+
Universe-text	All persons age 18+
Question Text	?[F1]
	Did [fill: 1] work for pay at any time in [last year in 4 digit format]?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descript	ion Work for Pay Last Year
Fill Instructions	1. If subject = respondent, fill: [you]; else if SEX = male, fill: [he]: else if SEX = female, fill: [she]
Special Instructions	
Skip Instructions	<1> [goto WRKMYR] <2, D, R> [goto HIEMPOF]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKLYR

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.100_H
Variable Name	H_WRKLYR
Universe	
Universe-text	
Question Text	Include as working:
	[blt]Work for pay. Work for profit in one's own business, practice or farm. Work without pay in a business or farm operated by a related household member. Work as a civilian for the National Guard or Dept. of Defense. Exchange or share work on a farm.[blt]
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	WRKLYR WRKMYR

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.110
Variable Name	WRKMYR
Universe	AGE = 18+ and WRKLYR = yes
Universe-text	All persons age 18+ who worked last year
Question Text	?[F1]
	How many months in [last year in 4 digit format] did [fill: 1] have at least one job or business?
	*If less than one month, enter '1'.
Answer Codes	
Question Type	Integer
Field Pane Descripti	Months Worked Last Year
Fill Instructions	1. If subject = respondent, fill: [you]; else fill [ALIAS]
Special Instructions	Allow 1-12, D, R Display "months" answer tag in form pane.
Skip Instructions	[goto ERNYR]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKLYR

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.120
Variable Name	ERNYR
Universe	AGE = 18+ and WRKLYR = yes
Universe-text	All persons age 18+ who worked last year
Question Text	?[F1]
	What is your best estimate of [fill: 1] earnings before taxes and deductions from ALL jobs and businesses in [fill: last year in 4 digit format]?
	Include hourly wages, salaries, tips and commissions.
	* Enter '999,995' if the reported income is greater than \$999,995.
Answer Codes	
Question Type	Integer
Field Pane Descripti	Earnings Last Year
Fill Instructions	1. If subject = respondent, fill: [you]; else fill: [ALIAS]
Special Instructions	Allow 1-999995, D, R Display "\$" tag in form pane and digit grouping.
Skip Instructions	[goto HIEMPOF]
Hard Edits	
Soft Edits	
AssocHelp	H_ERNYR

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.120_H
Variable Name	H_ERNYR
Universe	
Universe-text	
Question Text	Earnings includes:
	[blt]Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances. Net income from unincorporated businesses, professional practices, farms, or from rental property. ("Net" means after deducting business expenses, but before deducting personal taxes.) Unemployment or workman's compensation.[blt]
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	ERNYR

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.130
Variable Name	HIEMPOF
Universe	(AGE = 18+) and (DOINGLW = working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business.)
Universe-text	persons who are age 18+ and working for pay at a job or business or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business.
Question Text	?[F1]
	Regarding [fill:1] job or work last week, was health insurance offered to [fill: 2] through [fill:3] workplace?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	on Health Insurance Offered
Fill Instructions	1. If subject = respondent, fill: [your]; else fill: [alias's]
	2 If subject = respondent, fill: [you]; else fill: [alias]
	3. If subject = respondent, fill: [your]; else if SEX = male, fill: [his]; else if SEX = female, fill: [her]
Special Instructions	
Skip Instructions	If roster is exhausted, [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	H_HIEMPOF

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.130_H
Variable Name	H_HIEMPOF
Universe	
Universe-text	
Question Text	Health Insurance may be provided in part or full by the persons' employer. Enter "yes" even if the person must pay part of the cost of the insurance.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	HIEMPOF

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.135
Variable Name	FERNTOT
Universe	(for all family members 18+ WRKLYR not in ('7' '9')) and (for all family members 18+ ERNYR not in ('999997' '999999')) and (WRKLYR = '1' for at least one family member 18+)
Universe-text	Families with WRKLYR not equal to Don't Know or Refused for any adult in the family and ERNYR not equal to "Don't Know" or "Refused" for any adult in the family and at least one family member reports working in the past year.
Question Text	***This item sums the reported personal earnings (ERNYR) for each person in the family where all earnings information is known and at least one family member reports working in the past year. Where the sum of personal earnings is greater than \$999,994, use \$999,995 . ***
Answer Codes	
Question Type	Procedure
Field Pane Descripti	on
Fill Instructions	
Special Instructions	***This variable requires summing values across persons within a family.***
Skip Instructions	<000001-999995> goto next section
Hard Edits	
Soft Edits	
AssocHelp	

2016 Q1 NHIS Instrument Spec Report Section name: Family Sources of Income

Section nan	ne: Family Sources of Income
Module	09
Section Name	Family Sources of Income
Part	
Question ID	FIN.010
Variable Name	FINCINT
Universe	All
Universe-text	All
Question Text	* Read the following.
	The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.
	Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Descripti	on Continue
Fill Instructions	Fill1: If one person family, fill [your total]; else, fill:[your total family]
	Fill2: variable for last calander year
Special Instructions	Do Not Allow D/R.
Skip Instructions	goto FSAL
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
	Family Sources of Income
Section Name	Family Sources of Income
Part	A
Question ID	FIN.030
Variable Name	FSAL
Universe	AGE GE18
Universe-text	Any person in the family is 18+
Question Text	?[F1]
	[fill Did you receive income in [fill: last calendar year in 4 digit format] from wages and salaries?]
	[fill: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).
	Did any family members 18 and older, that is * Read names
	[fill roster of people GE 18 in column format, in bold black]
	receive income in [fill: last calendar year in 4 digit format] from wages and salaries?]
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on Wages and Salaries
Fill Instructions	1. If 1 person in the family, fill: [Did you receive]; Else fill: [When answering]
Special Instructions	If all family members are emancipated minors, this question should be skipped.
Skip Instructions	<1> [If 1 person family, store person number in PSAL and skip to FSEINC; Else goto PSAL]
	<2, D, R,> [Goto FSEINC]
Hard Edits	
Soft Edits	
AssocHelp	H_FSAL

Module	09
Section Name	Family Sources of Income
Part	
Question ID	FIN.030_H
Variable Name	H_FSAL
Universe	
Universe-text	
Question Text	Include:
	Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.040
Variable Name	PSAL
Universe	AGE GE18 and FSAL=yes and family members > 1
Universe-text	If the respondent answered yes to FSAL and there is more than one person 18+ in the family.
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	display roster of all non-deleted family members GE 18
Skip Instructions	Goto FSEINC
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	Α
Question ID	FIN.050
Variable Name	FSEINC
Universe	AGE GE18
Universe-text	Any person in the family 18+
Question Text	[fill: Did you receive income in [fill: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is *Read names [fill roster of people GE 18 in column format and bold black]
	receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?]
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	Self Employment
Fill Instructions	If only one person in the roster and that person = respondent, then [fill 1: Did you receive income in [fill: last calendar year in 4-digit format] fromself- employment including business and farm income?]
	If only one person in the roster, and that person ne respondent, then [fill 2: Did ALIAS receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If multiple names in the roster, then [fill 3: Did any family members 18 and older, that is *Read names [fill roster of people GE 18 in column format and bold black] receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?]
Special Instructions	If only one person in the roster, and that person ne respondent, then [fill 2: Did ALIAS receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If multiple names in the roster, then [fill 3: Did any family members 18 and older, that is *Read names [fill roster of people GE 18 in column format and bold black] receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?]
Special Instructions Skip Instructions	If only one person in the roster, and that person ne respondent, then [fill 2: Did ALIAS receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If multiple names in the roster, then [fill 3: Did any family members 18 and older, that is *Read names [fill roster of people GE 18 in column format and bold black] receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If all family members are emancipated minors, this question should be skipped. <1> [If 1 person family, store person number in PSEINC and skip to FSSRR; Else goto PSEINC]
Skip Instructions	If only one person in the roster, and that person ne respondent, then [fill 2: Did ALIAS receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If multiple names in the roster, then [fill 3: Did any family members 18 and older, that is *Read names [fill roster of people GE 18 in column format and bold black] receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If all family members are emancipated minors, this question should be skipped. <1> [If 1 person family, store person number in PSEINC and skip to FSSRR; Else goto
-	If only one person in the roster, and that person ne respondent, then [fill 2: Did ALIAS receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If multiple names in the roster, then [fill 3: Did any family members 18 and older, that is *Read names [fill roster of people GE 18 in column format and bold black] receive income in [fill: last calendar year in 4-digit format] fromself-employment including business and farm income?] If all family members are emancipated minors, this question should be skipped. <1> [If 1 person family, store person number in PSEINC and skip to FSSRR; Else goto PSEINC]

AssocHelp	
Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.060
Variable Name	PSEINC
Universe	AGE GE 18 and FSEINC=yes and family members > 1
Universe-text	If the respondent answered yes to FSEINC and there is more than one person 18+ in the family.
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members GE age 18
Skip Instructions	Goto FSSRR
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	Α
Question ID	FIN.070
Variable Name	FSSRR
Universe	AGE=ALL
Universe-text	All families
Question Text	?[F1]
	Did [fill: you/any family members living here] receive income in [fill: last year in 4 digit format] from Social Security or Railroad Retirement?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descript	ion SS/RR
Fill Instructions	1. If one person family fill: [you]; Else fill: [any family members]
Special Instructions	
Skip Instructions	<1> If 1 person family, store person number in PSSRR and skip to FSSRRD; Else, goto PSSRR.
	<2, D, R> [Goto FPENS]
Hard Edits	
Soft Edits	
AssocHelp	H_FSSRR

Module	09
Section Name	Family Sources of Income
Part	
Question ID	FIN.070_H
Variable Name	H_FSSRR
Universe	
Universe-text	
Question Text	[b]U. S. Government Railroad Retirement Benefits[b] are based on a person's long-term employment in the railroad industry. [b]Social Security (SS)[b] payments are received by persons who have worked long enough in employment which had SS deductions taken from their salary in order to be entitled to payments. Payments may be made to the spouse or dependent children of the covered workers. SS also pays benefits to student dependents (under 19 years of age) of eligible social security recipients.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.080
Variable Name	PSSRR
Universe	AGE= ALL and FSSRR = yes and family members > 1
Universe-text	If respondent answered yes to FSSRR and there is more than one person in the family
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of all persons in the family.
Skip Instructions	Goto FSSRRD
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.082
Variable Name	FSSRRD
Universe	Families with person selected in PSSRR and AGE LE 64
Universe-text	If person selected in PSSRR and age is less than or equal to 64 years old
Question Text	?[F1]
	Was [fill: your/any family member's *Read names
	[fill roster of all non-deleted family members selected in PSSRR and AGE LE 64 in column format in bold black]]
	Social Security or Railroad Retirement income received as a disability benefit?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on Disability Benefit
Fill Instructions	1. If only one person in the family, fill: [your]; Else fill: [any family member's] Also fill a list of the names of the persons in the family (in bold black) into the info pane before "Social Security"
Special Instructions	
Skip Instructions	<1> [If only one person in the roster, fill the person number in PSSRRDB, and skip to PSSRRD; Else goto PSSRRDB]
	<2, D, R> [Go to FPENS]
Hard Edits	
Soft Edits	
AssocHelp	H_FSSRR

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.084
Variable Name	PSSRRDB
Universe	FSSRRD=yes and family members > 1
Universe-text	If respondent answered yes to FSSRRD and there is more than one person in the family less than or equal to 64
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas.
	Who received Social Security or Railroad Retirement as a disability benefit? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of all persons marked in PSSRR and age is than or equal to 64
Skip Instructions	Goto PSSRRD.
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.086
Variable Name	PSSRRD
Universe	Person selected in PSSRRDB
Universe-text	Ask for everyone listed in PSSRRDB.
Question Text	Did [fill: you/alias] receive this benefit because [fill: you are/he is/she is] disabled?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on Disabled
Fill Instructions	1. If subject=respondent, fill: [you]; else fill [alias].
	2. If subject=respondent, fill: [you are]; else if subject sex =male, fill: [he is] else if subject sex=female, fill: [she is]
Special Instructions	
Skip Instructions	<1, 2, D, R> [after rostering through everyone listed in PSSRRDB, goto FPENS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	Α
Question ID	FIN.090
Variable Name	FPENS
Universe	AGE=AII
Universe-text	All families
Question Text	Did [fill: you/any family members living here] receive income in [fill:variable for last calander year] from any disability pension [fill: other than Social Security or Railroad Retirement]?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on Disability Pension
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [any family]
	2. If FSSRRD=yes, fill: [other than] else, no fill.
Special Instructions	
Skip Instructions	<1> If only one person in the family, fill the person number in PPENS, and skip to FOPENS; Else goto PPENS
	<2, D, R> [Goto FOPENS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.100
Variable Name	PPENS
Universe	AGE=All and FPENS=yes and family members > 1
Universe-text	If respondent answered yes to FPENS and there is more than one person in the family
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	*Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members.
Skip Instructions	Goto FOPENS
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.102
Variable Name	FOPENS
Universe	AGE=All
Universe-text	All families
Question Text	Did [fill 1] receive income from any retirement or survivor pension [fill 2] [fill 3] [fill 4]?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	Survivor pension
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [any family]
	2. If FSSRR=yes and FPENS ne yes, fill [other than Social Security or Railroad Retirement]
	3. If FPENS=yes and FSSRR ne yes, fill [other than disability pension]
	4. If FSSRR=yes and FPENS=yes, fill [other than Social Security, Railroad Retirement or other disabilty pension]
	5. If FSSRR ne yes and FPENS ne yes, then no fill.
Special Instructions	
Skip Instructions	<1> [If only one person in the family, fill line number into POPENS, and skip to FSSI; Else goto POPENS]
	<2, D, R> Goto FSSI
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.104
Variable Name	POPENS
Universe	AGE=All and FOPENS=yes and family members > 1
Universe-text	If anyone in the family received income from retirement or survivor pension.
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members.
Skip Instructions	Goto FSSI
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.110
Variable Name	FSSI
Universe	AGE=All
Universe-text	All families
Question Text	?[F1]
	Did [fill: 1] receive Supplemental Security Income (SSI) ?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	Supplemental Security Income
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [any family]
Special Instructions	
Skip Instructions	<1> If only one person in the family, fill person number in PSSI and skip to PSSID; else goto PSSI
	<2, D, R> [goto FTANF]
Hard Edits	
Soft Edits	
AssocHelp	H_FSSI

Module	09
Section Name	
Part	
Question ID	FIN.110_H
Variable Name	H_FSSI
Universe	
Universe-text	
Question Text	SSI pays monthly benefits to aged, disabled, and blind people who have limited income and assets, regardless of age. A person may be eligible for SSI payments even if they have never worked.
	SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security.
	The SSI program is issued by the Social Security Administration. Each state may add to the Federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the Federal payment, the words "STATE PAYMENT INCLUDED" will appear on the Federal check. A few states make SSI payments to individuals who do not receive a Federal payment.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: FSSI, PSSID, FSSAPL, FSDAPL
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.120
Variable Name	PSSI
Universe	AGE=all and FSSI=yes and family members > 1
Universe-text	If respondent answered yes to FSSI and there is more than one person in the family
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas.
	Who in the family received this? (Anyone else?)
	*Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members.
Skip Instructions	Goto PSSID.
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.122
Variable Name	PSSID
Universe	Persons selected in PSSI
Universe-text	roster through this for all persons listed in PSSI
Question Text	?[F1]
	Did [fill: 1] receive SSI because [fill: 2] a disability?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descript	Because of a disability
Fill Instructions	1. If subject=respondent, fill: [you]; else, fill: [alias]
	2. If subject=respondent, fill: [you have]; else, if SEX=male fill: [he has]; if SEX=female, fill: [she has]
Special Instructions	
Skip Instructions	<1, 2, D, R> [After rostering through for each family member listed in PSSI, goto FTANF]
Hard Edits	
Soft Edits	
AssocHelp	H_FSSI

09 **Module Family Sources of Income** Section Name Part Question ID FIN.150 Variable Name **FTANF** AGE=AII Universe Universe-text All families ?[F1] Question Text At any time during [fill 1: last year in 4 digit format], even for one month, did [fill 2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as [fill 3: state-specific program name]? * Please do not include food stamps, SSI, energy assistance, or medical assistance payments. **Answer Codes** 1. Yes 2. No. Don't know

Question Type

Yes/No

Refused

Field Pane Description

Cash Assistance

Fill Instructions

- 1. Fill the last calendar year in 4-digit format.
- 2. If one person in the family, fill: [you] else, fill: [any family...]
- 3. Fill the state program name(s) for the family's state of residence (VERADD (COV.010) for variable ST). For those states, fill both names separated by "or" as listed below.
- If AL then fill "Family Assistance (FA) Program or JOBS"
- If AK then fill "Alaska Temporary Assistance Program (ATAP)"
- If AZ then fill "Cash Assistance Program or EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility"
- If AR then fill "Temporary Assistance for Needy Families (TANF) or Arkansas Work Pays"
- If CA then fill "California Work Opportunity and Responsibility to Kids (CALWORKS)" If CO then fill "Colorado Works"
- If CT then fill "Temporary Family Assistance (TFA) or Jobs First"
- If DE then fill "Temporary Assistance for Needy Families (TANF) or DABC (Delaware's A Better Chance)"
- If DC then fill "Temporary Assistance for Needy Families (TANF)"
- If FL then fill "Temporary Assistance for Needy Families (TANF) or Welfare Transition Program or ACCESS Florida"
- If GA then fill "Temporary Assistance for Needy Families (TANF)"
- If HI then fill "Temporary Assistance for Needy Families (TANF) or Temporary Assistance for Other Needy Families (TAONF)"
- If ID then fill "Temporary Assistance for Families in Idaho (TAFI)"
- If IL then fill "Temporary Assistance for Needy Families (TANF)"
- If IN then fill "Temporary Assistance for Needy Families (TANF) or Indiana Manpower Placement and Comprehensive Training (IMPACT)"
- If IA then fill "Family Investment Program (FIP) or PROMISE JOBS"
- If KS then fill "Successful Families Program Temporary Assistance for Needy

Families (TANF) or KansasWorks"

If KY then fill "Kentucky Transitional Assistance Program (K-TAP)"

If LA then fill "Family Independence Temporary Assistance Program (FITAP) or Strategies to Empower People (STEP)"

If ME then fill "Temporary Assistance for Needy Families (TANF) or Additional Support for People in Retraining and Employment (ASPIRE)"

If MD then fill "Family Investment Program (FIP) or Maryland RISE (Reaching Independence and Stability through Employment)"

If MA then fill "Transitional Aid to Families with Dependent Children (TAFDC) or Employment Services Program (ESP)"

If MI then fill "Family Independence Program (FIP)"

If MN then fill "Minnesota Family Investment Program (MFIP)"

If MS then fill "Temporary Assistance for Needy Families (TANF)"

If MO then fill "Temporary Assistance or Beyond Welfare"

If MT then fill "Temporary Assistance for Needy Families (TANF) or FAIM (Families Achieving Independence in Montana)"

If NE then fill "Aid to Dependent Children (ADC) or Employment First"

If NV then fill "Temporary Assistance for Needy Families (TANF) or New Employees of Nevada (NEON)"

If NH then fill "Financial Assistance to Needy Families (FANF) or New Hampshire Employment Program (NHEP)"

If NJ then fill "Work First New Jersey (WFNJ)"

If NM then fill "NMWorks"

If NY then fill "Family Assistance (FA) Program or Safety Net Assistance (SNA)"

If NC then fill "Work First"

If ND then fill "Temporary Assistance for Needy Families (TANF) or Job Opportunities and Basic Skills (JOBS)"

If OH then fill "Ohio Works First (OWF) or Prevention, Retention and Contingency (PRC)"

If OK then fill "Temporary Assistance for Needy Families (TANF)"

If OR then fill "Temporary Assistance for Needy Families (TANF) or JOBS Plus"

If PA then fill "Temporary Assistance for Needy Families (TANF)"

If RI then fill "Rhode Island Works"

If SC then fill "Family Independence Program"

If SD then fill "Temporary Assistance for Needy Families (TANF)"

If TN then fill "Families First"

If TX then fill "Temporary Assistance for Needy Families (TANF) or Texas Works (Department of Human Services) or cash assistance Choices (Texas Workforce Commission), or TANF work program"

If UT then fill "Family Employment Program (FEP)"

If VT then fill "Reach UP (TANF) or Reach Ahead (transition program)"

If VA then fill "Temporary Assistance for Needy Families (TANF) or Virginia Initiative for Employment not Welfare (VIEW)"

If WA then fill "Temporary Assistance for Needy Families (TANF) or WorkFirst"

If WV then fill "West Virginia Works Program (WV WORKS)"

If WI then fill "Wisconsin Works (W-2) Program"

If WY then fill "Wyoming TANF or Personal Opportunities with Employment Responsibility (POWER)"

Special Instructions

<1> [If one person in the family, fill person number into PTANF and skip to FOWBEN; Else goto PTANF.

<2, D, R> [goto FOWBEN]

Skip Instructions

<1> [If one person in the family, fill person number into PTANF and skip to FOWBEN; Else goto PTANF.

<2, D, R> [goto FOWBEN]

Hard Edits

Soft Edits	
AssocHelp	H_FTANF

Module	09	
Section Name		
Part		
Question ID	FIN.150_H	
Variable Name	H_FTANF	
Universe		
Universe-text		

Question Text

Include in this question any CASH assistance from a state or county welfare program, and not other types of non-cash welfare assistance. Non-cash assistance (such as job training, job placement, child care, various kinds of vouchers, or transportation help) should be included in the question FOWBEN.

Cash assistance state or county welfare programs may come through program types such as [b] Welfare or Welfare-to-Work, General Assistance/Emergency Assistance, Refugee Cash Assistance, General Assistance from the Bureau of Indian Affairs, or Tribal Administered General Assistance [b].

Generally, cash assistance comes in the form of a check, but some states give recipients a debit card which is linked to an account containing their monies. Debit cards and welfare-subsidized wages are considered cash assistance.

The following is a list of state-specific program names:

Alabama - Family Assistance (FA) Program, JOBS

Alaska - Alaska Temporary Assistance Program (ATAP)

Arizona - Cash Assistance Program, EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)

Arkansas - Temporary Assistance for Needy Families (TANF) or Arkansas Work Pays California - California Work Opportunity and Responsibility to Kids (CALWORKS) Colorado - Colorado Works

Connecticut - Temporary Family Assistance (TFA), Jobs First

Delaware - Temporary Assistance for Needy Families (TANF), DABC (Delaware's A Better Chance)

District of Columbia - Temporary Assistance for Needy Families (TANF)

Florida - Temporary Assistance for Needy Families (TANF) or Welfare Transition Program or ACCESS Florida

Georgia - Temporary Assistance for Needy Families (TANF)

Hawaii - Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF)

Idaho - Temporary Assistance for Families in Idaho (TAFI)

Illinois - Temporary Assistance for Needy Families (TANF)

Indiana - Temporary Assistance for Needy Families (TANF), Indiana Manpower Placement and Comprehensive Training (IMPACT)

Iowa - Family Investment Program (FIP), PROMISE JOBS

Kansas - Successful Families Program - Temporary Assistance for Needy Families (TANF), KansasWorks

Kentucky - Kentucky Transitional Assistance Program (K-TAP)

Louisiana - Family Independence Temporary Assistance Program (FITAP), Strategies to Empower People (STEP)

Maine - Temporary Assistance for Needy Families (TANF), Additional Support for People in Retraining and Employment (ASPIRE)

Maryland - Family Investment Program (FIP) or Maryland RISE (Reaching

Independence and Stability through Employment Massachusetts - Transitional Aid to Families with Dependent Children (TAFDC). Employment Services Program (ESP) Michigan - Family Independence Program (FIP) Minnesota - Minnesota Family Investment Program (MFIP) Mississippi - Temporary Assistance for Needy Families (TANF) Missouri - Temporary Assistance, Bevond Welfare Montana - Temporary Assistance for Needy Families (TANF), FAIM (Families Achieving Independence in Montana) Nebraska - Aid to Dependent Children (ADC), Employment First Nevada - Temporary Assistance for Needy Families (TANF), New Employees of Nevada (NEON) New Hampshire - Financial Assistance to Needy Families (FANF), New Hampshire **Employment Program (NHEP)** New Jersey - Work First New Jersey (WFNJ) New Mexico - NMWorks New York - Family Assistance (FA) Program and Safety Net Assistance (SNA) North Carolina - Work First North Dakota - Temporary Assistance for Needy Families (TANF), Job Opportunities and Basic Skills (JOBS) Ohio - Ohio Works First (OWF), Prevention, Retention and Contingency (PRC) Oklahoma - Temporary Assistance for Needy Families (TANF) Oregon - Temporary Assistance for Needy Families (TANF), JOBS Plus Pennsylvania - Temporary Assistance for Needy Families (TANF) Rhode Island - Rhode Island Works South Carolina - Family Independence Program South Dakota - Temporary Assistance for Needy Families (TANF) Tennessee - Families First Texas - Temporary Assistance for Needy Families (TANF), Texas Works (Department of Human Services), cash assistance Choices (Texas Workforce Commission), TANF work program Utah - Family Employment Program (FEP) Vermont - Reach UP (TANF), Reach Ahead (transition program) Virginia - Temporary Assistance for Needy Families (TANF), Virginia Initiative for Employment not Welfare (VIEW) Washington - Temporary Assistance for Needy Families (TANF), WorkFirst West Virginia - West Virginia Works Program (WV WORKS) Wisconsin - Wisconsin Works (W-2) Program Wyoming - Wyoming TANF or Personal Opportunities with Employment Responsibility (POWER) **Answer Codes** Question Type Help Screen Field Pane Description Fill Instructions **Special Instructions** Skip Instructions Hard Edits Soft Edits **FTANF AssocHelp**

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.160
Variable Name	PTANF
Universe	AGE=All and FTANF=yes and family members > 1
Universe-text	If respondent answered yes to FTANF and there is more than one person in the family
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas.
	Who in the family received this? (Anyone else?)
	*Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members.
Skip Instructions	Goto FOWBEN
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.164
Variable Name	FOWBEN
Universe	AGE=AII
Universe-text	All families
Question Text	At any time during [fill: variable for calculating last calander year], did [fill: 1] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	Other Welfare
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [anyone in]
Special Instructions	
Skip Instructions	<1> [if 1 person family, store line number in POWBEN, goto FINTRST]; else goto POWBEN
	<2, D, R> [goto FINTRST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.166
Variable Name	POWBEN
Universe	AGE=All and FOWBEN=yes and familiy members > 1
Universe-text	If the respondent answered yes to FOWBEN and there is more than one person in the family
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members.
Skip Instructions	Goto FINTRST
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	Α
Question ID	FIN.170
Variable Name	FINTRST
Universe	AGE=AII
Universe-text	All families
Question Text	Did [fill: 1] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest? * Do not include dividends
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	Interest Accounts
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [any family]
Special Instructions	
Skip Instructions	<1> [if 1 person family, store line number in PINTRST, goto FDIVD]; Else goto PINTRST.
	<2, D, R> [goto FDIVD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.180
Variable Name	PINTRST
Universe	AGE=All and FINTRST=1 and family members > 1
Universe-text	If respondent answered yes to FINTRST and there is more than one person in the family
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display a roster of all non-deleted family members.
Skip Instructions	Goto FDIVD
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.190
Variable Name	FDIVD
Universe	AGE=AII
Universe-text	All families
Question Text	Did [fill: 1] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	on Dividends
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [any family members living here]
Special Instructions	
Skip Instructions	<1> [If one person in family, store person number in PDIVD skip to FCHLDSP; else goto PDIVD]
	<2, D, R> [goto FCHLDSP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.200
Variable Name	PDIVD
Universe	AGE=All and FDIVD=yes and family members > 1
Universe-text	If respondent answered yes to FDIVD and there is more than one person in the family
Question Text	* Ask or verify. Enter applicable line number(s). Separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income.
Answer Codes	Display roster of all non-deleted family members
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members.
Skip Instructions	Goto FCHLDSP
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.210
Variable Name	FCHLDSP
Universe	AGE=AII
Universe-text	All families
Question Text	?[F1]
	Did [fill: 1] receive income from child support?
Answer Codes	1. Yes 2. No Dont Know Refused
Question Type	Yes/No
Field Pane Descripti	On Child Support
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [any family members living here]
Special Instructions	
Skip Instructions	<1> [If 1 person family, store person number in PCHLDSP goto FINCOT; else goto PCHLDSP]
	<2, D, R> [goto FINCOT]
Hard Edits	
Soft Edits	
AssocHelp	H_CHLDPSP

Module	09
Section Name	
Part	
Question ID	FIN.210_H
Variable Name	H_CHLDSP
Universe	
Universe-text	
Question Text	An adult in the family may have received child support income on behalf of a minor child (or children) present in the household. If this was the case, you should then indicate in PCHLDSP the line number OF THE CHILD for whom the money was intended. Although the mother may have received the money, it was only received because of a child or children. There may be instances where a child receiving support in the last calendar year is not living in the household at the time of the interview. As a result, the child will not be included in either the household or family rosters. In such a case, you should use the person number of the custodial parent.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	Associated screens: FCHLDSP, PCHLDSP

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.220
Variable Name	PCHLDSP
Universe	AGE=All and FCHLDSP=yes and family members > 1
Universe-text	If respondent answered yes to FCHLDSP and there is more than one person in the family
Question Text	?[F1]
	*Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display a roster of all non-deleted family members.
Skip Instructions	Goto FINCOT
Hard Edits	
Soft Edits	
AssocHelp	H_CHLDSP

Module	09
Section Name	Family Sources of Income
Part	Α
Question ID	FIN.230
Variable Name	FINCOT
Universe	AGE=AII
Universe-text	All families
Question Text	Did [you/any family member living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Workers' Compensation, or unemployment compensation?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	Other Income
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [any family]
Special Instructions	
Skip Instructions	<1> [If one person in the family, store person number in PINCOT, goto FINCTOT]; else goto PINCOT.
	<2, D, R> goto FINCTOT
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.240
Variable Name	PINCOT
Universe	AGE=All and FINCOT=yes and family members > 1
Universe-text	Respondent answered yes to FINCOT, and there is more than one person in the family
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who received this? (Anyone else?)
	* Indicate each family member with this income
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of non-deleted family members.
Skip Instructions	Goto FINCTOT
Hard Edits	
Soft Edits	
AssocHelp	

09 **Module** Family Income Amounts and Home Ownership Section Name **Part** Question ID FIN.250 Variable Name **FINCTOT** AGE= ALL Universe Universe-text All families [fill1: When answering this next question, please remember to include your income Question Text PLUS the income of all family members living in this household.] What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]? * Enter '999,995' if the reported income is greater than \$999,995. **Answer Codes** Question Type Integer Field Pane Description Family Income Fill Instructions fill1: If more than one person in the family fill2: If one person in the family, fill: [your total income]; else, fill: [the total income of all family members] **Special Instructions** <0-999> goto ERR1 FINCTOT Skip Instructions <250001-999995> goto ERR2_FINCTOT <1000-250000> goto HOUSEOWN <D,R> goto FPOV250 Hard Edits **ERR1 FINCTOT:** Soft Edits * Do not read to the respondent. * \$[fill: FINCTOT] is unusually low. Make corrections if necessary. **ERR2 FINCTOT:** * Do not read to the respondent. \$[fill: FINCTOT] is unusually high. Make corrections if necessary. **AssocHelp**

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.255
Variable Name	FPOV250
Universe	FINCTOT=R,D
Universe-text	Respondents who don't know or refuse their total family income
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 250% of poverty threshold] or [fill2: 250% of poverty threshold] or more?
Answer Codes	1. Less than [fill2: 250% of poverty threshold] 2. [fill2: 250% of poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on 250% of poverty
Fill Instructions	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 250% of poverty threshold value based on family size
Special Instructions	Use the following thresholds (2015 survey year) based on family size: 1 person, age < 66: \$31,000 1 person, age >= 66: \$28,000 2 persons, age of all < 66: \$40,000 2 persons, age of one >= 66: \$36,000 3 persons: \$47,000 4 persons: \$61,000 5 persons: \$72,000 6 persons: \$81,000 7 persons: \$92,000 8 persons: \$103,000 9+ persons: \$122,000 Please store the filled amount in POV250.
Skip Instructions	<1> goto FPOV138 <2> if PCNT in('01','02') then goto FINC75; else if PCNT in('04','07','08','09') then goto FPOV400; else if PCNT in('03','05','06') then goto FINC100 <r,d> goto HOUSEOWN</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	09	
Section Name	Family Income Amounts and F	lome Ownership
Part	В	
Question ID	FIN.258	
Variable Name	FPOV138	
Universe	FPOV250='1'	
Universe-text	The respondent answered less	than 250% of poverty at FPOV250
Question Text	Was your total [fill1: family/] inc threshold] or [fill2: 138% of pov	come from all sources less than [fill2: 138% of poverty erty threshold] or more?
Answer Codes	1. Less than [fill2: 138% of poverty thresh Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on 138% of poverty	
Fill Instructions	fill1: If more than one person in fill2: fill 138% of poverty threshold	the family, fill "family"; else leave blank old value based on family size
Special Instructions	Use the following thresholds (2 1 person, age < 66: \$17,000 1 person, age >= 66: \$16,000 2 persons, age of all < 66: \$22, 2 persons, age of one >= 66: \$3 persons: \$26,000 4 persons: \$34,000 5 persons: \$40,000 6 persons: \$45,000 7 persons: \$51,000 8 persons: \$57,000 9+ persons: \$67,000	
	Please store the filled amount i	n POV138.
Skip Instructions	<1> goto FPOV100 <2> goto FPOV200 <r,d> goto HOUSEOWN</r,d>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.261
Variable Name	FPOV100
Universe	FPOV138='1'
Universe-text	The respondent answered less than 138% of poverty at FPOV138
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 100% poverty threshold] or [fill2: 100% poverty threshold] or more?
Answer Codes	Less than [fill2: 100% of poverty threshold] [fill2: 100% poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on 100% of poverty
Fill Instructions	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 100% of poverty threshold value based on family size
Special Instructions	Use the following thresholds (2015 survey year) based on family size: 1 person, age < 66: \$12,000 1 person, age >= 66: \$11,000 2 persons, age of all < 66: \$16,000 2 persons, age of one >= 66: \$14,000 3 persons: \$19,000 4 persons: \$24,000 5 persons: \$29,000 6 persons: \$33,000 7 persons: \$37,000 8 persons: \$41,000 9+ persons: \$49,000 Please store the filled amount in POV100.
Skip Instructions	<1,2,R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

Module	09	
Section Name	Family Income Amounts and Home O	wnership
Part	В	
Question ID	FIN.264	
Variable Name	FPOV200	
Universe	FPOV138='2'	
Universe-text	The respondent answered 138% of pover	verty or more at FPOV138
Question Text	Was your total [fill1: family/] income from threshold] or [fill2: 200% of poverty threshold]	om all sources less than [fill2: 200% of poverty eshold] or more?
Answer Codes	Less than [fill2: 200% of poverty three 2. [fill2: 200% of poverty threshold] or need Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	200% of poverty	
Fill Instructions	fill1: If more than one person in the famfill2: fill 200% of poverty threshold value	
Special Instructions	Use the following thresholds (2015 surface) 1 person, age < 66: \$25,000 1 person, age >= 66: \$23,000 2 persons, age of all < 66: \$32,000 2 persons, age of one >= 66: \$29,000 3 persons: \$38,000 4 persons: \$49,000 5 persons: \$58,000 6 persons: \$65,000 7 persons: \$74,000 8 persons: \$82,000 9+ persons: \$98,000 Please store the filled amount in POV2	
Skin Instructions		
Skip Instructions	<1,2,R,D> goto HOUSEOWN	
Hard Edits		
Soft Edits		
AssocHelp		

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.267
Variable Name	FINC75
Universe	FPOV250='2' and PCNT in('01','02')
Universe-text	The respondent answered 250% of poverty threshold or more at FPOV250 and he/she is from a 1 or 2 person family
Question Text	Was your total [fill: family/] income from all sources less than \$75,000 or \$75,000 or more?
Answer Codes	1. Less than \$75,000 2. \$75,000 or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on \$75,000
Fill Instructions	fill: If more than one person in the family, fill "family"; else leave blank
Special Instructions	
Skip Instructions	<1> goto FPOV400 <2> goto FINC100 <r,d> goto HOUSEOWN</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.270
Variable Name	FINC100
Universe	(FINC75='2' and PCNT in('01','02')) or (FPOV250='2' and PCNT in('03','05','06'))
Universe-text	The respondent answered \$75,000 or more at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 3, 5, or 6 person family
Question Text	Was your total [fill: family/] income from all sources less than \$100,000 or \$100,000 or more?
Answer Codes	1. Less than \$100,000 2. \$100,000 or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion \$100,000
Fill Instructions	fill: If more than one person in the family, fill "family"; else leave blank
Special Instructions	
Skip Instructions	<1> if PCNT in('01','02','05','06') then goto HOUSEOWN; else if PCNT='03' then goto FPOV400 <2> > if PCNT in('01','02','03') then goto FINC150; else if PCNT in ('05','06') then goto FPOV400 <r,d> [goto HOUSEOWN]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.273
Variable Name	FPOV400
Universe	(FINC75='1' and PCNT in('01','02')) or (FINC100='1' and PCNT='03') or (FINC100='2' and PCNT in('05','06')) or (F250POV='2' and (PCNT='04' or PCNT >='07'))
Universe-text	The respondent answered less than \$75,000 at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered less than \$100,000 at FINC100 and he/she is from a 3 person family; or the respondent answered \$100,000 or more at FINC100 and he/she is from a 5 or 6 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 4, 7, 8, or 9+ person family
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 400% of poverty threshold] or [fill2: 400% of poverty threshold] or more?
Answer Codes	Less than [fill2: 400% of poverty threshold] [fill2: 400% of poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on 400% of poverty
Fill Instructions	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 400% of poverty threshold value based on family size
Special Instructions	Use the following thresholds (2015 survey year) based on family size: 1 person, age < 66: \$49,000 1 persons, age >= 66: \$46,000 2 persons, age of all < 66: \$64,000 2 persons, age of one >= 66: \$57,000 3 persons: \$76,000 4 persons: \$97,000 5 persons: \$115,000 6 persons: \$130,000 7 persons: \$148,000 8 persons: \$164,000 9+ persons: \$196,000 Please store the filled amount in POV400.
Skip Instructions	<1> if PCNT >= '09' then goto FINC150; else goto HOUSEOWN <2> if PCNT in('01','02','03','07','08') goto HOUSEOWN; else if PCNT in('04','05','06') goto FINC150 <r,d> goto HOUSEOWN</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.276
Variable Name	FINC150
Universe	(FINC100='2' and PCNT in('01','02','03')) or (FPOV400='2' and PCNT in('04','05','06')) or (FPOV400='1' and PCNT >= '09')
Universe-text	The respondent answered \$100,00 or more at FINC100 and he/she is from a 1, 2, or 3 person family; or the respondent answered 400% of poverty or more at FPOV400 and he/she is from a 4, 5, or 6 person family; or the respondent answered less than 400% of poverty at FPOV400 and he/she is from a family of 9 or more persons
Question Text	Was your total [fill: family/] income from all sources less than \$150,000 or \$150,000 or more?
Answer Codes	1. Less than \$150,000 2. \$150,000 or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	<i>\$</i> 150,000
Fill Instructions	fill: If more than one person in the family, fill "family"; else leave blank
Special Instructions	
Skip Instructions	<1,2,R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.280
Variable Name	HOUSEOWN
Universe	AGE = ALL
Universe-text	All Families
Question Text	Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?
Answer Codes	1. Owned or being bought 2. Rented 3. Other arrangement Don't Know Refused
Question Type	Pick One - answer list pane
Field Pane Descripti	Owned or Rent
Fill Instructions	1. If family members> 1, fill: [or someone in your family?]
Special Instructions	place answer name to the right
Skip Instructions	<1,3,R,D> [goto FSSAPL] <2> [goto FGAH]
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	В
Question ID	FIN.282
Variable Name	FGAH
Universe	HOUSEOWN= rented
Universe-text	Families who rent
Question Text	?[F1]
	[fill: 1] paying lower rent because the Federal, State, or local government is paying part of the cost?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on Lower Rent
Fill Instructions	1. If one person in the family, fill:[Are you], Else fill: [Is anyone in your family]
Special Instructions	
Skip Instructions	<1, 2, D, R> [goto FSSAPL to see if family fits into the universe for this question]
Hard Edits	
Soft Edits	
AssocHelp	H_FGAH

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	
Question ID	FIN.282_H
Variable Name	H_FGAH
Universe	
Universe-text	
Question Text	Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from: [blt]monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority.[blt] Living in public housing is considered housing assistance from the government.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screen: FGAH
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Program Participation
Part	С
Question ID	FIN.300
Variable Name	FSSAPL
Universe	AGE=All
Universe-text	All
Question Text	?[F1]
	[fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	ion Applied SSI
Fill Instructions	1. If one person in the family, fill: [Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?] else, fill: [Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]
Special Instructions	
Skip Instructions	<1> [If one person family, store line number in PSSAPL. Goto FSDAPL to see if family fits into universe for this question; Else goto PSSAPL]
	<2, D, R> [goto FSDAPL to see if family fits into universe for this question]
Hard Edits	
Soft Edits	
AssocHelp	H_FSSI

Module	09
Section Name	Family Income Program Participation
Part	С
Question ID	FIN.310
Variable Name	PSSAPL
Universe	AGE=All and familiy members > 1
Universe-text	If respondent said yes to FSSAPL and there is more than one person in the family
Question Text	*Ask or verify. Enter applicable line number(s), separate with a comma.
	Who in the family applied for it? (Anyone else?)
	* Indicate each family member who applied for SSI benefits.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description Who	
Fill Instructions	
Special Instructions	Display roster of all non-deleted family members.
Skip Instructions	Goto FSDAPL
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Program Participation
Part	С
Question ID	FIN.330
Variable Name	FSDAPL
Universe	AGE= ALL
Universe-text	All Families
Question Text	?[F1]
	[fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	Applied Disability Benefits
Fill Instructions	1. If one person in the family, fill: [Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?] else, fill: [Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]
Special Instructions	
Skip Instructions	<1> [If one person family, store line number in PSDAPL. Goto TANFMYR to see if the family fits in the universe for TANFMYR; Else goto PSDAPL]
	<2, D, R> [goto TANFMYR to see if family fits into the universe for this question]
Hard Edits	
Soft Edits	
AssocHelp	H_FSSRR

Module	09
Section Name	Family Income Program Participation
Part	С
Question ID	FIN.340
Variable Name	PSDAPL
Universe	AGE=All and FSDAPL=yes and family members > 1
Universe-text	Respondent answered yes to FSDAPL and there is more than one person in the family.
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who in the family applied for it? (Anyone else?)
	* Indicate each family member who applied for Social Security Disability benefits.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Descripti	on Who
Fill Instructions	
Special Instructions	Display a roster of all non-deleted family members.
Skip Instructions	Goto TANFMYR to see if family fits into the universe for this question.
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Program Participation
Part	С
Question ID	FIN.350
Variable Name	TANFMYR
Universe	AGE=All and person selected in PTANF
Universe-text	Persons who received AFDC or General Assistance
Question Text	?[F1]
	Earlier I recorded that [fill: you/alias] received cash assistance from programs such as welfare or public assistance in [fill: last year in 4 digit format]. During [fill: last year in 4 digit format], about how many months did [fill: you/alias] receive this assistance? *Enter "1" if less than one month.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on # of Months of Cash Assistance
Fill Instructions	1. If one person family, fill: [you] else fill: [alias]
Special Instructions	This is asked for all persons listed in PTANF. Roster through for each person.
Skip Instructions	<1-12, D, R> Repeat this question for all persons listed in PTANF, then goto FSNAP
Hard Edits	
Soft Edits	
AssocHelp	H_TANFMYR

Module	09
Section Name	
Part	
Question ID	FIN.350_H
Variable Name	H_TANFMYR
Universe	
Universe-text	
Question Text	To answer this question:
Answer Codes	1 = 1 month or less 2 = more than 1, but not more than 2 months 3 = more than 2, but not more than 3 months 4 = more than 3, but not more than 4 months 5 = more than 4, but not more than 5 months 6 = more than 5, but not more than 6 months 7 = more than 6, but not more than 7 months 8 = more than 7, but not more than 8 months 9 = more than 8, but not more than 9 months 10 = more than 9, but not more than 10 months 11 = more than 10, but not more than 11 months 12 = more than 11, but not more than 12 months
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: TANFMYR, FSNAPMYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

09 **Module Family Income Program Participation** Section Name Part Question ID FIN.360 Variable Name **FSNAP** AGE=AII Universe Universe-text All families ?[F1] Question Text At any time during [fill 1: last calendar year in 4-digit format], did [fill 2: you/any family members living here] receive [fill 3: food stamp benefits/SNAPNAME or food stamp benefits]? Answer Codes 1. Yes 2 No Don't Know Refused **Question** Type Yes/No Field Pane Description Food Stamps/SNAP 1. Fill the last calendar year in 4-digit format. Fill Instructions 2. If one person in the family, fill: [you]; else fill: [any family members living here] 3. If the state program name is "Food Stamp Program", then just fill "food stamp benefits"; else, fill state name for the family's state of residence (VERADD (COV.010) for variable ST) along with "or food stamp benefits" as listed below. If AL then fill "Food Assistance Program or food stamp benefits" If AK then fill "food stamp benefits" If AZ then fill "Nutrition Assistance or food stamp benefits" If AR then fill "SNAP or food stamp benefits" If CA then fill "CalFresh" If CO then fill "Food Assistance Program or food stamp benefits" If CT then fill "SNAP or food stamp benefits" If DE then fill "Food Supplement Program or food stamp benefits" If DC then fill "SNAP or food stamp benefits" If FL then fill "Food Assistance Program or food stamp benefits" If GA then fill "SNAP or food stamp benefits" If HI then fill "SNAP or food stamp benefits" If ID then fill "food stamp benefits" If IL then fill "SNAP or food stamp benefits" If IN then fill "SNAP or food stamp benefits" If IA then fill "Food Assistance Program and food stamp benefits" If KS then fill "Food Assistance Program and food stamp benefits" If KY then fill "SNAP or food stamp benefits" If LA then fill "SNAP or food stamp benefits" If ME then fill "Food Supplement Program or food stamp benefits" If MD then fill "Food Supplement Program or food stamp benefits" If MA then fill "SNAP or food stamp benefits" If MI then fill "Food Assistance Program or food stamp benefits" If MN then fill "SNAP or food stamp benefits"

If MS then fill "SNAP or food stamp benefits" If MO then fill "food stamp benefits" If MT then fill "SNAP or food stamp benefits" If NE then fill "SNAP or food stamp benefits" If NV then fill "SNAP or food stamp benefits" If NH then fill "food stamp benefits" If NJ then fill "NJ SNAP" If NM then fill "SNAP or food stamp benefits" If NY then fill "SNAP or food stamp benefits" If NC then fill "Food and Nutrition Services or food stamp benefits" If ND then fill "SNAP or food stamp benefits" If OH then fill "Food Assistance Program or food stamp benefits" If OK then fill "SNAP or food stamp benefits" If OR then fill "SNAP or food stamp benefits" If PA then fill "SNAP or food stamp benefits" If RI then fill "SNAP or food stamp benefits" If SC then fill "SNAP or food stamp benefits" If SD then fill "SNAP or food stamp benefits" If TN then fill "food stamp benefits" If TX then fill "SNAP or food stamp benefits" If UT then fill "SNAP" If VT then fill "3SquaresVT or food stamp benefits" If VA then fill "SNAP or food stamp benefits" If WA then fill "Basic Food or food stamp benefits" If WV then fill "SNAP or food stamp benefits" If WI then fill "FoodShare Wisconsin or food stamp benefits" If WY then fill "SNAP or food stamp benefits"

Special Instructions	
Skip Instructions	<1> [goto FSNAPMYR]
1	<2, D, R> [Goto FINWIC to see if family falls into the universe for this question.]
Hard Edits	
Soft Edits	
AssocHelp	H FSNAP

Module

Section Name

Part

Question ID

FIN.360_H

Variable Name

H_FSNAP

Universe

Universe

Question Text

SNAP or Food Stamp benefits are coupons that can be used to purchase food. The SNAP or Food Stamp program is a joint federal-state program which is administered by the state and local governments.

The following is a list of state-specific program names:

Alabama - Food Assistance Program Alaska - Food Stamp Program (FSP)

Arizona - Nutrition Assistance

Arkansas - SNAP California - CalFresh

Colorado - Food Assistance Program

Connecticut - SNAP

Delaware - Food Supplement Program

District of Columbia - SNAP

Florida - Food Assistance Program

Georgia - SNAP Hawaii - SNAP

Idaho - Food Stamp Program (FSP)

Illinois - SNAP Indiana - SNAP

Iowa - Food Assistance Program

Kansas - Food Assistance Program

Kentucky - SNAP Louisiana - SNAP

Maine - Food Supplement Program

Maryland - Food Supplement Program

Massachusetts - SNAP

Michigan - Food Assistance Program

Minnesota - SNAP Mississippi - SNAP

Missouri - Food Stamp Program (FSP)

Montana - SNAP Nebraska - SNAP Nevada - SNAP

New Hampshire - Food Stamp Program (FSP)

New Jersey - NJ SNAP New Mexico - SNAP New York - SNAP

North Carolina - Food and Nutrition Services

North Dakota - SNAP

Ohio - Food Assistance Program

Oklahoma - SNAP Oregon - SNAP Pennsylvania - SNAP

	South Dakota - SNAP
	Tennessee - Food Stamp Program (FSP)
	Texas - SNAP
	Utah - SNAP
	Vermont - 3SquaresVT Virginia - SNAP
	Washington - Basic Food
	West Virginia - SNAP
	Wisconsin - FoodShare Wisconsin
	Wyoming - SNAP
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	FSNAP
<i></i>	

Rhode Island - SNAP South Carolina - SNAP

09 **Module Family Income Program Participation** Section Name Part Question ID FIN.380 Variable Name **FSNAPMYR** FSNAP=1 Universe Universe-text Family received food stamp/SNAP benefits in previous calendar year ?[F1] Question Text During [fill 1: last year in 4 digit format], about how many months were [fill 2: food stamp benefits/SNAPNAME or food stamp benefits] received? * Enter "1" if less than 1 month **Answer Codes**

Answer Coues

Question Type

Integer

Field Pane Description

months of Food Stamps/SNAP

Fill Instructions

- 1. Fill last calendar year in 4-digit format.
- 2. If the state program name is "Food Stamp Program", then just fill "food stamp benefits";

else fill state program name for the family's state of residence along with "or food stamp benefits" as shown below.

If AL then fill Food Assistance Program or food stamp benefits

If AK then fill food stamp benefits

If AZ then fill Nutrition Assistance or food stamp benefits

If AR then fill SNAP or food stamp benefits

If CA then fill CalFresh

If CO then fill Food Assistance Program or food stamp benefits

If CT then fill SNAP or food stamp benefits

If DE then fill Food Supplement Program or food stamp benefits

If DC then fill SNAP or food stamp benefits

If FL then fill Food Assistance Program or food stamp benefits

If GA then fill SNAP or food stamp benefits

If HI then fill SNAP or food stamp benefits

If ID then fill food stamp benefits

If IL then fill SNAP or food stamp benefits

If IN then fill SNAP or food stamp benefits

If IA then fill Food Assistance Program and food stamp benefits

If KS then fill Food Assistance Program and food stamp benefits

If KY then fill SNAP or food stamp benefits

If LA then fill SNAP or food stamp benefits

If ME then fill Food Supplement Program or food stamp benefits

If MD then fill Food Supplement Program or food stamp benefits

If MA then fill SNAP or food stamp benefits

If MI then fill Food Assistance Program or food stamp benefits

If MN then fill SNAP or food stamp benefits

If MS then fill SNAP or food stamp benefits

If MO then fill food stamp benefits

If MT then fill SNAP or food stamp benefits

If NE then fill SNAP or food stamp benefits If NV then fill SNAP or food stamp benefits If NH then fill food stamp benefits If NJ then fill SNAP or food stamp benefits If NM then fill SNAP or food stamp benefits If NY then fill SNAP or food stamp benefits If NC then fill Food and Nutrition Services or food stamp benefits If ND then fill SNAP or food stamp benefits If OH then fill Food Assistance Program or food stamp benefits If OK then fill SNAP or food stamp benefits If OR then fill SNAP or food stamp benefits If PA then fill SNAP or food stamp benefits If RI then fill SNAP or food stamp benefits If SC then fill SNAP or food stamp benefits If SD then fill SNAP or food stamp benefits If TN then fill food stamp benefits If TX then fill SNAP or food stamp benefits If UT then fill food stamp benefits If VT then fill 3SquaresVT or food stamp benefits If VA then fill SNAP or food stamp benefits If WA then fill Basic Food or food stamp benefits If WV then fill SNAP or food stamp benefits If WI then fill FoodShare Wisconsin or food stamp benefits If WY then fill SNAP or food stamp benefits

Special Instructions	
Skip Instructions	Goto FINWIC to see if family fits into universe for this question.
- Hard Edits	
Soft Edits	
Soji Laus	
AssocHelp	H_FSNAP

Module	09
Section Name	Family Income Program Participation
Part	С
Question ID	FIN.384
Variable Name	FINWIC
Universe	(SEX= female and AGE=12-55) or (AGE=0-5)
Universe-text	Families with females aged 12-55 or children age 0-5
Question Text	?[F1]
	At any time during [fill: last year in 4 digit format] did [you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Descripti	on WIC
Fill Instructions	1. If one person in the family, fill: [you] else, fill: [anyone in your family]
Special Instructions	
Skip Instructions	<1> [If 1 person family, store person number in PWIC. [Goto end of section]; Else [goto PWIC]
	<2, D, R> [Goto end of section.]
Hard Edits	
Soft Edits	
AssocHelp	H_FINWIC

Module	09
Section Name	
Part	
Question ID	FIN.384_H
Variable Name	H_FINWIC
Universe	
Universe-text	
Question Text	WIC or the Supplemental Food Program for Women, Infants and Children (WIC) provides food and/or vouchers which can be exchanged for food. Pregnant women without children may also qualify for this program. Children are eligible for WIC benefits until their 5th birthday (although the parent/guardian receives the food/vouchers).
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Program Participation
Part	С
Question ID	FIN.385
Variable Name	PWIC
Universe	FINWIC=yes and family members > 1
Universe-text	Respondent answered yes to FINWIC
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who in the family received this? (Anyone else?)
	* Indicate family members who were authorized to receive WIC benefits.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	on Who
Fill Instructions	
Special Instructions	Display roster of non-deleted family members.
Skip Instructions	Goto end of section
Hard Edits	
Soft Edits	
AssocHelp	

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Section name: Family Disability: Version 2 36 **Module** Family Disability: Version 2 Section Name Part FDB.020 Question ID **P2DFHEAR** Variable Name AGE >= 1 and FDRN_FLG=2 Universe All persons age 1 or older and random number generator=2 Universe-text With this next set of questions, we want to learn about people who have physical, **Question Text** mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier. [fill 1: Are you/Is ALIAS] deaf or [fill 2: do you/does ALIAS] have serious difficulty hearing? Answer Codes 1. Yes 2. No Don't know Refused Question Type Yes/No Field Pane Description Difficulty hearing 1. If subject=respondent fill: [Are you]; else fill: [Is ALIAS] Fill Instructions 2. If subject=respondent fill: [do you]; else fill: [does ALIAS] **Special Instructions** Loop through FDB.020--FDB.120 for one person and then repeat for next person on the roster. <1,2,D,R> goto P2DFSEE Skip Instructions Hard Edits Soft Edits

AssocHelp

Module	36
Section Name	Family Disability: Version 2
Part	
Question ID	FDB.040
Variable Name	P2DFSEE P2DFSEE
Universe	AGE >= 1 and FDRN_FLG=2
Universe-text	All persons age 1 or older
Question Text	[fill 1: Are you/Is ALIAS] blind or [fill 2: do you/does ALIAS] have serious difficulty seeing even when wearing glasses?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	Difficulty seeing
Fill Instructions	If subject=respondent fill: [Are you]; else fill: [Is ALIAS] If subject=respondent fill: [do you]; else fill: [does ALIAS]
Special Instructions	Loop through FDB.020FDB.120 for one person and then repeat for next person on the roster.
Skip Instructions	<1,2,D,R> if no more persons age 5 or older, goto next section; else goto P2DFCON
Hard Edits	
Soft Edits	
AssocHelp	

Module	36
Section Name	Family Disability: Version 2
Part	
Question ID	FDB.060
Variable Name	P2DFCON
Universe	AGE >= 5 and FDRN_FLG=2
Universe-text	All persons 5 or older
Question Text	Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have serious difficulty concentrating, remembering, or making decisions?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	on Difficulty concentrating
Fill Instructions	1. If subject=respondent fill: [do you]; else fill: [does ALIAS]
Special Instructions	Loop through FDB.020FDB.120 for one person and then repeat for next person on the roster.
Skip Instructions	<1,2,D,R> goto P2DFWALK
Hard Edits	
Soft Edits	
AssocHelp	

Module	36
Section Name	Family Disability: Version 2
Part	
Question ID	FDB.080
Variable Name	P2DFWALK
Universe	AGE >= 5 and FDRN_FLG=2
Universe-text	All persons 5 or older
Question Text	[fill 1: Do you/Does ALIAS] have serious difficulty walking or climbing stairs?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	on Difficulty walking
Fill Instructions	1. If subject=respondent fill: [Do you]; else fill: [Does ALIAS]
Special Instructions	Loop through FDB.020FDB.120 for one person and then repeat for next person on the roster.
Skip Instructions	<1,2,D,R> goto P2DFDRES
Hard Edits	
Soft Edits	
AssocHelp	

Module	36
Section Name	Family Disability: Version 2
Part	
Question ID	FDB.100
Variable Name	P2DFDRES
Universe	AGE >= 5 and FDRN_FLG=2
Universe-text	All persons 5 or older
Question Text	[fill 1: Do you/Does ALIAS] have difficulty dressing or bathing?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	on Difficulty dressing
Fill Instructions	1. If subject=respondent fill: [Do you]; else fill: [Does ALIAS]
Special Instructions	Loop through FDB.020FDB.120 for one person and then repeat for next person on the roster.
Skip Instructions	<1,2,D,R> if no more persons age 15 or older, goto next section; else goto P2DFERR
Hard Edits	
Soft Edits	
AssocHelp	

Module	36
Section Name	Family Disability: Version 2
Part	
Question ID	FDB.120
Variable Name	P2DFERR
Universe	AGE >= 15 and FDRN_FLG=2
Universe-text	All persons 15 or older
Question Text	Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have difficulty doing errands alone such as visiting a doctor's office or shopping?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Descripti	on Difficulty doing errands
Fill Instructions	1. If subject=respondent fill: [do you]; else fill: [does ALIAS]
Special Instructions	Loop through FDB.020FDB.120 for one person and then repeat for next person on the roster.
Skip Instructions	<1,2,D,R> if no more persons age 1 or older, goto next section; else return to P2DFHEAR for next person age 1 or older
Hard Edits	
Soft Edits	
AssocHelp	

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Section name: Language of Interview 55 **Module** Section Name Language of Interview Part FLG.010 00.000 Question ID **ENGLANG** Variable Name AGE >= 5 Universe All persons age 5 or older Universe-text How well [fill: do you/does ALIAS] speak English? Would you say... **Question Text Answer Codes** 1. Very well 2. Well 3. Not well 4. Not at all Refused Don't know **Question** Type Pick One - answer list pane Field Pane Description English language if respondent fill "do you" else fill "does ALIAS" Fill Instructions Repeat question for all persons on roster age 5+ **Special Instructions** Question should come after FIN section but before FSD section. Skip Instructions <1-4> goto next section, If FDRN_FLG=2, then goto S.C. section if sample child in the family; Else If not, then goto S.A. secton; Else no S.C. nor S.A., then goto RECONTACT section Hard Edits Soft Edits **AssocHelp**