2016 Q1 NHIS Instrument Spec Report

Section name: Adult Adult Balance

Module	40
Section Name	Adult Adult Balance
Part	
Question ID	BAL.010_00.000
Variable Name	BALEV
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	These next questions are about dizziness or balance problems. Have you EVER had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance? Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Ever had balance problem
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BALAGE] <2,R,D> [goto BRPROB1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.020_00.000**
Variable Name	**BALAGE**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BALEV(e)='1'
Universe-text	Sample adults 18+ who have ever had a balance or dizziness problem
Question Text	At what age were you FIRST BOTHERED by dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance? *Do not include times when drinking alcol. *Enter '996' if since birth.
Answer Codes	<1-120, '996'> Refused Don't Know
Question Type	Integer
Field Pane Description	Age at first problem
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BALAGE] <2,R,D> [goto BDIZZ1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.040_00.000**
Variable Name	**BDIZZ1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	During the PAST 12 MONTHS, have you had a problem with dizziness or balance? Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Problem past 12 months
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BRPROB1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.050_01.000**
Variable Name	**BRPROB1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	The next questions are about problems related to dizziness or balance. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each. ...Had severe fatigue
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Fatigue
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BRPROB2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.050_02.000**
Variable Name	**BRPROB2**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each. ...Drifting to the side when trying to walk straight * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Drifting
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BRPROB3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.050_03.000**
Variable Name	**BRPROB3**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each. ...Bumping into one side or the other when walking through a doorway * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Doorway
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BRPROB4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.050_04.000**
Variable Name	**BRPROB4**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each. ...Difficulty walking in the dark without using support * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Dark
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BRPROB5]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.050_05.000**
Variable Name	**BRPROB5**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each. ...Difficulty walking on uneven ground or surfaces * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Uneven ground
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BRPROB6]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.050_06.000**
Variable Name	**BRPROB6**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each. ...Had fear of heights
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Fear of heights
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BRPROB7]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.050_07.000**
Variable Name	**BRPROB7**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each. ...Difficulty riding an escalator or moving walkway
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Escalator
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BALEV=2,R,D and BRPROB1 throughBRPROB7 all=2 then [goto BBIO1]; else if BALEV=1 and BDIZZ1=2 and BRPROB1 through BRPROB1 all=2 then [goto BHOSP2]; else [goto BTYPE_1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.060_01.000**
Variable Name	**BTYPE_1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB7 = 1)
Universe-text	Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question Text	This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each. A spinning or vertigo sensation or other illusion of motion such as tipping, tilting, or rocking *Read if necessary: Vertigo is an illusion of rotation or other motion, as if riding a carousel.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Vertigo
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTYPE_2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.060_02.000**
Variable Name	**BTYPE_2**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB7 = 1)
Universe-text	Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question Text	* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each. ...A floating, spacey, or disconnected sensation *Read if necessary: Your head doesn't feel quite right or normal. * Read if necessary: Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Spacey
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTYPE_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.060_03.000**
Variable Name	**BTYPE_3**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB7 = 1)
Universe-text	Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question Text	* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each. ...Feeling lightheaded, without a sense of motion * Read if necessary: Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Lightheaded
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTYPE_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.060_04.000**
Variable Name	**BTYPE_4**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB7 = 1)
Universe-text	Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question Text	* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each. ...Feeling as if you are going to pass out or faint * Read if necessary: Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Pass out
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTYPE_5]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.060_05.000**
Variable Name	**BTYPE_5**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB7 = 1)
Universe-text	Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question Text	* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each. ...Blurring of your vision when you move your head * Read if necessary: Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Blurred vision
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTYPE_6]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.060_06.000**
Variable Name	**BTYPE_6**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB7 = 1)
Universe-text	Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question Text	* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each. ...Feeling off-balance or unsteady * Read if necessary: Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Off balance
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTYPE_7]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.060_07.000**
Variable Name	**BTYPE_7**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB7 = 1)
Universe-text	Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question Text	* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each. ...Other dizziness or balance problem. * Read if necessary: Do not include times when drinking alcohol.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Other
Fill Instructions	if BDIZZ1=1 and (all BTYPE_1 -BTYPE_7 = 2,R,D) fill '7' in BBOTH1; else if only one symptom identified in BTYPE_1-BTYPE_7 fill that value into BBOTH1
Special Instructions	
Skip Instructions	<1,2,R,D> if BALEV=2,R,D and (all BTYPE_1 -BTYPE_7 = 2,R,D) [goto BBIO1]; else if BALEV=1 and (all BRPROB1-BRPROB7= 2,R,D) and (all BTYPE_1 -BTYPE_7 = 2,R,D) [goto BHOSP2] else if BDIZZ1=1 and (all BTYPE_1 -BTYPE_7 = 2,R,D) fill '7' in BBOTH1 and [goto BAGE1] else if two or more BTYPE_1 - BTYPE_7 = 1 [goto BBOTH1]; else [goto BAGE1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.070_00.000**
Variable Name	**BBOTH1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and two or more BTYPE_1(e) - BTYPE_7(e) = 1
Universe-text	Sample adults 18+ and more than one balance symptom
Question Text	DURING THE PAST 12 MONTHS, which ONE of these feelings of dizziness or balance problems bothered you the most? *Read answer categories below.
Answer Codes	SEE SPECIAL INSTRUCTIONS! 1. A spinning, vertigo, or motion sensation 2. A floating, spacey, or disconnected feeling 3. Feeling lightheaded 4. Feeling like you are about to pass out 5. Blurred vision 6. Unsteadiness 7. Other dizziness or balance problem Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Most bothersome
Fill Instructions	if BDIZZ1=1 and (all BTYPE_1 -BTYPE_7 = 2,R,D) fill '7' in BBOTH1; else if only one symptom identified in BTYPE_1-BTYPE_7 fill that value into BBOTH1
Special Instructions	Display only applicable Bolded Answer codes for the FR to read with the question. Based upon the answers from BTYPE_1-BTYPE_07: DISPLAY AS FOLLOWS: If BTYPE_01= 1 display "a spinning, vertigo, or motion sensation" if BTYPE_02 = 1 display "A floating, spacey, or disconnected feeling" if BTYPE_03 = 1 display "Feeling lightheaded" if BTYPE_04 = 1 display "Feeling like you are about to pass out" if BTYPE_05 = 1 display "Blurred vision" if BTYPE_06 = 1display "Unsteadiness" if BTYPE_07 = 1 display "Other dizziness or balance problem"
Skip Instructions	<1-7,R,D> [goto BAGE1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.080_00.000**
Variable Name	**BAGE1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	About how old were you when (Fill: most bothersome or only feeling) first happened? * Read if necessary. If unsure, estimate as best you can. * Enter '996' If since birth.
Answer Codes	(Allow 1-120, 996,R,D) Refused Don't Know
Question Type	Integer
Field Pane Description	Age of first problem

Fill Instructions	If BBOTH1 = 1 fill "the spinning, vertigo, or motion sensation"
	    else if BBOTH1 = 2 fill "the floating, spacey, or disconnected feeling"
	    else if BBOTH1 = 3 fill "the feeling of lightheaded"
	    else if BBOTH1 = 4 fill "the feeling like you are about to pass out"
	    else if BBOTH1 = 5 fill "blurred vision"
	    else if BBOTH1 = 6 fill "unsteadiness"
	     else if BBOTH1 = 7, DK, RF fill "this other dizziness or balance problem"
	
	 if BTYPE_1 - BTYPE_7 =< ' ', 2, R, D> fill "this other dizziness or balance problem"
	If BBOTH1=R,D fill "this other dizziness or balance problem"

Special Instructions	

Skip Instructions	<1-120> if BAGE1 gt AGE
	        [goto ERR2_BAGE1];
	        Else
	         [goto BOFTN]
	<121-995> [goto ERR1_BAGE1]
	<'996', R, D> [goto BOFTN]

Hard Edits	If BAGE1= 121-995 then display ERR1_BAGE1: * 121-995 years not allowed in this field. *Please correct. If BAGE gt AGE, then display ERR2_BAGE: * Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.100_01.000**
Variable Name	**BOFTN**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	1 of 2 DURING THE PAST 12 MONTHS, about how often have you had the (Fill: most bothersome or only feeling)? *Please tell me the number of times per day, per week, per month. *Enter '996' for 'Constantly' or 'Almost Always'.
Answer Codes	(Allow 1-365,996,R,D)
Question Type	Integer
Field Pane Description	Number

Fill Instructions	If BBOTH1 = 1 fill "the spinning, vertigo, or motion sensation"
	    else if BBOTH1 = 2 fill "the floating, spacey, or disconnected feeling"
	    else if BBOTH1 = 3 fill "the feeling of lightheaded"
	    else if BBOTH1 = 4 fill "the feeling like you are about to pass out"
	    else if BBOTH1 = 5 fill "blurred vision"
	    else if BBOTH1 = 6 fill "unsteadiness"
	     else if BBOTH1 = 7, DK, RF fill "this other dizziness or balance problem"
	
	 if BTYPE_1 - BTYPE_7 =< ' ', 2, R, D> fill "this other dizziness or balance problem"
	If BBOTH1=R,D fill "this other dizziness or balance problem"

Special Instructions	if BOFTN=996,R,D fill 996,R,D in BOFTT
Skip Instructions	<1-365> [goto BOFTT] <996,R,D> [goto BLAST1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.100_02.000**
Variable Name	**BOFTT**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('001' <=BOFTN(e) <='365')
Universe-text	Sample adults 18+ who gave a number to how often they had the dizziness or balance problem
Question Text	2 of 2 *Enter time period.
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Time period
Fill Instructions	
Special Instructions	if BOFTN=996,R,D fill 996,R,D in BOFTT
Skip Instructions	<1-4,R,D> [goto BLAST1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.110_00.000**
Variable Name	**BLAST1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	How long from beginning to end does each occurrence, i.e., episode, bout or "attack", of (Fill: most bothersome or only feeling) usually last? * Read if necessary. Only count the duration of individual spells or bouts, not a whole cluster of them, and don't include other related symptoms. For example, do not include nausea or vomiting. *Probe if needed.
Answer Codes	1. Momentary, or less than two minutes 2. Two minutes to less than 20 minutes 3. 20 minutes to less than 8 hours 4. 8 hours to less than 24 hours 5. 1 day to less than 14 days 6. 2 weeks to less than 3 months 7. 3 months or longer Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Usually last

Fill Instructions	If BBOTH1 = 1 fill "the spinning, vertigo, or motion sensation"
	   else if BBOTH1 = 2 fill "the floating, spacey, or disconnected feeling"
	   else if BBOTH1 = 3 fill "the feeling of lightheaded"
	   else if BBOTH1 = 4 fill "the feeling like you are about to pass out"
	   else if BBOTH1 = 5 fill "blurred vision"
	   else if BBOTH1 = 6 fill "unsteadiness"
	    else if BBOTH1 = 7, DK, RF fill "this other dizziness or balance problem"
	
	 if BTYPE_1 - BTYPE_7 =< ' ', 2, R, D> fill "this other dizziness or balance problem"
	If BBOTH1=R,D fill "this other dizziness or balance problem"

Special Instructions	
Skip Instructions	<1-7, R,D> [goto BTRG_01]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_01.000**
Variable Name	**BTRG_01**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	The next questions are about things that trigger your balance or dizziness problems. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each. ...Looking up or down, leaning head back or bending forward * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Looking up
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_02]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_02.000**
Variable Name	**BTRG_02**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Rolling over in bed * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Rolling over
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_03]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_03.000**
Variable Name	**BTRG_03**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Getting up after sitting or lying down * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Getting up
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_04]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_04.000**
Variable Name	**BTRG_04**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Headache, including migraine
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Headache
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_05]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_05.000**
Variable Name	**BTRG_05**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...A visual problem such as double vision, or your eyes "jerk", "bounce", move rapidly or oscillate * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Visual problem
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_06]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_06.000**
Variable Name	**BTRG_06**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Riding in a car, bus, airplane, boat, or train * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Riding
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_07]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_07.000**
Variable Name	**BTRG_07**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Walking down a grocery store aisle * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Grocery
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_08]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_08.000**
Variable Name	**BTRG_08**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Hearing loud sounds * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Loud sounds
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_09]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_09.000**
Variable Name	**BTRG_09**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Blowing your nose * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Blowing nose
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BTRG_10]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.120_10.000**
Variable Name	**BTRG_10**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each. ...Taking prescription medicines or drugs, or over-the-counter medications, e.g., for allergy or sleep aids * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Meds
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BSAME]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.130_01.000**
Variable Name	**BSAME_1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each. ...Nausea or vomiting
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Nausea
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BONLY_1] <2,R,D> [goto BSAME_2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.130_02.000**
Variable Name	**BSAME_2**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each. ...Hearing loss in only one ear
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Hearing loss
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BONLY_2] <2,R,D> [goto BSAME_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.130_03.000**
Variable Name	**BSAME_3**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each. ...Ringing, buzzing, or roaring in one ear-medical term is Tinnitus (TIN-uh-tus)
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Tinnitus
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BONLY_3] <2,R,D> [goto BSAME_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.130_04.000**
Variable Name	**BSAME_4**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each. ...Fullness, pressure, or stuffed-up feeling in one ear without pain ear without pain
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Pressure
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BONLY_4] <2,R,D> [goto BSAME_5]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.130_05.000**
Variable Name	**BSAME_5**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each. ...Sinus congestion
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Sinus
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BONLY_5] <2,R,D> [goto BSAME_6]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.130_06.000**
Variable Name	**BSAME_6**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each. ...Anxiety
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Anxiety
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BONLY_6]; <2,R,D> [goto BSAME_7]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.130_07.000**
Variable Name	**BSAME_7**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)=1 or ('01'<=BBOTH1(e)<='07')
Universe-text	Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months
Question Text	* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each. ...Depression
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Depression
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BONLY_7]; <2,R,D> [goto BHOSP2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.140_01.000**
Variable Name	**BONLY_1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BSAME_1(e)='1'
Universe-text	Sample adults 18+ who had nausea or vomiting around the same time as their dizziness or balance problem
Question Text	Do you have nausea or vomiting only when you have dizziness or balance problem(s) or do you have it regardless? * Read if necessary. We mean around the same time, or just before, during or following
Answer Codes	1. Only 2. Regardless Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Nausea followup
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BSAME_2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.140_02.000**
Variable Name	**BONLY_2**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BSAME_2(e)='1'
Universe-text	Sample adults 18+ who had hearing loss around the same time as their dizziness or balance problem
Question Text	Do you have hearing loss only when you have dizziness or balance problem(s) or do you have it regardless? * Read if necessary. We mean around the same time, or just before, during or following
Answer Codes	1. Only 2. Regardless Refused Don't Know

Question Type	Pick One - answer list pane
Field Pane Description	Hearing loss followup
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BSAME_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.140_03.000**
Variable Name	**BONLY_3**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BSAME_3(e)='1'
Universe-text	Sample adults 18+ who had tinnitus around the same time as their dizziness or balance problem
Question Text	Do you have ringing in your ear or tinnitus only when you have dizziness or balance problem(s) or do you have it regardless? * Read if necessary. We mean around the same time, or just before, during or following
Answer Codes	1. Only 2. Regardless Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Tinnitus followup
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BSAME_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.140_04.000**
Variable Name	**BONLY_4**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BSAME_4(e)='1'
Universe-text	Sample adults 18+ who had fullness, pressure, or stuffiness in their ear around the same time as their dizziness or balance problem
Question Text	Do you have fullness, pressure, or stuffiness in your ear only when you have dizziness or balance problem(s) or do you have it regardless? * Read if necessary. We mean around the same time, or just before, during or following
Answer Codes	1. Only 2. Regardless Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Ear pressure followup
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BSAME_5]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.140_05.000**
Variable Name	**BONLY_5**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BSAME_5(e)='1'
Universe-text	Sample adults 18+ who had sinus congestion around the same time as their dizziness or balance problem
Question Text	Do you have sinus congestion only when you have the dizziness or balance problem(s) or do you have it regardless? * Read if necessary. We mean around the same time, or just before, during or following
Answer Codes	1. Only 2. Regardless Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Sinus followup
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BSAME_6]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.140_06.000**
Variable Name	**BONLY_6**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BSAME_6(e)='1'
Universe-text	Sample adults 18+ who had anxiety around the same time as their dizziness or balance problem
Question Text	Do you have anxiety only when you have the dizziness or balance problem(s) or do you have it regardless? * Read if necessary. We mean around the same time, or just before, during or following
Answer Codes	1. Only 2. Regardless Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Anxiety followup
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BSAME_7]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.140_07.000**
Variable Name	**BONLY_7**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BSAME_7(e)='1'
Universe-text	Sample adults 18+ who had depression around the same time as their dizziness or balance problem
Question Text	Do you have depression only when you have the dizziness or balance problem(s) or do you have it regardless? * Read if necessary. We mean around the same time, or just before, during or following
Answer Codes	1. Only 2. Regardless Refused Don't Know

Question Type	Pick One - answer list pane
Field Pane Description	Depression followup
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BHOSP2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.150_00.000**
Variable Name	**BHOSP2**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BALEV=1 or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months
Question Text	Have you ever gone to a hospital or emergency room about a dizziness or balance problem?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	ER
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BHOSPNO1] <2, R, D> [goto BHP1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.160_00.000**
Variable Name	**BHOSPNO1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BHOSP2(e)='1'
Universe-text	Sample adults 18+ and ever been to ER about dizziness
Question Text	DURING THE PAST 5 YEARS, about how many times have you gone to a hospital emergency room about a dizziness or balance problem?
Answer Codes	0. None 1. 1 time 2. 2 times 3. 3-4 times 4. 5-9 times 5. 10-14 times 6. 15 or more times Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Times gone to ER
Fill Instructions	
Special Instructions	
Skip Instructions	<0-6, R,D> [goto BHP1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.170_00.000**
Variable Name	**BHP1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BALEV(e)='1' or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months
Question Text	Have you EVER seen a doctor or other health professional, except for in the emergency room, about a dizziness or balance problem?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Ever seen doctor
Fill Instructions	
Special Instructions	

Skip Instructions	<1,2,R,D> if BALEV=1 and BDIZZ1=2,R,D and all from BTYPE_1-BTYPE_7=2,R,D [goto BBIO1];
	else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=2,R,D and BHOSP2=2,R,D [goto BTRET1];
	else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=2,R,D and BHOSP2=1 [goto BFIRST1];
	else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=1 [goto BHP1_01]

Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_01.000**
Variable Name	**BHP1_01**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIZZ1(e)='1' or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ... Family doctor, internal medicine doctor or general practitioner
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	GP
Fill Instructions	
Special Instructions	
Skip Instructions	< 1, 2, R,D> [goto BHP1_02
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_02.000**
Variable Name	**BHP1_02**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Cardiologist or heart specialist
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Cardiologist
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_03]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_02_H**
Variable Name	**H_BHP_02**
Universe	
Universe-text	
Question Text	Cardiologist: a doctor skilled in the diagnosis and treatment of heart disease Neurologist: a doctor skilled in the diagnosis and treatment of disease of the nervous system Osteopath: They are fully licensed doctors who carry a D.O. instead of an M.D. degree.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_03.000**
Variable Name	**BHP1_03**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Ear, nose, and throat doctor
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	ENT
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_04]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_04.000**
Variable Name	**BHP1_04**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Neurologist
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Neurologist
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_05]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_05.000**
Variable Name	**BHP1_05**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ... Eye doctor, optometrist, or ophthalmologist (AHF-thal-MOL-oh-jist)
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Eye doctor
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_06]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_06.000**
Variable Name	**BHP1_06**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Dentist, orthodontist or oral surgeon
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Dentist
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> and SEX =2 [goto BHP1_07]; Else if SEX=1 [goto BHP1_08]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_07.000**
Variable Name	**BHP1_07**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX=2 and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Female sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Gynecologist or OB/GYN
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Gyn
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_08]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_08.000**
Variable Name	**BHP1_08**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Psychiatrist, psychologist or social worker
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Psychiatrist
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_09]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_09.000**
Variable Name	**BHP1_09**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Osteopath (OS-te-o-path) or doctor of osteopathy (os-tee-OP-uh-thee)
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Osteopath
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_10]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_10.000**
Variable Name	**BHP1_10**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Occupational therapist, physical therapist or rehabilitation ("rehab") specialist/doctor
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Physical therapist
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_11]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_11.000**
Variable Name	**BHP1_11**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Physician assistant or nurse practitioner
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Nurse
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_12]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_12.000**
Variable Name	**BHP1_12**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Nutritionist or dietician
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Nutritionist
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_13]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_13.000**
Variable Name	**BHP1_13**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Audiologist
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Audiologist
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_14]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_14.000**
Variable Name	**BHP1_14**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Foot doctor
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Food doctor
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BHP1_15]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.180_15.000**
Variable Name	**BHP1_15**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each. ...Some other health professional
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Other professional
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto B5YRS1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.190_00.000**
Variable Name	**B5YRS1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and BHP1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
Question Text	DURING THE PAST 5 YEARS, about how many times have you seen a doctor or other health professional about your dizziness or balance problem(s)?
Answer Codes	0. None 1. 1 time 2. 2 times 3. 3-4 times 4. 5-9 times 5. 10-14 times 6. 15 or more times Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Times seen doctor
Fill Instructions	
Special Instructions	
Skip Instructions	< 0-6,R,D> [goto BFIRST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.200_00.000**
Variable Name	**BFIRST1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and (BHOSP2(e)='1' or BHP1(e)='1')
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem
Question Text	How long ago did you FIRST see a doctor or other health professional, including emergency room physicians about your dizziness or balance problem(s)?
Answer Codes	1. Less than 12 months 2. 12 months to less than 3 years 3. 3 years to less than 5 years 4. 5 years to less than 10 years 5. 10 years to less than 15 years 6. 15 years or more Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	First see doctor
Fill Instructions	
Special Instructions	
Skip Instructions	< 1-6,R,D> [goto BHELP1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.220_00.000**
Variable Name	**BHELP1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and (BHOSP2(e)='1' or BHP1(e)='1')
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem
Question Text	How much do you feel these doctor or other health professionals helped your dizziness or balance problem(s)? Would you say... *Read answer categories below.
Answer Codes	1. No help at all 2. A little help 3. Moderate help 4. A lot of help 5. Problem was cured or no longer exists Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Any help
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BTHLP_N] <2,R,D> [goto BDIAG1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.230_01.000**
Variable Name	**BTHLP_N**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BHELP1(e) IN('2','3','4','5')
Universe-text	Sample adults 18+ who feel doctor or other health professional helped dizziness at least a little
Question Text	1 of 2 About how long was it between the first time you saw a doctor or other health professional about your dizziness or balance problem(s) until you began to feel helped by treatments or advice you received? Please tell me the number of days, weeks, months or years.
Answer Codes	(Allow 1-365,R, D)
Question Type	Integer
Field Pane Description	Number
Fill Instructions	
Special Instructions	If BTHLP_N ='R', then fill 'R' in BTHLP_T
Skip Instructions	<1-365, D> [goto BTHLP_T]; <R> [goto BDIAG1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.230_02.000**
Variable Name	**BTHLP_T**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (001<=BTHLP_N(e)<='365','999')
Universe-text	Sample adults 18+ who gave a number to the time between when first saw doctor and began to feel help, or said DK to the number part of this question
Question Text	2 of 2 *Enter time period for time since last saw a doctor or other health professional.
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Time period
Fill Instructions	
Special Instructions	If BTHLP_N ='R', then fill 'R' in BTHLP_T
Skip Instructions	<1-3,R,D> [goto BDIAG1] <4> if (BTHLP_T gt AGE and BTHLP_T=4) [goto ERR_BTHLP_T] else [goto BDIAG1]
Hard Edits	* Time with condition cannot be greater than age. * Please correct
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.240_00.000**
Variable Name	**BDIAG1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1')) and (BHOSP2(e)='1' or BHP1(e)='1')
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem
Question Text	Did any of the doctors or health care professionals tell you the cause or give you a diagnosis for your dizziness or balance problem(s)?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Cause
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BCAUS1] <2,R,D> [goto BTRET1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.250_00.000**
Variable Name	**BCAUS1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BDIAG1(e)='1'
Universe-text	Sample adults 18+ who were told cause of dizziness or balance problem
Question Text	What did the doctor(s) or health care professional(s) tell you was the cause or causes of your dizziness or balance problem(s)? * Enter all that apply, separate with commas. * Read the list if necessary.
Answer Codes	1. Allergies 2. Anxiety or depression 3. Benign positional vertigo (BPV or BPPV) 4. Crystals-loose or dislodged in ear 5. Diabetes 6. Headache or migraines 7. Head or neck trauma or concussion 8. Heart disease 9. Inner ear infection, viral labrynthitis 10. Ménière's (Men-e-AIRZ) disease 11. Neurological-multiple sclerosis (MS), seizures, etc. 12. Side effects from medications (antibiotics, cancer treatments, etc.) 13. Stroke 14. Other health problem(s) Refused Don't Know
Question Type	Enter All That Apply
Field Pane Description	What was cause
Fill Instructions	
Special Instructions	
Skip Instructions	<1-14,R,D> [goto BTRET1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.260_00.000**
Variable Name	**BTRET1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	Have you EVER taken or tried anything to treat your dizziness or balance problem(s) such as physical therapy, certain exercises, avoiding certain foods, taking medicines, surgery, or wearing magnets or wristbands?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Treated
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BTRT1_01] <2,R,D> [goto BSTAT1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_01.000**
Variable Name	**BTRT1_01**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	Have you ever tried any of the following treatments? Please say yes or no to each. ...Exercises or physical therapy * Do not include Tai Chi, Yoga, or Qi Gong.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Exercise
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_02]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_02.000**
Variable Name	**BTRT1_02**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Bed rest for several hours or days
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Bed rest
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_03]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_03.000**
Variable Name	**BTRT1_03**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ... Head rolling maneuver by a doctor or therapist (Epley maneuver) * Do not include treatment by a chiropractor.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Head rolling
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_04]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_04.000**
Variable Name	**BTRT1_04**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ... Steroid injections into the ear
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Steroid
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_05]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_05.000**
Variable Name	**BTRT1_05**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Gentamicin (jen-tah-MI-sin) injection into the ear
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Ear injection
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_06]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_06.000**
Variable Name	**BTRT1_06**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Surgery
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Surgery
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_07]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_07.000**
Variable Name	**BTRT1_07**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Low salt diet
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Low salt
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_08]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_08.000**
Variable Name	**BTRT1_08**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Avoiding or cutting back on certain foods or drinks such as chocolate, coffee, or alcohol
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Avoid foods
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> if SMKEV=1 [goto BTRT1_09]; else [goto BTRT1_10]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_09.000**
Variable Name	**BTRT1_09**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1' and SMKEV(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem who have ever smoked
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Quitting or reducing use of tobacco or cigarettes
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Cigarette use
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_10]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_10.000**
Variable Name	**BTRT1_10**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Prescription medicine or drugs
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Prescriptions
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_11]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_11.000**
Variable Name	**BTRT1_11**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Over-the-counter medicines such as allergy medications or sleep aids or Dramamin patches
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Over the counter
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_12]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_12.000**
Variable Name	**BTRT1_12**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Psychiatric treatment * Enter '2' for non-smokers.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Psychiatric
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_13]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_13.000**
Variable Name	**BTRT1_13**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Massage therapy or chiropractic treatment or manipulation
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Massage
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_14]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_14.000**
Variable Name	**BTRT1_14**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Acupuncture
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Acupuncture
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_15]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_15.000**
Variable Name	**BTRT1_15**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Herbal remedy such as feverfew leaf, ginger or ginkgo biloba (GIN-ko bye-LO-bah)
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Herbal
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BTRT1_16]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.270_16.000**
Variable Name	**BTRT1_16**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTRET1(e)='1'
Universe-text	Sample adults 18+ treated for dizziness or balance problem
Question Text	* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each. ...Wearing magnets or acupressure wristband
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Wristband
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BSTAT1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.280_00.000**
Variable Name	**BSTAT1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, have your dizziness or balance problem(s) gotten worse, stayed the same, improved somewhat, or improved greatly?
Answer Codes	1. Gotten worse 2. Stayed the same 3. Improved somewhat 4. Improved greatly Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Status
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4, R, D> [goto BMEDIC1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.300_00.000**
Variable Name	**BMEDIC1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	Do you regularly take any medicine that makes your dizziness or balance problem(s) worse?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Meds make worse
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2, R, D> [goto BCHNG1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.310_00.000**
Variable Name	**BCHNG1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	Do your dizziness or balance problems prevent you in any way from doing things you otherwise could do?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Prevent from doing things
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BCHG1_01] <2, R,D> [goto BM12WS_N]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.320_01.000**
Variable Name	**BCHG1_01**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BCHNG1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things
Question Text	Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each. ...Driving a motor vehicle * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Driving
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BCHNG_02]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.320_02.000**
Variable Name	**BCHG1_02**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BCHNG1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things
Question Text	* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each. ...Riding in a car, bus, airplane, boat or train
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Riding
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BCHNG_03]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.320_03.000**
Variable Name	**BCHG1_03**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BCHNG1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things
Question Text	* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each. ....Exercising or taking walks * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Exercising
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BCHNG_04]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.320_04.000**
Variable Name	**BCHG1_04**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BCHNG1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things
Question Text	* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each. ...Walking down a flight of stairs * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Walking down stairs
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BCHNG_05]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.320_05.000**
Variable Name	**BCHG1_05**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BCHNG1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things
Question Text	* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each. ...Participating in social activities outside your home
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Going outside
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BCHNG_06]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.320_06.000**
Variable Name	**BCHG1_06**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BCHNG1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things
Question Text	* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each. ... Performing household chores, such as cleaning or laundry
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Social activities
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BCHNG_07]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.320_07.000**
Variable Name	**BCHG1_07**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BCHNG1(e)='1'
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things
Question Text	* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each. ... Going to the toilet * If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Bathing
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BM12WS_N]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.350_00.000**
Variable Name	**BM12WS**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, how many days of work or school have you missed because of your dizziness or balance problems? Enter '0' for none.
Answer Codes	(Allow 0-365,R,D)
Question Type	Integer
Field Pane Description	Days missed W/S
Fill Instructions	
Special Instructions	
Skip Instructions	<0-365,R,D> [goto BM12RA]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.355_00.000**
Variable Name	**BM12RA**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, how many days of other regularly scheduled activities - excluding work and school days - have you missed because of your dizziness or balance problems? Enter '0' for none.
Answer Codes	(Allow 0-365,R,D)
Question Type	Integer
Field Pane Description	Days missed RA
Fill Instructions	
Special Instructions	
Skip Instructions	<0-365,R,D> [goto BPROB1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.360_00.000**
Variable Name	**BPROB1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, how much of a problem was your dizziness or balance condition? Would you say it was no problem, a small problem, a moderate problem, a big problem, or a very big problem?
Answer Codes	1. No problem 2. A small problem 3. A moderate problem 4. A big problem 5. A very big problem Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	How big was problem
Fill Instructions	
Special Instructions	
Skip Instructions	< 1-5,R,D> [goto BMED_1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.370_01.000**
Variable Name	**BMED_1**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each. ...Meclizine or Antivert™ for dizziness, nausea or vomiting
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Meclizine
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BMED_2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.370_02.000**
Variable Name	**BMED_2**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	* Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each. ...Other medicine or patches for motion sickness, nausea or vomiting
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Other nausea meds
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BMED_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.370_03.000**
Variable Name	**BMED_3**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	* Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each. ...Medicines for anxiety or depression
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Meds for anxiety
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BMED_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.370_04.000**
Variable Name	**BMED_4**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	* Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each. ...Chemotherapy (ke-mo-THER-ah-pe) drugs
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Chemotherapy drugs
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> [goto BBIO1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.380_00.000**
Variable Name	**BBIO1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have any of your biological, that is, BLOOD relatives such as parents, brothers, sisters, or children had a problem with dizziness, balance, or falling, NOT related to aging?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Relatives
Fill Instructions	
Special Instructions	
Skip Instructions	< 1,2,R,D> if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 [goto BFALL5Y]; else [goto BFALL12M]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.385_00.000**
Variable Name	**BFALL12M**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e) ne '1') and (BTYPE_1(e) ne '1') and (BTYPE_2(e) ne '1') and (BTYPE_3(e) ne '1') and (BTYPE_4(e) ne '1') and (BTYPE_5(e) ne '1') and (BTYPE_6(e) ne '1') and (BTYPE_7(e) ne '1'))
Universe-text	Sample adults 18+ who did not have a balance or dizziness problem in the past 12 months and did not have at least one symptom in the past 12 months
Question Text	This next questions are about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST YEAR, have you fallen at least one time?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Fallen past 12m
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.390_00.000**
Variable Name	**BFALL5Y**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	These next questions are about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST 5 YEARS, have you fallen at least one time?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Fallen past 5y
Fill Instructions	
Special Instructions	
Skip Instructions	<1> if BTYPE_1 [goto BFL1_01]; else if BTYPE_2 [goto BFL1_02]; else if BTYPE_3 [goto BFL1_03]; else if BTYPE_4 [goto BFL1_04]; else if BTYPE_5 [goto BFL1_05]; else if BTYPE_6 [goto BFL1_06]; else if BTYPE_7 [goto BFL1_07]; <2,R,D> [goto BNRFALL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.400_01.000**
Variable Name	**BFL1_01**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTYPE_1(e)='1' and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who have a balance symptom of feeling a sense of spinning or other movement sensation and have fallen past 5 years
Question Text	DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling a sense of spinning or other movement sensation?
Answer Codes	1. Yes 2. No Refused Don't Know

Question Type	Yes/No
Field Pane Description	Spinning
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BTYPE_2 [goto BFL1_02]; else if BTYPE_3 [goto BFL1_03]; else if BTYPE_4 [goto BFL1_04]; else if BTYPE_5 [goto BFL1_05]; else if BTYPE_6 [goto BFL1_06]; else if BTYPE_7 [goto BFL1_07]; else [goto BFALL12A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.400_02.000**
Variable Name	**BFL1_02**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTYPE_2(e)='1' and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who have a balance symptom of a floating, spacey, or disconnected feeling and have fallen past 5 years
Question Text	DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a floating, spacey, or disconnected feeling?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Spacey
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BTYPE_3 [goto BFL1_03]; else if BTYPE_4 [goto BFL1_04]; else if BTYPE_5 [goto BFL1_05]; else if BTYPE_6 [goto BFL1_06]; else if BTYPE_7 [goto BFL1_07]; else [goto BFALL12A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.400_03.000**
Variable Name	**BFL1_03**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTYPE_3(e)='1' and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who have a balance symptom of feeling lightheaded and have fallen past 5 years
Question Text	DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling lightheaded?
Answer Codes	1. Yes 2. No Refused Don't Know

Question Type	Yes/No
Field Pane Description	Lightheaded
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BTYPE_4 [goto BFL1_04]; else if BTYPE_5 [goto BFL1_05]; else if BTYPE_6 [goto BFL1_06]; else if BTYPE_7 [goto BFL1_07]; else [goto BFALL12A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.400_04.000**
Variable Name	**BFL1_04**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTYPE_4(e)='1' and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who have a balance symptom of feeling like they are about to pass out and have fallen past 5 years
Question Text	DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling like you are about to pass out?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Pass out
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BTYPE_5 [goto BFL1_05]; else if BTYPE_6 [goto BFL1_06]; else if BTYPE_7 [goto BFL1_07]; else [goto BFALL12A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.400_05.000**
Variable Name	**BFL1_05**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTYPE_5(e)='1' and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who have a balance symptom of blurred vision and have fallen past 5 years
Question Text	DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having blurred vision?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Blurred vision
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BTYPE_6 [goto BFL1_06]; else if BTYPE_7 [goto BFL1_07]; else [goto BFALL12A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.400_06.000**
Variable Name	**BFL1_06**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTYPE_6(e)='1' and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who have a balance symptom of unsteadiness and have fallen past 5 years
Question Text	DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a general feeling of being unsteady or off-balance?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Unsteadiness
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BTYPE_6 [goto BFL1_06]; else if BTYPE_7 [goto BFL1_07]; else [goto BFALL12A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.400_07.000**
Variable Name	**BFL1_07**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BTYPE_7(e)='1' and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who have an other or general balance symptom and have fallen past 5 years
Question Text	DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having and other or general problem with dizziness or imbalance?
Answer Codes	1. Yes 2. No Refused Don't Know

Question Type	Yes/No
Field Pane Description	Other/General imbalance
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if BTYPE_7 [goto BFL1_07]; else [goto BFALL12A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.410_00.000**
Variable Name	**BFALL12A**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL5Y(e)='1'
Universe-text	Sample adults 18+ who had a fall in past 5 years
Question Text	DURING THE PAST 12 MONTHS, have you fallen at least once a month on average?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Fall once a month
Fill Instructions	
Special Instructions	
Skip Instructions	<1> go to BF12M_NO] <2,R,D> [goto BFTIME1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.420_01.000**
Variable Name	**BF12M_NO**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in last 12 months
Question Text	1 of 2 DURING THE PAST 12 MONTHS, about how many times per day, week, or month have you fallen?
Answer Codes	<1-500> Refused Don't Know
Question Type	Integer
Field Pane Description	Number
Fill Instructions	
Special Instructions	If BF12M_NO ='R', then fill 'R' in BF12M_TP
Skip Instructions	<1-500,D> [goto BF12M_TP] <R> [goto BINJ1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.420_02.000**
Variable Name	**BF12M_TP**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12(e)='1' and ('001<=BF12M_NO(e)<='365','999')
Universe-text	Sample adults 18+ who have fallen at least once a month in the last 12 months and gave a number for time fallen or said DK to number part of this question
Question Text	2 of 2 * Enter time period for time fallen.
Answer Codes	1. Day 2. Week 3. Month Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Time period
Fill Instructions	
Special Instructions	If BF12M_NO ='R', then fill 'R' in BF12M_TP

Skip Instructions	If (BF12M_NO ge 10 and BF12M_TP='1'), then [goto ERR_BF12M_TP];
	If (BF12M_NO ge 50 and BF12M_TP='2'), then [goto ERR_BF12M_TP];
	If (BF12M_NO ge 200 and BF12M_TP='3'), then [goto ERR_BF12M_TP];
	<1-3,R,D> [goto BINJ1]

Hard Edits	
Soft Edits	If (BF12M_NO ge 10 and BF12M_TP='1') or (BF12M_NO ge 50 and BF12M_TP='2') or (BF12M_NO ge 200 and BF12M_TP='3'), then ERR_BF12M_TP: * [Fill1: BF12M_NO] times per [Fill2: BF12M_TP] is unusually high. * Please verify.
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.430_00.000**
Variable Name	**BFTIME1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e) IN('2','7','9')
Universe-text	Sample adults 18+ who haven't fallen at least once a month in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, how many times have you fallen? *Read if necessary. If unsure, estimate as best you can.
Answer Codes	0. None 1. 1 time 2. 2 times 3. 3-4 times 4. 5-7 times 5. 8 or more times Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Number fall past 12m
Fill Instructions	
Special Instructions	
Skip Instructions	<0> [goto BNRFALL] <1-5, R,D> [goto BINJ1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.440_00.000**
Variable Name	**BINJ1**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, did you have an injury as a result of a fall? For example, with a bruise, cut or wound, sprain, dislocation, fracture, broken bones, back pain, head or neck injury.
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Injured
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BINJWS] <2,R,D> [goto BFWH_01]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.450_00.000**
Variable Name	**BINJWS**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BINJ1(e)='1'
Universe-text	Sample adults 18+ who were injured by fall(s) in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, how many days of work or school did you miss because of injury from falls? * Enter '996 if doesn't work or go to school.
Answer Codes	(Allow 0-365, 996,R,D) '996' Doesn't work or go to school Refused Don't Know
Question Type	Integer
Field Pane Description	Days missed work/school
Fill Instructions	
Special Instructions	
Skip Instructions	<0-365,R,D> [goto BINJHP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.455_00.000**
Variable Name	**BINJHP**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BINJ1(e)='1'
Universe-text	Sample adults 18+ who were injured by fall(s) in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, did you talk to or see a doctor or other health professional about any injuries that you had as a result of a fall or falling?
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Talk to HP about fall
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto BINJHPN] <2,R,D> [goto BFWH_01]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.457_00.000**
Variable Name	**BINJHPN**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BINJHP(e)='1'
Universe-text	Sample adults 18+ who talked to a doctor or other health professional about falls or falling in the past 12 months
Question Text	Thinking about your worst injury that resulted from a fall or falling DURING THE PAST 12 MONTHS, how many times did you talk to or see a medical professional about that injury?
Answer Codes	0. None 1. 1 time 2. 2 times 3. 3-4 times 4. 5-9 times 5. 10-14 times 6. 15 or more times Refused Don't know
Question Type	Pick One-Answer List Pane
Field Pane Description	Number of HP
Fill Instructions	
Special Instructions	
Skip Instructions	<0-6,R,D> [goto BFWH_01]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_01.000**
Variable Name	**BFWH_01**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You tripped, stumbled, or slipped
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Tripped
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_02]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_02.000**
Variable Name	**BFWH_02**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You blacked out or fainted
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Fainted
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_03]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_03.000**
Variable Name	**BFWH_03**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You were playing sports or exercising
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Sports
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2 R,D> [goto BFWH_04]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_04_000**
Variable Name	**BFWH_04**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You had a problem with vision
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Vision
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_05]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_05.000**
Variable Name	**BFWH_05**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You had weakness or numbness in one or both legs
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Weakness
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_06]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_06.000**
Variable Name	**BFWH_06**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You had not eaten recently or you had low blood sugar
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	No food
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_07]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_07.000**
Variable Name	**BFWH_07**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You drank too much alcohol
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Alcohol
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_08]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_08.000**
Variable Name	**BFWH_08**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You had a problem using a walker, cane, or other aid that helps you get around
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Problem with cane
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_09]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_09.000**
Variable Name	**BFWH_09**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...You had a problem with shoes, sandals or socks
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Shoes
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BFWH_10]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.460_10.000**
Variable Name	**BFWH_10**
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and BFALL12A(e)='1'
Universe-text	Sample adults 18+ who have fallen at least once a month in the past 12 months
Question Text	* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each. ...Some other reason
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Other reason
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BNRFALL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.470_00.000**
Variable Name	**BNRFALL**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, how many times have you slipped or lost your balance and caught yourself WITHOUT falling?
Answer Codes	0. None 1. 1 time 2. 2 times 3. 3 to 4 times 4. 5 to 7 times 5. 8 or more times
Question Type	Pick One-Answer List Pane
Field Pane Description	Near fall
Fill Instructions	
Special Instructions	
Skip Instructions	<0-5,R,D> [goto BINTHI]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.475_01.000**
Variable Name	**BINTHI**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each. ...To look up health information on your dizziness or balance problems
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Health information
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BINTTR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.475_02.000**
Variable Name	**BINTTR**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each. ...To learn about medical or other recommended treatments for your dizziness or balance problems
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Treatments
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto BINTRS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**40**
Section Name	**Adult Balance**
Part	
Question ID	**BAL.475_03.000**
Variable Name	**BINTRS**
Universe	HHHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (BDIZZ1(e)='1') or (BTYPE_1(e)='1') or (BTYPE_2(e)='1') or (BTYPE_3(e)='1') or (BTYPE_4(e)='1') or (BTYPE_5(e)='1') or (BTYPE_6(e)='1') or (BTYPE_7(e)='1'))
Universe-text	Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each. ...To learn about rehabilitation services or intervention programs for your dizziness or balance problems
Answer Codes	1.Yes 2.No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Rehabilitation
Fill Instructions	
Special Instructions	

Skip Instructions	<1,2,R,D>
	    If FDRN_FLG= '1' [goto VIS_0 / AFD.090_00.000]
	    Else if FDRN_FLG= '2' [goto AWEBUSE / AWB.010_00.000]

Hard Edits	
Soft Edits	
AssocHelp	

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Section name: Child Balance

Module	46
Section Name	Child Balance
Part	
Question ID	CBL.010_00.000
Variable Name	CBALWLK
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	At what age did {fill1: S.C. name} take {fill2: his/her} first steps without support?

Answer Codes

1. 6 to 8 months
2. 9 to 11 months
3. 12 to 14 months
4. 15 to 17 months
5. 18 to 23 months
6. 24 months (2 years) or later
7. Cannot walk
Refused
Don't know

Question Type	Pick One - answer list pane
Field Pane Description	Age first steps
Fill Instructions	
Special Instructions	
Skip Instructions	<1-7,R,D> [goto CBALVRTG]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.020_00.000**
Variable Name	**CBALVRTG**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	These next questions are about balance problems or disorders that children may experience such as feeling unsteady, dizzy, light headed, or woozy or having body or motor coordination problems. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems? ...a spinning or vertigo feeling with a sense of movement, such as rocking of oneself or riding a Merry-Go-Round?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Vertigo - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALSTED]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.025_00.000**
Variable Name	**CBALSTED**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems? … poor balance, an unsteady or woozy feeling that makes it difficult to stand up or walk?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Poor balance - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALMOTR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.027_00.000**
Variable Name	**CBALMOTR**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems? … problems with body or motor coordination or clumsiness ?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Poor coordination - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALFALL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.030_00.000**
Variable Name	**CBALFALL**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems? ...frequent, unexpected falls? *If asked, specify: if falls EVER happened more often than once a week.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Falls - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALPASS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.035_00.000**
Variable Name	**CBALPASS**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems? ...feeling light-headed, fainting, or feeling {fill: he/she} is about to pass out? *If child does faint or pass out, enter '1' for yes.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Pass out - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALBLR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.037_00.000**
Variable Name	**CBALBLR**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems? … blurred vision when head is moving, or rapid eye movements known as "bouncing" eyes causing disorientation?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Blurred vision - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALOTH]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.039_00.000**
Variable Name	**CBALOTH**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by episodes of any of the following dizziness or balance problems? … any other type of balance or dizziness problems?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Other - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if CBALVRTG=1 or CBALSTED=1 or CBALMOTR=1 or CBALFALL=1 or CBALPASS=1 or CBALBLR=1 or CBALOTH=1 [goto CBALBHD]; else [goto CBALHDIJ]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.040_00.000**
Variable Name	**CBALBHD**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALBLR(e)='1' or CBALOTH(e)='1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, has {fill1: S.C. name} been bothered by headaches or migraines around the same time as {fill: his/her} dizziness or balance problem(s)?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Headaches with balance prob.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALBHR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.041_00.000**
Variable Name	**CBALBHR**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALBLR(e)='1' or CBALOTH(e)='1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, has {fill1: S.C. name} had hearing changes or problems such as blocked ears or ringing in the ears around the same time as {fill: his/her} dizziness or balance problem(s)?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Hearing problems w/balance
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALAGE]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.042_00.000**
Variable Name	**CBALAGE**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALBLR(e)='1' or CBALOTH(e)='1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	How old was {fill: S.C. name} when the FIRST episode, bout or "attack" of dizziness or balance problem occurred? *Read if necessary: : If uncertain of exact age, estimate to the best of your recollection.
Answer Codes	(Allow 0-17,R,D)
Question Type	Integer
Field Pane Description	Age balance prob. Began
Fill Instructions	
Special Instructions	
Skip Instructions	<0-17,R,D> [goto CBALOFTN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.043_01.000**
Variable Name	**CBALOFTN**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALBLR(e)='1' or CBALOTH(e)='1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	1 of 2 DURING THE PAST 12 MONTHS, how often did {fill: S.C. name}'s episodes, bouts or "attacks" of dizziness or balance problems occur? *Enter '96' for 'Constantly'. *Do not include the time to get over feelings of nausea or vomiting that may accompany the episode, bout, or attack of dizziness or balance problem.
Answer Codes	(Allow 0-95,96,R,D)
Question Type	Integer
Field Pane Description	Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95> [goto CBALOFTT] <96,R,D> [goto CBALDUR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.043_02.000**
Variable Name	**CBALOFTT**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and ('01' <= CBALOFTN(e) <= '95')
Universe-text	Sample children 3+ who gave a number for how often balance problems occurred in the past 12 months
Question Text	2 of 2 *Enter time period.
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Time period
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto CBALDUR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.044_00.000**
Variable Name	**CBALDUR**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALBLR(e)='1' or CBALOTH(e)='1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	How long does (or did) a typical episode, bout or "attack" of dizziness or balance problem last?
Answer Codes	1. Momentary, or less than 2 minutes 2. Two minutes to less than 20 minutes 3. 20 minutes to less than 8 hours 4. 8 hours to less than 24 hours 5. 1 day to less than 14 days 6. 2 weeks to less than 3 months 7. 3 months or longer Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Duration of problem
Fill Instructions	
Special Instructions	
Skip Instructions	<1-7,R,D> [goto CBALDGHP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.045_00.000**
Variable Name	**CBALDGHP**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALOTH(e)='1' or CBALBLR(e) = '1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	Did a doctor or other health professional EVER tell you a diagnosis or reason for {fill1: S.C. name}'s dizziness or balance problems?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Ever diagnosed
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CBALDGN2] <2,R,D> [goto CBALPART]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.050_00.000**
Variable Name	**CBALDGN2**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and CBALDGHP(e)='1'
Universe-text	Sample children 3+ who have ever been told a diagnosis for their balance or dizziness problems
Question Text	What diagnoses or reasons were you told caused {fill1: S.C. name}'s balance or dizziness problems? *Enter all that apply, separate with commas.
Answer Codes	1. Anxiety, including panic syndrome 2. Benign positional or paroxysmal vertigo (BPV) 3. Blurred vision with head motion, "bouncing" or rapid eye movements 4. Crystals – loose or dislodged in the ear 5. Depression or child psychiatric disorder 6. Developmental motor coordination disorder ("clumsy" child) 7. Diabetes ("juvenile diabetes") 8. Ear infection(s) – otitis media, fluid, viral labrynthitis 9. Genetic syndrome, such as Usher's or Waardenburg Syndrome 10 Headache, including migraine 11. Head/neck injury or concussion 12. Low blood pressure (hypotension) 13. Malformation of the ear 14. Meniere's disease 15. Neurological, such as cerebral palsy, seizure(s), etc. 16. Nutritional, such as low blood sugar (metabolic problem) 17. Side effects from medications (antibiotics, etc.) 18. Other health condition or cause Refused Don't Know

Question Type	Enter all that apply
Field Pane Description	Diagnoses
Fill Instructions	
Special Instructions	
Skip Instructions	<1-18,R,D> [goto CBALPART]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.055_00.000**
Variable Name	**CBALPART**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALOTH(e)='1' or CBALBLR(e) = '1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	Did any of these episodes of dizziness or balance problems keep {fill1: S.C. name} from participating in home, school, {fill2: work,} or recreational activities?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Problems participating
Fill Instructions	fill2: age GE 16 fill "work,"
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALPROB]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.060_00.000**
Variable Name	**CBALPROB**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALOTH(e)='1' or CBALBLR(e) = '1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, how much of a problem were these episodes of dizziness or imbalance for {fill1: S.C. name}? Would you say it was... *Read categories below.
Answer Codes	1. No problem 2. A small problem 3. A moderate problem 4. A big problem 5. A very big problem Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	How much problem
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto CBALHPYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.065_00.000**
Variable Name	**CBALHPYR**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALOTH(e)='1' or CBALBLR(e) = '1')
Universe-text	Sample children 3+ who have had episodes of balance or dizziness in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, has {fill1: S.C name} seen a doctor, physical or occupational therapist, or other health care professional about these episodes of dizziness or balance problems? Include visits to the Emergency Room, hospital, or health clinics.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Health care pro visit
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBALTRET]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.070_00.000**
Variable Name	**CBALTRET**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and (CBALVRTG(e)='1' or CBALSTED(e)='1' or CBALMOTR(e)='1' or CBALFALL(e)='1' or CBALPASS(e)='1' or CBALOTH(e)='1' or CBALBLR(e) = '1')
Universe-text	Sample children 3+ who have had episodes of balance the past 12 months
Question Text	DURING THE PAST 12 MONTHS, has {fill1: S.C. name} tried methods recommended by a doctor, physical or occupational therapist, or other health care professional for treating {fill2: his/her} episodes of dizziness or balance problems?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Methods
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto CBALHDIJ]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.075_00.000**
Variable Name	**CBALHDIJ**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017')
Universe-text	Sample children 3+
Question Text	IN {fill: his/her} LIFETIME, has {fill1: S.C. name} EVER had a significant head injury or concussion?
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Head Injury
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CBALHDNO] <2,R,D> if AGE=4-17 goto CMHCOPY; else goto CH1N1_1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**46**
Section Name	**Child Balance**
Part	
Question ID	**CBL.080_00.000**
Variable Name	**CBALHDNO**
Universe	HHSTAT4='C' and ('003' <= AGE <= '017') and CBALHDIJ(e)='1'
Universe-text	Sample children 3+ who have ever had a significant head injury or concussion
Question Text	IN {fill: his/her} LIFETIME, how many significant head injuries or concussions has {fill1: S.C. name} had?
Answer Codes	(allow 1-95,R,D)
Question Type	Integer
Field Pane Description	Number of injuries
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,R,D> if AGE=4-17 goto CMHCOPY; else goto CH1N1_1]
Hard Edits	
Soft Edits	
AssocHelp	

Section name:	Adult Sexual Identity and Lifestyle Questions

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.405_00.000
Variable Name	ACIBLD12
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross. During the PAST 12 MONTHS, have you donated blood?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Blood donation, past 12 m
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto ACIHIVT]
Hard Edits	
Soft Edits	
AssocHelp	

Section name: **Adult Conditions**

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.154_00.010**
Variable Name	**PREGEVER**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX=2
Universe-text	Female Sample adults 18+
Question Text	Have you ever been pregnant?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Ever been pregnant
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DBHVPAY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.155_00.010**
Variable Name	**DBHVPAY**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following ... Increase your physical activity or exercise?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Physical activity-12M
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DBHVCLY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.155_00.020**
Variable Name	**DBHVCLY**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following... Reduce the amount of fat or calories in your diet?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Reducing fat/calories-12M
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DBHVWLY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.155_00.030**
Variable Name	**DBHVWLY**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary. DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following... Participate in a weight loss program?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Weight loss prog-12M
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DBHVPAN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.155_00.040**
Variable Name	**DBHVPAN**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Are you NOW doing any of the following... Increasing your physical activity or exercise?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Physical activity-now
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DBHVCLN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.155_00.050**
Variable Name	**DBHVCLN**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary. Are you NOW doing any of the following... Reducing the amount of fat or calories in your diet?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Reducing fat/calories-now
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DBHVWLN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.155_00.060**
Variable Name	**DBHVWLN**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary. Are you NOW doing any of the following... Participating in a weight loss program?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Weight loss prog-now
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DIBREL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.155_00.070**
Variable Name	**DIBREL**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes or sugar diabetes? *Include only blood relatives. Do not include step-relatives or those unrelated by blood.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Diabetes relatives
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DIBEV1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.160_00.000**
Variable Name	**DIBEV1**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	?[F1] [Fill1:Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/[Fill2:Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]
Answer Codes	1. Yes 2. No 3. Borderline or prediabetes Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Diabetes - ever
Fill Instructions	Fill1: [If PREGEVER=1 (ever been pregnant)] Fill2: [if SEX ne 2 or PREGEVER ne 1]
Special Instructions	ANSWER categories should appear vertically. If DIBEV1=3 fill "1" in DIBPRE1
Skip Instructions	<1> [goto DIBAGE] <2,R,D> [goto DIBPRE1] <3> [goto DIBTEST]
Hard Edits	
Soft Edits	
AssocHelp	H_DIBEV1

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.160_H**
Variable Name	**H_DIBEV1**
Universe	
Universe-text	
Question Text	Do not include a doctor's diagnosis of prediabetes or borderline diabetes. Do not include a doctor's diagnosis of gestational diabetes or diabetes present only when a woman is pregnant.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: DIBEV1 DIBAGE
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.165_00.000**
Variable Name	**DIBPRE1**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBEV1(e) IN ('2','7','9')
Universe-text	Sample adults 18+ who were never told they had diabetes, or who refused or said don't know to having been told they had diabetes
Question Text	?[F1] Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Pre-diabetic symptoms
Fill Instructions	
Special Instructions	If DIBEV1=3 (Borderline or prediabetes) fill 1 in DIBPRE1
Skip Instructions	<1,2,R,D> [goto DIBTEST]
Hard Edits	
Soft Edits	
AssocHelp	H_DIBEV1

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.167_00.000**
Variable Name	**DIBTEST**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBPRE1(e) IN ('1','2','7','9')
Universe-text	Sample adults 18+ who do not have diabetes
Question Text	About how long has it been since you last had a blood test for high blood sugar or diabetes?
Answer Codes	1. 1 year ago or less 2. More than 1 year, but not more than 2 years ago 3. More than 2 years, but not more than 3 years ago 4. More than 3 years ago 5. Never Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Diabetes test
Fill Instructions	
Special Instructions	Universe includes those who said prediabetes/borderline diabetes at DIBEV1; these people would have had a '1' filled into the DIBPRE1 question and are captured in that universe for this question

Skip Instructions	<1-5,R,D> if DIBPRE1='1' [goto DIBPILL];
	    else if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM];
	    else (SEX=2 and PREGEVER=1) [goto DIBGDM]

Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.170_00.000**
Variable Name	**DIBAGE**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBEV1(e)='1'
Universe-text	Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)
Question Text	?[F1] How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?
Answer Codes	
Question Type	Integer
Field Pane Description	Diabetes - age
Fill Instructions	
Special Instructions	
Skip Instructions	<1-100 R,D> [goto DIBTYPE] If number in DIBAGE greater than person years old (AGE) goto ERR_ DIBAGE
Hard Edits	ERR_ DIBAGE * [Fill1: DIBAGE] years old is older than your age[fill2: AGE]. * Please correct.
Soft Edits	
AssocHelp	H_DIBEV1

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.175_00.010**
Variable Name	**DIBTYPE**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBEV1(e)='1'
Universe-text	Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)
Question Text	What type of diabetes do you have? *Read answer categories below.
Answer Codes	1. Type 1 2. Type 2 3. Other Refused Don't know

Question Type	Pick One - answer list pane
Field Pane Description	Diabetes type
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto DIBPILL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.180_00.000**
Variable Name	**DIBPILL**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (DIBEV1(e)='1') or (DIBPRE1(e)='1')
Universe-text	Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolderance, borderline diabetes, or high blood sugar
Question Text	Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Diabetic pill - now
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto INSLN1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.190_00.000**
Variable Name	**INSLN1**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (DIBEV1(e)='1') or (DIBPRE1(e)='1')
Universe-text	Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar
Question Text	Insulin can be taken by shot or pump. Are you NOW taking insulin?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Insulin - now
Fill Instructions	
Special Instructions	
Skip Instructions	<1> if DIBEV1=1 and INSLN1=1 [goto DIBINS2] else if DIBEV1 ne 1 and (SEX=2 and PREGEVER=1) [goto DIBGDM] else DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM] <2,R,D> SEX=2 and PREGEVER=1 [goto DIBGDM] else if DIBEV1=1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto AHAYFYR] else if DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.190_00.010**
Variable Name	**DIBINS2**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBEV1(e)='1' and INSLN1(e)='1'
Universe-text	Sample adults 18+ with diabetes who have ever taken insulin by shot or pump
Question Text	Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?
Answer Codes	1. Less than 1 month 2. 1 month to less than 6 months 3. 6 months to less than 1 year 4. 1 year or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Insulin-how long
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto DIBINS3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.190_00.020**
Variable Name	**DIBINS3**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBEV1(e)='1' and INSLN1(e)='1'
Universe-text	Sample adults 18+ with diabetes who have ever taken insulin by shot or pump
Question Text	Since you started taking insulin, have you ever stopped taking it for more than 6 months?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Insulin-stopped
Fill Instructions	
Special Instructions	
Skip Instructions	<1> if DIBINS2=1,2,3 [goto DIBINS4]; else if SEX=1 or SEX=2 and PREGEVER=2,R,D [goto AHAYFYR]; else (SEX=2 and PREGEVER=1) [goto DIBGDM] <2,R,D> if (SEX=2 and PREGEVER=1) [goto DIBGDM] else [goto AHAYFYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.190_00.030**
Variable Name	**DIBINS4**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (DIBINS2(e) IN('1','2','3')) and (DIBINS3(e)='1')
Universe-text	Sample adults 18+ who started taking insulin within a year of being diagnosed with diabetes and stopped taking it for more than six months
Question Text	Was this only during the first year after you were diagnosed with diabetes?
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Stopped in 1st year
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]; else (SEX=2 and PREGEVER=1) [goto DIBGDM]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.195_00.010**
Variable Name	**DIBGDM**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (SEX=2 and PREGEVER(e)='1')
Universe-text	Female Sample adults 18+ who have ever been pregnant
Question Text	[Fill1: Were you FIRST told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?/ Were you EVER told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?]
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Gestational diabetes
Fill Instructions	If DIBEV1=1 fill: Were you FIRST told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?; else fill: Were you EVER told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DIBBABY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.197_00.010**
Variable Name	**DIBBABY**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (SEX=2 and PREGEVER(e)='1')
Universe-text	Female Sample adults 18+ who have ever been pregnant
Question Text	Have you EVER had a baby that weighed 9 pounds (4 kg) or more at birth?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Baby 9+ lbs
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if DIBEV1=1 [goto AHAYFYR]; else if DIBEV=2,R,D [goto DIBPRGM]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.198_00.010**
Variable Name	**DIBPRGM**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBEV1(e) not in '1'
Universe-text	Sample adults 18+ who have not been diagnosed with diabetes
Question Text	These next questions are about a year-long program that can help people prevent Type 2 diabetes. This program has weekly sessions during the first 6 months and monthly sessions over the last 6 months. People in the program receive support from a lifestyle coach on achieving and maintaining a healthy lifestyle. Have you EVER participated in this type of year-long program to prevent Type 2 diabetes?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Prevent diabetes program
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto DIBREFER]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.198_00.020**
Variable Name	**DIBREFER**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and DIBEV1(e) not in '1'
Universe-text	Sample adults 18+ who have not been diagnosed with diabetes
Question Text	Has a doctor or other health care professional ever referred you to such a program to prevent Type 2 diabetes?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Refered to program
Fill Instructions	
Special Instructions	
Skip Instructions	<1> if DIBPRGM=1 [goto AHAYFYR]; else if DIBPRGM=2,R,D [goto DIBBEGIN] <2,R,D> [goto DIBBEGIN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.198_00.030**
Variable Name	**DIBBEGIN**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (DIBPRGM(e) ne '1' and DIBREFER(e) ne '1')
Universe-text	Sample adults 18+ who have not participated in a diabetes prevention program and were not referred to one
Question Text	How interested are you in beginning such a year-long program to prevent Type 2 diabetes? Would you say… *Read categories below.
Answer Codes	1. Very interested 2. Somewhat interested 3. Not interested Refused Don't know

Question Type	Pick One - answer list pane
Field Pane Description	Begin program
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto AHAYFYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.010**
Variable Name	**VIM_DREV**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you EVER been told by a doctor or other health professional that you had ...Diabetic retinopathy?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Ever had diabetic retinopathy
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [go to VIMLS_DR] [2,R,D> [goto VIM_CAEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.020**
Variable Name	**VIMLS_DR**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and VIM_DREV(e)='1'
Universe-text	Sample adults 18+ told they have diabetic retinopathy
Question Text	Have you lost any vision because of diabetic retinopathy?
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Loss vision - retinopathy
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto VIM_CAEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.030**
Variable Name	**VIM_CAEV**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. Have you EVER been told by a doctor or other health professional that you had ...Cataracts
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Have cataracts
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [go to VIMLS_CA] [2,R,D> [goto VIM_GLEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.040**
Variable Name	**VIMLS_CA**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and VIM_CAEV(e)='1'
Universe-text	Sample adults 18+ told they have cataracts
Question Text	Have you lost any vision because of cataracts?
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Vision loss cataracts
Fill Instructions	
Special Instructions	
Skip Instructions	[1,2,R,D> [goto VIMCSURG]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.045**
Variable Name	**VIMCSURG**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and VIM_CAEV(e)='1'
Universe-text	Sample adults 18+ ever had cataracts
Question Text	Have you ever had cataract surgery?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Cataract surgery
Fill Instructions	
Special Instructions	
Skip Instructions	<1, 2,R,D> [go to VIM_GLEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.050**
Variable Name	**VIM_GLEV**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. Have you EVER been told by a doctor or other health professional that you had ...Glaucoma?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Have glaucoma
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [go to VIMLS_GL] [2,R,D> [goto VIM_MDEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.060**
Variable Name	**VIMLS_GL**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and VIM_GLEV(e)='1'
Universe-text	Sample adults 18+ told they have glaucoma
Question Text	Have you lost any vision because of glaucoma?
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Lost vision glaucoma
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto VIM_MDEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.070**
Variable Name	**VIM_MDEV**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary. Have you EVER been told by a doctor or other health professional that you had ...Macular Degeneration
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Macular degeneration
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [go to VIMLS_MD]; <2,R,D> and ABLIND=2,R,D,' ' [goto VIMGLASS] else if <2,R,D> and ABLIND=1 [goto AVISREH]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.080**
Variable Name	**VIMLS_MD**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and VIM_MDEV(e)='1'
Universe-text	Sample adults 18+ told they have macular degeneration
Question Text	Have you lost any vision because of macular degeneration?
Answer Codes	1. Yes 2. No Refused Don't know

Question Type	Yes/No
Field Pane Description	Vision loss macular degeneration
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>and ABLIND=2,R,D,' ' [goto VIMGLASS]; else <1,2,R,D> and ABLIND=1 [goto AVISREH]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.100**
Variable Name	**VIMGLASS**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ABLIND(e) IN('2','7','9,')
Universe-text	Sample adults 18+ who are not blind
Question Text	Do you currently wear eyeglasses or contact lenses?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Wear eyeglasses
Fill Instructions	
Special Instructions	
Skip Instructions	<1,> [go to VIMREAD]; <2,R,D> and AVISION=1 [go to AVISREH]; else <2,R,D> and AVISION=2,R,D [goto AVDF_NWS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.110**
Variable Name	**VIMREAD**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and VIMGLASS(e)='1'
Universe-text	Sample adults 18+ wear glasses or contacts
Question Text	Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Glasses to read books
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [go to VIMDRIVE]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.120**
Variable Name	**VIMDRIVE**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and VIMGLASS(e)='1'
Universe-text	Sample adults 18+ wear glasses or contacts
Question Text	Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Glasses to drive
Fill Instructions	
Special Instructions	

Skip Instructions	<1,2,R,D> and
	    If AVISION=1 [go to AVISREH];
	    Else if AVISION=2,R,D [goto AVDF_NWS]

Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.130**
Variable Name	**AVISREH**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AVISION(e)='1'
Universe-text	Sample adults 18+ who have trouble seeing
Question Text	Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Vision rehab
Fill Instructions	
Special Instructions	
Skip Instructions	<1 2,R,D> [goto AVISDEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.440_00.140**
Variable Name	**AVISDEV**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AVISION(e)='1'
Universe-text	Sample adults 18+ who have trouble seeing
Question Text	Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Use adaptive devices
Fill Instructions	
Special Instructions	
Skip Instructions	<1 2,R,D> and if ABLIND = 2,R,D then [goto AVDF_NWS]; else <1,2,R,D> and ABLIND=1 [goto AVISEXAM]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.441_00.010**
Variable Name	**AVDF_NWS**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ABLIND(e) IN('2','7','9,')
Universe-text	Sample adults 18+ who are not blind
Question Text	[Fill1: Even when wearing glasses or contact lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you ...To read ordinary print in newspapers *Read categories below.
Answer Codes	0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyesight 6. Do not do this activity for other reasons Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Read newsprint
Fill Instructions	Fill1: when VIMGLASS=1 Fill2: when VIMGLASS=2,R,D
Special Instructions	
Skip Instructions	<0-4,6,R,D> [goto AVDF_CLS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.441_00.020**
Variable Name	**AVDF_CLS**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ABLIND(e) IN('2','7','9,')
Universe-text	Sample adults 18+ who are not blind
Question Text	*Read if necessary: [Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you ...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house or using hand tools *Read categories below.
Answer Codes	0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyesight 6. Do not do this activity for other reasons Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	See up close
Fill Instructions	Fill1: when VIMGLASS=1 Fill2: when VIMGLASS=2,R,D
Special Instructions	
Skip Instructions	<0-4,6,R,D> [goto AVDF_NIT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.441_00.030**
Variable Name	**AVDF_NIT**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ABLIND(e) IN('2','7','9,')
Universe-text	Sample adults 18+ who are not blind
Question Text	*Read if necessary: [Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you ...To go down steps, stairs, or curbs in dim light or at night *Read categories below.
Answer Codes	0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyesight 6. Do not do this activity for other reasons Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Go down steps
Fill Instructions	Fill1: when VIMGLASS=1 Fill2: when VIMGLASS=2,R,D
Special Instructions	
Skip Instructions	<0-4,6,R,D> [goto AVDF_DRV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.441_00.040**
Variable Name	**AVDF_DRV**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ABLIND(e) IN('2','7','9,')
Universe-text	Sample adults 18+ who are not blind
Question Text	*Read if necessary: [Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you ...To drive during daytime in familiar places *Read categories below.
Answer Codes	0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyesight 6. Do not do this activity for other reasons Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Drive
Fill Instructions	Fill1: when VIMGLASS=1 Fill2: when VIMGLASS=2,R,D
Special Instructions	
Skip Instructions	<0-4,6,R,D> [goto AVDF_PER]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.441_00.050**
Variable Name	**AVDF_PER**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ABLIND(e) IN('2','7','9,')
Universe-text	Sample adults 18+ who are not blind
Question Text	*Read if necessary: [Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you ...To notice objects off to the side while you are walking along *Read categories below.
Answer Codes	0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyesight 6. Do not do this activity for other reasons Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Notice objects while walking
Fill Instructions	Fill1: when VIMGLASS=1 Fill2: when VIMGLASS=2,R,D
Special Instructions	
Skip Instructions	<0-4,6,R,D> [goto AVDF_CRD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.441_00.060**
Variable Name	**AVDF_CRD**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ABLIND(e) IN('2','7','9,')
Universe-text	Sample adults 18+ who are not blind
Question Text	*Read if necessary: [Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you ...To find something on a crowded shelf *Read categories below.
Answer Codes	0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyesight 6. Do not do this activity for other reasons Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Crowded shelf
Fill Instructions	Fill1: when VIMGLASS=1 Fill2: when VIMGLASS=2,R,D
Special Instructions	
Skip Instructions	<0-4,6,R,D> [goto AVISEXAM]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.442_00.010**
Variable Name	**AVISEXAM**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
Answer Codes	1. Less than one month 2. 1-12 months 3. 13-24 months 4. More than 2 years 5. Never Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Dilated pupils
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto AVISACT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.442_00.020**
Variable Name	**AVISACT**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, mowing the lawn, wood working, or working with chemicals.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Hobbies that cause eye injuries
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AVISPROT] <2,R,D> [goto LUPPRT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.442_00.030**
Variable Name	**AVISPROT**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AVISACT(e)='1'
Universe-text	Sample adults 18+ and do participate in activities that can cause eye injury
Question Text	When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?
Answer Codes	1. Always 2. Most of the time 3. Some of the time 4. None of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Eye protection
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto LUPPRT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.460_00.010**
Variable Name	**CHPAIN6M**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	In the past six months, how often did you have pain? Would you say... *Read answer categories below.
Answer Codes	1. Never 2. Some days 3. Most days 4. Every day Refused Don't know

Question Type	Pick One - answer list pane
Field Pane Description	Chronic pain
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto PAINLMT] <2,R,D> [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**16**
Section Name	**Adult Conditions**
Part	
Question ID	**ACN.460_00.020**
Variable Name	**PAINLMT**
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and CHPAIN6M(e) IN('2','3','4')
Universe-text	Sample adults 18+ who had chronic pain in the past 6 months
Question Text	Over the past six months, how often did pain limit your life or work activities? Would you say... *Read answer categories below.
Answer Codes	1. Never 2. Some days 3. Most days 4. Every day Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Pain limitations
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto the next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	11
Section Name	Child Conditions, Limitations, Health Status
Part	
Question ID	CHS.270_00.010
Variable Name	CVISTST
Universe	HHSTAT4='C' and (AGE LE '005' and AGE NE ' ') and CBLIND(e) NE '1'
Universe-text	Sample children <6 who is not blind
Question Text	?[F1] Has [fill: SC name] EVER had [fill: his/her] vision tested by a doctor or other health professional?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Vision tested
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CVISLT] <2,R,D> [go to IHSPEQ]
Hard Edits	
Soft Edits	
AssocHelp	H_CVISTST

Module	**11**
Section Name	**Child Conditions, Limitations, Health Status**
Part	
Question ID	**CHS.270_00.010_H**
Variable Name	**H_CVISTST**
Universe	
Universe-text	
Question Text	A vision test typically includes checking for visual activity by looking at an eye chart, measuring eye muscle control and eye coordination, and checking the inside and outside of the eye. Health professionals include optometrists, ophthalmologists, physicians, nurses, and physician assistants.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	**11**
Section Name	**Child Conditions, Limitations, Health Status**
Part	
Question ID	**CHS.270_00.020**
Variable Name	**CVISLT**
Universe	HHSTAT4='C' and (AGE LE '005' and AGE NE ' ') and CVISTST(e)='1'
Universe-text	Sample children <6 ever had vision tested
Question Text	When was [fill: his/her] vision last tested?
Answer Codes	1. In the last 12 months 2. In the last 13-24 months 3. Over 24 months Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Last time vision tested
Fill Instructions	
Special Instructions	Do not display answer categories with age ranges greater than respondent's age. For example, if the Sample Child is 1, do not display category 3.
Skip Instructions	<1-3,R,D> [go to IHSPEQ]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**11**
Section Name	**Child Conditions, Limitations, Health Status**
Part	
Question ID	**CHS.270_00.025**
Variable Name	**CVISGLAS**
Universe	HHSTAT4='C' and ('006' <= AGE <= '017') and CBLIND(e) NE '1'
Universe-text	Sample children <18 who is not blind
Question Text	Does [fill: SC name] wear eyeglasses or contact lenses?
Answer Codes	1. Yes 2. No Refused Don't Know

Question Type	Yes/No
Field Pane Description	Wear eyeglasses
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CVISDIST] <2,R,D> [go to CVISACT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**11**
Section Name	**Child Conditions, Limitations, Health Status**
Part	
Question ID	**CHS.270_00.030**
Variable Name	**CVISDIST**
Universe	HHSTAT4='C' and ('006' <= AGE <= '017') and CVISGLAS(e)='1'
Universe-text	Sample children <18 wear glasses or contact lenses
Question Text	Does [fill: SC name] wear eyeglasses or contact lenses to read road and street signs, see the blackboard, play sports, watch TV, or see things in the distance?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	See road signs
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [go to CVISREAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**11**
Section Name	**Child Conditions, Limitations, Health Status**
Part	
Question ID	**CHS.270_00.035**
Variable Name	**CVISREAD**
Universe	HHSTAT4='C' and ('006' <= AGE <= '017') and CVISGLAS(e)='1'
Universe-text	Sample children <18 wear glasses or contact lenses
Question Text	Does [fill: SC name] wear eyeglasses or contact lenses to read books, write, play hand-held games, or do other things that require [fill: her/him] to see well up close?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Read books
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [AGE GE 6 go to CVISACT; else go to IHSPEQ]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**11**
Section Name	**Child Conditions, Limitations, Health Status**
Part	
Question ID	**CHS.270_00.040**
Variable Name	**CVISACT**
Universe	HHSTAT4='C' and ('006' <= AGE <= '017')
Universe-text	Sample children 6-17
Question Text	Does [fill: SC name] participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, soccer and mowing the lawn.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Participate in sports
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [go to CVISPROT] <2,R,D> [go to IHSPEQ]
Hard Edits	
Soft Edits	
AssocHelp	

Module	**11**
Section Name	**Child Conditions, Limitations, Health Status**
Part	
Question ID	**CHS.270_00.050**
Variable Name	**CVISPROT**
Universe	HHSTAT4='C' and ('006' <= AGE <= '017') and CVISACT(e)='1'
Universe-text	Sample children 6-17 participate in sports that cause eye injuries
Question Text	When doing these activities, on average, does [fill: he/she] wear eye protection always, most of the time, some of the time, or none of the time?
Answer Codes	1.Always 2.Most of the time 3.Some of the time 4.None of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Wear eye protection
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [go to IHSPEQ]
Hard Edits	
Soft Edits	
AssocHelp	