## 2016 Q1 NHIS Instrument Spec Report

Section nar	ne: Adult Identification and Verification	
Module	14	
Section Name	Adult Identification and Verification	
Part		
Question ID	AID.005	
Variable Name	SADULT	
Universe	HHSTAT4 = 'S' and (ASTAT = empty or ASTAT = '2')	
Universe-text	This is the Sample Adult and (the Sample Adult section has not been started or completed).	
Question Text	* The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].	
	* If refused enter CTRL-R	
Answer Codes	Available     Not Available     Physical or Mental condition prohibits responding     Refused	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Sample Adult Available	
Fill Instructions		
Special Instructions	Do not allow "Don't Know" as an answer.	
	Display the description of the answer code entered in this question to the right of the answer box in the field pane, e.g., if '1' is entered, display 'Available'; if 'Refused' is entered, display 'Refused'.	
Skip Instructions	<1> if Sample Adult = demographics.hhc.RELRESP_A         [goto beginning of adult.asd]         elseif Sample Adult = demographics.hhc.HHRESP         [goto beginning of adult.asd]         else         [goto AIDVERF_S]         endif <2> [goto callbk.ACALLBK1] <3> [goto PROX1] <r>        store '4' in ASTAT         if recontact.RCIFLAG ne '1'             [goto recontact.RCI_BEGIN procedure]         else             [goto back.OUTCOMEB1 procedure]</r>	
	endif	
Hard Edits	endif	

AssocHelp	
Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.010
Variable Name	PROX1
Universe	SADULT(e)='3'
Universe-text	The Sample Adult's physical or mental condition prohibits responding.
Question Text	* Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.  Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?
A Co dos	-
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Descripti	on Proxy Available
Fill Instructions	
Special Instructions	Do not allow "Don't Know" or "Refused" as an answer.
	Display the description of the answer code entered in this question to the right of the answer box in the field pane, e.g., if '2' is entered, display 'No'.
Skip Instructions	<1> [goto PROX2] <2> [goto PROX3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.015
Variable Name	PROX2
Universe	PROX1 = '1'
Universe-text	Knowledgeable proxy is available.
Question Text	* Ask if necessary.
	What is this person's relationship to [fill: ALIAS of Sample Adult]?
Answer Codes	1. Relative who lives in household 2. Relative who doesn't live in household 3. Other caregiver 4. Other
Question Type	Pick One - answer list pane
Field Pane Descripti	Proxy's Relationship to Sample Adult
Fill Instructions	
Special Instructions	Do not allow "Don't Know" or "Refused" as an answer.
Skip Instructions	<1-4> [goto AIDVERF_S]
Hard Edits	
Soft Edits	
AssocHelp	

Module	14	
Section Name	Adult Identification and Verification	ation
Part		
Question ID	AID.020	
Variable Name	PROX3	
Universe	PROX1 = '2'	
Universe-text	Knowledgeable proxy is not ava	ailable.
Question Text	*Ask if necessary.	
	Can a callback with someone k health be arranged?	nowledgeable about [fill: ALIAS of Sample Adult]'s
Answer Codes	1. Yes 2. No	
Question Type	Yes/No	
Field Pane Descripti	on Arrange Proxy Callback	
Fill Instructions		
Special Instructions	Do not allow "Don't Know" or "F	Refused" as an answer.
		nswer code entered in this question to the right of the g., if '1' is entered, display 'Yes'.
Skip Instructions	<1> [goto callbk.ACALLBK1] <2> store '3' in ASTAT     if recontact.RCIFLAG ne '1'        [goto recontact.RCI_BEGIN procedure]     else        [goto back.OUTCOMEB1 procedure]     endif	
Hard Edits		
Soft Edits		
AssocHelp		

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.025
Variable Name	SADATE
Universe	(SADULT = '1' (available)) or (SADULT = '3' (condition prohibits responding) and PROX1 = '1' (yes) and PROX2 = response)
Universe-text	Sample Adult section has been started with either the Sample Adult or a proxy.
Question Text	
Answer Codes	
Question Type	Output Storage Variable
Field Pane Description	on
Fill Instructions	
Special Instructions	Set only if SADATE = empty
	If SADULT = '1' (available) set SADATE = CDATE (current date) (now called ComputationDate) elseif SADULT = '3' (condition prohibits responding) and PROX1 = '1' (yes) and PROX2 = response set SADATE = CDATE (current date) (now called ComputationDate) endif  This is an output variable that should be in the format 'MMDDYYYY'.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.026
Variable Name	SATIME
Universe	(SADULT = '1' (available)) or (SADULT = '3' (condition prohibits responding) and PROX1 = '1' (yes) and PROX2 = response)
Universe-text	Sample Adult section has been started with either the Sample Adult or a proxy.
Question Text	
Answer Codes	
Question Type	Output Storage Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Set only if SATIME = empty
	If SADULT = '1' (available) set SATIME = current time elseif SADULT = '3' (condition prohibits responding) and PROX1 = '1' (yes) and PROX2 = response set SATIME = current time endif  This is an output variable that should be in the format 'HH:MM [ fill:a.m./p.m.]'.
	This is an output variable that should be in the format Thinwill [mi.a.m./p.m.].
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	14	
Section Name	Adult Identification and Verification	
Part		
Question ID	AID.030	
Variable Name	AIDVERF_S	
Universe	(RELRESP_A ne Sample Adult and HHRESP ne Sample Adult) or PROX1 = '1'	
Universe-text	Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.	
Question Text	* Please verify the following information about the sample adult before proceeding:	
	I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?	
	*If respondent "refuses" or says "don't know", enter "1" for "yes".	
Answer Codes	1. Yes 2. No	
Question Type	Yes/No	
Field Pane Descripti	on Verified Adult's Sex	
Fill Instructions		
Special Instructions	Do not allow "Don't Know" or "Refused" as an answer.	
	Display the description of the most recently updated sex to the right of the answer be in the field pane, e.g., if '1' is the current answer, display 'Male'.	ох
Skip Instructions	<1> [goto AIDVERF_A] <2> [goto AIDSEX]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.040
Variable Name	AIDSEX
Universe	AIDVERF_S = '2' (No)
Universe-text	Respondent said his/her sex is not correct.
Question Text	Are you Male or Female?
	*If don't know or refused enter your best guess.
Answer Codes	1. Male 2. Female
Question Type	Pick One - answer list pane
Field Pane Descripti	Adult's Revised Sex
Fill Instructions	
Special Instructions	Do not allow "Don't Know" or "Refused" as an answer.
	Display the description of the sex for the answer entered in this question to the right of the answer box in the field pane, e.g., if '2' is entered, display 'Female'.
Skip Instructions	<1,2> store AIDSEX in SEX [goto ERR_AIDSEX] reset AIDVERF_S [goto AIDVERF_S]
Hard Edits	ERR_AIDSEX
	*The gender will now be changed to [fill: AIDSEX].
	goto AIDVERF_S (as the default goto)
Soft Edits	
AssocHelp	

Module	14		
Section Name	Adult Identification and Verifica	tion	
Part			
Question ID	AID.045		
Variable Name	AIDVERF_A		
Universe	AIDVERF_S = '1'		
Universe-text	Sample Adult said his/her sex is	correct.	
Question Text	* Please verify the following info	rmation about the sample	adult before proceeding:
	I have recorded your age as [fill:	Age of Sample Adult] old	. Is this correct?
	*If respondent "refuses" or says	"don't know", enter "1" for	"yes".
Answer Codes	1. Yes 2. No		
Question Type	Yes/No		
Field Pane Descripti	on Verified Adult's Age		
Fill Instructions	If Sample Adult's age in AGE is [fill: <age> years] else [fill: less than a year] endif</age>	> "0"	
Special Instructions	Do not allow "Don't Know" or "R	efused" as an answer.	
	Display the most recently update pane, e.g., if the age is '32' displyears, display 'less than a year of it is here just in case.	ay '32 years old'. For the	case where the age is '0'
Skip Instructions	<1> [goto AIDVERF_D] <2> [goto AIDAGE]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.050
Variable Name	AIDAGE
Universe	AIDVERF_A = '2' (No)
Universe-text	Respondent said his/her age is not correct
Question Text	How old are you?
Answer Codes	
Question Type	Integer
Field Pane Descripti	
Fill Instructions	
Special Instructions	Hard code the phrase 'year(s) old' to the right of the answer box in the field pane.
Skip Instructions	<0-120, Refused, Don't know>     if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE     reset AIDVERF_A     [goto ERR_AIDAGE]     else     store AIDAGE in AGE     [goto AIDDOB_M]
Hard Edits	
Soft Edits	ERR_AIDAGE
	*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.
	goto AIDVERF_A (whether suppressed or not)
AssocHelp	

Module	14		
Section Name	Adult Identification and Verification	ation	
Part			
Question ID	AID.055		
Variable Name	AIDVERF_D		
Universe	AIDVERF_A = '1'		
Universe-text	Sample Adult said his/her age i	s correct.	
Question Text	* Please verify the following info	ormation about the sample ad	dult before proceeding:
	I have recorded your birthday a	s [fill: Birthday of Sample Adu	ult]. Is this correct?
	*If respondent "refuses" or says	don't know", enter "1" for "y	es".
Answer Codes	1. Yes 2. No		
Question Type	Yes/No		
Field Pane Descripti	on Verified Adult's Date of Bi	rth	
Fill Instructions	[fill: <dobm> <dobd>, <dob' "blar<="" "don't="" know",="" month,="" name="" not="" of="" or="" otherwise="" th="" the=""><th>number. For any part of the</th><th></th></dob'></dobd></dobm>	number. For any part of the	
Special Instructions	Do not allow "Don't Know" or "F	Refused" as an answer.	
•	Display the Sample Adult's date for any part of the birth date th "?" for that field.		
Skip Instructions	<1> if AGE of Sample Adult le '     [goto NO_MORE]     else     [goto beginning of adult.a     endif <2> [goto AIDDOB_M]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.060_1
Variable Name	AIDDOB_M
Universe	AIDVERF_D = '2' (No) or AIDVERF_A = '2' (No)
Universe-text	Respondent said his/her date of birth is not correct or his/her age is not correct
Question Text	1 of 3
	What is your birthday?
	*Enter month of birth.
Answer Codes	<ol> <li>January</li> <li>February</li> <li>March</li> <li>April</li> <li>May</li> <li>June</li> <li>July</li> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> <li>Refused</li> <li>Don't know</li> </ol>
Question Type	Pick One - answer list pane
Field Pane Descripti	Adult's Revised Month of Birth
Fill Instructions	
Special Instructions	Display the name of the month for the answer entered in this question to the right of the answer box in the field pane, e.g., if '10' is entered, display 'October'. If 'Refused' or 'Don't know' is entered, do not display anything to the right of the answer box.
Skip Instructions	<01-12,R, D> [goto AIDDOB_D]
Hard Edits	
Soft Edits	
AssocHelp	

Module	14	
Section Name	Adult Identification and Verification	
Part		
Question ID	AID.060_2	
Variable Name	AIDDOB_D	
Universe	AIDVERF_D = '2' (No) or AIDVERF_A = '2' (No)	
Universe-text	Respondent said his/her date of birth is not correct or his/her age is not correct	
Question Text	2 of 3	
	*Enter day of birth.	
Answer Codes		
Question Type	Integer	
Field Pane Description Adult's Revised Day of Birth		
Fill Instructions	[fill2: AIDDOB_M] = month of birth, where <aiddob_m> should be filled with the name of the month, not the number.</aiddob_m>	
Special Instructions	Only allow valid days for month entered.	
Skip Instructions	<01-31,R,D> [goto AIDDOB_Y]	
	If days not valid, [goto ERR_AIDDOB_D]	
Hard Edits	ERR_AIDDOB_D	
	*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M]. *Please correct.	
Soft Edits		
AssocHelp		

14 Module Adult Identification and Verification Section Name Part **Question ID** AID.060 3 Variable Name AIDDOB Y AIDVERF D = '2' (No) or AIDVERF A = '2' (No) Universe Universe-text Respondent said his/her date of birth is not correct or his/her age is not correct 3 of 3 Question Text \*Enter year of birth. **Answer Codes Question** Type Integer Field Pane Description Adult's Revised Year of Birth [fill1: <AIDDOB M> <AIDDOB D>, <AIDDOB Y>] = date of birth, where <AIDDOB M> Fill Instructions should be filled with the name of the month, not the number. For any part of the birth date that is "refused", "don't know", or otherwise "blank", put a "?" for that field. [fill3: <DOBM> <DOBD>, <DOBY>] = date of birth, where <DOBM> should be filled with the name of the month, not the number. For any part of the birth date that is "refused", "don't know", or otherwise "blank", put a "?" for that field. **Special Instructions** <1880-2020, R, D> if AIDVERF A = '2' (No) then reset AIDVERF A to empty Skip Instructions [goto AIDVERF A] elseif AIDVERF D = '2' (No) then reset AIDVERF\_D to empty [goto AIDVERF\_D] endif (if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day) [goto ERR1\_AIDDOB\_Y] endif (if birth month = '02' and birth day = '29' and this is not a leap year) [goto ERR2 AIDDOB Y] endif (if AIDDOB M = 'Ref' or 'DK') or (if AIDDOB D = 'Ref or 'DK') or (if AIDDOB Y = 'Ref' or 'DK') goto ERR3 AIDDOB Y else store AIDDOB M in DOBM store AIDDOB\_D in DOBD store AIDDOB Y in DOBY if AIDVERF\_A = '2' (No) then reset AIDVERF\_A to empty goto AIDVERF\_A elseif AIDVERF\_D = '2' (No) then reset AIDVERF\_D to empty

goto AIDVERF\_D endif endif Calculate age from AIDDOB\_M, AIDDOB\_D, and AIDDOB\_Y. if age from AIDDOB items is ne AGE and age from AIDDOB items is valid reset AIDVERF\_A or AIDVERF\_D. goto ERR4\_AIDDOB Y endif ERR1 AIDDOB Y \*Future date invalid: [fill1: <AIDDOB M> <AIDDOB D>, <AIDDOB Y>] \*Please correct. goto AIDDOB\_M (whether suppressed or not) ERR2\_AIDDOB\_Y \*Not a valid day: [fill1: <AIDDOB\_M> <AIDDOB\_D>, <AIDDOB\_Y>] \*Please correct. goto AIDDOB\_M (whether suppressed or not) ERR3 AIDDOB Y

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

goto AIDVERF\_A (whether suppressed or not)

ERR4\_AIDDOB\_Y

- \* Data mismatched. Please fix Age or Birthday.
- \* If still cannot reconcile, enter 'Don't know' for year of birth.
- \* Please correct.

## Soft Edits

Hard Edits

## **AssocHelp**

Module	14		
Section Name	Adult Identification and Verification		
Part			
Question ID	AID.070		
Variable Name	NO_MORE		
Universe	[(ASTAT = empty or ASTAT = '2') and HHSTAT4 = 'S' and AGE le '17']		
Universe-text	Sample adult whose age is now less than or equal to 17		
Question Text	* [fill: ALIAS of Sample Adult] is no longer the sample adult for this family.		
	* You may need to ask additional questions before continuing with the rest of the interview.		
Answer Codes	1. Enter 1 to Continue		
Question Type	Enter 1 to Continue		
Field Pane Descript	This Person No Longer Sample Adult		
Fill Instructions			
Special Instructions	tions		
Skip Instructions	Do not allow "Don't Know" or "Refused" as an answer.  <1> (Search and count the number of persons in the family 18+ years old.)  [if (age is now 14-17 inclusive) and (person is married or living with a partner or there is no one over 17 years old in the family)]  store 'E' in HHSTAT4  store '0' in ASTAT  if recontact.RCIFLAG ne '1'  [goto recontact.RCI_BEGIN procedure]  else  [goto back.OUTCOMEB1 procedure]  endif  else  store empty in HHSTAT4  store '0' in ASTAT  if recontact.RCIFLAG ne '1'  goto recontact.RCI_BEGIN procedure  else  goto back.OUTCOMEB1 procedure  else  goto back.OUTCOMEB1 procedure  else  goto back.OUTCOMEB1 procedure  endif  endif		
Hard Edits			
Soft Edits			
AssocHelp			

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.075
Variable Name	AAGECHG
Universe	HHSTAT4 = 'S' and ((AIDAGE ne empty and AIDAGE ne original age) OR (AIDSEX ne empty and AIDSEX ne original sex))
Universe-text	Person is SA and (there is a sex change or an age change)
Question Text	* Because you changed the Sample Adult's sex and / or sex, you may need to ask additional questions before continuing with the rest of the interview.
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	14		
Section Name	Adult Identification and Verification	ition	
Part			
Question ID	AID.082		
Variable Name	LNKINTRO		
Universe	HHSTAT4 = 'S'		
Universe-text	Sample Adults 18+		
Question Text	?[F1]		
	We would like the last four digits of your Social Security Number [Fill:]. This information will help us link your survey data with health-related records of other government agencies, and allow us to conduct additional research without taking up your time with more questions. The National Center for Health Statistics uses this information for research purposes only. Providing this information is voluntary. Federal laws authorize us to ask for this information and require us to keep it strictly private. There will be no effect on your benefits if you do not provide this information.  * Read if necessary: The specific federal laws are the Public Health Service Act (Title 42, United States Code, Section 242K) and the Confidential Information Protection and Statistical Efficiency Act (Title V of Public Law 107-347).  * Enter '1' to continue.		
Answer Codes			
Question Type	Enter 1 to Continue		
Field Pane Descripti	iption Linkage intro		
Fill Instructions	Fill: If sample adult has Medicare (HIKIND=2 or HIKIND=3 or MCAREPRB=1), then fill ", and the last four numbers and any letters of your Medicare number" else fill nothing		
Special Instructions	QUESTION SHOULD APPEAR AT THE END OF THE SAMPLE ADULT CORE AND SUPPLEMENT QUESTIONS.		
Skip Instructions	<1,D> [goto SASSN4] <r> [goto SARLINK]</r>		
Hard Edits			
Soft Edits			
AssocHelp	H_LNKINTRO		

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.082_H
Variable Name	H_LNKINTRO
Universe	
Universe-text	
Question Text	NHIS data have been linked with health-related records of government agencies such as the Centers for Medicare and Medicaid Services and the Social Security Administration. NHIS data have also been linked with death certificate data stored in the National Death Index (NDI). The NDI is a database of death certificate information provided to NCHS by State offices.  All personal identifying information is removed from the linked data files.  These are some examples of possible research studies using NHIS data together with other health-related records or the NDI:  [blt] Predicting the number of disabled persons in the U.S. based on health conditions reported in the NHIS. [blt] Predicting the costs of Medicare based on health conditions reported in the NHIS. [blt] Studying the risk of certain diseases for persons with and without health insurance. [blt] Studying the health characteristics of people who retire early. [blt] Calculating how long a person in the U.S. might live, based on his or her education, income, or race and ethnicity.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:  LNKINTRO SARLINK SASSN4 SCSSN4 SCRLINK
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHeln	

14 Module Adult Identification and Verification Section Name Part **Question ID** AID.085 Variable Name SASSN4 HHSTAT4 = S and (LNKINTRO= '1' or LNKINTRO = 'don't know') Universe Sample adults 18+ who answered "Enter 1 to continue" or "don't know" at LNKINTRO Universe-text ?[F1] Question Text What are the last four digits of your Social Security Number? \* Read if necessary: Providing this information is voluntary. Federal laws authorize us to ask for this information and require us to keep it strictly private (Public Health Service Act, which is Title 42, United States Code, Section 242K; and the Confidential Information Protection and Statistical Efficiency Act, which is Title V of Public Law 107-347). \* Enter 'N' if no Social Security Number. Answer Codes Question Type Integer Field Pane Description SSN Fill Instructions Allow 4 digits. QUESTION SHOULD APPEAR AT THE END OF THE SAMPLE Special Instructions ADULT CORE AND SUPPLEMENT QUESTIONS. NOTE: THIS QUESTION ACTUALLY APPEARS AT THE END OF THE SAMPLE ADULT QUESTIONS INCLUDING ANY SUPPLEMENT QUESTIONS IN THE INSTRUMENT. THIS IS LOCATED HERE BECAUSE NCHS WANTED THE OUTPUT DATA TO CONTAIN THIS INFORMATION HERE.---T.M. Skip Instructions <0001-9999> if SCSSN4=SASSN4 goto ERR2 SASSN4]; else [goto SASSNRP4] <0-999> [goto ERR\_SASSN4] <0000> [goto ERR3\_SASSN4] <N,R,D> if HIKIND=2 or HIKIND = 3 or MCAREPRB=1 [goto SAMCNO4] else [goto SARLINK] Hard Edits **ERR SASSN4** \* You must enter all four of the last four digits of the Social Security Number. \*Please correct. ERR3 SASSN4

\* The last 4 digits of a SSN may be between 0001-9999.

	* Please correct.  * For a respondent who does not want to provide the SSN, enter 'Ctrl D' or 'Ctrl R' for 'Don't Know' or 'Refused.'  ERR2_SASSN4		
Soft Edits			
	*The last four digits of [fill: ALIAS of Sample Adult]'s Social Security Number are the same as the last four digits of [SC name]'s Social Security Number. Please verify.		
	*First goto change Sample Adult's SSN at SASSN4 *Second goto change Sample Child's SSN at SCSSN4		
AssocHelp	H_LNKINTRO		
Module	14		
Section Name	Adult Identification and Verification		
Part			
Question ID	AID.090		
Variable Name	SASSNRP4		
Universe	HHSTAT4 = S and ('0000' <= SASSN4 <='9999')		
Universe-text	Sample adult reported the last four digits of the SSN at SASSN4		
Question Text	* Enter how the last four digits of the Social Security Number were reported.		
Answer Codes	From memory     From records		
Question Type	Pick One - answer list pane		
Field Pane Descripti	on SSN memory or records		
Fill Instructions			
Special Instructions	Do not allow Refused or Don't know		
	QUESTION SHOULD APPEAR AT THE END OF THE SAMPLE ADULT CORE AND SUPPLEMENT QUESTIONS.		
Skip Instructions	<1,2> [goto SASSNTL4]		

**Hard Edits** 

Soft Edits

**AssocHelp** 

Module	14	
Section Name	Adult Identification and Verification	
Part		
Question ID	AID.095	
Variable Name	SASSNTL4	
Universe	HHSTAT4 = S and (SASSNRP4 = 1 or 2)	
Universe-text	Recorded how last four digits of the sample adult's SSN were reported	
Question Text	* Select one category below to indicate reporting of the last four digits of the Social Security Number.	
Answer Codes	1. In person 2. Telephone	
Question Type	Pick One - answer list pane	
Field Pane Descripti	SSN in person or phone	
Fill Instructions		
Special Instructions	Do not allow Refused or Don't know	
	QUESTION SHOULD APPEAR AT THE END OF THE SAMPLE ADULT CORE AND SUPPLEMENT QUESTIONS.	
	NOTE: THIS IS LOCATED HERE BECAUSE NCHS WANTED THE OUTPUT DATA TO CONTAIN THIS INFORMATION HERET.M.	
Skip Instructions	<1,2> if HIKIND= 2 or HIKIND = 3 or MCAREPRB=1 [goto SAMCNO4] else [goto AWB.AWEBUSE (AWB.010_00.000)]	
Hard Edits		
Soft Edits		
AssocHelp		

14 Module Adult Identification and Verification Section Name Part **Question ID** AID.100 1 Variable Name SAMCNO4 HHSTAT4 = S and (LNKINTRO = 1 or LNKINTRO = don't kow) and (HIKIND = 2 or Universe HIKIND = 3 or MCAREPRB = 1)Sample adult has Medicare Universe-text ? [F1] **Ouestion Text** 1 of 2 May I please see your Medicare card to record the last four numbers and any letters of the Health Insurance Claim Number? \* Read if necessary: Providing this information is voluntary. Federal laws authorize us to ask for this information and require us to keep it strictly private (Public Health Service Act, which is Title 42, United States Code, Section 242K; and the Confidential Information Protection and Statistical Efficiency Act, which is Title V of Public Law 107-347). \* Reports from memory are acceptable if the Medicare card (or some other form of documentation) is not available. \* Enter the last four numbers. **Answer Codes** Question Type Integer Field Pane Description Medicare number Fill Instructions Allow 4 digits. QUESTION SHOULD APPEAR AT THE END OF THE SAMPLE **Special Instructions** ADULT CORE AND SUPPLEMENT QUESTIONS. If SAMCNO4 = 'Refused' set SAMCNO4 FLG = 'R' elseif SAMCNO4 = 'Don't know' set SAMCNO4 FLG = 'D' else set SAMCNO4\_FLG = empty endif <0000-9999> [goto SAMCLET] Skip Instructions <0-999> [goto ERR SAMCNO4] <R,D> [goto SARLINK] **ERR SAMCNO4** Hard Edits \* You must enter all four of the last four numbers of the Medicare number.

\* Please correct.

Soft Edits			
AssocHelp	H_SAMCNO4		
Module	14		
Section Name	Adult Identification and Verification		
Part			
Question ID	AID.100_2		
Variable Name	SAMCLET		
Universe	HHSTAT4 = S and SAMCNO4 = 0000 - 9999		
Universe-text	Sample adult has Medicare and reported the last four numbers of the Medicare number		
Question Text	2 of 2		
	*Enter the letters that appear after the claim number.		
Answer Codes	empty, A - Z, AA - ZZ		
Question Type	Text		
Field Pane Descripti	on Letters		
Fill Instructions			
Special Instructions	Allow up to 2 letters and allow 'empty'. QUESTION SHOULD APPEAR AT THE END OF THE SAMPLE ADULT CORE AND SUPPLEMENT QUESTIONS.		
Skip Instructions	<pre><allow 'don't="" 'refused',="" 2,="" know'=""> if SASSN4 = 0000-9999</allow></pre>		
Hard Edits			
Soft Edits			
AssocHelp			

Module	14
Section Name	Adult Identification and Verification
Part	
Question ID	AID.100_3
Variable Name	SAMCNO4_FLG
Universe	
Universe-text	
Question Text	
Answer Codes	
Question Type	**Instrument variable**
Field Pane Descripti	on
Fill Instructions	
Special Instructions	If SAMCNO4 = 'Refused' set SAMCNO4_FLG = 'R' elseif SAMCNO4 = 'Don't know' set SAMCNO4_FLG = 'D' else set SAMCNO4_FLG = empty endif
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	14	
Section Name	Adult Identification and Verification	
Part		
Question ID	AID.100_H	
Variable Name	H_SAMCNO4	
Universe		
Universe-text		
Question Text	Medicare refers to the Federal health insurance coverage for persons 65+ years of age and certain disabled persons under 65.  NHIS data have been linked with health-related records of government agencies such as the Centers for Medicare and Medicaid Services and the Social Security Administration. NHIS data have also been linked with death certificate data stored in the National Death Index (NDI). The NDI is a database of death certificate information provided to NCHS by State offices.  All personal identifying information is removed from the linked data files.  These are some examples of possible research studies using NHIS data together with other health-related records or the NDI:  [blt] Predicting the number of disabled persons in the U.S. based on health conditions reported in the NHIS.	
	<ul><li>[blt] Predicting the costs of Medicare based on health conditions reported in the NHIS.</li><li>[blt] Studying the risk of certain diseases for persons with and without health insurance.</li><li>[blt] Studying the health characteristics of people who retire early.</li><li>[blt] Calculating how long a person in the U.S. might live, based on his or her education, income, or race and ethnicity.</li></ul>	
Answer Codes		
Question Type	Help Screen	
Field Pane Descripti		
Fill Instructions		
Special Instructions	Associated screens: SAMCNO4	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	14	
Section Name	Adult Identification and Verification	
Part		
Question ID	AID.105	
Variable Name	SARLINK	
Universe	HHSTAT4 = S and (LNKINTRO=refused or SAMCNO4=refused or SAMCNO4=don't know or SASSN4=no SSN or SASSN4=refused or SASSN4=don't know)	
Universe-text	Version 2 and Sample Adult answered refused at LNKINTRO, or answered refused or don't know at SAMCNO4 or answered no SSN or refused or don't know at SASSN4	
Question Text	?[F1]	
	May we try to link your survey data without [Fill:]?	
	* Read if necessary:	
	Any data obtained will be kept strictly private as required by law (Public Health Service Act, which is Title 42, United States Code, Section 242K; and the Confidential Information Protection y Statistical Efficiency Act, which is Title V of Public Law 107-347).	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	on Permission to link	
Fill Instructions	IF LNKINTRO = RF OR ((SASSN4 = 'N' OR SASSN4 = RF OR SASSN4 = DK) AND (SAMCNO4 = RF OR SAMCNO4 = DK)) THEN	
	If ((Medicare IN FHI.ITYPE.ITYPE[SASEL].HIKIND) OR (Medigap IN FHI.ITYPE.ITYPE[SASEL].HIKIND) OR	
	(FHI.ITYPE.ITYPE[SASEL].MCAREPRB=Yes)) THEN	
	Fill := 'Medicare and Social Security numbers' else	
	Fill := 'a Social Security Number' Endif	
	ELSEIF (SAMCNO4 = RF OR SAMCNO4 = DK) THEN	
	Fill := 'a Medicare number' ELSEIF (SASSN4 = RF OR SASSN4 = DK or SASSN4 = 'N') THEN	
	Fill := 'a Social Security Number' ENDIF	
Special Instructions	QUESTION SHOULD APPEAR AT THE END OF THE SAMPLE ADULT CORE AND SUPPLEMENT QUESTIONS.	
Skip Instructions	[goto AWB.AWEBUSE (AWB.010_00.000)]	
Hard Edits		
Soft Edits		

	<del>-</del>	
AssocHelp	H LNKINTRO	
AggaaHaln	H LNKINTRO	
Assucted		

## 2016 Q1 NHIS Instrument Spec Report

Section name: **Adult Socio-Demographic Background** 15 **Module** Section Name Adult Socio-Demographic Background Part **ASD.050** Question ID

**WRKVER** Variable Name

HHSTAT4 = S and DOINGLW = 1-5 Sample adults 18+ who were working or not working last week Universe-text

Earlier I recorded that in the last week you were **Question Text** 

> (Fill1: working for pay at a job or business.) (Fill2: with a job or business but not at work.)

> > (Fill3: looking for work.)

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

Is that correct?

Answer Codes

1. Yes 2. No Refused Don't know

Question Type

Universe

Yes/No

Field Pane Description

Verify last week's work activity

Fill Instructions

Fill1: If DOINGLW = 1 Fill2: If DOINGLW = 2 Fill3: If DOINGLW = 3 Fill4: If DOINGLW = 4 Fill5: If DOINGLW = 5

**Special Instructions** 

Storage instructions: If WRKVER = 1 then

set DOINGLW2 = DOINGLW and WHYNOWK2 = WHYNOWRK

elseif WRKVER = Refused or Don't know then

set DOINGLW2 = WRKVER

endif

<1>if DOINGLW2 = 1,2,4 [goto WHOWRK] Skip Instructions

else if DOINGLW2 = 3,5 [goto EVERWRK]

<2> [go to WRKCOR] <R,D> [go to EVERWRK]

Hard Edits

Soft Edits

**AssocHelp** 

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.060
Variable Name	WRKCOR
Universe	HHSTAT4 = S and [(WRKVER = 2) or (SASEL ne FAMRESP and (DOINGLW = Refused or Don't know))]
Universe-text	Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.
Question Text	(book) A1 ? [F1]
	What is your correct working status?
	* Read answer categories.
Answer Codes	<ol> <li>Working for pay at a job or business</li> <li>With a job or business but not at work</li> <li>Looking for work</li> <li>Working, but not for pay, at a family-owned job or business</li> <li>Not working at a job or business and not looking for work</li> <li>Refused</li> <li>Don't know</li> </ol>
Question Type	Pick One - answer list pane
Field Pane Description Correct working status	
Fill Instructions	
Special Instructions	Display the answer codes in the answer pane in bold black.
	Storage instructions: set DOINGLW2 = WRKCOR
Skip Instructions	<1,4> [goto to WHOWRK] <2,5> [goto WHYNOWK2] <3,R,D> [goto EVERWRK]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKCOR

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.060_H
Variable Name	H_WRKCOR
Universe	
Universe-text	
Question Text	A job exists when there is a definite arrangement for regular work on a continuing basis, and the person holding the job receives pay or other compensation for his/her work. The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.  A business exists when machinery or equipment of substantial value is used in conducting the business; an office, store, or other place of business is maintained; or the business is advertised to the public.  An individual is working for pay if he or worked for wages, salary, commission, tips, piece-rates, or pay-in-kind (e.g., room-and-board); worked for profit in his/her own business, practice or farm; worked as a civilian for the National Guard or Dept. of Defense; or performed exchange or share work on a farm.  Have a job or business but not at work includes individuals on annual leave or vacation (paid or unpaid); on maternity or family leave (paid or unpaid); at jury duty; involved in a labor dispute that is taking place at his/her place of employment; on sick leave (paid or unpaid); on a temporary lay-off (lasting less than 30 days), and the person expects to be called back within that time period.  An individual is looking for work if he or she is conducting an active job search, which includes filling out applications or sending out resumes; placing or answering classified ads; checking union/professional registers; bidding on a contract or auditioning for a part in a play; contacting friends or relatives about possible jobs; contacting school/college university employment offices; contacting prospective employers directly; contacting public or private employment offices.  Include as working, but not for pay at least 15 hours of work per week without pay or compensation in a business or farm operated by a related household member. Volunteer efforts should not be considered as working. Likewise, unpaid internships are not considered as working.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens: WRKCOR
Skip Instructions	
Hard Edits	

Soft Edits			
AssocHelp			
Module	15		
Section Name	Adult Socio-Demographic Back	ground	
Part			
Question ID	ASD.062		
Variable Name	DOINGLW2		
Universe	HHSTAT4 = S and Sample Adulton't know)	t (L_NO) = FAMRESP an	d (DOINGLW = Refused or
Universe-text	Sample Adults 18+ and also the know to the working last week st		
Question Text	Corrected Employment Status La	ast Week: (not displayed)	
Answer Codes	<ol> <li>Working for pay at a job or business</li> <li>With a job or business but not at work</li> <li>Looking for work</li> <li>Working, but not for pay, at a family-owned job or business</li> <li>Not working at a job or business and not looking for work</li> <li>Refused         Don't know     </li> </ol>		
Question Type	Procedure		
Field Pane Description			
Fill Instructions			
Special Instructions	Storage Instructions:  If (DOINGLW = Refused or Don' set DOINGLW2 = DOINGLW endif	t know) and Sample Adul	t (L_NO) = FAMRESP then
Skip Instructions	if DOINGLW2 = Refused or Don [goto EVERWRK] endif	't know then	
Hard Edits			
Soft Edits			
AssocHelp			

	15	
Section Name	Adult Socio-Demographic Background	
Part		
Question ID	ASD.065	
Variable Name	WHYNOWK2	
Universe	HHSTAT4 = S and WRKCOR = 2,5	
Universe-text	Sample Adults 18+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work	
Question Text	? [F1]	
	(Fill1: What is the main reason you did not work last week?)	
	(Fill2: What is the main reason you did not have a job or business last week?)	
Answer Codes	1. Taking care of house or family 2. Going to school 3. Retired 4. On a planned vacation from work 5. On family or maternity leave 6. Temporarily unable to work for health reasons 7. Have job/contract and off-season 8. On layoff 9. Disabled 10. Other Refused Don't know	
Question Type	Other	
Field Pane Descript	Reason not working last week	
Fill Instructions	Fill1: if WRKCOR = 2 Fill2: if WRKCOR = 5	
Special Instructions		
Skip Instructions	<1-10,D,R> if WRKCOR = 2 then [goto WHOWRK] else [goto EVERWRK]	
Hard Edits		
Soft Edits		
AssocHelp	H_WHYNOWK2	

Module	15	
Section Name	Adult Socio-Demographic Background	
Part		
Question ID	ASD.065_H	
Variable Name	H_WHYNOWK2	
Universe		
Universe-text		
Question Text	Taking care of house or family is any type of work around the house such as cleaning, cooking, maintaining the yard, caring for children or family, etc.  Going to school means attending any type of public or private educational	
	establishment both in and out of the regular school system.	
	Retired, Temporarily unable to work for health reasons, and Disabled are respondent defined.	
	On Layoff means that the person is waiting to be called back to a job from which they have been temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his/her own place of employment as being on layoff.	
	Have job/contract and off-season includes school personnel (teachers, administrators, custodians, etc.) on summer vacation who have a definite arrangement, either written or oral, to return to work in the fall, are not considered to be on layoff during the summer. They may, however, be laid off from a summer job or looking for work for the summer months (but this would NOT be considered their main job or employment activity).	
Answer Codes		
Question Type	Help Screen	
Field Pane Description	on	
Fill Instructions		
Special Instructions	Associated screens:WRKCOR	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.066
Variable Name	EVERWRK
Universe	HHSTAT4 = S and DOINGLW2 = 3,5,Refused,or Don't know
Universe-text	Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn't know or refused to provide their employment status last week
Question Text	Have you ever held a job or worked at a business?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Ever worked	
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto WHOWRK] <2,D,R> [goto SCHOOLYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.070
Variable Name	WHOWRK
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	? [F1]
	(Fill1:For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))
	(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))
	(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer))
Answer Codes	
Question Type	Text
Field Pane Descript	ion Whom did you work for
Fill Instructions	Fill1: if DOINGLW2 = <1,2,4> Fill2: if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) Fill3: if EVERWRK = 1 and WHYNOWK2 ne 3 and AGE lt 65
Special Instructions	
Skip Instructions	<90 char long,D,R> [goto KINDIND]
Hard Edits	
Soft Edits	
AssocHelp	H_WHOWRK

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.070_H
Variable Name	H_WHOWRK
Universe	
Universe-text	
Question Text	Enter the sample adult's verbatim response for the name of his/her employer, business, company, or organization.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens: WHOWRK, WHOWRKPY, WHOWRKLH
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.080
Variable Name	KINDIND
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	? [F1] What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)
Answer Codes	
Question Type	Text
Field Pane Descripti	What kind of business/industry
Fill Instructions	
Special Instructions	
Skip Instructions	<90 char long,D,R> [goto KINDWRK]
Hard Edits	
Soft Edits	
AssocHelp	H_KINDIND

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.080_H
Variable Name	H_KINDIND
Universe	
Universe-text	
Question Text	Indicate both a general and specific function for employers and businesses. For example, in "copper mine" the word "mine" is general and the word "copper" is specific.
	For Government Agencies: If the title clearly designates the main function of the agency, enter the name of the agency (e.g., the U.S. Census Bureau.) If the main function is not clear from the title, ask for and report the division or branch for which the person works.
	For Firms with more than one business: If activities are carried on in separate places, describe the business in which the person actually worked. If activities are carried on in the same place, describe the main activity.
	For household or domestic workers: Determine if the person works for a business or private home. If it is a business, enter the name of the business. If it is a private home, enter "private home".
	Manufacturing: Makes and sells its products in large lots to other manufacturers, wholesalers, or retailers.
	Wholesale trade: Buys products in large quantities for resale to retailers, industrial users, or to other wholesalers.
	Retail trade: Sells primarily to individual consumers and seldom makes products.
	Some other kinds of business: Any other type of establishment that renders a service to individuals and/or organizations. Examples are hotels, dry cleaners, advertising agencies, restaurants, and automobile repair shops.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: KINDIND, KINDINPY, KINDINLH
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.090
Variable Name	KINDWRK
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	? [F1] What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)
Answer Codes	
Question Type	Text
Field Pane Descripti	on What kind of work
Fill Instructions	
Special Instructions	
Skip Instructions	<90 char long,D,R> [goto IMPACT]
Hard Edits	
Soft Edits	
AssocHelp	H KINDWRK

Module	15	
Section Name	Adult Socio-Demogra	phic Background
Part		
Question ID	ASD.090_H	
Variable Name	H_KINDWRK	
Universe		
Universe-text		
Question Text		rly state the kind of work or nature of duties performed by the on entry should describe what the person does (e.g., shipping r, inventory clerk).
		al descriptions are usually not adequate. For example, we need nurse, engineer, clerk, or teacher a person is.
	For Example: Inadequate	Adequate
	Adjuster adjuster,	Claims adjuster, brake adjuster, machine adjuster, merchandise
		complaint adjuster, insurance adjuster
	Engineer aerospace engineer	Civil engineer, locomotive engineer, mechanical engineer,
	Scientist economist	Political scientist, physicist, sociologist, oceanographer, home
	Teacher teacher, College profe	Kindergarten teacher, High school teacher, Special education essor
Answer Codes		
Question Type	Help Screen	
Field Pane Description	on	
Fill Instructions		
Special Instructions	Associated screens: I	KINDIND, KINDWKPY, KINDWKLH
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.100
Variable Name	IMPACT
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	? [F1] What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)
Answer Codes	
Question Type	Text
Field Pane Descripti	Important activities
Fill Instructions	
Special Instructions	
Skip Instructions	<90 char long,D,R> [goto SUPERVIS]
Hard Edits	
Soft Edits	
AssocHelp	H_IMPACT

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.100_H
Variable Name	H_IMPACT
Universe	
Universe-text	
Question Text	Detail the kind of work or duties the person performs.
	The entry to this item must include enough additional information for a precise occupational classification. Usually a few words telling what the person actually does or the tools he/she uses will suffice.  For example, two people with the same job title, "Telephone Co. serviceman", may have different activities such as installing phones in homes or repairing telephone transmission lines.
Answer Codes	
Question Type Field Pane Descripti	Help Screen
•	
Fill Instructions	
Special Instructions	Associated screens: IMPACT, IMPACTPY, IMPACTLH
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.105_00.010
Variable Name	SUPERVIS
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (DOINGLW2 IN ('1','2','4') or EVERWRK='1')
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	Did you supervise other employees as part of your job?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Supervise
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto WRKCAT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.110
Variable Name	WRKCAT
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	(book) A2 ? [F1]
	(Fill1: Looking at the card, which of these best describes your current job or work situation?)
	(Fill2: Looking at the card, which of these best describes the job you held for the longest time?)
	(Fill3: Looking at the card, which of these best describes the job you held most recently?)
	* Read answer choices if necessary.
Answer Codes	An employee of a PRIVATE company, business, or individual for wages, salary, or commission     A FEDERAL government employee     A STATE government employee     A LOCAL government employee     Self-employed in OWN business, professional practice or farm     Working WITHOUT PAY in family-owned business or farm     Refused     Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	Class of worker
Fill Instructions	Fill1: if DOINGLW2 = <1,2,4> Fill2: if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) Fill3: if EVERWRK = 1 and WHYNOWK2 ne 3 and AGE lt 65
Special Instructions	
Skip Instructions	<1-4,6,D,R>[goto LOCALLNO] <5> [goto BUSINC]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKCAT

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.110_H
Variable Name	H_WRKCAT
Universe	
Universe-text	
Question Text	Private company or business: This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work for government agencies.  Federal government: Include persons working for any branch of the federal government including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as a person employed by the French embassy.  State government: Report this category for employees of State governments, which include paid state officials, state police, employees of state universities and colleges, and statewide JTPP administrators.  Local government: Report for employees of counties, cities, towns, and other local areas. Included here would be city-owned bus lines, electrical power companies, water and sewage services, etc. Employees of public elementary and secondary schools who worked for local governments should also be here.  Self employed: Person working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services
	on a contract, subcontract, or job basis, such as carpenters, plumbers, independent taxicab operators, or independent truckers.
	Working without pay: Working on a farm on in a business operated by a related member of the household, without receiving wages or salary for work performed.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens: WRKCAT, WRKCATPY, WRKCATLH
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.112
Variable Name	BUSINC
Universe	HHSTAT4 = S and WRKCAT = 5
Universe-text	Sample adults 18+ who are self-employed
Question Text	Is this business incorporated?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Incorporated business	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,D,R> [goto LOCALLNO]
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.120
Variable Name	LOCALLNO
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	(book) A3
Answer Codes	Thinking about (Fill1: this MAIN job or business) (Fill2: your last week at the job you held the longest) (Fill3: your last week at the job you held most recently)  how many people (Fill4:work/Fill5: worked) at this location? Please include yourself.  * "People" includes both FULL- and PART-time employees. * "Location" refers to the street address of the workplace.  1. 1 employee 2. 2-9 employees 3. 10-24 employees 4. 25-49 employees 5. 50-99 employees 6. 100-249 employees 6. 100-249 employees 7. 250-499 employees 8. 500-999 employees 9. 1000 employees or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	·
Fill Instructions	Fill1: If [DOINGLW2 eq <1,2,4>] Fill2: if [EVERWRK eq <1> and (WHYNOWK2 eq 03 or AGE ge 65)] Fill3: if [EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Fill4: if [DOINGLW2 eq <1,2,4> Fill5: if [EVERWRK eq 1]
Special Instructions	
Skip Instructions	<1-9, R,D> [goto WRKLONGN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.140_01
Variable Name	WRKLONGN
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	? [F1]
	1 of 2
	About how long (Fill1: have you worked at this MAIN job or business?) (Fill2: did you work at the job you held the longest?) (Fill3: did you work at the job you held most recently?)
	* Enter number.
Answer Codes	1-365 Refused Don't know
Question Type	Integer
Field Pane Descript	
Fill Instructions	Fill1: If DOINGLW2 = <1,2,4> Fill2: if EVERWRK = <1> and (WHYNOWK2 = 3 or AGE ge 65) Fill3: if EVERWRK = <1> and WHYNOWK2 ne 3 and AGE It 65
Special Instructions	Store D,R in WRKLONGT
Skip Instructions	<1-365> [goto WRKLONGT] <d,r> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65) [goto HOURPD];</d,r>
	Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE It 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKLONGN

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.140_01_H
Variable Name	H_WRKLONGN
Universe	
Universe-text	
Question Text	Main job or business refers to the job or business which is the primary source of a person's income.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens: WRKLONGN
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.140_02
Variable Name	WRKLONGT
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1) and WRKLONGN ne Refused or Don't know
Universe-text	Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN
Question Text	2 of 2
	* Enter time period.
Answer Codes	1. Days(s) 2. Week(s) 3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Descript	Duration at this job: Time units
Fill Instructions	
Special Instructions	r
Skip Instructions	<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]
	<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD] else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]
Hard Edits	ERR_WRKLONGT
	* Number of years is greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.146
Variable Name	WRKLONGH
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or (EVERWRK = 1 and WHYNOWK2 ne 3 and AGE lt 65))
Universe-text	Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)
Question Text	? [F1]
	(Fill1: Is this MAIN job or business the job you have held for the longest?) (Fill2: Was your most recently held job also the job you held the longest?)
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion Longest job
Fill Instructions	[Fill1: If DOINGLW2 eq 1,2,4, ] [Fill2: if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65 ]
Special Instructions	
Skip Instructions	<1,2,R,D> [goto HOURPD]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKLONG

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.150
Variable Name	HOURPD
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	(Fill1: Are you paid by the hour at this MAIN job or business?) (Fill2: Were you paid by the hour on the job you held the longest?) (Fill3: Were you paid by the hour on the job you held most recently?)
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion Paid by the hour
Fill Instructions	Fill1: if DOINGLW2 = <1,2,4> Fill2: if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) Fill3: if EVERWRK = 1 and WHYNOWK2 ne 3 and AGE lt 65
Special Instructions	
Skip Instructions	<1,2,D,R> [goto PDSICK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.160
Variable Name	PDSICK
Universe	HHSTAT4 = S and (DOINGLW2 = 1,2,4 or EVERWRK = 1)
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
Question Text	(Fill1: Do you have paid sick leave on this MAIN job or business? (Fill2: Did you ever have paid sick leave on the job you held the longest? (Fill3: Did you ever have paid sick leave on the job you held most recently?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion Paid sick leave
Fill Instructions	Fill1: if DOINGLW2 = <1,2,4> Fill2: if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) Fill3: if EVERWRK = 1 and WHYNOWK2 ne 3 and AGE lt 65
Special Instructions	
Skip Instructions	<1,2,D,R> if DOINGLW2 = 1,2,4 then [goto ONEJOB]; else if DOINGLW2=3,5 then [goto WRKLYR2]; else if DOINGLW2=D, R then [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.170
Variable Name	ONEJOB
Universe	HHSTAT4 = S and DOINGLW2 = 1,2,4
Universe-text	Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business
Question Text	Do you have more than one job or business?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on More than one job
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if WRKLONGH=2, then [goto WHOWRKLH]; else [goto WRKARRNG / ASD.220_00.080]
Hard Edits	
Soft Edits	
AssocHelp	

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.210_00.000
Variable Name	WRKLYR2
Universe	HHSTAT4 ='S' and AGE ge '18' and (DOINGLW2 IN ('3', '5'))
Universe-text	Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week
Question Text	? [F1]
	Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Worked past 12 months
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,D,R> [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	H_WRKLYR2

Module	15
Section Name	Adult Socio-Demographic Background
Part	
Question ID	ASD.210_00.000_H
Variable Name	H_WRKLYR2
Universe	
Universe-text	
Question Text	A job exists when there is a definite arrangement for regular work on a continuing basis, and the person holding the job receives pay or other compensation for his/her work. The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.  Include:  Persons who worked for wages, salary, commission, tips, piece-rates, or pay-in-kind. Unpaid workers in a family business or farm, persons who worked without pay on a farm or unincorporated business operated by a related member of the household  A business exists when machinery or equipment of substantial value is used in conducting the business; an office, store, or other place of business is maintained; or the business is advertised to the public.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: WRKLYR2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

## 2016 Q1 NHIS Instrument Spec Report

Section nan	ne: Adult Conditions
Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.010_00.000
Variable Name	HYPEV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
Answer Codes	Now I am going to ask you about certain medical conditions.  Have you EVER been told by a doctor or other health professional that you had  Hypertension, also called high blood pressure?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	On Hypertension - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto HYPDIFV] <2,R,D> [goto CHLEV]
Hard Edits	
Soft Edits	
AssocHelp	H_HYPEV

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.010_H
Variable Name	H_HYPEV
Universe	
Universe-text	
Question Text	Include only reports of hypertension/high blood pressure by a doctor or other health care professional. Do not include home blood pressure testing and testing by a machine in a mall, store or other commercial area. Do not include reports of potential hypertension or borderline hypertension.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens
	HYPEV
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.020_00.000
Variable Name	HYPDIFV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and HYPEV(e)='1'
Universe-text	Sample adults 18+ who were told they had hypertension
Question Text	Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	On Hypertension - 2+ visits
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to the previous question.
Skip Instructions	<1> [goto HYPYR] <2,R,D> [goto HYPMDEV2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.020_00.010
Variable Name	HYPYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and HYPEV(e) = '1' and HYPDIFV='1'
Universe-text	Sample adults 18+ who were ever told they had hypertention (2+ visits)
Question Text	DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?
	*Enter '1' if respondent is taking medication to control his/her high blood pressure.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Past 12 months hypertension
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto HYPMDEV2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.022_02.020
Variable Name	HYPMDEV2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))and HYPEV(e)='1'
Universe-text	Sample adults 18+ who have ever been told they had high blood pressure
Question Text	Was any medicine EVER prescribed by a doctor for your high blood pressure?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto HYPMED2] <2,R,D> [goto CHLEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.022_03.030
Variable Name	HYPMED2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))and HYPMDEV2(e)='1'
Universe-text	Sample adults 18+ who were ever prescribed medicine for high blood pressure
Question Text	Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CHLEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.023_00.010
Variable Name	CHLEV
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 high cholesterol?
	*Enter '1' if respondent is taking medication to control his/her high cholesterol.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on High cholesterol-ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CHLYR] <2,R,D> [goto CHDEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.023_00.020	
Variable Name	CHLYR	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and CHLEV(e)='1'	
Universe-text	Sample adults 18+ who were ever told they had high cholesterol	
Question Text	DURING THE PAST 12 MONTHS, have you had high cholesterol?	
	*Enter '1' if respondent is taking medication to control his/her high cholesterol.	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description High cholesterol		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [goto CHLMDEV2]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.023_03.030
Variable Name	CHLMDEV2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))and CHLEV(e)='1'
Universe-text	Sample adults 18+ who have ever been told they had high cholesterol
Question Text	Was any medication EVER prescribed by a doctor to help lower your cholesterol?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CHLMDNW2] <2,R,D> [goto CHDEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.023_04.040
Variable Name	CHLMDNW2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))and CHLMDEV2(e)='1'
Universe-text	Sample adults 18+ who were ever prescribed medicine for high cholestrol
Question Text	Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CHDEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.031_01.000	
Variable Name	CHDEV	
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 Coronary heart disease?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Coronary heart disease -ever		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [goto ANGEV]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.031_02.000
Variable Name	ANGEV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary:
Answer Codes	Have you EVER been told by a doctor or other health professional that you had Angina, also called angina pectoris?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	On Angina -ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto MIEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.031_03.000
Variable Name	MIEV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary:
Answer Codes	Have you EVER been told by a doctor or other health professional that you had A heart attack (also called myocardial infarction)?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Heart attack - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto HRTEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.031_04.000
Variable Name	HRTEV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if necessary:
Answer Codes	Have you EVER been told by a doctor or other health professional that you had Any kind of heart condition or heart disease (other than the ones I just asked about)?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	On Heart condition/disease - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto STREV]
Hard Edits	
Soft Edits	
AssocHelp	H_HRTEV

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.031_04_H
Variable Name	H_HRTEV
Universe	
Universe-text	
Question Text	Include as heart disease or heart condition any of the following: heart failure, chronic heart condition, rheumatic heart disease, atrial or mitral valve disease/damage, etc.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens
	HRTEV
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.031_05.000
Variable Name	STREV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary:
Answer Codes	Have you EVER been told by a doctor or other health professional that you hadA stroke?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Stroke - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto EPHEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.031_06.000
Variable Name	EPHEV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary:
Answer Codes	Have you EVER been told by a doctor or other health professional that you hadEmphysema?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Emphysema - ever	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto COPDEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.035_00.000
Variable Name	COPDEV
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 chronic obstructive pulmonary disease, also called COPD?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on COPD - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [if AGE GE 40, goto ASPMEDEV else goto AASMEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.040_00.010
Variable Name	ASPMEDEV
Universe	HHSTAT4 = 'S' and (AGE GE '040' and AGE not IN('997','999'))
Universe-text	Sample adults 40+
Question Text	Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?
	* If the respondent volunteers they have been told to take an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Low-dose aspirin
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ASPMEDAD] <2,R,D> [goto ASPONOWN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.040_00.020
Variable Name	ASPMEDAD
Universe	HHSTAT4 = 'S' and (AGE GE '040' and AGE not IN('997','999')) and ASPMEDEV(e)='1'
Universe-text	Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease
Question Text	Are you NOW following this advice?
	* If the respondent provides an answer such as "sometimes," "occasionally," or "from time to time," enter 1 for "yes."
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Following advice
Fill Instructions	
Special Instructions	
Skip Instructions	<1,R,D> [goto AASMEV] <2> [goto ASPMDMED]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.040_00.030
Variable Name	ASPMDMED
Universe	HHSTAT4 = 'S' and (AGE GE '040' and AGE not IN('997','999')) and ASPMEDEV(e)='1' and ASPMEDAD='2'
Universe-text	Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice
Question Text	Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Stop taking low-dose aspirin
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AASMEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16		
Section Name	Adult Conditions		
Part			
Question ID	ACN.040_00.040		
Variable Name	ASPONOWN		
Universe	HHSTAT4 = 'S' and (AGE GE '0 IN('2','7','9')	40' and AGE not IN('997',	999') and ASPMEDEV(e)
Universe-text	Sample adults 40+ who have no they have been advised to take a		oirin every day or Ref/DK if
Question Text	On your own, are you now taking heart disease?	g a low-dose aspirin each	day to prevent or control
	* If the respondent volunteers th for these reasons, enter 1 for "ye		very other day or "regularly"
Answer Codes	1. Yes 2. No Refused Don't know		
Question Type	Yes/No		
Field Pane Description Taking low-dose aspirin			
Fill Instructions			
Special Instructions			
Skip Instructions	<1,2,R,D> [goto AASMEV]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.080_00.000
Variable Name	AASMEV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	Have you EVER been told by a doctor or other health professional that you had asthma?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Asthma - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AASSTILL] <2,R,D> [goto ULCEV]
Hard Edits	
Soft Edits	
AssocHelp	H_AASMEV

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.080_H
Variable Name	H_AASMEV
Universe	
Universe-text	
Question Text	Accept asthma of any kind such as smoker's asthma, bronchial asthma, allergic asthma, and the like. Do not accept self-diagnosed lung problems or conditions reported by a person who is not a doctor and not working with or for a doctor.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens:
	AASMEV, AASMYR, AASMERYR, AASSTILL
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.085_00.000
Variable Name	AASSTILL
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AASMEV(e)='1'
Universe-text	Sample adults 18+ who were ever told they have asthma
Question Text	? [F1]
	Do you still have asthma?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	On Asthma - still
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to the previous question.
Skip Instructions	<1,2,R,D> [go to AASMYR]
Hard Edits	
Soft Edits	
AssocHelp	H_AASMEV

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.090_00.000
Variable Name	AASMYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AASMEV(e)='1'
Universe-text	Sample adults 18+ who were ever told they had asthma
Question Text	? [F1]
	DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Asthma - past 12 months
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to AASMEV.
Skip Instructions	<1,2,R,D> [goto AASMERYR]
Hard Edits	
Soft Edits	
AssocHelp	H_AASMEV

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.100_00.000
Variable Name	AASMERYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AASMEV(e)='1'
Universe-text	Sample adults 18+ who were ever told they had asthma
Question Text	? [F1]
	DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Asthma - ER past 12 months
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to the previous question.
Skip Instructions	<1,2,R,D> [go to ULCEV]
Hard Edits	
Soft Edits	
AssocHelp	H AASMEV

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.110_00.000
Variable Name	ULCEV
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
Answer Codes	An ulcer This could be a stomach, duodenal or peptic ulcer.  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Ulcer - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ULCYR] <2,R,D> [goto ULCCOLEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.120_00.000
Variable Name	ULCYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and ULCEV(e)='1'
Universe-text	Sample adults 18+ who were ever told they had an ulcer
Question Text	DURING THE PAST 12 MONTHS have you had
	An ulcer?
Answer Codes	1. Yes
	2. No Refused
	Don't know
Question Type	Yes/No
Field Pane Descripti	On Ulcer - past 12 months
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to the previous question.
Skip Instructions	<1,2,R,D> [goto ULCCOLEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.120_00.010
Variable Name	ULCCOLEV
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 Crohn's disease or ulcerative colitis?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Crohn's/Colitis - ever	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CANEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.130_00.000
Variable Name	CANEV
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
	Cancer or a malignancy of any kind?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Cancer - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CANKIND] <2,R,D> if SEX=2 [goto PREGEVER]; else if SEX=1 [goto DBHVPAY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.140_00.001
Variable Name	CANKIND_1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and CANEV(e)='1'
Universe-text	Sample adults 18+ who were ever told they had cancer
Question Text	What kind of cancer was it?
Answer Codes	* Enter code for the first kind of cancer.  1. Bladder
	2. Blood 3. Bone 4. Brain 5. Breast 6. Cervix 7. Colon 8. Esophagus 9. Gallbladder 10. Kidney 11. Larynx-windpipe 12. Leukemia 13. Liver 14. Lung 15. Lymphoma 16. Melanoma 17. Mouth/tongue/lip 18. Ovary 19. Pancreas 20. Prostate 21. Rectum 22. Skin (non-melanoma) 23. Skin (don't know what kind) 24. Soft tissue (muscle or fat) 25. Stomach 26. Testis 27. Throat - pharynx 28. Thyroid 29. Uterus 30. Other  Refused Don't know
Question Type Field Pane Description	Pick One - answer list pane
Fill Instructions	On Kind of cancer_1
	Industrial description to indicate that it is a "fall or or of the state of the sta
Special Instructions	Indent this description to indicate that it is a "follow up" to the previous question.

Skip Instructions	<1-30,R,D> [goto CANAGE_1]
	IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_1]
	IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_1]
Hard Edits	ERR1_CANKIND_1
	* Code 6 or 18 or 29 is unavailable for males.
	ERR2_CANKIND_1
	* Code 20 or 26 is unavailable for females.
Soft Edits	
AssocHelp	

16 Module **Adult Conditions** Section Name **Part Question ID** ACN.140\_00.002 Variable Name **CANKIND 2** HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and (CANAGE 1=1-Universe 100, D or (CANAGE\_1=R but CANKIND\_1 ne R)) Sample adults 18+ who either provided an age for one kind of cancer or didn't know Universe-text how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND 1. **Question Text** \* Enter code for the second kind of cancer. \* Enter '96' for no more. Answer Codes 1. Bladder 2. Blood 3. Bone 4. Brain 5. Breast 6. Cervix 7. Colon 8. Esophagus 9. Gallbladder 10. Kidney 11. Larynx-windpipe 12. Leukemia 13. Liver 14. Lung 15. Lymphoma 16. Melanoma 17. Mouth/tongue/lip 18. Ovary 19. Pancreas 20. Prostate 21. Rectum 22. Skin (non-melanoma) 23. Skin (don't know what kind) 24. Soft tissue (muscle or fat ) 25. Stomach 26. Testis 27. Throat - pharynx 28. Thyroid 29. Uterus 30. Other 96. No more Refused Don't know

Question Type

Pick One - answer list pane

Field Pane Description

Kind of cancer 2

# Fill Instructions

# **Special Instructions**

"Gray out" whatever option was selected in CANKIND\_1 to indicate that that option is now not available. Make sure that if this option is selected it triggers the error message that this is an invalid option.

Indent this description to indicate that it is a "follow up" to CANEV.

# Skip Instructions

<1-30,R,D>[goto CANAGE\_2] <96> if SEX=2 [goto PREGEVER]; else IF SEX=1 [goto DBHVPAY]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1\_CANKIND\_2]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2\_CANKIND\_2]

# **Hard Edits**

ERR1\_CANKIND\_2

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

ERR2\_CANKIND\_2

\* Code 20 or 26 is unavailable for females.

# Soft Edits

# **AssocHelp**

16 Module **Adult Conditions** Section Name **Part Question ID** ACN.140\_00.003 Variable Name **CANKIND 3** HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and (CANAGE 2=1-Universe 100, D or (CANAGE\_2=R but CANKIND\_2 ne R)) Sample adults 18+ who either provided an age for a second kind of cancer or didn't Universe-text know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND 2. **Question Text** \* Enter code for the third kind of cancer. \* Enter '96' for no more. Answer Codes 1. Bladder 2. Blood 3. Bone 4. Brain 5. Breast 6. Cervix 7. Colon 8. Esophagus 9. Gallbladder 10. Kidney 11. Larynx-windpipe 12. Leukemia 13. Liver 14. Lung 15. Lymphoma 16. Melanoma 17. Mouth/tongue/lip 18. Ovary 19. Pancreas 20. Prostate 21. Rectum 22. Skin (non-melanoma) 23. Skin (don't know what kind) 24. Soft tissue (muscle or fat ) 25. Stomach 26. Testis 27. Throat - pharynx 28. Thyroid 29. Uterus 30. Other 96. No more Refused Don't know

Question Type

Pick One - answer list pane

Field Pane Description

Kind of cancer 3

#### Fill Instructions

# **Special Instructions**

"Gray out" whatever options were selected in CANKIND\_1 and CANKIND\_2 to indicate that those options are now not available. Make sure that if either of these options are selected it triggers the error message that this is an invalid option.

Indent this description to indicate that it is a "follow up" to CANEV.

# Skip Instructions

<1-30,R,D>[goto CANAGE\_3] <96> if SEX=2 [goto PREGEVER]; else IF SEX=1 [goto DBHVPAY]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1\_CANKIND\_3]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2\_CANKIND\_3]

# **Hard Edits**

ERR1\_CANKIND\_3

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

ERR2\_CANKIND\_3

\* Code 20 or 26 is unavailable for females.

# Soft Edits

# **AssocHelp**

16 Module **Adult Conditions** Section Name **Part** Question ID ACN.140\_00.004 Variable Name **CANKIND 4** HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and (CANAGE 3=1-Universe 100, D or (CANAGE\_3=R but CANKIND\_3 ne R)) Sample adults 18+ who either provided an age for a third kind of cancer or didn't know Universe-text how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND 3 \* Enter '95' if respondent offers more than 3 kinds of cancer. **Question Text** \* Enter '96' for no more. **Answer Codes** 1. Bladder 2. Blood 3. Bone 4. Brain 5. Breast 6. Cervix 7. Colon 8. Esophagus 9. Gallbladder 10. Kidnev 11. Larynx-windpipe 12. Leukemia 13. Liver 14. Lung 15. Lymphoma 16. Melanoma 17. Mouth/tongue/lip 18. Ovary 19. Pancreas 20. Prostate 21. Rectum 22. Skin (non-melanoma) 23. Skin (don't know what kind) 24. Soft tissue (muscle or fat ) 25. Stomach 26. Testis 27. Throat - pharynx 28. Thyroid 29. Uterus 30. Other 95. More than 3 kinds of cancer 96. No more Question Type Pick One - answer list pane Field Pane Description More than 3 kinds of cancer

Fill Instructions

Special Instructions	"Gray out" whatever options were selected in CANKIND_1, CANKIND_2 and CANKIND_3 to indicate that those options were already chosen. The only valid options for this question are 96 and 99.
	Indent this description to indicate that it is a "follow up" to CANEV.
Skip Instructions	<95,96> if SEX=2 [goto PREGEVER]; else IF SEX=1 [goto DBHVPAY]
Hard Edits	
Soft Edits	
AssocHelp	

```
16
Module
                     Adult Conditions
Section Name
Part
Question ID
                     ACN.150 0.001
Variable Name
                     CANAGE 1
                     HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and CANKIND 1=1-30,
Universe
                     D,R
Universe-text
                     Sample adults 18+ who were ever told they had cancer
                     ? [F1]
Ouestion Text
                     How old were you when [Fill1: CANKIND 1 / Fill2: this cancer] was first diagnosed?
Answer Codes
Question Type
                     Integer
Field Pane Description
                         Age_1
                     Fill2: if (CANKIND 1 = D,R)
Fill Instructions
                     Fill1: if (CANKIND 1 NE D,R)
                     Fills to be used for CANKIND 1:
                     bladder cancer if CANKIND 1 = 1
                     blood cancer if CANKIND 1 = 2
                     bone cancer if CANKIND 1 = 3
                     brain cancer if CANKIND 1 = 4
                     breast cancer if CANKIND 1 = 5
                     cervical cancer if CANKIND 1 = 6
                     colon cancer if CANKIND_1 = 7
                     esophageal cancer if CANKIND 1 = 8
                     gallbladder cancer if CANKIND_1 = 9
                     kidney cancer if CANKIND_1 = 10
                     larynx-windpipe cancer if CANKIND 1 = 11
                     leukemia if CANKIND 1 = 12
                     liver cancer if CANKIND 1 = 13
                     lung cancer if CANKIND 1 = 14
                     lymphoma if CANKIND 1 = 15
                     melanoma if CANKIND 1 = 16
                     mouth/tongue/lip cancer if CANKIND 1 = 17
                     ovarian cancer if CANKIND 1 = 18
                     pancreatic cancer if CANKIND 1 = 19
                     prostate cancer if CANKIND 1 = 20
                     rectal cancer if CANKIND 1 = 21
                     skin (non-melanoma) cancer if CANKIND_1 = 22
                     skin (don't know what kind) cancer if CANKIND 1 = 23
                     soft tissue (muscle or fat) cancer if CANKIND_1 = 24
                     stomach cancer if CANKIND 1 = 25
                     testicular cancer if CANKIND 1 = 26
                     throat/pharynx cancer if CANKIND 1 = 27
                     thyroid cancer if CANKIND 1 = 28
                     uterine cancer if CANKIND_1 = 29other cancer if CANKIND_1 = 30
```

Skip Instructions	<1-100, D> goto CANKIND_2 <r> and <r> at CANKIND_1 if SEX=2 [goto PREGEVER]; else IF SEX=1 [goto DBHVPAY] <r> and CANKIND_1 NE <r> [goto CANKIND_2]</r></r></r></r>
	If number in CANAGE_1 greater than person years old (AGE) [goto ERR_ CANAGE_1]
Hard Edits	ERR_CANAGE_1
	* [Fill2: CANAGE_1] years old is older than age[fill3: AGE]. * Please correct.
Soft Edits	
AssocHelp	H_CANAGE_1
Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.150_00.002
Variable Name	CANAGE_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and CANKIND_2 = 1-30,D,R
Universe-text	Sample adults 18+ who were ever told they had cancer
Question Text	? [F1]
	How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Age_2
Fill Instructions	Fill1: if (CANKIND_2 NE D,R) Fill2: if (CANKIND_2 = D,R)
Special Instructions	
Skip Instructions	<1-100, D> [goto CANKIND_3] <r> and <r> at CANKIND_2 if SEX=2 [goto PREGEVER]; else IF SEX=1 [goto DBHVPAY] <r> and CANKIND_2 NE <r> [goto CANKIND_3]  If number in CANAGE_2 greater than person years old (AGE) [goto ERR_ CANAGE_2]</r></r></r></r>
Hard Edits	ERR_CANAGE_2
	* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE]. * Please correct.
Soft Edits	
AssocHelp	H_CANAGE_1

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.150_00.003
Variable Name	CANAGE_3
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and CANKIND_3=1-30, D,R
Universe-text	Sample adults 18+ who were ever told they had cancer
Question Text	? [F1]
	How old were you when [Fill1: CANKIND_3/Fill2: this cancer ] was first diagnosed?
Answer Codes	
Question Type	Integer
Field Pane Descript	ion Age_3
Fill Instructions	Fill1: if (CANKIND_3 NE D,R) Fill2: if (CANKIND_3 = D,R)
Special Instructions	
Skip Instructions	<1-100, D> [goto CANKIND_4] <r> and <r> at CANKIND_3 if SEX=2 [goto PREGEVER];  else IF SEX=1 [goto DBHVPAY]  <r> and CANKIND_3 NE <r> [goto CANKIND_4]</r></r></r></r>
	If number in CANAGE_3 greater than person years old (AGE) [goto ERR_ CANAGE_3]
Hard Edits	ERR_ CANAGE_3
	* [Fill2: CANAGE_3] years old is older than your age[fill3: AGE]. * Please correct.
Soft Edits	
AssocHelp	H CANAGE 1

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.150_1_H
Variable Name	H_CANAGE_1
Universe	
Universe-text	
Question Text	Probe for a specific age. Record a best estimate if that is what the sample adult gives you.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on [
Fill Instructions	
Special Instructions	Associated screens:
	CANAGE_1, CANAGE_2, CANAGE_3
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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 Descripti	on 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 Descripti	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 Descripti	on 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.	
Answer Codes	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?  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	on 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.
Answer Codes	Are you NOW doing any of the following  Reducing the amount of fat or calories in your diet?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on 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.
Answer Codes	Are you NOW doing any of the following  Participating in a weight loss program?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on 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 Descripti	on 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 Descripti	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	on
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 '0 ('1','2','7','9')	18' and AGE not IN ('997','999')) and DIBPRE1(e) IN
Universe-text	Sample adults 18+ who do not	have diabetes
Question Text	About how long has it been sind diabetes?	ce you last had a blood test for high blood sugar or
Answer Codes	1. 1 year ago or less 2. More than 1 year, but not mo 3. More than 2 years, but not mo 4. More than 3 years ago 5. Never Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	on Diabetes test	
Fill Instructions		
Special Instructions		aid prediabetes/borderline diabetes at DIBEV1; these ed into the DIBPRE1 question and are captured in that
Skip Instructions	<1-5,R,D> if DIBPRE1='1' [goto else if SEX=1 or (SEX=2 an else (SEX=2 and PREGEVE	d PREGEVER=2,R,D) [goto DIBPRGM];
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	
nara Eaus	ERR_ DIBAGE	
Hara Eaus	* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].  * Please correct.	
Soft Edits	* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].	

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	on 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	on 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 Descripti	on 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	on 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	on 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 Descripti	on 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 '0 PREGEVER(e)='1')	118' and AGE not IN ('997','999')) and (SEX=2 and
Universe-text	Female Sample adults 18+ wh	o 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 Descripti	ption 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	on 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 Descripti	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	on 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.201_01.000
Variable Name	AHAYFYR
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 other health professional that you had
	Hay fever?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	n Hay fever
Fill Instructions	
Special Instructions	"Past 12 mo." as a heading for this question as well as ACN.201_02 - ACN.201_05.
	Indent all descriptions beneath the heading.
Skip Instructions	<1,2,R,D> [goto SINYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.201_02.000
Variable Name	SINYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary:
Answer Codes	DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you hadSinusitis?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Sinusitis
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto CBRCHYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.201_03.000
Variable Name	CBRCHYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary:
Answer Codes	DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you hadChronic bronchitis?  1. Yes
	2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	On Chronic bronchitis
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto KIDWKYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.201_04.000
Variable Name	KIDWKYR
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 other health professional that you hadWeak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Weak/failing kidneys	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto LIVYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.201_05.000
Variable Name	LIVYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	* Read if necessary:
Answer Codes	DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had Any kind of liver condition?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Liver condition
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto JNTSYMP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.250_00.000	
Variable Name	JNTSYMP	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	The next questions refer to your joints. Please do NOT include the back or neck.	
	DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Joint pain - past 30 days		
Fill Instructions		
Special Instructions		
Skip Instructions	<1> [goto JMTHP] <2,R,D> [goto ARTH]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.260_00.000
Variable Name	JMTHP
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and JNTSYMP(e)='1'
Universe-text	Sample adults 18+ who had joint pain in the past 30 days
Question Text	(book) A4
	Which joints are affected?
	* Enter all that apply, separate with commas.
Answer Codes	1. Shoulder-right 2. Shoulder-left 3. Elbow-right 4. Elbow-left 5. Hip-right 6. Hip-left 7. Wrist-right 8. Wrist-left 9. Knee-right 10. Knee-left 11. Ankle-right 12. Ankle-left 13. Toes-right 14. Toes-left 15. Fingers/thumb-right 16. Fingers/thumb-left 17. Other joint not listed Don't know Refused
Question Type	Enter All That Apply
Field Pane Description	Joints affected
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to the previous question.
Skip Instructions	<1-17,R,D> [goto JNTCHR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.270_00.000
Variable Name	JNTCHR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and JNTSYMP(e)='1'
Universe-text	Sample adults 18+ who had joint pain in the past 30 days
Question Text	Did your joint symptoms FIRST begin more than 3 months ago?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Symptoms appear 3+ months
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to JNTSYMP (ACN.250).
Skip Instructions	<1,2,R,D> [goto JNTHP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.280_00.000
Variable Name	JNTHP
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and JNTSYMP(e)='1'
Universe-text	Sample adults 18+ who had joint pain in the past 30 days
Question Text	Have you EVER seen a doctor or other health professional for these joint symptoms?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	en Ever seen doctor/health professional
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to JNTSYMP (ACN.250).
Skip Instructions	<1,2,R,D> [goto ARTH]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.290_00.000
Variable Name	ARTH
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion Arthritis - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ARTHLMT] <2,R,D> if JNTSYMP = 1 [goto ARTHLMT]; elseif JNTSYMP ne 1 [goto PAINECK]
Hard Edits	
Soft Edits	
AssocHelp	H_ARTH

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.290_H
Variable Name	H_ARTH
Universe	
Universe-text	
Question Text	Include the following as arthritis-related conditions:  - rheumatism, polymyalgia rheumatica
	<ul> <li>osteoarthritis (not osteoporosis)</li> <li>tendonitis, bursitis, bunion, tennis elbow</li> <li>carpal tunnel syndrome, tarsal tunnel syndrome</li> <li>joint infection, Reiter's syndrome</li> <li>ankylosing spondylitis; spondylosis</li> <li>rotator cuff syndrome</li> <li>connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome</li> <li>vasculitis</li> </ul>
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	don
Fill Instructions	
Special Instructions	Associated screens:
	ARTH
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.295_00.000
Variable Name	ARTHLMT
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (JNTSYMP(e)='1' or ARTH(e)='1')
Universe-text	Sample adults 18+ with joint pain or arthritis
Question Text	? [F1]
	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descript	ion Arthritis/joint symptoms - limitations
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to ARTH (ACN.290).
Skip Instructions	<1,2,R,D> [goto PAINECK]
Hard Edits	
Soft Edits	
AssocHelp	H_ARTHLMT

Module	16
Moante	
Section Name	Adult Conditions
Part	
Question ID	ACN.295_H
Variable Name	H_ARTHLMT
Universe	
Universe-text	
Question Text	We want to know the sample adult's limitation of activities based on his/her condition while taking any medications or treatments, if any, to counteract or relieve the arthritis or joint symptoms.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	ARTHLMT
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.300_00.000	
Variable Name	PAINECK	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	? [F1]	
	The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MO not report aches and pains that are fleeting or minor.  DURING THE PAST THREE MONTHS, did you have  Neck pain?	
Answer Codes	1. Yes	
This wer codes	2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	ion Neck pain	
Fill Instructions		
Special Instructions	"Past 3 months" as a heading for this question as well as ACN.310 - ACN.331	_02
	Indent all of the Field Pane Descriptions beneath the heading.	
Skip Instructions	<1,2,R,D> [goto PAINLB]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.300_H
Variable Name	H_PAINECK
Universe	
Universe-text	
Question Text	Pain is sample adult defined, but must have lasted a whole day or more or have occurred several (more than 3) times during the past 3 months.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	PAINECK, PAINLB, PAINLEG
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.310_00.000
Variable Name	PAINLB
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if necessary.
	DURING THE PAST THREE MONTHS, did you have
	Low back pain?
Answer Codes	1. Yes
	2. No Refused
	Don't know
Question Type	Yes/No
Field Pane Descripti	on Low back pain
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto PAINLEG]
	<2,R,D> [goto PAINFACE]
Hard Edits	
Soft Edits	
AssocHelp	H_PAINECK

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.320_00.000
Variable Name	PAINLEG
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and PAINLB(e)=1
Universe-text	Sample adults 18+ with low back pain in the past 3 months
Question Text	? [F1]
	Did this pain spread down either leg to areas below the knees?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Pain down leg
Fill Instructions	
Special Instructions	Indent this description to indicate that it is a "follow up" to the previous question.
Skip Instructions	<1,2,R,D> [goto PAINFACE]
Hard Edits	
Soft Edits	
AssocHelp	H_PAINECK

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.331_01.000
Variable Name	PAINFACE
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	DURING THE PAST THREE MONTHS, did you have
	Facial ache or pain in the jaw muscles or the joint in front of the ear?
Answer Codes	1. Yes
	2. No Refused
	Don't know
Question Type	Yes/No
Field Pane Description Jaw pain	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AMIGR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.331_02.000	
Variable Name	AMIGR	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))	
Universe-text	Sample adults 18+	
Question Text	* Read if neccesary:	
Answer Codes	DURING THE PAST THREE MONTHS, did you haveSevere headache or migraine?  1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Severe headache/migraine		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D>[goto ACOLD2W]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.350_00.000
Variable Name	ACOLD2W
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 your recent health DURING THE LAST 2 WEEKS.
	Did you have a head cold or chest cold that started DURING THE LAST 2 WEEKS?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	n Head/chest cold past 2 weeks
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AINTIL2W]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.360_00.000
Variable Name	AINTIL2W
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Stomach problem - 2 weeks
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if SEX=2 and AGE 18-49 [goto PREGNOW]; else if SEX=1 or AGE >49 [goto HRAIDNOW]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.370_00.000
Variable Name	PREGNOW
Universe	HHSTAT4='S' and ('018' <= AGE <= '049') and SEX = '2'
Universe-text	Female sample adults 18-49 years of age
Question Text	Are you currently pregnant?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Currently pregnant
Fill Instructions	
Special Instructions	
Skip Instructions	<1> if INTERVIEW_MONTH=4,5,6,7 (April-July) [goto PREGFLYR]; else [goto HRAIDNOW] <r> [goto HRAIDNOW] &lt;2,D&gt; [goto PREGFLYR]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.370_00.010	
Variable Name	PREGFLYR	
Universe		SE <= '049') and SEX = '2' and PREGNOW(e) IN('2','9') ERVIEW_MONTH(e) IN ('04','05','06','07'))
Universe-text		ears of age who are not currently pregnant or who don't eant and interviewed April - July
Question Text		me since August 1st, [fill: LAST YEAR]?/Were you [fill: LAST YEAR] through March [fill: CURYEAR]?/Were Igust 1st, [fill: CURYEAR]?]
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	ion	
Fill Instructions	ELSE IF INTERVIEW_MONTH fill: "Were you pregnant any CURYEAR]?" ELSE	time since August 1st, [fill: LAST YEAR]?"
Special Instructions		
Skip Instructions	<1,2,R,D> [goto HRAIDNOW]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.400_00.000	
Variable Name	HRAIDNOW	
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 your hearing, vision, and teeth.	
	Do you now use a hearing aid(s)?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Hearing aid - now		
Fill Instructions		
Special Instructions		
Skip Instructions	<1> [goto AHEARST1] <2,R,D> [goto HRAIDEV]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.410_00.000
Variable Name	HRAIDEV
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and HRAIDNOW(e) IN('2','7','9')
Universe-text	Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid
Question Text	Have you ever used a hearing aid(s) in the past?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	n Hearing aid - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AHEARST1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.420_00.000	
Variable Name	AHEARST1	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?	
Answer Codes	1. Excellent 2. Good 3. A little trouble hearing 4. Moderate trouble 5. A lot of trouble 6. Deaf Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description Hearing status		
Fill Instructions		
Special Instructions		
Skip Instructions	<1-6,R,D> [goto AVISION]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.430_00.000
Variable Name	AVISION
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Do you have any trouble seeing, even when wearing glasses or contact lenses?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Trouble seeing
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ABLIND] <2,R,D> [goto VIM_DREV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	16
Section Name	Adult Conditions
Part	
Question ID	ACN.440_00.000
Variable Name	ABLIND
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 even when wearing glasses/contact lenses
Question Text	Are you blind or unable to see at all?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Blind
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto VIM_DREV]
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 Descripti	on 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.
Answer Codes	Have you EVER been told by a doctor or other health professional that you hadCataracts  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	On 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 Descripti	on 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 Descripti	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.
Answer Codes	Have you EVER been told by a doctor or other health professional that you hadGlaucoma?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on 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 Descripti	on 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.		
Answer Codes	Have you EVER been told by a doctor or other health professional that you hadMacular Degeneration  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 Descripti	on 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 Descripti	on 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 Descripti	On 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	on 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 Descripti	on 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	On 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	O. Not at all difficult Only a little difficult Somewhat difficult Very difficult 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 Descripti		
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		
AssocHeln		

Module	16	
Section Name	Adult Conditions	
Part		
Question ID	ACN.441_00.020	
Variable Name	AVDF_CLS	
Universe	HHSTAT4='S' and (AGE GE '0 IN('2','7','9,')	18' and AGE not IN ('997','999')) and ABLIND(e)
Universe-text	Sample adults 18+ who are not	blind
Question Text	*Read if necessary:	
Answer Codes	your eyesight, how difficult is itTo do work or hobbies that refixing things around the house *Read categories below.  0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of ey 6. Do not do this activity for oth Refused	equire you to see well up close such as cooking, sewing, or using hand tools
Question Type	Don't know  Pick One - answer list pane	1
Field Pane Descripti		J
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:	
Answer Codes	[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.  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 '01 IN('2','7','9,')	8' and AGE not IN ('997','999')) and ABLIND(e)
Universe-text	Sample adults 18+ who are not	blind
Question Text	*Read if necessary:	
Answer Codes	[Fill1: Even when wearing glass your eyesight, how difficult is it fTo drive during daytime in fam *Read categories below.  0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyes	niliar places
	6. Do not do this activity for othe Refused Don't know	er reasons
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 '0 IN('2','7','9,')	18' and AGE not IN ('997','999')) and ABLIND(e)
Universe-text	Sample adults 18+ who are not	blind
Question Text	*Read if necessary:	
Answer Codes	[Fill1: Even when wearing glass your eyesight, how difficult is itTo notice objects off to the sic *Read categories below.  0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of ey 6. Do not do this activity for oth Refused Don't know	de while you are walking along
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 '0 IN('2','7','9,')	18' and AGE not IN ('997','999')) and ABLIND(e)
Universe-text	Sample adults 18+ who are not	blind
Question Text	*Read if necessary:	
Answer Codes	your eyesight, how difficult is itTo find something on a crowd *Read categories below.  0. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all because of eyes	led shelf esight
	6. Do not do this activity for oth Refused Don't know	er reasons
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		

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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.451_00.000
Variable Name	LUPPRT
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Have you lost all of your upper and lower natural (permanent) teeth?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Lost all teeth	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[CHPAIN6M]
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 Descripti	on Pain limitations
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto the next section]
Hard Edits	
Soft Edits	
AssocHelp	

## 2016 Q1 NHIS Instrument Spec Report

Section name: Adult Health Status and Limitation of Activities

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.040
Variable Name	WKDAYR
Universe	HHSTAT4='S' and AGE ge '18' and (DOINGLW2 = '1' ,'2', '4' or WRKLYR2 = '1') and (EVERWRK ne 'No', 'Refused', or 'Don't know')
Universe-text	Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months
Question Text	During the PAST 12 MONTHS ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?
	* Enter '0' for None.
Answer Codes	
Question Type	Integer
Field Pane Descript	ion Work days missed
Fill Instructions	
Special Instructions	
Skip Instructions	<0-366,R,D> [goto BEDDAYR] <120-366> [goto ERR_WKDAYR]
Hard Edits	
Soft Edits	ERR_WKDAYR
	* [Fill: WKDAYR] is an unusually large number. * Please verify.
AssocHelp	H_WKDAYR

Module	17	
Section Name	Adult Health Status and Limitation of Activities	
Part		
Question ID	AHS.040_H	
Variable Name	H_WKDAYR	
Universe		
Universe-text		
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated Screens: WKDAYR	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.050
Variable Name	BEDDAYR
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	During the PAST 12 MONTHS ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?
	* Enter '0' for None.
Answer Codes	
Question Type	Integer
Field Pane Descript	ion Days in bed
Fill Instructions	
Special Instructions	
Skip Instructions	<0-366,R,D> [goto AHSTATYR] <120-366> [goto ERR_BEDDAYR]
Hard Edits	
Soft Edits	ERR_BEDDAYR
	* [Fill: BEDDAYR] is an unusually large number. * Please verify.
AssocHelp	H_BEDDAYR

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.050_H
Variable Name	H_BEDDAYR
Universe	
Universe-text	
Question Text	Days in bed are any days during which the sample adult stayed in bed MORE than half of the day because of illness or injury. "More than half of the day" is defined as more than half of the hours that the sample adult is usually awake. Count as days in bed all days a sample adult spent as an overnight patient in a hospital, sanitarium, nursing home, etc., whether or not the patient was actually lying in bed, even if there was no illness or injury.  A bed is anything used for lying down or sleeping, including a sofa, cot or mattress.  Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated Screens: BEDDAYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.060
Variable Name	AHSTATYR
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?
Answer Codes	1. Better 2. Worse 3. About the same Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Health status
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1-3,R,D> [goto SPECEQ (AHS.070)]
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.070
Variable Name	SPECEQ
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	? [F1]
	Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Special equipment
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1,2,R,D> [goto FLWALK_1]
Hard Edits	
Soft Edits	
AssocHelp	H_SPECEQ

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.070_H
Variable Name	H_SPECEQ
Universe	
Universe-text	
Question Text	"Problem" is the sample adult's perception of a departure from physical, mental or emotional well-being. This incudes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc.  "Special Equipment" is any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This incudes the use of adult "diapers" for incontinence. For example: a spoon is not normally considered as "special equipment"; however, a uniquely designed or functioning one used for eating by a person because of physical, mental, or emotional problems is considered "special equipment."
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screens: SPECEQ
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	SPECEQ

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.080
Variable Name	FLWALK_1
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness [Fill1:(not including pregnancy)].
Answer Codes	1. Enter 1 to continue
Question Type	Enter 1 to Continue
Field Pane Descripti	on Continue
Fill Instructions	Fill1: If SEX=2 (female), then display the following text: (not including pregnancy)
Special Instructions	
Skip Instructions	<1> [goto FLWALK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.091_1
Variable Name	FLWALK
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
	By yourself, and without using any special equipment, how difficult is it for you to
	Walk a quarter of a mile - about 3 city blocks?
Answer Codes	O. Not at all difficult  Only a little difficult  Somewhat difficult  Very difficult  Can't do at all
	6. Do not do this activity Refused
	Don't know
Question Type	Repeating Series – Other
Field Pane Description	walk a quarter of a mile
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLCLIMB]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.091_1_H
Variable Name	H_FLWALK
Universe	
Universe-text	
Question Text	"Problem" is the sample adult's perception of a departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc.  "Special Equipment" is any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. For example: a spoon is not normally considered as "special equipment"; however, a uniquely designed or functioning one used for eating by a person because of physical, mental, or emotional problems is considered "special equipment."
Answer Codes	"Difficult" is respondent defined.  If the sample adult gives an answer which does not match the categories on the flashcard, reread the question emphasizing the wording of the answer categories.
Question Type	Liela Cara an
Field Pane Descripti	Help Screen  on
Fill Instructions	
Special Instructions	Associated screens: FLWALK FLCLIMB FLSTAND FLSIT FLSTOOP FLREACH FLGRASP FLCARRY FLPUSH FLSHOP FLSOCL FLRELAX
Skip Instructions	

Hard Edits	
Soft Edits	
AssocHelp	
Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.091_2
Variable Name	FLCLIMB
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
Answer Codes	* Read lead-in if necessary.  By yourself, and without using any special equipment, how difficult is it for you toWalk up 10 steps without resting?  O. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all  6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Description	on Walk up 10 steps
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLSTAND]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.091_3
Variable Name	FLSTAND
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
	* Read lead-in if necessary.
	By yourself, and without using any special equipment, how difficult is it for you to
	Stand or be on your feet for about 2 hours?
Answer Codes	O. Not at all difficult Only a little difficult Somewhat difficult Very difficult Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	on Stand for 2 hours
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLSIT]
Hard Edits	
Soft Edits	
AssocHelp	H FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.091_4
Variable Name	FLSIT
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
	* Read lead-in if necessary.
	By yourself, and without using any special equipment, how difficult is it for you to
	Sit for about 2 hours?
Answer Codes	O. Not at all difficult Only a little difficult Somewhat difficult Very difficult Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	on Sit for 2 hours
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLSTOOP]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.091_5
Variable Name	FLSTOOP
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
	* Read lead-in if necessary.
	By yourself, and without using any special equipment, how difficult is it for you to
	Stoop, bend, or kneel?
Answer Codes	O. Not at all difficult Only a little difficult Somewhat difficult Very difficult Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	
Field Pane Descripti	Repeating Series – Other  Stoop, bend or kneel
Fill Instructions	Gloop, bend of Krieer
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
-	
Skip Instructions	<0-4,6,R,D> [goto FLREACH]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.091_6
Variable Name	FLREACH
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
Answer Codes	* Read lead-in if necessary.  By yourself, and without using any special equipment, how difficult is it for you toReach up over your head?  O. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all 6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	on Reach up overhead
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLGRASP]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.141_1
Variable Name	FLGRASP
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
	* Read lead-in if necessary.
	By yourself, and without using any special equipment, how difficult is it for you to
	Use your fingers to grasp or handle small objects?
Answer Codes	O. Not at all difficult Only a little difficult Somewhat difficult Very difficult Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	on Grasp small objects
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLCARRY]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.141_2
Variable Name	FLCARRY
Universe	HHSTAT4 = 'S'and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
Answer Codes	* Read lead-in if necessary.  By yourself, and without using any special equipment, how difficult is it for you toLift or carry something as heavy as 10 pounds such as a full bag of groceries?  O. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all  6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	on Lift or carry 10 pounds
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLPUSH]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.141_3
Variable Name	FLPUSH
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5? [F1]
	* Read lead-in if necessary.
	By yourself, and without using any special equipment, how difficult is it for you to
	Push or pull large objects like a living room chair?
Answer Codes	O. Not at all difficult Only a little difficult Somewhat difficult Wery difficult Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	Push or pull large objects
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLSHOP]
Hard Edits	
Soft Edits	
AssocHeln	H FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.171_1
Variable Name	FLSHOP
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
Answer Codes	* Read lead-in if necessary.  By yourself, and without using any special equipment, how difficult is it for you toGo out to things like shopping, movies, or sporting events?  O. Not at all difficult 1. Only a little difficult 2. Somewhat difficult 3. Very difficult 4. Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	On Go out to things
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLSOCL]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.171_2
Variable Name	FLSOCL
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
	* Read lead-in if necessary.
	By yourself, and without using any special equipment, how difficult is it for you to
	Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?
Answer Codes	O. Not at all difficult Only a little difficult Somewhat difficult Very difficult Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	on Social activities
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<0-4,6,R,D> [goto FLRELAX]
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.171_3
Variable Name	FLRELAX
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	(book) A5 ? [F1]
	* Read lead-in if necessary.
	By yourself, and without using any special equipment, how difficult is it for you to
	Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?
Answer Codes	O. Not at all difficult Only a little difficult Somewhat difficult Very difficult Can't do at all
	6. Do not do this activity Refused Don't know
Question Type	Repeating Series – Other
Field Pane Descripti	Relax at home
Fill Instructions	
Special Instructions	Answer name to the right. Blank line between Answer code 4 and Answer code 6.
Skip Instructions	<1-4 or FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4> [goto AFLHCA]
	Else [goto SMKEV] (next section)
Hard Edits	
Soft Edits	
AssocHelp	H_FLWALK

17 Module Section Name

**Adult Health Status and Limitation of Activities** 

Part

Question ID **AHS.200** 

Variable Name

**AFLHCA** 

Universe

HHSTAT4 = 'S' and AGE GE 18 and (FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4 or FLRELAX = 1-4)

Universe-text

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

# **Question Text**

(book) A6 ? [F1]

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

- \* Enter condition number for all that apply, separate with commas.
- \* Do not probe, except to clarify answer.

### Answer Codes

- 1. Vision/problem seeing
- 2. Hearing problem
- 3. Arthritis/rheumatism
- 4. Back or neck problem
- 5. Fracture, bone/joint injury
- 6. Other injury
- 7. Heart problem
- 8. Stroke problem
- 9. Hypertension/high blood pressure
- 10. Diabetes
- 11. Lung/breathing problem (for example, asthma and emphysema)
- 12. Cancer
- 13. Birth defect
- 14. Intellectual disability also known as mental retardation
- 15. Other developmental problem (for example cerebral palsy)
- 16. Senility
- 17. Depression/anxiety/emotional problem
- 18. Weight problem

-----[\*/On bottom of Flashcard only:

"Other impairment/problem" /\*]

2005 fix to add a divider line between 18 & 19 /\*]

- 19. Missing limbs (fingers, toes or digits), amputee
- 20. Kidney, bladder or renal problems
- 21. Circulation problems (including blood clots)
- 22. Benign Tumors, cysts
- 23. Fibromyalgia, lupus
- 24. Osteoporosis, tendinitis
- 25. Epilepsy, seizures

- 26. Multiple Sclerosis (MS), Muscular Dystrophy (MD)
- 27. Polio(myelitis), paralysis, para/quadriplegia
- 28. Parkinson's disease, other tremors
- 29. Other nerve damage, including carpal tunnel syndrome
- 30. Hernia
- 31. Ulcer
- 32. Varicose veins, hemorrhoids
- 33. Thyroid problems, Grave's disease, gout
- 34. Knee problems (not arthritis (03), not joint injury(05))
- 35. Migraine headaches (not just headaches)
- 90. Other impairment/problem (Specify one)
- 91. Other impairment/problem (Specify one)

Refused

Don't know/not sure

## **Question** Type

**Enter All That Apply** 

## Field Pane Description

Condition numbers

#### Fill Instructions

Fill1 = [if the number of conditions indicated in questions AHS.091\_1 - AHS.171\_3 as having at least a little bit of difficulty (i.e. answers are 1-4) is less than or equal to 3]

Fill2 = [if the number of conditions indicated in questions AHS.091\_1 - AHS.171\_3 as having at least a little bit of difficulty (i.e. answers are 1-4) is greater than 3]

## **Special Instructions**

The fill to be applied in the question text for Fill 1 is conditional on how many of the responses to questions AHS.091\_1 through AHS.171\_3 were either 1,2,3 or 4 (I.e. the respondent had a least a little difficulty carrying out the particular activity/action). If only one of these questions has an answer that meets the criteria (I.e. 1-4), then the question text is "What condition or health problem causes you to have difficulty with [condition 1]?". If only 2 questions had answers in the 1-4 range, the question text is "What condition or health problem causes you to have difficulty with [condition 1] or [condition 2]?". If 3 questions had such answers, use the question text provided.

Use the following phrases to fill in the question text when the conditions for Fill 1 apply:

FLWALK: walking a quarter of a mile FLCLIMB: walking up 10 steps FLSTAND: standing for 2 hours FLSIT: sitting for 2 hours

FLSTOOP: stooping, bending or kneeling

FLREACH: reaching up overhead

FLGRASP: grasping or handling small objects FLCARRY: lifting or carrying 10 pounds FLPUSH: pushing or pulling large objects

FLSHOP: going out for things

FLSOCL: participating in social activities

FLRELAX: relaxing at home

### Skip Instructions

[1- 12, 14 - 35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order

<13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV]

<90> [goto AFLHCA\_S1] <91> [goto AFLHCA\_S2]

Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section)

<D, R> [goto SMKEV (next section)]

### Hard Edits

Soft Edits	
AssocHelp	H_AFLHCA
Module	17
Section Name	
Part	
Question ID	AHS.200_H
Variable Name	H_AFLHCA
Universe	
Universe-text	
Question Text	The terms "conditions" and "health problems" are respondent defined.
	Do not read the precoded categories to the respondent.
	Enter "90" or "91" if the respondent mentions a condition or health problem not listed and then specify the condition exactly as the respondent states it.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AFLHCA
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.201_90
Variable Name	AFLHCA_S1
Universe	HHSTAT4 = 'S' and AGE GE 18 and 90 selected in AFLHCA
Universe-text	Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA
Question Text	* Enter other impairment/problem.
Answer Codes	
Question Type	Text
Field Pane Description	on Specify
Fill Instructions	
Special Instructions	*/ need to add Descriptor name to Form Pane in front of the answer box of: Specify one (1) [ ] /* for either Q4 or 2005 fix
Skip Instructions	<50 chars> [goto AHCL90N] >ENTER< only with no description [goto ERR1_AFLHCA_S1]
	Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA
Hard Edits	\$ You should enter something specific.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.201_91
Variable Name	AFLHCA_S2
Universe	HHSTAT4 = 'S' and AGE GE 18 and 91 selected in AFLHCA
Universe-text	Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA
Question Text	* Enter other impairment/problem.
Answer Codes	
Question Type	Text
Field Pane Descripti	on Specify
Fill Instructions	
Special Instructions	*/ need to add Descriptor name to Form Pane in front of the answer box of: Specify one (2) [ ] /* for either Q4 or 2005 fix
Skip Instructions	<50 chars> [goto AHCL91N]
	>ENTER< only with no description [goto ERR1_AFLHCA_S1]
	*/ need to add Descriptor name to Form Pane in front of the answer box of: Specify one (2) [ ] /* for either Q4 or 2005 fix
Hard Edits	\$ You should enter something specific.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.300_1
Variable Name	AHCL01N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 1
Universe-text	Sample adults 18+ who had difficulty due to a vision problem or problem seeing
Question Text	1 of 2
	How long have you had a vision problem or problem seeing?
	* Enter number for time with your vision problem or problem seeing
	* Enter '95' for 95 or more.
	* Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL01T] <r> [store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.300_2
Variable Name	AHCL01T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL01N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with vision problem or problem seeing.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [ goto ERR2_AHCL01T] [if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T
Hard Edits	ERR1_AHCL01T
	*Time with condition cannot be greater than age. * Please correct.
	ERR2_AHCL01T
	* "6" not selectable.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.301_1
Variable Name	AHCL02N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 2
Universe-text	Sample adults 18+ who had difficulty due to a hearing problem
Question Text	1 of 2
	How long have you had a hearing problem?
	* Enter number for time with a hearing problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL02T] <r> [store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.301_2
Variable Name	AHCL02T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL02N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with hearing problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL02T] [if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T
Hard Edits	ERR1_AHCL02T
	* Time with condition cannot be greater than age.  * Please correct.
	ERR2_AHCL02T
	* "6" not selectable.
Soft Edits	
AssocHeln	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.302_1
Variable Name	AHCL03N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 3
Universe-text	Sample adults 18+ who had difficulty due to arthritis or rheumatism
Question Text	1 of 2
	How long have you had arthritis or rheumatism?
	* Enter number for time with arthritis or rheumatism.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL03T] <r> [store "R" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.302_2
Variable Name	AHCL03T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL03N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with arthritis or rheumatism.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL03T] [if [AHCL03N = Number greater than person years old and AHCL03T= 4]] goto ERR1_AHCL03T
Hard Edits	ERR_AHCL03T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.303_1
Variable Name	AHCL04N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 4
Universe-text	Sample adults 18+ who had difficulty due to a back or neck problem
Question Text	1 of 2
	How long have you had a back or neck problem?
	* Enter number for time with back or neck problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL04T] <r> [store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.303_2
Variable Name	AHCL04T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL04N= 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with back or neck problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	ion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL04T] [if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T
Hard Edits	ERR_AHCL04T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.304_1
Variable Name	AHCL05N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 5
Universe-text	Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury
Question Text	1 of 2
	How long have you had a fracture, bone, or joint injury?
	* Enter number for time with a fracture, bone, or joint injury.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL05T] <r> [store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.304_2
Variable Name	AHCL05T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL05N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with fracture, bone, or joint injury.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL05T] [if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T
Hard Edits	ERR_AHCL05T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.305_1
Variable Name	AHCL06N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 6
Universe-text	Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury
Question Text	1 of 2
	How long have you had the (fill: other) injury that caused your limitation?
	* Enter number for time with injury that caused your limitation.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	Fill: [if condition 5 is selected at AFLHCA]
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL06T] <r> [store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.305_2
Variable Name	AHCL06T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL06N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with (fill: other) injury.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Integer
Field Pane Descript	
Fill Instructions	Fill: [if condition 5 is selected at AFLHCA]
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL06T] [if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T
Hard Edits	ERR_AHCL06T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.306_1
Variable Name	AHCL07N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 7
Universe-text	Sample adults 18+ who had difficulty due to a heart problem
Question Text	1 of 2
	How long have you had a heart problem?
	* Enter number for time with a heart problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL07T] <r> [store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.306_2
Variable Name	AHCL07T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL07N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with heart problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Integer
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL07T] [if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T
Hard Edits	ERR_AHCL07T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.307_1
Variable Name	AHCL08N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 8
Universe-text	Sample adults 18+ who had difficulty due to a stroke problem
Question Text	1 of 2
	How long have you had a stroke problem?
	* Enter number for time with a stroke problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL08T] <r> [store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.307_2
Variable Name	AHCL08T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL08N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with stroke problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL08T] [if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T
Hard Edits	ERR_AHCL08T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.308_1
Variable Name	AHCL09N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 9
Universe-text	Sample adults 18+ who had difficulty due to hypertension or high blood pressure
Question Text	1 of 2
	How long have you had hypertension or high blood pressure?
	* Enter number for time with hypertension or high blood pressure.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL09T] <r> [store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.308_2
Variable Name	AHCL09T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL09N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with hypertension or high blood pressure.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL09T] [if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T
Hard Edits	ERR_AHCL09T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.309_1
Variable Name	AHCL10N
Universe	HHSTAT4 = 'S'and AGE GE 18 and AFLHCA = 10
Universe-text	Sample adults 18+ who had difficulty due to diabetes
Question Text	1 of 2
	How long have you had diabetes?
	* Enter number for time with diabetes.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL10T] <r> [store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.309_2
Variable Name	AHCL10T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL10N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with diabetes.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth
	Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL10T [if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T
Hard Edits	ERR_AHCL10T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.310_1
Variable Name	AHCL11N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 11
Universe-text	Sample adults 18+ who had difficulty due to a lung or breathing problem
Question Text	1 of 2
	How long have you had a lung or breathing problem (e.g. asthma and emphysema)?
	* Enter number for time with a lung or breathing problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL11T] <r> [store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.310_2
Variable Name	AHCL11T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL11N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with lung or breathing problem (e.g. asthma and emphysema).
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	tion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL11T] [if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T
Hard Edits	ERR_AHCL11T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.311_1
Variable Name	AHCL12N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 12
Universe-text	Sample adults 18+ who had difficulty due to cancer
Question Text	1 of 2
	How long have you had cancer?
	* Enter number for time with cancer.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL12T] <r> [store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.311_2
Variable Name	AHCL12T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL12N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with cancer.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused
	Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL12T] [if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T
Hard Edits	ERR_AHCL12T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.312_1
Variable Name	AHCL13N
Universe	
Universe-text	
Question Text	
Answer Codes	
Question Type	Other
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Storage variable for follow up to choice # 13 (birth defect) in AFLHCA
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.312_2
Variable Name	AHCL13T
Universe	
Universe-text	
Question Text	
Answer Codes	
Question Type	Other
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Storage variable for follow up to choice # 13 (birth defect) in AFLHCA
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.313_1
Variable Name	AHCL14N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 14
Universe-text	Sample adults 18+ who had difficulty due to mental retardation
Question Text	1 of 2
	How long have you had intellectual disability, also known as mental retardation?
	* Enter number for time with intellectual disability/mental retardation.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL14T] <r> [store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.313_2
Variable Name	AHCL14T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL14N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with intellectual disability/mental retardation.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL14T] [if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T
Hard Edits	ERR_AHCL14T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.314_1
Variable Name	AHCL15N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 15
Universe-text	Sample adults 18+ who had difficulty due to a developmental problem
Question Text	1 of 2
	How long have you had a developmental problem (e.g., cerebral palsy)?
	* Enter number for time with a developmental problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL15T] <r> [store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.314_2
Variable Name	AHCL15T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL15N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with developmental problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	·
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL15T] [if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T
Hard Edits	ERR_AHCL15T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.315_1
Variable Name	AHCL16N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 16
Universe-text	Sample adults 18+ who had difficulty due to senility
Question Text	1 of 2
	How long have you had senility?
	* Enter number for time with senility.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL16T] <r> [store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.315_2
Variable Name	AHCL16T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL16N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with senility.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	•
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL16T] [if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1_AHCL16T
Hard Edits	ERR_AHCL16T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.316_1
Variable Name	AHCL17N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 17
Universe-text	Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem
Question Text	1 of 2
	How long have you had depression, anxiety, or an emotional problem?
	* Enter number for time with depression, anxiety, or an emotional problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL17T] <r> [store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.316_2
Variable Name	AHCL17T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL17N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with depression, anxiety, or emotional problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused
	Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL17T] [if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T
Hard Edits	ERR_AHCL17T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.317_1
Variable Name	AHCL18N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 18
Universe-text	Sample adults 18+ who had difficulty due to a weight problem
Question Text	1 of 2
	How long have you had a weight problem?
	* Enter number for time with a weight problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL18T] <r> [store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.317_2
Variable Name	AHCL18T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL18N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with weight problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	·
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL18T] [if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T
Hard Edits	ERR_AHCL18T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.318_1
Variable Name	AHCL19N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 19
Universe-text	Sample adults 18+ who had difficulty due to a missing limb
Question Text	1 of 2
	How long have you had a missing limb (finger, toe, or digit)?
	* Enter number for time with a missing limb.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL19T] <r> [store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.318_2
Variable Name	AHCL19T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL19N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with missing limb.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL19T] [if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1_AHCL19T
Hard Edits	ERR_AHCL19T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.319_1
Variable Name	AHCL20N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 20
Universe-text	Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem
Question Text	1 of 2
	How long have you had a kidney, bladder or renal problem?
	* Enter number for time with a kidney, bladder or renal problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL20T] <r> [store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.319_2
Variable Name	AHCL20T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL20N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with kidney, bladder or renal problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL20T] [if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T
Hard Edits	ERR_AHCL20T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.320_1
Variable Name	AHCL21N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 21
Universe-text	Sample adults 18+ who had difficulty due to a circulation problem
Question Text	1 of 2
	How long have you had a circulation problem (including blood clots)?
	* Enter number for time with a circulation problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL21T] <r> [store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.320_2
Variable Name	AHCL21T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL21N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with circulation problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL21T] [if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T
Hard Edits	ERR_AHCL21T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.321_1
Variable Name	AHCL22N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 22
Universe-text	Sample adults 18+ who had difficulty due to benign tumors or cysts
Question Text	1 of 2
	How long have you had benign tumors or cysts?
	* Enter number for time with benign tumors or cysts.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL22T] <r> [store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.321_2
Variable Name	AHCL22T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL22N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with benign tumors or cysts.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	tion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> [goto ERR2_AHCL22T] [if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T
Hard Edits	ERR_AHCL22T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.322_1
Variable Name	AHCL23N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 23
Universe-text	Sample adults 18+ who had difficulty due to fibromyalgia or lupus
Question Text	1 of 2
	How long have you had fibromyalgia or lupus?
	* Enter number for time with fibromyalgia or lupus.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D> [goto AHCL23T] <r> [store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt; [store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.322_2
Variable Name	AHCL23T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL23N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with fibromyalgia or lupus.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	·
Fill Instructions	Time period
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL23T [if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T
Hard Edits	ERR_AHCL23T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.323_1
Variable Name	AHCL24N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 24
Universe-text	Sample adults 18+ who had difficulty due to osteoporosis or tendinitis
Question Text	1 of 2
	How long have you had osteoporosis or tendinitis?
	* Enter number for time with osteoporosis or tendinitis.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL24T] <r>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.323_2
Variable Name	AHCL24T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL24N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with osteoporosis or tendinitis.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	•
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL24T [if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T
Hard Edits	ERR_AHCL24T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.324_1
Variable Name	AHCL25N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 25
Universe-text	Sample adults 18+ who had difficulty due to epilepsy or seizures
Question Text	1 of 2
	How long have you had epilepsy or seizures?
	* Enter number for time with epilepsy or seizures.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL25T] <r>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.324_2
Variable Name	AHCL25T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL25N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with epilepsy or seizures.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL25T [if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T
Hard Edits	ERR_AHCL25T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.325_1
Variable Name	AHCL26N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 26
Universe-text	Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy
Question Text	1 of 2
	How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?
	* Enter number for fime with multiple sclerosis (MS) or muscular dystrophy (MD).
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL26T] <r>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.325_2
Variable Name	AHCL26T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL26N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with multiple sclerosis or muscular dystrophy.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL26T [if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T
Hard Edits	ERR_AHCL26T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.326_1
Variable Name	AHCL27N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 27
Universe-text	Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadriplegia
Question Text	1 of 2
	How long have you had polio(myelitis), paralysis or para/quadriplegia?
	* Enter number for time with polio (myelitis), paralysis or para/quadriplegia.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL27T] <r>[store "R" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.326_2
Variable Name	AHCL27T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL27N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused
	Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL27T [if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto ERR1_AHCL27T
Hard Edits	ERR_AHCL27T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.327_1
Variable Name	AHCL28N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 28
Universe-text	Sample adults 18+ who had difficulty due to Parkinson's disease or tremors
Question Text	1 of 2
	How long have you had Parkinson's disease or tremors?
	* Enter number for time with Parkinson's disease or tremors.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL28T] <r>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.327_2
Variable Name	AHCL28T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL28N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with Parkinson's disease or tremors.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused
0 4 5	Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL28T [if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T
Hard Edits	ERR_AHCL28T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17	
Section Name	Adult Health Status and Limitation of Activities	
Part		
Question ID	AHS.328_1	
Variable Name	AHCL29N	
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 29	
Universe-text	Sample adults 18+ who had difficulty due to nerve damage	
Question Text	1 of 2	
	How long have you had nerve damage (including carpal tunnel syndrome)?	
	* Enter number for time with nerver damage (including carpal tunnel syndron * Enter '95" for 95 or more.	ne).
	* Enter "96" if since birth.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	ion Number	
Fill Instructions		
Special Instructions		
Skip Instructions	<1-95,D>[goto AHCL29T] <r>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected (AHS.200). If this is the last condition selected, goto SMKEV (next &lt;96&gt;[store "6" in AHCL29T] [goto the next condition, in numerical order, selected (AHS.200). If this is the last condition selected, goto SMKEV (next AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next AFLHCA (AHS.200)).</r>	section)] ected at
Hard Edits		
Soft Edits		
AssocHelp		

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.328_2
Variable Name	AHCL29T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL29N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with nerve damage.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	· · · · · · · · · · · · · · · · · · ·
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL29T [if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T
Hard Edits	ERR_AHCL29T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.329_1
Variable Name	AHCL30N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 30
Universe-text	Sample adults 18+ who had difficulty due to a hernia
Question Text	1 of 2
	How long have you had a hernia?
	* Enter number for time with a hernia.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL30T] <r>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.329_2
Variable Name	AHCL30T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL30N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with hernia.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	
Field Pane Descripti	Pick One - answer list pane  ion Time period
Fill Instructions	Time period
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL30T [if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T
Hard Edits	ERR_AHCL30T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.330_1
Variable Name	AHCL31N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 31
Universe-text	Sample adults 18+ who had difficulty due to an ulcer
Question Text	1 of 2
	How long have you had an ulcer?
	* Enter number for time with an ulcer.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL31T] <r>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.330_2
Variable Name	AHCL31T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL31N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with ulcer.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	·
Fill Instructions	
Special Instructions	Answer name to the right.
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL31T [if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T
Hard Edits	ERR_AHCL31T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.331_1
Variable Name	AHCL32N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 32
Universe-text	Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids
Question Text	1 of 2
	How long have you had varicose veins or hemorrhoids?
	* Enter number for time with varicose veins or hemorrhoids.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL32T] <r>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.331_2
Variable Name	AHCL32T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL32N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with varicose veins or hemorrhoids.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth
	Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	ion Time period
Fill Instructions	
Special Instructions	
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL32T [if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1_AHCL32T
Hard Edits	ERR_AHCL32T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.332_1
Variable Name	AHCL33N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 33
Universe-text	Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout
Question Text	1 of 2
	How long have you had a thyroid problem, Grave's disease or gout?
	* Enter number for time with a thyroid problem, Grave's disease or gout.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL33T] <r>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.332_2
Variable Name	AHCL33T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL33N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with thyroid problem, Grave's disease or gout.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL33T [if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T
Hard Edits	ERR_AHCL33T  * Time with condition cannot be greater than age.  * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.333_1
Variable Name	AHCL34N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 34
Universe-text	Sample adults 18+ who had difficulty due to a knee problem
Question Text	1 of 2
	How long have you had a knee problem?
	* Enter number for time with a knee problem.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL34T] <r>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.333_2
Variable Name	AHCL34T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL34N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with knee problem.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	tion Time period
Fill Instructions	
Special Instructions	,
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL34T [if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T
Hard Edits	ERR1_AHCL34T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.334_1
Variable Name	AHCL35N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 35
Universe-text	Sample adults 18+ who had difficulty due to migraine headaches
Question Text	1 of 2
	How long have you had migraine headaches?
	* Enter number for time with migraine headaches.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL35T] <r>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.334_2
Variable Name	AHCL35T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL35N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with migraine headaches.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	tion Time period
Fill Instructions	
Special Instructions	
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL35T [if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T
Hard Edits	ERR1_AHCL35T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.335_1
Variable Name	AHCL90N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 90
Universe-text	Sample adults 18+ who had difficulty due to {problem in AFLHCA90}
Question Text	1 of 2
	How long have you had {problem in AFLHCA80}?
	* Enter number for time with {problem in AFLHCA80}. * Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	On Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL90T] <r>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.335_2
Variable Name	AHCL90T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL36N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with {problem in AFLHCA80}.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years
	Since birth Refused Don't know
Oracetica Trans	
Question Type Field Pane Descripti	Pick One - answer list pane
Fill Instructions	Time period
Special Instructions	
Skip Instructions	<1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2] Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL90T [if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T
Hard Edits	ERR_AHCL90T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.336_1
Variable Name	AHCL91N
Universe	HHSTAT4 = 'S' and AGE GE 18 and AFLHCA = 91
Universe-text	Sample adults 18+ who had difficulty due to {problem in AFLHCA91}
Question Text	1 of 2
	How long have you had {problem in AFLHCA81}?
	* Enter number for time with {problem in AFLHCA81}.
	* Enter '95" for 95 or more.
	* Enter "96" if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	on Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D>[goto AHCL36T] <r>[store "R" in AHCL36T] [goto SMKEV (next section)] &lt;96&gt;[store "6" in AHCL36T] [goto SMKEV (next section)]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	17
Section Name	Adult Health Status and Limitation of Activities
Part	
Question ID	AHS.336_2
Variable Name	AHCL91T
Universe	HHSTAT4 = 'S' and AGE GE 18 and AHCL37N = 1-95, D
Universe-text	Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question Text	2 of 2
	* Enter time period for time with {problem in AFLHCA81}.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Since birth Refused
	Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	
Skip Instructions	<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL37T [if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T
Hard Edits	ERR_AHCL91T
	* Time with condition cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

## 2016 Q1 NHIS Instrument Spec Report

Section nam	ne: Adult Health Behavior
Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.010_00.000
Variable Name	SMKEV
Universe	HHSTAT4 = 'S' and AGE GE 18
Universe-text	Sample adults 18+
Question Text	? [F1]
Answer Codes	These next questions are about cigarette smoking.  Have you smoked at least 100 cigarettes in your ENTIRE LIFE?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Ever smoked 100 cigarettes
Fill Instructions	
Special Instructions	
Skip Instructions	<1>[goto SMKREG] <2,R,D>[goto ECIGEV2]
Hard Edits	
Soft Edits	
AssocHelp	H_SMKEV

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.010_00.000_H
Variable Name	H_SMKEV
Universe	
Universe-text	
Question Text	A cigarette is anything the sample adult reports except cigars of any kind or marijuana.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens:
	SMKEV
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.020_00.000
Variable Name	SMKREG
Universe	HHSTAT4 = 'S' and AGE GE 18 and SMKEV = 1
Universe-text	Sample adults 18+ who ever smoked 100 cigarettes
Question Text	? [F1]
	How old were you when you FIRST started to smoke fairly regularly?
	* Enter '6' if less than 6 years old.
	* Enter '95' if 95 years old or older.
	* Enter '96' if never smoked regularly.
Answer Codes	
Question Type	Integer
Field Pane Descript	ion Age started smoking
Fill Instructions	
Special Instructions	
Skip Instructions	<6-95,96,R,D> [goto SMKNOW]
	[If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG
Hard Edits	ERR_SMKREG
	* Starting age exceeded current age. * Please correct.
Soft Edits	
AssocHelp	H_SMKREG

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.020_00.000_H
Variable Name	H_SMKREG
Universe	
Universe-text	
Question Text	Always probe for an exact age. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact age?"
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens:
	SMKREG
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.030_00.000
Variable Name	SMKNOW
Universe	HHSTAT4 = 'S' and AGE GE 18 and SMKEV = 1
Universe-text	Sample adults 18+ who ever smoked 100 cigarettes
Question Text	? [F1]
	Do you NOW smoke cigarettes every day, some days or not at all?
Answer Codes	1. Every day 2. Some days 3. Not at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Now Smoke
Fill Instructions	
Special Instructions	Add answer name to the right of input.
Skip Instructions	<1>[goto CIGSDA1] <2>[goto CIGDAMO] <3>[goto SMKQTNO] <d,r>[goto ECIGEV2]</d,r>
Hard Edits	
Soft Edits	
AssocHelp	H_SMKNOW

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.030_00.000_H
Variable Name	H_SMKNOW
Universe	
Universe-text	
Question Text	If the sample adult gives an answer which does not match the categories read in the question, reread the question emphasizing the wording of the answer categories.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	SMKNOW
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.040_01.000
Variable Name	SMKQTNO
Universe	HHSTAT4 = 'S' and AGE GE 18 and SMKNOW= 3
Universe-text	Sample adults 18+ who quit smoking
Question Text	? [F1]
	1 of 2
	How long has it been since you quit smoking cigarettes?
	* Enter number for time since quit smoking.
	* Enter '95' for 95 years old or older.
Answer Codes	
Question Type	Multi Part
Field Pane Descript	ion Number
Fill Instructions	
Special Instructions	"Time since quit smoking" as a header for this question and AHB.040_2 (SMKQTTP).
Skip Instructions	<1-95> [goto SMKQTTP] <d,r> [goto ECIGEV2]</d,r>
Hard Edits	
Soft Edits	
AssocHelp	H_SMKQT

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.040_01.000_H
Variable Name	H_SMKQT
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens:
	SMKQTNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.040_02.000
Variable Name	SMKQTTP
Universe	HHSTAT4 = 'S' and AGE GE 18 and SMKQTNO = 1-95
Universe-text	Sample adults 18+ who quit smoking
Question Text	2 of 2
	* Enter time period for time since quit smoking.
Answer Codes	1. Days 2. Weeks 3. Months 4. Years Refused Don't know
Question Type	Multi Part
Field Pane Descripti	Time period
Fill Instructions	
Special Instructions	Flag when ERR2_SMKQTTP is triggered. Place answer box to the right of that for AHB.040_1 (SMKQTNO). Show answer name on the right.
Skip Instructions	<1-4> [goto ECIGEV2] <4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.
Hard Edits	ERR2_SMKQTTP
	* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]). * Please correct.
Soft Edits	ERR1_SMKQTTP
	* Respondent quit smoking before age 15? * Please verify.
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.050_00.000
Variable Name	CIGSDA1
Universe	HHSTAT4 = 'S' and AGE GE 18 and SMKNOW = 1
Universe-text	Sample adults 18+ who are current every day smokers
Question Text	? [F1]
	On the average, how many cigarettes do you now smoke a day?
	* Enter '1' if less than 1 cigarette.
	* Enter '95' if 95 or more cigarettes.
Answer Codes	
Question Type	Integer
Field Pane Descripti	Average number of cigarettes daily
Fill Instructions	
Special Instructions	"Every day smokers" as a header.
Skip Instructions	<1-95,D,R> [goto CIGQTYR]
Hard Edits	
Soft Edits	
AssocHelp	H_CIGSDA1

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.050_00.000_H
Variable Name	H_CIGSDA1
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"  If the response is given in packs rather than as a number of cigarettes, multiply the number of packs by 20, verify the result with the sample adult and enter the number of cigarettes per day.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	CIGSDA1
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

	18
Module	10
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.060_00.000
Variable Name	CIGDAMO
Universe	HHSTAT4 = 'S' and AGE GE 18 and SMKNOW = 2
Universe-text	Sample adults 18+ who are current some day smokers
Question Text	? [F1]
	On how many of the PAST 30 DAYS did you smoke a cigarette?
	*Enter '0' for None.
Answer Codes	
Question Type	Integer
Field Pane Descripti	Number of days smoked
Fill Instructions	
Special Instructions	"Some day smokers - past 30 days" as a header for this question and AHB.070
Skip Instructions	<0>[goto CIGQTYR] <1-30,R,D> [goto CIGSDA2]
Hard Edits	
Soft Edits	
AssocHelp	H_CIGDAMO

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.060_00.000_H
Variable Name	H_CIGDAMO
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Asociated Screens:
	CIGDAMO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.070_00.000
Variable Name	CIGSDA2
Universe	HHSTAT4 = 'S' and AGE GE 18 and [ CIGDAMO=1-30,D,R) ]
Universe-text	Sample adults 18+ who are current some day smokers
Question Text	? [F1]
	On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?  * Enter '1' if less than 1.
	* Enter '95' if 95 or more cigarettes.
Answer Codes	
Question Type	Integer
Field Pane Descript	Average number of cigarettes on days smoked
Fill Instructions	
Special Instructions	Locate the Variable Description and answer box to the right of that for AHB.060 (CIGDAMO).
Skip Instructions	<1-95,D,R> [goto CIGQTYR]
Hard Edits	
Soft Edits	
AssocHelp	H_CIGSDA2

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.070_00.000_H
Variable Name	H_CIGSDA2
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"  If the response is given in packs rather than as a number of cigarettes, multiply the number of packs by 20, verify the result with the sample adult and enter the number of cigarettes per day.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	CIGSDA2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.080_00.000
Variable Name	CIGQTYR
Universe	HHSTAT4 = 'S' and AGE GE 18 and SMKNOW = 1,2
Universe-text	Sample adults 18+ who are every day or someday smokers
Question Text	? [F1]
Answer Codes	During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Tried to quit
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,D,R> [goto ECIGEV2]
Hard Edits	
Soft Edits	
AssocHelp	H_CIGQTYR

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.080_00.000_H
Variable Name	H_CIGQTYR
Universe	
Universe-text	
Question Text	"Trying" means making an effort, not simply thinking about it or desiring it.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens:
	CIGQTYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.010
Variable Name	ECIGEV2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.  Have you EVER used an e-cigarette EVEN ONE TIME?  *Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands
Answer Codes	include NJOY, BLU, LOGIC, and VUSE.  1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ECIGCUR2] <2,R,D> [goto CIGAREV2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.020
Variable Name	ECIGCUR2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and ECIGEV1(e)='1'
Universe-text	Sample adults 18+ who have ever used e-cigarettes
Question Text	Do you now use e-cigarettes every day, some days, or not at all?
Answer Codes	1. Every day 2. Some days 3. Not at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,R,D> [go to CIGAREV2] <2,3> [go to ECIG30D2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.030
Variable Name	ECIG30D2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and ECIGCUR1(e) IN ('2', '3')
Universe-text	Sample adults 18+ who now use e-cigarettes some days or not at all
Question Text	On how many of the PAST 30 DAYS have you used e-cigarettes?
Answer Codes	Allow 0-30,R,D
Question Type	Integer
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<0-30,R,D> [goto CIGAREV2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.040
Variable Name	CIGAREV2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?
	*Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.  *Read if necessary: Do not include electronic cigars or e-cigars.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CIGCUR2] <2, R, D> [goto PIPEV2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.050
Variable Name	CIGCUR2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and CIGAREV(e)='1'
Universe-text	Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar
Question Text	Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?
Answer Codes	1. Every day 2. Some days 3. Not at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1 R,D> [go to PIPEV2] <2,3> [go to CIG30D2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.060
Variable Name	CIG30D2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and CIGCUR1 (e) IN ('2','3')
Universe-text	Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all
Question Text	On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?
Answer Codes	Allow 0-30,R,D
Question Type	Integer
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<0-30,R,D> [goto PIPEV2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.070
Variable Name	PIPEV2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Have you EVER smoked a pipe filled with tobacco-either a regular pipe, water pipe, or hookah EVEN ONE TIME?
	*Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.  *Read if necessary: Do not include electronic pipes or e-pipes.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto PIPECUR2] <2,R,D> [goto SMKLSTB1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.080
Variable Name	PIPECUR2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and PIPEV1(e)='1'
Universe-text	Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco
Question Text	Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all?
	*Read if necessary: Do not include pipes filled with substances other than tobacco.
Answer Codes	1. Every day 2. Some days 3. Not at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto SMKLSTB1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	A
Question ID	AHB.085_00.090
Variable Name	SMKLSTB1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.
Answer Codes	Have you ever used smokeless tobacco products EVEN ONE TIME?  *Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)  1. Yes 2. No
	Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto SMKLSCR2] <2,R,D> [goto VIGNO]
Hard Edits	
Soft Edits	
AssocHelp	

Module	18	
Section Name	Adult Health Behavior	
Part	A	
Question ID	AHB.085_00.100	
Variable Name	SMKLSCR2	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and SMKLSTOB(e)='1'	
Universe-text	Sample adults 18+ who have ever used smokeless tobacco products	
Question Text	Do you NOW use smokeless tobacco products every day, some days, or not at all?	
Answer Codes	1. Every day 2. Some days 3. Not at all Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1-3,R,D> [goto VIGNO]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.090_1
Variable Name	VIGNO
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999')
Universe-text	Sample adults 18+
Question Text	? [F1]
	1 of 2
	The next questions are about physical activities (exercise, sports, physically active hobbies) that you may do in your LEISURE time.
	How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?
	* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?
	* Enter number for vigorous leisure-time physical activities.
	* Enter '0' for Never.
	* Enter '996' if unable to do this type of activity.
Answer Codes	
Question Type	Multi Part
Field Pane Description	On How often - number
Fill Instructions	
Special Instructions	"Vigorous activities for at least 10 minutes" as a header for this question, AHB.090_2, AHB.100_1 and AHB.100_2.
Skip Instructions	<0,996,R,D>[goto MODNO] <1-995>[goto VIGTP]
Hard Edits	
Soft Edits	
AssocHelp	H_VIGNO

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.090_1_H
Variable Name	H_VIGNO
Universe	
Universe-text	
Question Text	Exercise, sports, or physically active hobbies are respondent defined.  Vigorous activities might include fast walking, fast bicycling, jogging,strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.
	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens:
	VIGNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.090_2
Variable Name	VIGTP
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and VIGNO = 1-995
Universe-text	Sample adults 18+ who do vigorous activities
Question Text	2 of 2
	* Enter time period for vigorous leisure-time physical activities.
Answer Codes	1. Day 2. Week 3. Month 4. Year
Question Type	Multi Part
Field Pane Descript	ion How often - time period
Fill Instructions	
Special Instructions	Show answer name on the right. Do not allow "Refused" or "Don't know" answers.
Skip Instructions	<1-4> goto VIGLNGNO  [if (VIGNO gt <4> and VIGTP eq <1>) or  (VIGNO gt <28> and VIGTP eq <2>) or  (VIGNO gt <31> and VIGTP eq <3>) or  (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]
Hard Edits	
Soft Edits	ERR1_VIGTP
	* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high. * Please verify.
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.100_1
Variable Name	VIGLNGNO
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') AND VIGTP = 1 - 4
Universe-text	Sample adults 18+ who do vigorous activities
Question Text	? [F1]
	1 of 2
	About how long do you do these vigorous leisure-time physical activities each time?
	* Enter number for length of vigorous leisure-time physical activities.
Answer Codes	
Question Type	Multi Part
Field Pane Descripti	on How long - number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-995>[goto VIGLNGTP] <r,d>[goto MODNO]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	H_VIGLNGNO

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.100_1_H
Variable Name	H_VIGLNGNO
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	VIGLNGNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

18 **Module Adult Health Behavior** Section Name Part **Question ID** AHB.100\_2 Variable Name **VIGLNGTP** HHSTAT4='S' and AGE GE '018' and AGE not IN ('997', '999') and VIGLNGNO = 1-995 Universe Universe-text Sample adults 18+ who do vigorous activities 2 of 2 Question Text \* Enter time period for length of vigorous leisure-time physical activities. **Answer Codes** 1. Minutes 2. Hours Question Type Multi Part Field Pane Description How long-time period Fill1: [if VIGLNGTP = 1] Fill Instructions Fill2: [if VIGLNGTP = 2] Locate the Variable Description and answer box to the right of that for AHB.100 1 **Special Instructions** (VIGLNGNO). Show answer name on the right. Do not allow "Refused" or "Don't know" answers. Skip Instructions <1,2>goto MODNO if VIGLNGNO It <10> and VIGLNGTP eq <1> goto ERR1 VIGLNGTP; if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2\_VIGLNGTP Hard Edits ERR1\_VIGLNGTP \* Question asked for activities lasting at least 10 minutes. \* Please correct. **ERR2 VIGLNGTP** Soft Edits \* [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high. \* Please verify. **AssocHelp** 

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.110_1
Variable Name	MODNO
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999')
Universe-text	Sample adults 18+
Question Text	? [F1]
	1 of 2
	How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?
	* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?
	* Enter number of light or moderate leisure-time physical activities.
	* Enter '0' for Never.
	* Enter '996' if unable to do this type of activity.
Answer Codes	
Question Type	Multi Part
Field Pane Description	
Fill Instructions	
Special Instructions	"Light or moderate activities for at least 10 minutes" as a header for this question, AHB.110_2, AHB.120_1 and AHB.120_2.
Skip Instructions	<1-995>[goto MODTP] <0, 996, R,D>[goto STRNGNO]
Hard Edits	
Soft Edits	
AssocHelp	H_MODNO

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.110_1_H
Variable Name	H_MODNO
Universe	
Universe-text	
Question Text	This question is asking about physical activities (exercise, sports, physically active hobbies) that the sample adult may do in his/her LEISURE time.
	Light or moderate activities include such activities as leisurely walking or bicycling, slow swimming or dancing, and simple gardening.
	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	MODNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.110_2
Variable Name	MODTP
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and MODNO = 1-995
Universe-text	Sample adults 18+ who do light or moderate activities
Question Text	2 of 2
	* Enter time period for light or moderate leisure-time physical activities
Answer Codes	1. Day 2. Week 3. Month 4. Year
Question Type	Multi Part
Field Pane Descripti	How often - time period
Fill Instructions	
Special Instructions	Locate the Variable Description and answer box to the right of that for AHB.110_1 (MODNO). Show answer name on the right. Do not allow "Refused" or "Don't know" answers.
Skip Instructions	<1-4> goto MODLNGNO
	[if (MODNO gt <4> and MODTP eq <1>) or (MODNO gt <28> and MODTP eq <2>) or (MODNO gt <31> and MODTP eq <3>) or (MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO
Hard Edits	
Soft Edits	ERR_MODNO
	* [Fill1: MODNO] times per [fill2: MODTP] is unusually high. * Please verify.
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.120_1
Variable Name	MODLNGNO
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and MODTP = 1 - 4
Universe-text	Sample adults 18+ who do light or moderate activities
Question Text	? [F1]
	1 of 2
	About how long do you do these light or moderate leisure-time physical activities each time?
	* Enter number for length of light or moderate leisure-time physical activities.
Answer Codes	
Question Type	Multi Part
Field Pane Descripti	On How long - number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-995>[goto MODLNGTP] <r,d>[goto STRNGNO]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	H_MODLNGNO

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.120_1_H
Variable Name	H_MODLNGNO
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	MODLNGNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

18 **Module Adult Health Behavior** Section Name **Part Question ID** AHB.120 2 Variable Name **MODLNGTP** HHSTAT4='S' and AGE GE '018' and AGE not IN ('997', '999') and MODLNGNO = 1 -Universe 995 Sample adults 18+ who do light or moderate activities Universe-text 2 of 2 **Ouestion Text** \* Enter time period for length of light or moderate leisure-time physical activities. **Answer Codes** 1. Minutes 2. Hours Question Type Multi Part Field Pane Description How long - time period Fill Instructions Locate the Variable Description and answer box to the right of that for AHB.120 1 **Special Instructions** (MODLNGNO). Show answer name on the right. Do not allow "Refused" or "Don't know" answers. Skip Instructions <1,2> goto STRNGNO if MODLNGNO It <10> and MODLNGTP eq <1> goto ERR1 MODLNGTP if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2>goto ERR2 MODLNGTP **Hard Edits** ERR1\_MODLNGTP \* Question asked for activities lasting at least 10 minutes. \* Please correct. ERR2\_MODLNGTP Soft Edits \* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high. \* Please verify. **AssocHelp** 

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.130_1
Variable Name	STRNGNO
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999')
Universe-text	Sample adults 18+
Question Text	? [F1]
	How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)
	* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?
	* Enter number for strengthening acativities.
	* Enter '0' for Never.
	* Enter '996' for Unable to do this type activity
Answer Codes	
Question Type	Multi Part
Field Pane Descripti	on Strengthening - number
Fill Instructions	
Special Instructions	"Strengthening activities" as a header for this question, and AHB.130_2.
Skip Instructions	<1-995>[goto STRNGTP] <0, 996,R,D>[goto ALC1YR]
Hard Edits	
Soft Edits	
AssocHelp	H_STRNGNO

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.130_1_H
Variable Name	H_STRNGNO
Universe	
Universe-text	
Question Text	This question is asking about physical activities (exercise, sports, physically active hobbies) that the sample adult may do in his/her LEISURE time.
	Exercises to strengthen muscles are activities that require strenuous muscular contractions such as weight lifting, resistance training, push-ups, sit-ups, etc.  Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"
Answer Codes	
Question Type Field Pane Descripti	Help Screen
Fill Instructions	
Special Instructions	Associated screens:
	STRNGNO
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	В
Question ID	AHB.130_2
Variable Name	STRNGTP
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and STRNGNO = 1-995
Universe-text	Sample adults 18+ who do strengthening activities
Question Text	2 of 2
	* Enter time period for strengthening activities
Answer Codes	1. Day 2. Week 3. Month 4. Year
Question Type	Multi Part
Field Pane Descripti	on Time period
Fill Instructions	
Special Instructions	Locate the Variable Description and answer box to the right of that for AHB.130_1 (STRNGNO). Show answer name on the right. Do not allow "Refused" or "Don't know" answers
Skip Instructions	<1-4> [goto ALC1YR] [If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]
Hard Edits	
Soft Edits	ERR_STRNGTP
	* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high. * Please verify.
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.140
Variable Name	ALC1YR
Universe	HHSTAT4 = 'S'and AGE GE 18
Universe-text	Sample adults 18+
Question Text	? [F1]
Answer Codes	These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.  In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?  1. Yes
	2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Any ONE year 12 drinks
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ALC12MNO] <2,R,D> [goto ALCLIFE]
Hard Edits	
Soft Edits	
AssocHelp	H_ALC1YR

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.140_H
Variable Name	H_ALC1YR
Universe	
Universe-text	
Question Text	Include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin.)  One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or one and one-half ounces of liquor
Answer Codes	Trail ourices of liquoi
Question Type Field Pane Descripti	Help Screen
Fill Instructions	
Special Instructions	Associated screens:
	ALC1YR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.150
Variable Name	ALCLIFE
Universe	ASTATFLG=1 and AGE GE 18 and ALC1YR = 2, D, R
Universe-text	Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer
Question Text	? [F1]
	In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	en Entire life 12 drinks
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ALC12MNO] <2,R,D> [goto AHGT_FT]
Hard Edits	
Soft Edits	
AssocHelp	H_ALCLIFE

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.150_H
Variable Name	H_ALCLIFE
Universe	
Universe-text	
Question Text	Include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin.)  One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or one and one-half ounces of liquor
Answer Codes	Tiali ourices of liquoi
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	ALCLIFE
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.160_1
Variable Name	ALC12MNO
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and (ALC1YR = 1 or ALCLIFE = 1)
Universe-text	Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life
Question Text	? [F1]
	1 of 2
	In the PAST YEAR, how often did you drink any type of alcoholic beverage?
	* Read if necessary: "How many days per week, per month or per year did you drink?"
	* Enter number for how often alcohoilic berveages were consumed in the past year.
	*Enter '0' for Never.
Answer Codes	Likel O loi Nevel.
Question Type	Multi Part
Field Pane Descripti	
Fill Instructions	now often - flumber
	"Death and an allow of the control of the ALID 400 O. ALID 470 ALID 400 A and
Special Instructions	"Past year" as a header or this question, AHB.160_2, AHB.170, AHB.180_1 and AHB.180_2.
Skip Instructions	<1-365>[goto ALC12MTP] <0,D,R>[goto AHGT_FT]
Hard Edits	
Soft Edits	
AssocHelp	H_ALC12MNO

Module	18
Section Name	Adult Health Behavior
Part	
Question ID	AHB.160_1_H
Variable Name	H_ALC12MNO
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"  Include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin.)  One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or one and one-half ounces of liquor
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	ALC12M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.160_2
Variable Name	ALC12MTP
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and ALC12MNO = 1 - 365
Universe-text	Sample adults 18+ who drank at least once in the past year
Question Text	2 of 2  * Enter time period for how often alcoholic beverages were consumed in the past year.
Answer Codes	1. Week 2. Month 3. Year
Question Type	Multi Part
Field Pane Descripti	on How often - time period
Fill Instructions	
Special Instructions	Locate the Variable Description and answer box to the right of that for AHB.160_1 (ALC12MNO). Show answer name on the right.
Skip Instructions	<1-3> [goto ALCAMT]
	[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]
Hard Edits	ERR_ALC12MTP
	* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period. * Please correct.
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.170
Variable Name	ALCAMT
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and ALC12MTP = 1-3
Universe-text	Sample adults 18+ who have had at least 1 drink in the past year
Question Text	? [F1]
	In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?
	* Enter '1' if less than 1 drink.
	* Enter '95' if 95 or more drinks.
Answer Codes	
Question Type	Integer
Field Pane Descript	Average # of drinks/day
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,D,R>[goto ALC5UPNO] <10-95>[goto ERR_ALCAMT]
Hard Edits	
Soft Edits	ERR_ALCAMT
	* [Fill: ALCAMT] drinks is an unusually high number.  * Please verify.  * Do not probe
AssocHelp	H_ALCAMT

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.170_H
Variable Name	H_ALCAMT
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"  Include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin.)  One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or one and one-half ounces of liquor
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens:
	ALCAMT
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.180_1
Variable Name	ALC5UPNO
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and ALC12MNO = 1-365
Universe-text	Sample adults 18+ who have had at least 1 drink in the past year
Question Text	? [F1]
	1 of 2
	In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?
	* Read if necessary:
	How many days per week, per month or per year did you have [fill: 5 or more/4 or more] drinks in a single day?
	* Enter number of days.
	* Enter '0' for Never/None.
Answer Codes	
Question Type	Multi Part
Field Pane Description	on Number
Fill Instructions	If SEX=1 fill "5 or more"; else if SEX=2 fill "4 or more"
Special Instructions	"Days with 5 or more drinks " as a header for this question and AHB.180_2.
Skip Instructions	<1-365>[goto ALC5UPTP] <0,R,D>[goto AHGT_FT]
Hard Edits	
Soft Edits	
AssocHelp	H_ALC5UP

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.180_1_H
Variable Name	H_ALC5UP
Universe	
Universe-text	
Question Text	Always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask "Could you give me a more exact number?"  Include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin.)  One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or one and one-half ounces of liquor
Answer Codes	
Question Type Field Pane Descripti	Help Screen
Fill Instructions	
Special Instructions	Associated screens:
	ALC5UP
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.180_2
Variable Name	ALC5UPTP
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and ALC5UPNO = 1-365.
Universe-text	Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year
Question Text	2 of 2
	* Enter time period for days per week, per month or per year.
Answer Codes	1. Week 2. Month 3. Year
Question Type	Multi Part
Field Pane Descripti	on Time period
Fill Instructions	(For Hard Edit): If SEX=1 fill "5 or more"; else if SEX=2 fill "4 or more"
Fill Instructions Special Instructions	(For Hard Edit): If SEX=1 fill "5 or more"; else if SEX=2 fill "4 or more"  Locate the Variable Description and answer box to the right of that for AHB.180_1 (ALC5UPNO). Show answer name on the right.
	Locate the Variable Description and answer box to the right of that for AHB.180_1
Special Instructions	Locate the Variable Description and answer box to the right of that for AHB.180_1 (ALC5UPNO). Show answer name on the right.  <1-3> [goto BINGE1] [If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or (ALC5UPNO gt <31> & ALC5UPTP = <2>) or (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP [if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) It number of days per year with 5 or more (for males)/4+ (females) drinks (calculated)
Special Instructions Skip Instructions	Locate the Variable Description and answer box to the right of that for AHB.180_1 (ALC5UPNO). Show answer name on the right.  <1-3> [goto BINGE1] [If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or     (ALC5UPNO gt <31> & ALC5UPTP = <2>) or     (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP [if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) It number of days per year with 5 or more (for males)/4+ (females) drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]  ERR1_ALC5UPTP * [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period. * Please correct ERR2_ALC5UPTP * Number of days had [fill: 5 or more/4 or more] drinks exceeds number of days drank. * Please correct.

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.181
Variable Name	BINGE1
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and ALC5UPNO = 1-365
Universe-text	Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year
Question Text	? [F1]
	Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?
	* Enter '0' if none.
	* Enter '60' if 60 or more times.
Answer Codes	(Allow 0-60,R,D)
Question Type	Integer
Field Pane Descripti	on Number
Fill Instructions	If SEX=1 fill "5 or more"; else if SEX=2 fill "4 or more"
Special Instructions	"Days with 5 or more drinks " as a header for this question and AHB.180_2.
Skip Instructions	<0-60,R,D> [goto AHGT_FT]
Hard Edits	
Soft Edits	
AssocHelp	H_BINGE

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.181_H
Variable Name	H_BINGE
Universe	
Universe-text	
Question Text	Include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin.  One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or one and one-half ounces of liquor
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: BINGE
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	H_BINGE

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.190_01
Variable Name	AHGT_FT
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999')
Universe-text	Sample adults 18+
Question Text	How tall are you without shoes?
	* Enter "M" to record metric measurements
Answer Codes	
Question Type	Integer
Field Pane Descripti	
Fill Instructions	
Special Instructions	"Current height" to the left. "feet" to the right.
	Don't allow a '.' (a period) after a number. This is a 2 character field and will be picked up in output
Skip Instructions	<2-7> [goto AHGT_IN] <r.d> [goto AWGT_LB]</r.d>
	<m> [goto AHGT_M]</m>
	[if AHGT_FT NE<2-7,R,D,M> goto ERR1_AHGT_FT] [if AHGT_FT = <2,3> goto ERR2_AHGT_FT]
Hard Edits	ERR1_AHGT_FT
	* Only 2-7, Don't Know/Refused or M allowed in this field. * Please correct.
Soft Edits	ERR2_AHGT_FT
	* Respondent's height in feet is [fill: AHGT_FT]?  * Please verify.
AssocHelp	

18 **Module Adult Health Behavior** Section Name Part Question ID AHB.190 02 Variable Name AHGT\_IN HHSTAT4='S' and AGE GE '018' and AGE not IN ('997', '999') and AHGT\_FT = 2-7 Universe Universe-text Sample adults 18+ who answered their height in feet How tall are you without shoes? Question Text \* Enter '0' if exactly [fill1: AHGT FT] feet tall. **Answer Codes Question** Type Integer Field Pane Description Inches Fill Instructions Locate the Variable Description and answer box to the right of that for AHB.190 01 **Special Instructions** (AHGT\_FT). Show "inches" on the right. If AHGT FT = M, Refused, or Don't know, do not calculate a value for AHTINCH Create variable AHTINCH as follows: (AHGT FT \* 12) + AHGT IN = AHTINCH If AHGT IN = Refused or Don't know use '0' for AHGT IN when calculating AHTINCH If ERR2 AHGT IN is displayed, set AHGT FLG = '1' If ERR2 AHGT IN is closed or you goto another screen from it, leave AHGT FLG = '1' If ERR2 AHGT IN is suppressed, reset AHGT FLG = '2' <empty> goto ERR AHGT IN Skip Instructions <0-11,R,D> if (SEX = '1' and (AHTINCH It '61' or AHTINCH gt '75')) or (SEX = '2' and (AHTINCH It '56' or AHTINCH gt '69')) goto ERR2\_AHGT\_IN else goto AWGT\_LB ERR1 AHGT IN Hard Edits \* If [fill: AHGT\_FT] feet exactly, enter "0"; otherwise enter number of inches. ERR2 AHGT IN Soft Edits \* Please verify that the height was entered correctly. Probe only if necessary. **AssocHelp** 

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.190_03
Variable Name	AHGT_M
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999') and AHGT_FT = M
Universe-text	Sample adults 18+ who choose to give their height in metric measurements
Question Text	How tall are you without shoes?
	* Enter height in metric.
Answer Codes	
Question Type	Integer
Field Pane Descripti	Current height
Fill Instructions	
Special Instructions	"meters" to the right.
Skip Instructions	<empty> goto ERR_AHGT_M &lt;0-2&gt; goto AHGT_CM <r,d> goto AWGT_LB</r,d></empty>
Hard Edits	ERR_AHGT_M
	* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.
Soft Edits	
AssocHelp	

18 **Module** Section Name **Adult Health Behavior** Part Question ID AHB.190 04 Variable Name AHGT\_CM HHSTAT4='S' and AGE GE '018' and AGE not IN ('997', '999') and AHGT M = 0-2 Universe Universe-text Sample adults 18+ who answered their height in meters \*Enter centimeters. Question Text Answer Codes **Question** Type Integer Field Pane Description Centimeters Fill Instructions "centimeters" to the right. **Special Instructions** If AHGT M = Refused or Don't know, do not calculate a value for AHTCM Create variable AHTCM as follows: (AHGT M \* 100) + AHGT CM = AHTCM If AHGT CM = Refused or Don't know use '0' for AHGT CM when checking if height exceeds maximum allowed, when checking if height is very small, or when calculating **AHTCM** If ERR3 AHGT CM is displayed, set AHGT FLG = '1' If ERR3 AHGT CM is closed or you goto another screen from it, leave AHGT FLG = If ERR3 AHGT CM is suppressed, reset AHGT FLG = '2' <empty> goto ERR2 AHGT CM Skip Instructions <0-241,R,D> if (AHGT M eq '2' and AHGT CM gt '41') or (AHGT M eq '1' and AHGT CM at '141') goto ERR1 AHGT CM elseif (SEX = '1' and (AHTCM It '156' or AHTCM gt '192')) or (SEX = '2' and (AHTCM It '143' or AHTCM gt '176')) goto ERR3\_AHGT\_CM else goto AWGT LB ERR1 AHGT CM Hard Edits \* Total height exceeds maximum allowed. \* Please correct. ERR2 AHGT CM \* If [fill: AHGT\_M] meters exactly, enter "0"; otherwise enter number of centimeters. ERR3\_AHGT\_CM Soft Edits \* Please verify that the height was entered correctly. Probe only if necessary. **AssocHelp** 

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.190_05
Variable Name	AHTINCH
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	If AHGT_FT = M, Refused or Don't know, do not calculate a value for AHTINCH Create variable AHTINCH as follows: (AHGT_FT * 12) + AHGT_IN = AHTINCH If AHGT_IN = Refused or Don't know, use '0' for AHGT_IN when calculating AHTINCH
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.190_06
Variable Name	AHTCM
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	If AHGT_M = Refused or Don't know, do not calculate a value for AHTCM Create variable AHTCM as follows: (AHGT_M * 100) + AHGT_CM = AHTCM If AHGT_CM = Refused or Don't know use '0' for AHGT_CM when calculating AHTCM
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.190_07
Variable Name	AHGT_FLG
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	blank,1,2
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	If ERR2_AHGT_IN or ERR3_AHGT_CM is displayed, set AHGT_FLG = '1' If ERR2_AHGT_IN or ERR3_AHGT_CM is closed or you goto another screen from it, leave AHGT_FLG = '1' If ERR2_AHGT_IN or ERR3_AHGT_CM is suppressed, reset AHGT_FLG = '2'
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.190_08
Variable Name	AMETERS
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Create variable AMETERS as follows: if AHTINCH ne 'empty' set AMETERS = AHTINCH/39.37008 elseif AHTCM ne 'empty' set AMETERS = AHTCM/100
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.200_01
Variable Name	AWGT_LB
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997','999')
Universe-text	Sample adults 18+
Question Text	How much do you weigh without shoes?
	* Enter "M" to record metric measurements
	* Enter '500' for 500 pounds or more
Answer Codes	
Question Type	Integer
Field Pane Descripti	Current weight
Fill Instructions	
Special Instructions	"pounds" on the right.
	If ERR2_AWGT_LB is displayed, set AWGT_FLG = '1' If ERR2_AWGT_LB is closed or you goto another screen from it, leave AWGT_FLG = '1' If ERR2_AWGT_LB is suppressed, reset AWGT_FLG = '2'
Skip Instructions	<pre>&lt;50-500&gt; if AWGT_LB It '50' or AWGT_LB gt '500'</pre>
Hard Edits	ERR1_AWGT_LB
	* Weight is out of range (50-500). * Please correct.
Soft Edits	ERR2_AWGT_LB
	* Please verify that the weight was entered correctly. Probe only if necessary.
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.200_02
Variable Name	AWGT_KG
Universe	HHSTAT4='S' and AGE GE '018' and AGE not IN ('997', '999') and AWGT_LB = M
Universe-text	Sample adults 18+ who choose to give their weight in metric measurements
Question Text	How much do you weigh without shoes?
	* Enter weight in kilograms
Answer Codes	<23-226> Refused Don't know
Question Type	Integer
Field Pane Descripti	Current weight
Fill Instructions	
Special Instructions	"kilograms" to the right.
	If ERR2_AWGT_KG is displayed, set AWGT_FLG = '1' If ERR2_AWGT_KG is closed or you goto another screen from it, leave AWGT_FLG = '1' If ERR2_AWGT_KG is suppressed, reset AWGT_FLG = '2'
Skip Instructions	<pre>&lt;23-226&gt; if AWGT_KG It '23' or AWGT_KG gt '226'</pre>
Hard Edits	ERR1_AWGT_KG
	*Weight is out of range (23-226).  * Please correct.
Soft Edits	ERR2_AWGT_KG
	* Please verify that the weight was entered correctly. Probe only if necessary.
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.200_03
Variable Name	AWGT_FLG
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	blank,1,2
Question Type	Instrument Out Variable
Field Pane Description	on
Fill Instructions	
Special Instructions	If ERR2_AWGT_LB or ERR2_AWGT_KG is displayed, set AWGT_FLG = '1' If ERR2_AWGT_LB or ERR2_AWGT_KG is closed or you goto another screen from it, leave AWGT_FLG = '1' If ERR2_AWGT_LB or ERR2_AWGT_KG is suppressed, reset AWGT_FLG = '2'
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.200_04
Variable Name	AKG
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Create variable AKG as follows:  If AWGT_LB ne 'M', 'Refused', 'Don't know', or 'empty' set AKG = AWGT_LB/2.20462 elseif AWGT_KG ne 'Refused', 'Don't know', or 'empty' set AKG = AWGT_KG
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.200_05
Variable Name	ABMI
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Create variable ABMI as follows: (AKG/(AMETERS * AMETERS)) = ABMI
	If ERR_ABMI is displayed, set ABMI_FLG = '1' f ERR_ABMI is closed or you goto another screen from it, leave ABMI_FLG = '1' If ERR_ABMI is suppressed, reset ABMI_FLG = '2'
Skip Instructions	if (SEX = '1' and (ABMI It '18' or ABMI gt '44')) or (SEX = '2' and (ABMI It '17' or ABMI gt '49')) goto ERR_ABMI else [goto next section]
Hard Edits	
Soft Edits	ERR_ABMI
	* Please verify that the entries for height and weight were entered correctly. Probe only if necessary.
AssocHelp	

Module	18
Section Name	Adult Health Behavior
Part	С
Question ID	AHB.200_06
Variable Name	ABMI_FLG
Universe	
Universe-text	
Question Text	**OUT VARIABLE**
Answer Codes	blank,1,2
Question Type	Instrument Out Variable
Field Pane Descripti	on
Fill Instructions	
Special Instructions	If ERR_ABMI is displayed, set ABMI_FLG = '1' If ERR_ABMI is closed or you goto another screen from it, leave ABMI_FLG = '1' If ERR_ABMI is suppressed, reset ABMI_FLG = '2'
Skip Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

## 2016 Q1 NHIS Instrument Spec Report

Section name: **Health Care Access and Utilization** 19 Module Section Name **Health Care Access and Utilization Part AAU.020** Question ID **AUSUALPL** Variable Name HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) Universe Sample adults 18+ Universe-text ? [F1] Question Text The next questions are about health care. Is there a place that you USUALLY go to when you are sick or need advice about your health? **Answer Codes** 1. Yes 2. There is NO place 3. There is MORE THAN ONE place Refused Don't Know Question Type Pick One - answer list pane Field Pane Description Usually go when sick Fill Instructions Special Instructions | Answer on the right. <1,3> [go to APLKIND] Skip Instructions <2,R,D> [go to AHCPLKND] **Hard Edits** Soft Edits

**AssocHelp** 

H AUSUALPL

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.020_H
Variable Name	H_AUSUALPL
Universe	
Universe-text	
Question Text	A place to USUALLY go when sick or in need of advice about one's health includes:  Walk-in clinic Doctor's office Clinic Health Center Health Maintenance Organization Hospital - Emergency room or outpatient clinic Military or VA health care facility
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	AUSUALPL
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.030
Variable Name	APLKIND
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AUSUALPL(e) IN('1','3')
Universe-text	Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice
Question Text	? [F1]
	[Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?
	[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]
Answer Codes	1. Clinic or health center 2. Doctor's office or HMO 3. Hospital emergency room 4. Hospital outpatient department 5. Some other place 6. Doesn't go to one place most often Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descript	Go to most often
Fill Instructions	Fill 1 = [If AUSUALPL (AAU.020) = 1] Fill2 = [If AUSUALPL (AAU.020) = 3]
Special Instructions	
Skip Instructions	<1-5> [go to AHCPLROU] <6,R,D> [go to AHCPLKND]
Hard Edits	
Soft Edits	
AssocHelp	H_APLKIND

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.030_H
Variable Name	H_APLKIND
Universe	
Universe-text	
Question Text	"Doctor" includes medical doctors, as well as other health care professionals, such as general practitioners, psychologists, nurses, chiropractors, etc.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	APLKIND
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	H_APLKIND

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.035
Variable Name	AHCPLROU
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('1' <=APLKIND(e) <='5')
Universe-text	Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who reported place goes most often as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place
Question Text	? [F1]
	Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	Routine/prev. care place
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AHCCHGYR] <2,R,D> [go to AHCPLKND]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCPLROU

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.035_H
Variable Name	H_AHCPLROU
Universe	
Universe-text	
Question Text	Routine or preventive care is a health procedure or series of health procedures done to help a person avoid illness or to detect problems early.
	A general physical exam or check-up is an examination not for a specific condition or problem. This may include the following: a periodic health examination, a complete medical examination, an annual health check-up or a comprehensive physical examination. It does NOT include dental exams and vision tests.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens:
	AHCPLROU
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.037
Variable Name	AHCPLKND
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (AUSUALPL(e) IN('2','7','9') or APLKIND(e) IN('6','7','9') or AHCPLROU(e) IN('2','7','9'))
Universe-text	Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.
Question Text	What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?
Answer Codes	O. Doesn't get preventive care anywhere  1. Clinic or health center  2. Doctor's office or HMO  3. Hospital emergency room  4. Hospital outpatient department  5. Some other place  6. Doesn't go to one place most often  Refused  Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	On Usually go for routine/prev. care
Fill Instructions	
Special Instructions	
Skip Instructions	<0-6,R,D> if AUSUALPL=2,R,D [goto APRVTRYR] ELSE if ANOUSLPL=1 [goto AHCCHGYR]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCPLROU

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.040
Variable Name	AHCCHGYR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (AUSUALPL(e) IN('1','3') OR AHCPLROU(e)='1')
Universe-text	Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]
Question Text	? [F1]
	At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Changed health care place
Fill Instructions	
Special Instructions	
Skip Instructions	<1>[goto AHCCHGHI] <2,R,D>[goto APRVTRYR]
Hard Edits	
Soft Edits	
AssocHelp	H AHCCHGYR

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.040_H
Variable Name	H_AHCCHGYR
Universe	
Universe-text	
Question Text	"Change the place" refers to a change in health care providers, not a change of address for a current provider.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCCHGYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.050
Variable Name	AHCCHGHI
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AHCCHGYR(e) = '1'
Universe-text	Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months
Question Text	Was this change for a reason related to health insurance?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	Change due to health ins.
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto APRVTRYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.051_00.010
Variable Name	APRVTRYR
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, did you have any trouble finding a general doctor or provider who would see you?
Answer Codes	1 Yes 2 No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Trouble finding doctor
Fill Instructions	
Special Instructions	
Skip Instructions	<1,>[goto APRVTRFD ] <2,R,D>[goto ADRNANP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.053_00.010
Variable Name	APRVTRFD
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and APRVTRYR(e)='1'
Universe-text	Sample adults 18+ who had trouble finding a provider
Question Text	Were you able to find a general doctor or provider who could see you?
Answer Codes	1 Yes 2 No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Able to find a doctor
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto ADRNANP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.057_00.010
Variable Name	ADRNANP
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, were you told by a doctor's office or clinic that they would not accept you as a new patient?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Not accept as patient	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto ADRNAI]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.059_00.010	
Variable Name	ADRNAI	
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, were you told by a doctor's office or clinic that they did not accept your health care coverage?	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Not accept coverage		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D>[goto AHCDLY_1]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.061_1
Variable Name	AHCDLY_1
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	There are many reasons people delay getting medical care.
	Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? You couldn't get through on the telephone.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	Couldn't get through on phone
Fill Instructions	
Special Instructions	"Past 12 months" as a header for this question as well as AAU061_2 - AAU.061_5.
Skip Instructions	<1,2,R,D>[goto AHCDLY_2]
Hard Edits	
Soft Edits	
AssocHeln	H AHCDLY 1

Module	19	
Section Name	Health Care Access and Utilization	
Part		
Question ID	AAU.061_1_H	
Variable Name	H_AHCDLY_1	
Universe		
Universe-text		
Question Text	"Delayed" assumes that medical care has been or will eventually be received.	
Answer Codes		
Question Type	Help Screen	
Field Pane Description		
Fill Instructions		
Special Instructions	Associated screens: AHCDLY_1, AHCDLY_2, AHCDLY_4 and AHCDLY_5	
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.061_2
Variable Name	AHCDLY_2
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if Necessary.
	There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? You couldn't get an appointment soon enough.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	No appt. soon enough
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AHCDLY_3]
Hard Edits	
Soft Edits	
AssocHeln	H AHCDLY 1

Module	19		
Section Name	Health Care Access and Utilization		
Part			
Question ID	AAU.061_3		
Variable Name	AHCDLY_3		
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))		
Universe-text	Sample adults 18+		
Question Text	? [F1]		
	* Read if Necessary.		
	There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? Once you get there, you have to wait too long to see the doctor.		
Answer Codes	1. Yes 2. No Refused Don't Know		
Question Type	Yes/No		
Field Pane Descripti	Field Pane Description Wait too long to see Dr.		
Fill Instructions			
Special Instructions			
Skip Instructions	<1,2,R,D>[goto AHCDLY_4]		
Hard Edits			
Soft Edits			
AssocHelp	H_AHCDLY_3		

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.061_3_H
Variable Name	H_AHCDLY_3
Universe	
Universe-text	
Question Text	"Delayed" assumes that medical care has been or will eventually be received.
	Waiting time to see the doctor includes only time from arrival until the health care provider is seen.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCDLY_3
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.061_4
Variable Name	AHCDLY_4
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if Necessary.
	There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? The (clinic/doctor's) office wasn't open when you could get there.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	On Clinic/office not open
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AHCDLY_5]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCDLY_1

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.061_5
Variable Name	AHCDLY_5
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if Necessary.
	There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? You didn't have transportation.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on No transportation
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AHCAFY_1]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCDLY_1

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.111_1
Variable Name	AHCAFY_1
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?Prescription medicines.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	Prescription medicines
Fill Instructions	
Special Instructions	"Past 12 mo. (needed but can't aford)" as a header for this question as well as AAU.111_2 - AAU.111_4.
	Indent all related Field Pane Descriptions under the heading.
Skip Instructions	<1,2,R,D>[goto AHCAFY_2]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCAFY_1

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.111_1_H
Variable Name	H_AHCAFY_1
Universe	
Universe-text	
Question Text	Include all types of financial limitations that prevented the person from getting medical services.
	Prescription Medicines are medication which can only be obtained with the approval of a licensed health care professional. The medication is usually obtained through a pharmacy using a written note or telephoned instructions from the health care professional to the pharmacy.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCAFY_1
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.111_2
Variable Name	AHCAFY_2
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if Necessary.
	DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? Mental health care or counseling.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Mental health care/counselling
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AHCAFY_3]
Hard Edits	
Soft Edits	
AssocHeln	H AHCAFY 2

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.111_2_H
Variable Name	H_AHCAFY_2
Universe	
Universe-text	
Question Text	Include all types of financial limitations that prevented the person from getting medical services.
	Mental Health Care is respondent defined.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCAFY_2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.111_3
Variable Name	AHCAFY_3
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if Necessary.
	DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? Dental care (including check ups).
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Dental care
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AHCAFY_4]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCAFY_3

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.111_3_H
Variable Name	H_AHCAFY_3
Universe	
Universe-text	
Question Text	Include all types of financial limitations that prevented the person from getting medical services.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCAFY_3, AHCAFY_4
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.111_4
Variable Name	AHCAFY_4
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1]
	* Read if Necessary.  DURING THE PAST 12 MONTHS, was there any time when you needed any of the
	following, but didn't get it because you couldn't afford it?Eyeglasses.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Eyeglasses
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AHCAFY_5]]
Hard Edits	
Soft Edits	
AssocHeln	H AHCAFY 3

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.111_5.010
Variable Name	AHCAFY_5
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, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?To see a specialist.
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AHCAFY_6]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.111_6.010
Variable Name	AHCAFY_6
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, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?Follow-up care.
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto AWORPAY]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.113_00.010	
Variable Name	AWORPAY	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))	
Universe-text	Sample adults 18+	
Question Text	If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?	
Answer Codes	1. Very worried 2. Somewhat worried 3. Not at all worried Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1-3,R,D>[goto AHICOMP]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.113_00.020
Variable Name	AHICOMP
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?
Answer Codes	1. Better 2. Worse 3. About the same Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,3,R,D>[goto ARX12MO]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.126_01.010
Variable Name	ARX12MO
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, were you prescribed medication by a doctor or other health professional?
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Past 12 months prescriptions
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto ARX12_1] <2,R,D> [goto ARX12_5]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.127_01.010
Variable Name	ARX12_1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and ARX12MO (e)='1'
Universe-text	Sample adults 18+ who had been prescribed medication in the past 12 months
Question Text	DURING THE PAST 12 MONTHS, were any of the following true for you?
	You skipped medication doses to save money.
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	Past 12 months skipped medication
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto ARX12_2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.127_02.010
Variable Name	ARX12_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and ARX12MO (e)='1'
Universe-text	Sample adults 18+ who had been prescribed medication in the past 12 months
Question Text	*Read if necessary.
Answer Codes	DURING THE PAST 12 MONTHS, were any of the following true for you? You took less medicine to save money.  1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Took less medicine
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto ARX12_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.127_03.010
Variable Name	ARX12_3
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and ARX12MO (e)='1'
Universe-text	Sample adults 18+ who had been prescribed medication in the past 12 months
Question Text	*Read if necessary.
Answer Codes	DURING THE PAST 12 MONTHS, were any of the following true for you? You delayed filling a prescription to save money.  1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Delayed filling prescription
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[goto ARX12_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.127_04.010	
Variable Name	ARX12_4	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and ARX12MO (e)='1'	
Universe-text	Sample adults 18+ who had been prescribed medication in the past 12 months	
Question Text	*Read if necessary.	
Answer Codes	DURING THE PAST 12 MONTHS, were any of the following true for you? You asked your doctor for a lower cost medication to save money.  1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Lower cost medication		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D>[goto ARX12_5]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.127_05.010	
Variable Name	ARX12_5	
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, were any of the following true for you?	
	You bought prescription drugs from another country to save money.	
Answer Codes	1.Yes 2. No	
	Refused	
	Don't know	
Question Type	Yes/No	
Field Pane Description Drugs from another country		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D>[goto ARX12_6]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.127_06.010	
Variable Name	ARX12_6	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	*Read if necessary.	
Answer Codes	DURING THE PAST 12 MONTHS, were any of the following true for you? You used alternative therapies to save money.  1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description Used alternative therapies		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D>[goto ADENLONG]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19	
Section Name	Health Care Access and Utiliza	ation
Part		
Question ID	AAU.135	
Variable Name	ADENLONG	
Universe	HHSTAT4 = 'S' and (AGE GE '	018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+	
Question Text	(book) A7	
		ce you last saw a dentist? Include all types of dentists, geons, and all other dental specialists, as well as dental
Answer Codes	O. Never O. Never O. More than 6 months, but not O. More than 1 year, but not mod O. More than 2 years, but not mod O. More than 5 years ago O. Refused Don't Know	ore than 2 years ago
Question Type	Pick One - answer list pane	
Field Pane Descripti	Last saw dentist	-
Fill Instructions		
Special Instructions	Answer on the right.	
Skip Instructions	<0-5,R,D>[ goto AHCSY1_1]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.141_1
Variable Name	AHCSY1_1
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 seen or talked to any of the following health care providers about your own health?
	A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	Mental heallth professional
Fill Instructions	
Special Instructions	"Past 12 mo. (seen/talked to)" as a header for this question as well as AAU.141_2 - AAU.230.
	Indent all related Field Pane Descriptions under the heading.
Skip Instructions	<1,2,R,D>[ goto AHCSY1_2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Health Care Access and Utilization	
Part	С	
Question ID	AAU.141_2	
Variable Name	AHCSY1_2	
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 seen or talked to any of the following health care providers about your own health? An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses).	
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 AHCSY1_3]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.141_3
Variable Name	AHCSY1_3
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 seen or talked to any of the following health care providers about your own health? A foot doctor.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Foot doctor
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[ goto AHCSY1_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.141_4
Variable Name	AHCSY1_4
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 seen or talked to any of the following health care providers about your own health?
A	A chiropractor.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on Chiropractor
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[ goto AHCSY1_5]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.141_5
Variable Name	AHCSY1_5
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1}
	* Read if Necessary.
	DURING THE PAST 12 MONTHS have you seen or talked to any of the following health care providers about your own health?
	A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description Physical/speech/resp. therapist	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D>[ goto AHCSY1_6]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCSY1_5

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.141_5_H
Variable Name	H_AHCSY1_5
Universe	
Universe-text	
Question Text	A "physical therapist" is a health care professional skilled in working with persons with health problems resulting from injury, disease, or developmental problems. A physical therapist diagnoses muscle and joint problems and provides exercises and treatments.
	A "speech therapist" is a health care professional skilled in working with communication and language disorders. Speech pathologists diagnose speech and language problems and provide therapy including treatment for stuttering, impaired articulation, or language or voice impairment.
	A "respiratory therapist" is a health care professional skilled in working with persons with respiratory difficulties. Respiratory therapists treat and manage the care of persons with respiratory diseases. This may include administration of breathing treatments, oxygen, and education of patients in regards to respiratory treatment procedures.
	An "audiologist" is a health care professional skilled in working with hearing problems. An audiologist diagnoses hearing problems and their nature, and determines if a person can benefit from using hearing aids.
	An "occupational therapist" is a health care professional skilled in working with health problems resulting from injury, disease, or developmental problems. Occupational therapy involves working on functional activities such as dressing, feeding, and writing.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCSY1_5
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.141_6
Variable Name	AHCSY1_6
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	? [F1}
	* Read if Necessary.
	DURING THE PAST 12 MONTHS have you seen or talked to any of the following health care providers about your own health?
	{Fill1:A nurse practitioner, physician assistant, or midwife. Or Filll2:A nurse practitioner or physician assistant.}
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descript	Nurse prac./phys. asst./midwife
Fill Instructions	fill1: If SEX=2 Fill1:A nurse practitioner, physician assistant, or midwife" Else if SEX=1 Fill2:A nurse practitioner or physician assistant.
Special Instructions	
Skip Instructions	<1,2,R,D>[if SEX=1goto AHCSY8_8; else if SEX=2 goto AHCSYR7]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCSY1_6

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.141_6_H
Variable Name	H_AHCSY1_6
Universe	
Universe-text	
Question Text	A nurse practitioner is a registered nurse who has completed an advanced program of study leading to an expanded role in health care. Nurse practitioners are able to take health histories, perform physical examinations, order tests, and prescribe treatments including medications. Nurse practitioners work under the supervision of a doctor, but not necessarily in the presence of the doctor.  A nurse midwife is a registered nurse who has completed an advanced program of study leading to an expanded role in health care for women. Nurse midwives provide gynecological, pregnancy and delivery care to women. Nurse midwives work under the supervision of a doctor, but not necessarily in the presence of the doctor.  A physician assistant works under the supervision of a physician to provide diagnostic, preventative, and therapeutic health care services. Duties may include examining patients, interpreting and ordering x-rays and lab tests, and the diagnosis and treatment of minor injuries.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCSY1_6
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.200
Variable Name	AHCSYR7
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX = '2'
Universe-text	Sample adults 18+ who are female
Question Text	? [F1}
	* Read if Necessary.
	DURING THE PAST 12 MONTHS have you seen or talked to any of the following health care providers about your own health? A doctor who specializes in women's health (an obstetrician/gynecologist).
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on OB/GYN
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [go to AHCSY8_ 8]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCSYR7

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.200_H
Variable Name	H_AHCSYR7
Universe	
Universe-text	
Question Text	An Obstetrician/Gynecologist is a medical doctor who treats women, pregnancy, and diseases of he female reproductive system, including the breasts.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCSYR7
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.211_1
Variable Name	AHCSY8_8
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 seen or talked to any of the following health care providers about your own health? A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist (AHF-thal-MOL-oh-jist)).
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Specialist doctor
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [go to AHCSY8_ 9]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.211_2
Variable Name	AHCSY8_9
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 seen or talked to any of the following health care providers about your own health? A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on General doctor
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AHCSYR10] <2,R,D> [goto AHERNOYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.230
Variable Name	AHCSYR10
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AHCSY8_9(e)='1'
Universe-text	Sample adults 18+ who have seen or talked to a general doctor during the past 12 months
Question Text	Does that doctor treat children and adults (a doctor in general practice or family medicine)?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Doctor treats children and adults
Fill Instructions	
Special Instructions	Indent to indicate that this is a follow on from the previous question.
Skip Instructions	<1,2,R,D> [go to AHERNOYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.240
Variable Name	AHERNOYR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	(book) A8 ? [F1]
	DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?
Answer Codes	0. None 1. 1 2. 2-3 3. 4-5 4. 6-7 5. 8-9 6. 10-12 7. 13-15 8. 16 or more Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Number of times in ER
Fill Instructions	
Special Instructions	
	Indent all related Field Pane Descriptions under the heading.
Skip Instructions	<0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]
Hard Edits	
Soft Edits	
AssocHelp	H_AHERNOYR

Module	19	
Section Name	Health Care Access and Utiliza	ation
Part	С	
Question ID	AAU.240_H	
Variable Name	H_AHERNOYR	
Universe		
Universe-text		
Question Text	Hospital Emergency Room is a	n emergency care facility at a hospital.
	Do NOT include emergency ca visits which resulted in admission	re received at a clinic or HMO. Include emergency room on for inpatient care.
	Do not include visits to outpatie	nt clinics, urgent care facilities and the like.
Answer Codes		
Question Type	Help Screen	
Field Pane Descripti	on	
Fill Instructions		
Special Instructions	Associated screens: AHERNO	YR
Skip Instructions		
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.243_00.010
Variable Name	AERVISND
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOYR<='08')
Universe-text	Sample adults 18+ who had at least one ER visit in the past year
Question Text	Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [go to AERHOS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.245_00.010	
Variable Name	AERHOS	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOYR<='08')	
Universe-text	Sample adults 18+ who had at least one ER visit in the past year	
Question Text	Did this emergency room visit result in a hospital admission?	
Answer Codes	1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [go to AERREAS1]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.248_01.010
Variable Name	AERREAS1
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')
Universe-text	Sample adults 18+ who had at least one ER visit in the past year
Question Text	Tell me which of these apply to your last emergency room visit?
	You didn't have another place to go
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AERREAS2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.248_02.020	
Variable Name	AERREAS2	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')	
Universe-text	Sample adults 18+ who had at least one ER visit in the past year	
Question Text	*Read if necessary	
Answer Codes	Tell me which of these apply to your last emergency room visit?  Your doctor's office or clinic was not open  1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [goto AERREAS3]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.248_03.030
Variable Name	AERREAS3
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')
Universe-text	Sample adults 18+ who had at least one ER visit in the past year
Question Text	*Read if necessary
Answer Codes	Tell me which of these apply to your last emergency room visit? Your health provider advised you to go  1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AERREAS4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.248_04.040
Variable Name	AERREAS4
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')
Universe-text	Sample adults 18+ who had at least one ER visit in the past year
Question Text	*Read if necessary
Answer Codes	Tell me which of these apply to your last emergency room visit? The problem was too serious for the doctor's office or clinic  1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AERREAS5]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.248_05.050	
Variable Name	AERREAS5	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')	
Universe-text	Sample adults 18+ who had at least one ER visit in the past year	
Question Text	*Read if necessary	
Answer Codes	Tell me which of these apply to your last emergency room visit? Only a hospital could help you  1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [goto AERREAS6]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.248_06.060	
Variable Name	AERREAS6	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')	
Universe-text	Sample adults 18+ who had at least one ER visit in the past year	
Question Text	*Read if necessary	
Answer Codes	Tell me which of these apply to your last emergency room visit? the emergency room is your closest provider  1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [goto AERREAS7]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.248_07.070	
Variable Name	AERREAS7	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')	
Universe-text	Sample adults 18+ who had at least one ER visit in the past year	
Question Text	*Read if necessary	
Answer Codes	Tell me which of these apply to your last emergency room visit?you get most of your care at the emergency room  1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [goto AERREAS8]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.248_08.080
Variable Name	AERREAS8
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01' <=AHERNOY2 (e) <='08')
Universe-text	Sample adults 18+ who had at least one ER visit in the past year
Question Text	*Read if necessary
Answer Codes	Tell me which of these apply to your last emergency room visit?you arrived by ambulance or other emergency vehicle  1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AHCHYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Health Care Access and Utilization	
Part	С	
Question ID	AAU.250	
Variable Name	AHCHYR	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	? [F1]	
Answer Codes	DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?  1. Yes 2. No Refused Don't Know	
Question Type	Yes/No	
Field Pane Description Home care - nurse/hlth. prof.		
Fill Instructions		
Special Instructions		
Skip Instructions	<1>[goto AHCHMOYR] <2,R,D>[goto AHCNOYR]	
Hard Edits		
Soft Edits		
AssocHelp	H_AHCHYR	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.250_H
Variable Name	H_AHCHYR
Universe	
Universe-text	
Question Text	At HOME refers to the sample adult's own home and everyone else's home in which the sample adult was staying at the time. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the sample person was in a hospital or institutionalized.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCHYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Health Care Access and Utilization	
Part	С	
Question ID	AAU.260	
Variable Name	AHCHMOYR	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AHCHYR(e) = '1'	
Universe-text	Sample adults 18+ who received home care from a health professional during the past 12 months	
Question Text	? [F1]	
	During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?	
Answer Codes		
Question Type	Integer	
Field Pane Description Number of months		
Fill Instructions		
Special Instructions	Indent to indicate that this is a follow up from the previous question.	
Skip Instructions	<1-12,R,D>[goto AHCHNOYR]	
Hard Edits		
Soft Edits		
AssocHelp	H_AHCHMOYR	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.260_H
Variable Name	H_AHCHMOYR
Universe	
Universe-text	
Question Text	At HOME refers to the sample adult's own home and everyone else's home in which the sample adult was staying at the time. This could be a house, apartment, motor home, houseboat, trailer, or other dwelling. Do not include visits by a doctor while the sample person was in a hospital or institutionalized.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AHCHMOYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.270
Variable Name	AHCHNOYR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999')) and AHCHYR(e) = '1'
Universe-text	Sample adults 18+ who received home care from a health professional during the past 12 months
Question Text	(book) A9
	What was the total number of home visits received during {Fill1: that month/Fill2: those months}?
Answer Codes	1. 1 2. 2-3 3. 4-5 4. 6-7 5. 8-9 6. 10-12 7. 13-15 8. 16 or more Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Number of visits
Fill Instructions	Fill1: if [AHCHMOYR = 1] Fill2: if [AHCHMOYR NE 1]
Special Instructions	Indent to indicate that this is a follow up from AAU.270.
Skip Instructions	<1-8,R,D>[goto AHCNOYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.280
Variable Name	AHCNOYR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	(book) A8 ? [F1]
	DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.
Answer Codes	0. None 1. 1 2. 2-3 3. 4-5 4. 6-7 5. 8-9 6. 10-12 7. 13-15 8. 16 or more Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Number of office visits
Fill Instructions	
Special Instructions	
Skip Instructions	<0-8,R,D>[goto ASRGYR]
Hard Edits	
Soft Edits	
AssocHelp	H_AHCNOYR

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.280_H
Variable Name	H_AHCNOYR
Universe	
Universe-text	
Question Text	"Doctor" includes medical doctors as well as other health care professionals, such as general practitioners, psychologist, nurses, chiropractors, etc.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated screens: AHCNOYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.290
Variable Name	ASRGYR
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 SURGERY or other surgical procedures either as an inpatient or outpatient?
	* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	Surgery/surgical procedures
Fill Instructions	
Special Instructions	"Past 12 months as a header for this question as well as AAU.300 and AAU.305.
	Indent all related Field Pane Descriptions under the heading.
Skip Instructions	<1>[goto ASRGNOYR] <2,R,D> [goto AMDLONG].
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.300
Variable Name	ASRGNOYR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ASRGYR(e) = '1'
Universe-text	Sample adults 18+ who had surgery or surgical procedures during past 12 months
Question Text	Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?
	* Enter "95" for 95 or more times.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on Number of surgeries
Fill Instructions	
Special Instructions	Indent to indicate that this is a follow up to the previous question.
Skip Instructions	<1-95,R,D> [goto AMDLONG]. <11-95>[goto ERR_ASGYR]
Hard Edits	
Soft Edits	* {ASRGYR} is an unusually large number.
	* Please verify.
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.305
Variable Name	AMDLONG
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	(book) A7 ? [F1]
	About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.
Answer Codes	O. Never  1. 6 months or less  2. More than 6 months but not more than 1 year ago  3. More than 1 year, but not more than 2 years ago  4. More than 2 years, but not more than 5 years ago  5. More than 5 years ago  Refused  Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Last saw/talked with doctor/hlth. prof.
Fill Instructions	
Special Instructions	Answer name on the right.
Skip Instructions	<0-5,R,D> [goto HIT1A]
Hard Edits	
Soft Edits	
AssocHelp	H_AMDLONG

Module	19
Section Name	Health Care Access and Utilization
Part	С
Question ID	AAU.305_H
Variable Name	H_AMDLONG
Universe	
Universe-text	
Question Text	"Medical doctor" refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s), including general practitioners and all types of specialists; and their assistants. Do not include person who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, psychologists, etc., unless they assist an M.D. or D.O.
Answer Codes	
Question Type	Help Screen
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Associated screens: AMDLONG
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Adult Access to Health Care & Utilization	
Part		
Question ID	AAU.309_00.010	
Variable Name	HIT1A	
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 ever used computers for any of the following	
	Look up health information on the Internet.	
Answer Codes	1.Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	Field Pane Description	
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> [goto HIT2A]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.309_00.020
Variable Name	HIT2A
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary
Answer Codes	DURING THE PAST 12 MONTHS, have you ever used computers for any of the followingFill a prescription.  1.Yes 2. No
	Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto HIT3A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.309_00.030
Variable Name	HIT3A
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary
Answer Codes	DURING THE PAST 12 MONTHS, have you ever used computers for any of the followingSchedule an appointment with a health care provider.  1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto HIT4A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.309_00.040
Variable Name	HIT4A
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary
Answer Codes	DURING THE PAST 12 MONTHS, have you ever used computers for any of the followingCommunicate with a health care provider by email.  1.Yes 2. No
	Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto HIT5A]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.309_00.050
Variable Name	HIT5A
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary
Answer Codes	DURING THE PAST 12 MONTHS, have you ever used computers for any of the followingUse online chat groups to learn about health topics.  1.Yes 2. No Refused
	Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto FLUVACYR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.310_00.000
Variable Name	FLUVACYR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	?[F1]
	DURING THE PAST 12 MONTHS, have you had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Flu vaccination - past 12 mo.
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto FLUVACTP] <2,R,D> [ goto SHTPNUYR]
Hard Edits	
Soft Edits	
AssocHelp	H_FLUVACYR

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.310_H
Variable Name	H_FLUVACYR
Universe	FLUVACYR
Universe-text	
Question Text	This includes a new type of flu shot called the Fluzone Intradermal vaccine that features an ultra-fine needle that is 90 percent shorter than the typical needle used for flu injections.
Answer Codes	
Question Type	Help Screen
Field Pane Description	on
Fill Instructions	
Special Instructions	Associated Screen: FLUVACYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.311_00.000
Variable Name	FLUVACTP
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and FLUVACYR(e)='1'
Universe-text	Sample adults 18+ who have received a flu vaccination in the past year
Question Text	Was this a shot, or was it a vaccine sprayed in the nose?
Answer Codes	* Read if necessary: A flu shot is injected in the arm.  *Read if necessary: The flu nasal spray is called FluMist™  1. Flu shot 2. Flu nasal spray (spray, mist or drop in nose) Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	on Flu vaccination type
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto FLUVAC_M]
Hard Edits	
Soft Edits	
AssocHelp	H_FLUVACYR

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.312_01.000
Variable Name	FLUVAC_M
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and FLUVACTP(e) IN('1','2"7','9')
Universe-text	Sample adults 18+ who have had a flu vaccination in the past 12 months, regardless of type
Question Text	1 of 2
	During what month and year did you receive your most recent flu vaccination?
Answer Codes	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Flu vaccination-month
Fill Instructions	
Special Instructions	
Skip Instructions	<1-12,D> [ goto FLUVAC_Y] <r> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1]; else if FLUVACTP=1 PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2]; else [goto SHTPNUYR]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.312_02.000
Variable Name	FLUVAC_Y
Universe	HHSTAT4 = 'S' and AGE GE 18 and ('01' <= FLUVAC_M <= '12','99')
Universe-text	Sample adults 18+ who gave a month for their last flu vaccination or who didn't know the month
Question Text	2 of 2
	*Enter year of most recent flu vaccination.
Answer Codes	
Question Type	Integer
Field Pane Descripti	Flu vaccination-year
Fill Instructions	
Special Instructions	
Skip Instructions	<pre><valid year,r,d=""> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8- 12 [goto FLUSHPG1]; else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2]; else [goto SHTPNUYR]  [If FLUVAC_M and FLUVAC_Y = a future date [goto ERR1_FLUVAC_Y]   [If FLUVAC_M and FLUVAC_Y = a date prior to birth [goto ERR2_FLUVAC_Y ]   [If FLUVAC_M and FLUVAC_Y = a date before 12 months ago [goto ERR3_FLUVAC_Y ]</valid></pre>
Hard Edits	ERR1_FLUVAC_Y
	*Future date invalid
	ERR2_FLUVAC_Y
	*Date before birth
	ERR3_FLUVAC_Y
	*Date more than 12 months ago
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	
Question ID	AAU.313_00.000
Variable Name	FLUSHPG1
Universe	HHSTAT4='S' and ('018' <= AGE <= '049') and SEX = '2' and FLUVACTP(e)='1' and PREGNOW(e)='1' and INTERVIEW_MONTH(e) IN ('01','02','03','08','09','10','11','12')
Universe-text	Female sample adults 18-49 who are currently pregnant and are interviewed January- March or August-December and received a flu shot in the past 12 months
Question Text	Did you get a flu shot before or during your current pregnancy?
Answer Codes	Before this pregnancy     During this pregnancy     Refused     Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Current pregnancy flu shot
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto SHTPNUYR]
Hard Edits	
Soft Edits	
AssocHelp	

19 **Module Health Care Access and Utilization** Section Name Part AAU.314 00.000 **Question ID** Variable Name FLUSHPG2 HHSTAT4='S' and ('018' <= AGE <= '049') and SEX = '2' and FLUVACTP(e)='1' and Universe PREGFLYR(e)='1' Female sample adults 18-49 who are currently pregnant and were interviewed April-Universe-text July or who have been determined to be pregnant at a specific point in the past year and received a flu shot in the past 12 months [Fill1: Earlier you said you were pregnant sometime since August 1st, [last year]. Did **Question Text** you get a flu shot before, during or after this pregnancy?/ Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/ Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/ Answer Codes 1. Before this pregnancy 2. During this pregnancy 3. After this pregnancy Refused Don't Know Question Type Pick One - answer list pane Field Pane Description Recent pregnancy flu shot IF INTERVIEW MONTH = 1.2.3 THEN Fill Instructions fill: Earlier you said you were pregnant sometime since August 1st, [fill: LASTYEAR]. Did you get a flu shot before, during or after this pregnancy? ELSE IF INTERVIEW MONTH = 4,5,6,7 THEN fill: Earlier you said you were pregnant sometime between August [fill: LASTYEAR] and March [fill: CURYEAR]. Did you get a flu shot before, during or after this pregnancy? **ELSE** fill: Earlier you said you were pregnant sometime since August 1st, [fill: CURYEAR]. Did you get a flu shot before, during or after this pregnancy? **Special Instructions** <1-3,R,D> [goto SHTPNUYR] Skip Instructions Hard Edits

Soft Edits	
AssocHelp	
Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.320
Variable Name	SHTPNUYR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Have you EVER had a pneumonia shot?
	This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description Pneumonia shot - ever	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto APOX]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.330
Variable Name	APOX
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you EVER had chickenpox?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Chickenpox - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto APOX12MO] <2,R,D> [goto AHEP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.340
Variable Name	APOX12MO
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and APOX(e)='1'
Universe-text	Sample adults 18+ who have ever had chickenpox
Question Text	Have you had chickenpox in the PAST 12 MONTHS?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	On Chickenpox - past 12 mo.
Fill Instructions	
Special Instructions	Indent to indicate that this is a follow up to the previous question.
Skip Instructions	<1,2,R,D> [goto AHEP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.350
Variable Name	AHEP
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you EVER had hepatitis?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on Hepatitis - ever
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AHEPBTST] <2,R,D> [goto AHEPLIV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.360
Variable Name	AHEPLIV
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AHEP(e) IN('2','7','9')
Universe-text	Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis
Question Text	Have you ever lived with someone who had hepatitis?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on Lived w/ someone w/ hepatitis
Fill Instructions	
Special Instructions	Indent to indicate that this is a follow up to the previous question.
Skip Instructions	<1,2,R,D> [goto AHEPBTST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.365_00.010
Variable Name	AHEPBTST
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you ever had a blood test for hepatitis B?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on Tested for hepatitis B
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto SHTHEPB]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.370
Variable Name	SHTHEPB
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you EVER received the hepatitis B vaccine?
Answer Codes	* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.  1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto SHEPDOS] <2,R,D> [goto SHTHEPA]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.380
Variable Name	SHEPDOS
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999')) and SHTHEPB(e) = '1'
Universe-text	Sample adults 18+ who have ever received the Hepatitis B vaccine
Question Text	Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?
Answer Codes	Received at least 3 doses     Received less than 3 doses     Refused     Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	Hepatitis B vaccine - # of doses
Fill Instructions	
Special Instructions	Indent to indicate that this is a follow up to the previous question.
	Answer name on the right.
Skip Instructions	<1,2,R,D> [goto SHTHEPA]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.390.010
Variable Name	SHTHEPA
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on Had Hep A vaccine
Fill Instructions	
Special Instructions	
Skip Instructions	<1> goto SHEPANUM <2,R,D> [goto AHEPCTST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.400.010
Variable Name	SHEPANUM
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and SHTHEPA(e)='1'
Universe-text	Sample adults 18+ who have had a hepatitis A vaccine
Question Text	How many hepatitis A shots did you receive?
	*Enter '96' if all shots were received
Answer Codes	
Question Type	Integer
Field Pane Description	Number of Hep A shots
Fill Instructions	
Special Instructions	
Skip Instructions	<1-95,96,R,D> [goto AHEPCTST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.405_00.010
Variable Name	AHEPCTST
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you ever had a blood test for hepatitis C?
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Description	on Tested for hepatitis C
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AHEPCRES] <2,R,D> if AGE GE 50 goto SHINGLES elseif AGE LT 50 goto SHTTD
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.405_00.020
Variable Name	AHEPCRES
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AHEPCTST(e)='1'
Universe-text	Sample adults 18+ who have had a blood test for hepatitis C
Question Text	What is the MAIN reason you were tested for hepatitis C? Was it because
	*Read answer categories below.
Answer Codes	<ol> <li>You or your doctor thought you were at risk of having hepatitis C because a blood tests or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease?</li> <li>You were born from 1945 through 1965</li> <li>You were at risk of hepatitis C infection due to exposure of blood on your job, injection drug use or receipt of transfusion before 1992</li> <li>Some other reason Refused Don't know</li> </ol>
Question Type	Pick One - answer list pane
Field Pane Descripti	on Reason for test
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> if AGE GE 50 [goto SHINGLES]; elseif AGE LT 50 goto SHTTD
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.410.010
Variable Name	SHINGLES
Universe	HHSTAT4 = 'S' and (AGE GE '050' and AGE not IN ('997','999'))
Universe-text	Sample adults 50+
Question Text	Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Pn Had shingles vaccine
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> goto SHTTD
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.420.010
Variable Name	SHTTD
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you received a tetanus shot in the past 10 years?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	On Had tetanus shot, past 10 years
Fill Instructions	
Special Instructions	
Skip Instructions	<1> goto SHTTD05 <2,R,D> and AGE >64 [goto LIVEV] Else if <2,R,D> and AGE<65 [goto SHTHPV2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.430.010
Variable Name	SHTTD05
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and SHTTD(e)='1'
Universe-text	Sample adults 18+ who have had a tetanus shot in the past 10 years
Question Text	Was your most recent tetanus shot given in 2005 or later?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	7 Tetanus shot in 2005+
Fill Instructions	
Special Instructions	
Skip Instructions	<1,R> [goto SHTTDAP] <2,D> if AGE le 64 [goto SHTHPV2] elseif AGE gt 64 goto LIVEV
Hard Edits	
Soft Edits	
AssocHelp	

Module	19	
Section Name	Health Care Access and Utiliza	ation
Part	D	
Question ID	AAU.440.010	
Variable Name	SHTTDAP	
Universe	HHSTAT4 = 'S' and (AGE GE '(IN('1','7')	018' and AGE not IN ('997','999')) and SHTTD05(e)
Universe-text	Sample adults who have had a had a tetanus shot in 2005 or b	tetanus shot in 2005 or beyond or refused to say if they eyond
Question Text	tetanus-diphtheria vaccine and Boostrix (trademark). They are (per-TUH-sis) or whooping cou shot, did your health care provi	f tetanus shots available today. One is the Td or the other is called Tdap or Adacel (trademark) or similar except the Tdap shot also includes a pertussis gh vaccine. Thinking back to your most recent tetanus der tell you or did the vaccine information sheet say the or whooping cough vaccine? The shot is often called or BOOSTRIX (trademark).
Answer Codes	Yes-included pertussis     No-did not include pertussis     Doctor did not say     Refused     Don't Know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Combo tetanus/pertussis	shot
Fill Instructions		
Special Instructions		
Skip Instructions	<1-3,R,D> if age le 64 [goto SH else [goto LIVEV]	THPV2];
Hard Edits		
Soft Edits		
AssocHeln		

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.446.010
Variable Name	SHTHPV2
Universe	HHSTAT4 = 'S' and (AGE LE '064' and AGE not IN ('997','999'))
Universe-text	Sample adults age LE 64
Question Text	Have you ever received an HPV shot or vaccine?
	*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).
	*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).
Answer Codes	1. Yes 2. No 3. Doctor refused when asked Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Had HPV shot
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto SHHPVDOS] <2,3,R,D> [goto LIVEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.448.010
Variable Name	SHHPVDOS
Universe	HHSTAT4 = 'S' and (AGE LE '064' and AGE not IN ('997','999')) and SHTHPV2(e)='1'
Universe-text	Sample adults age LE 64 who have had an HPV shot
Question Text	How many HPV shots did you receive?
	* Enter '50' if 50 or more shots
	* Enter '96' for all shots
Answer Codes	
Question Type	Integer
Field Pane Description	Number of shots
Fill Instructions	
Special Instructions	Allow 1-50,96, Refused, Don't know
Skip Instructions	<1-50,96,R,D> [goto AHPVAGE] <51-95> [goto ERR_SHHPVDOS]
Hard Edits	ERR_SHHPVDOS
	* Shots should be in the range 1-50 or 96 for all shots.
	* Please correct.
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.449.010
Variable Name	AHPVAGE
Universe	HHSTAT4 = 'S' and (AGE LE '064' and AGE not IN ('997','999')) and SHTHPV2(e)='1'
Universe-text	Sample adults age LE 64 who have had an HPV shot
Question Text	How old were you when you received your first HPV shot?
Answer Codes	(Allow 8-current age, Refused, Don't know)
Question Type	Integer
Field Pane Descripti	Age at first shot/vaccine
Fill Instructions	
Special Instructions	
Skip Instructions	<8-120,R,D> [goto LIVEV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.450.010
Variable Name	LIVEV
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Ever had liver problems
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> goto TRAVEL
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.460.010
Variable Name	TRAVEL
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Traveled since 1995-selected countries
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto WRKHLTH]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.465.010
Variable Name	WRKHLTH
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.  *Read if necessary: This includes non-health care professionals, such as administrative
	staff, who work in a health-care facility.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Work
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto WRKDIR] <2,D,R> [goto APSBPCHK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Health Care Access and Utilization
Part	D
Question ID	AAU.470.010
Variable Name	WRKDIR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and WRKHLTH(e)='1'
Universe-text	Sample adults 18+ who work or volunteer in a health-care setting
Question Text	Do you provide direct patient care as part of your routine work? By direct patient care we MEAN PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Direct care
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto APSBPCHK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.500_00.010
Variable Name	APSBPCHK
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 your blood pressure checked by a doctor, nurse, or other health professional?
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto APSCHCHK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.510_00.010
Variable Name	APSCHCHK
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 your blood cholesterol checked by a doctor, nurse, or other health professional?
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto APSBSCHK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.520_00.010
Variable Name	APSBSCHK
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> and SEX=1 and AGE GE 40 [goto APSCOL] If <1,2,R,D> and SEX=1 and AGE < 40 [goto APSDIET] Else <1,2,R,D> and SEX=2 [goto APSPAP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.530_00.010
Variable Name	APSPAP
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 had a Pap smear or Pap test DURING THE PAST 12 MONTHS?
	*Read if necessary.
	A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if AGE GE 30 [goto APSMAM]; else <1,2,R,D and AGE<30 [goto APSDIET]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.540_00.010
Variable Name	APSMAM
Universe	HHSTAT4 = 'S' and (AGE GE '030' and AGE not IN ('997', '999')) and SEX='2'
Universe-text	Female sample adults 30+
Question Text	Have you had a Mammogram DURING THE PAST 12 MONTHS?
Answer Codes	*Read if necessary.  A mammogram is an x-ray of each breast to look for breast cancer.  1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if AGE GE 40 [gotoAPSCOL]; else <1,2,R,D and AGE<40> [goto APSDIET]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.550_00.010
Variable Name	APSCOL
Universe	HHSTAT4 = 'S' and (AGE GE '040' and AGE not IN ('997','999'))
Universe-text	Sample adults 40+
Question Text	DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?
	*Read if necessary.
	Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.
	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.
	A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto APSDIET]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.560_00.010
Variable Name	APSDIET
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, has a doctor or other health professional talked to you about your diet?
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if SMKNOW in ('1','2') [goto APSSMKC]; else [goto AINDINS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.570_00.010
Variable Name	APSSMKC
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999')) and SMKNOW(e) IN('1','2')
Universe-text	Sample adults 18+ currently who smoke every day or some days
Question Text	DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?
Answer Codes	1.Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AINDINS]
Hard Edits	
Soft Edits	
AssocHelp	

19 **Module** Adult Access to Health Care & Utilization Section Name Part **Question ID** AAU.600 00.010 Variable Name **AINDINS** HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999')) Universe Universe-text Sample adults 18+ DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that Question Text is, not through any employer, union, or government program? Please include insurance you tried to purchase through Healthcare.gov or the [Fill1: Health Insurance Marketplace/Fill2: Health Insurance Marketplace, such as (fill: state name)]. **Answer Codes** 1. Yes 2. No. Refused Don't know **Question** Type Yes/No Field Pane Description Fill1: Fill Instructions If no state specified below, fill Health Insurance Marketplace Fill2: If state specified below fill: If CA then fill Health Insurance Marketplace, such as Covered California If CO then fill Health Insurance Marketplace, such as Connect for Health Colorado If CT then fill Health Insurance Marketplace, such as Access Health CT If DC then fill Health Insurance Marketplace, such as DC Health Link If HI then fill Health Insurance Marketplace, such as Hawaii Health Connector If ID then fill Health Insurance Marketplace, such as Your Health Idaho If KY then fill Health Insurance Marketplace, such as KYnect If MA then fill Health Insurance Marketplace, such as Health Connector If MD then fill Health Insurance Marketplace, such as Maryland Health Connection If MN then fill Health Insurance Marketplace, such as MNsure If NM then fill Health Insurance Marketplace, such as New Mexico Health Connections If MS then fill Health Insurance Marketplace, such as One, Mississippi If NV then fill Health Insurance Marketplace, such as Nevada Health Link If NY then fill Health Insurance Marketplace, such as New York State of Health If OR then fill Health Insurance Marketplace, such as Cover Oregon If RI then fill Health Insurance Marketplace, such as HealthSource RI If VT then fill Health Insurance Marketplace, such as Vermont Health Connect If WA then fill Health Insurance Marketplace, such as Washington Healthplanfinder If U T then fill Health Insurance Marketplace, or through Avenue H **Special Instructions** <1> [goto AINDPRCH] Skip Instructions <2,R,D> if age LT 65 [goto AEXCHNG];

else age GE 65 [goto next section]

Hard Edits	
Soft Edits	
AssocHelp	
Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.600_00.020
Variable Name	AINDPRCH
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AINDINS(e)='1'
Universe-text	Sample adults 18+ who tried to purchase health insurance directly in the past 3 years
Question Text	Was a plan purchased?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AINDWHO] <2,R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.600_00.030
Variable Name	AINDWHO
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AINDPRCH(e)='1'
Universe-text	Sample adults 18+ who purchased health insurance directly in the past 3 years
Question Text	Was this plan for yourself, someone else in your family, or both?
Answer Codes	1. Self 2. Someone else in family 3. Both Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto AINDDIF1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.600_00.040
Variable Name	AINDDIF1
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AINDPRCH(e)='1'
Universe-text	Sample adults 18+ who purchased health insurance directly in the past 3 years
Question Text	How difficult was it to find a plan with the type of coverage you needed? Would you say
	*Read categories below.
Answer Codes	1. Very difficult 2. Somewhat difficult 3. Not at all difficult Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto AINDDIF2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.600_00.050
Variable Name	AINDDIF2
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AINDPRCH(e)='1'
Universe-text	Sample adults 18+ who purchased health insurance directly in the past 3 years
Question Text	How difficult was it to find a plan you could afford? Would you say
	*Read categories below.
Answer Codes	1. Very difficult 2. Somewhat difficult 3. Not at all difficult Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	19
Section Name	Adult Access to Health Care & Utilization
Part	
Question ID	AAU.605_00.010
Variable Name	AEXCHNG
Universe	HHSTAT4 = 'S' and (AGE LT '065' and AGE not IN ('997','999'))
Universe-text	Sample adults LT 65 years
Question Text	Have you looked into purchasing health insurance coverage through Healthcare.gov or the [Fill: ]?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Insurance exchange
Fill Instructions	Fill:  If no state specified below, fill Health Insurance Marketplace  If state specified below fill:  If CA then fill Health Insurance Marketplace, such as Covered California  If CO then fill Health Insurance Marketplace, such as Connect for Health Colorado  If CT then fill Health Insurance Marketplace, such as Access Health CT  If DC then fill Health Insurance Marketplace, such as DC Health Link  If HI then fill Health Insurance Marketplace, such as Hawaii Health Connector  If ID then fill Health Insurance Marketplace, such as Your Health Idaho  If KY then fill Health Insurance Marketplace, such as KYnect  If MA then fill Health Insurance Marketplace, such as Health Connector  If MD then fill Health Insurance Marketplace, such as Maryland Health Connection  If MN then fill Health Insurance Marketplace, such as New Mexico Health  Connections  If MS then fill Health Insurance Marketplace, such as One, Mississippi  If NV then fill Health Insurance Marketplace, such as Nevada Health Link  If NY then fill Health Insurance Marketplace, such as New York State of Health  If OR then fill Health Insurance Marketplace, such as Cover Oregon  If RI then fill Health Insurance Marketplace, such as HealthSource RI  If VT then fill Health Insurance Marketplace, such as Vermont Health Connect  If WA then fill Health Insurance Marketplace, such as Washington Healthplanfinder  If U T then fill Health Insurance Marketplace, or through Avenue H
Special Instructions	
Skip Instructions	<1,2,R,D> [goto next section]
Hard Edits	
Soft Edits	

**AssocHelp** 

## 2016 Q1 NHIS Instrument Spec Report

Section name: Adult Sexual Identity and Lifestyle Questions

Module	52	
Section Name	Adult Sexual Identity and Lifestyle Questions	
Part		
Question ID	ASI.005_00.000	
Variable Name	ASIINTRO	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	*You are about to enter the Sexual Orientation and Lifestyle questions section. This section includes questions on computer use, the respondent's neighborhood, sexual orientation, financial worries, mental health, and HIV testing.	
	*Enter 1 to Continue.	
Answer Codes	1. Enter 1 to Continue	
Question Type	Enter 1 to Continue	
Field Pane Description		
Fill Instructions		
Special Instructions	Do not allow don't know or refused for this screen.	
Skip Instructions	<1> goto ACICPUSE	
Hard Edits		
Soft Edits		
AssocHelp		

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.130_00.000
Variable Name	ACICPUSE
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	These questions are about you and your neighborhood.
	How often do you use a computer?
	*Read answer categories.
Answer Codes	1. Never or almost never 2. Some days 3. Most days 4. Every day Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	
Special Instructions	Display the answer codes in the answer pane in bold black.
Skip Instructions	<1-4,R,D> [goto ACISATHC]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52	
Section Name	Adult Sexual Identity and Lifestyle Questions	
Part		
Question ID	ASI.140_00.000	
Variable Name	ACISATHC	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	In general, how satisfied are you with the health care you received in the past 12 months?	
	*Read answer categories.	
Answer Codes	1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied 5. You haven't had health care in the past 12 months Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description	Field Pane Description	
Fill Instructions		
Special Instructions	Display the answer codes in the answer pane in bold black.	
Skip Instructions	<1-5,R,D> [goto ACITENUR]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.150_00.000
Variable Name	ACITENUR
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	About how long have you lived in your present neighborhood?
Answer Codes	1. Less than 1 year 2. 1-3 years 3. 4-10 years 4. 11-20 years 5. More than 20 years Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACINHELP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.160_00.000
Variable Name	ACINHELP
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	How much do you agree or disagree with the following statements about your neighborhood?
	People in this neighborhood help each other out.
	Would you say
	*Read answer categories.
Answer Codes	1. Definitely agree 2. Somewhat agree 3. Somewhat disagree 4. Definitely disagree Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Display the answer codes in the answer pane in bold black.
Skip Instructions	<1-4,R,D> [goto ACINCNTO]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.170_00.000
Variable Name	ACINCNTO
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary.
	How much do you agree or disagree with the following statements about your neighborhood?
	There are people I can count on in this neighborhood.
	Would you say
	*Read answer categories if necessary.
Answer Codes	1. Definitely agree 2. Somewhat agree 3. Somewhat disagree 4. Definitely disagree Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACINTRU]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.180_00.000
Variable Name	ACINTRU
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	*Read if necessary.
	How much do you agree or disagree with the following statements about your neighborhood?
	People in this neighborhood can be trusted.
	Would you say
	*Read answer categories if necessary.
Answer Codes	1. Definitely agree 2. Somewhat agree 3. Somewhat disagree 4. Definitely disagree Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACINKNT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52	
Section Name	Adult Sexual Identity and Lifestyle Questions	
Part		
Question ID	ASI.190_00.000	
Variable Name	ACINKNT	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	*Read if necessary.	
	How much do you agree or disagree with the following statements about your neighborhood?	
	This is a close-knit neighborhood.	
	Would you say	
	*Read answer categories if necessary.	
Answer Codes	1. Definitely agree 2. Somewhat agree 3. Somewhat disagree 4. Definitely disagree Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1-4,R,D> [if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.220_00.000
Variable Name	ACISIM
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX=1
Universe-text	Male sample adults 18+
Question Text	(book) ASI1
	Which of the following best represents how you think of yourself?
Answer Codes	1. Gay 2. Straight, that is, not gay 3. Bisexual 4. Something else 5. I don't know the answer Refused
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R> [goto ACIRETR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.240_00.000
Variable Name	ACISIF
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX=2
Universe-text	Female sample adults 18+
Question Text	(book) ASI2
	Which of the following best represents how you think of yourself?
Answer Codes	1. Lesbian or gay 2. Straight, that is, not lesbian or gay 3. Bisexual 4. Something else 5. I don't know the answer Refused
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R> [goto ACIRETR]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52	
Section Name	Adult Sexual Identity and Lifestyle Questions	
Part		
Question ID	ASI.260_00.000	
Variable Name	ACIRETR	
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))	
Universe-text	Sample adults 18+	
Question Text	The next questions ask how worried you are right now about financial matters.	
Answer Codes	How worried are you right now about not having enough money for retirement? Are you  *Read answer categories.  1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description		
Fill Instructions		
Special Instructions	Display the answer codes in the answer pane in bold black.	
Skip Instructions	<1-4,R,D> [goto ACIMEDC]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.270_00.000
Variable Name	ACIMEDC
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you
Answer Codes	*Read answer categories if necessary.  1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACISTLV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.280_00.000
Variable Name	ACISTLV
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	How worried are you right now about not being able to maintain the standard of living you enjoy? Are you
	*Read answer categories if necessary.
Answer Codes	1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACICNHC]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.290_00.000
Variable Name	ACICNHC
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	How worried are you right now about not being able to pay medical costs for normal healthcare? Are you
Answer Codes	*Read answer categories if necessary.  1. Very worried 2. Moderately worried
	3. Not too worried 4. Not worried at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACICCOLL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.300_00.000
Variable Name	ACICCOLL
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	How worried are you right now about not having enough money to pay for your children's college? Are you
	*Read answer categories if necessary.
Answer Codes	1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all 5. This does not apply to me Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	con
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACINBILL]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.310_00.000
Variable Name	ACINBILL
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	How worried are you right now about not having enough to pay your normal monthly bills? Are you
	*Read answer categories if necessary.
Answer Codes	1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACIHCST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.320_00.000
Variable Name	ACIHCST
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you
	*Read answer categories if necessary.
Answer Codes	1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACICCMP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.330_00.000
Variable Name	ACICCMP
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	How worried are you right now about not being able to make the minimum payments on your credit cards? Are you
	*Read answer categories if necessary.
Answer Codes	1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all 5. I don't have credit cards Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACISLEEP]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.340_00.000
Variable Name	ACISLEEP
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	On average, how many hours of sleep do you get in a 24-hour period?
	*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.
Answer Codes	Allow 1-24, R, D
Question Type	Integer
Field Pane Descript	ion
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5>[goto ERR_SLEEP]; <1-24, R,D>[goto ACISLPFL]
Hard Edits	
Soft Edits	ERR_SLEEP
	*Average number of hours of sleep is [ACISLEEP]. * Please verify.
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.350_00.000
Variable Name	ACISLPFL
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	In the past week, how many times did you have trouble falling asleep?
	*Enter '0' if respondent did not have trouble falling asleep in the past week.
	*Enter '7' for 7 or more times.
Answer Codes	Allow 0-7, R, D
Question Type	Integer
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<0-7,R,D> [goto ACISLPST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.360_00.000
Variable Name	ACISLPST
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	In the past week, how many times did you have trouble staying asleep?
	*Enter '0' if respondent did not have trouble staying asleep in the past week.
	*Enter '7' for 7 or more times.
Answer Codes	Allow 0-7, R, D
Question Type	Integer
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<0-7,R,D> [goto ACISLPMD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.370_00.000
Variable Name	ACISLPMD
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	In the past week, how many times did you take medication to help you fall asleep or stay asleep?
	*Enter '0' if respondent did not take medication to help sleep in the past week.
	*Enter '7' for 7 or more times.
Answer Codes	Allow 0-7, R, D
Question Type	Integer
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<0-7,R,D> [goto ACIREST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.380_00.000
Variable Name	ACIREST
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	In the past week, on how many days did you wake up feeling well rested?
	*Enter '0' if respondent never felt well rested in the past week.
Answer Codes	Allow 0-7, R, D
Question Type	Integer
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<0-7,R,D> [goto MHSAD_CK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.390_00.000
Variable Name	MHSAD_CK
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 you some questions about feelings you may have experienced over the PAST 30 DAYS.
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Descripti	on Continue
Fill Instructions	
Special Instructions	Do not allow Don't know or Refused.
Skip Instructions	<1> [goto ACISAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.390_01.000
Variable Name	ACISAD
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	(book) ASI5
	DURING THE PAST 30 DAYS, how often did you feelSo sad that nothing could cheer you up?
Answer Codes	1. ALL of the time 2. MOST of the time 3. SOME of the time 4. A LITTLE of the time 5. NONE of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACINERV]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.390_02.000
Variable Name	ACINERV
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	(book) ASI5
Answer Codes	* Read if necessary:  During the PAST 30 DAYS, how often did you feelNervous?  1. ALL of the time 2. MOST of the time 3. SOME of the time 4. A LITTLE of the time 5. NONE of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACIRSTLS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.390_03.000
Variable Name	ACIRSTLS
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	(book) ASI5
Answer Codes	* Read if necessary:  During the PAST 30 DAYS, how often did you feel Restless or fidgety?  1. ALL of the time
Answer Coues	2. MOST of the time 3. SOME of the time 4. A LITTLE of the time 5. NONE of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACIHOPLS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.390_04.000
Variable Name	ACIHOPLS
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	(book) ASI5
Answer Codes	* Read if necessary:  During the PAST 30 DAYS, how often did you feelHopeless?  1. ALL of the time 2. MOST of the time 3. SOME of the time 4. A LITTLE of the time 5. NONE of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACIEFFRT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.390_05.000
Variable Name	ACIEFFRT
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	(book) ASI5
Answer Codes	* Read if necessary:  During the PAST 30 DAYS, how often did you feelThat everything was an effort?  1. ALL of the time 2. MOST of the time 3. SOME of the time 4. A LITTLE of the time 5. NONE of the time Refused
Question Type	Don't know
Field Pane Descripti	Pick One - answer list pane  on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> [goto ACIWTHLS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.390_06.000
Variable Name	ACIWTHLS
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	(book) ASI5
Answer Codes	* Read if necessary:  During the PAST 30 DAYS, how often did you feelWorthless?  1. ALL of the time 2. MOST of the time 3. SOME of the time 4. A LITTLE of the time 5. NONE of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto ACIMUCH]; else [goto ACIBLD12]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.400_00.000
Variable Name	ACIMUCH
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and (ACISAD(e) IN('1','2','3') or ACINERV(e) IN('1','2','3') or ACIRSTLS(e) IN('1','2','3') or ACIHOPLS(e) IN('1','2','3') or ACIEFFRT (e) IN('1','2','3') or ACIWTHLS(e) IN('1','2','3'))
Universe-text	Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days
Question Text	We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?
Answer Codes	1. A lot 2. Some 3. A little 4. Not at all Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto ACIBLD12]
Hard Edits	
Soft Edits	
AssocHelp	

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 Descripti	on Blood donation, past 12 m
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto ACIHIVT]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.410_00.000
Variable Name	ACIHIVT
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999'))
Universe-text	Sample adults 18+
Question Text	The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,R,D> [goto next section] <2> [goto ACIHIVWN]
Hard Edits	
Soft Edits	
AssocHelp	

Module	52
Section Name	Adult Sexual Identity and Lifestyle Questions
Part	
Question ID	ASI.420_00.000
Variable Name	ACIHIVWN
Universe	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and ACIHIVT='2'
Universe-text	Sample adults 18+ who have never been tested for HIV
Question Text	(book) ASI6 I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?
Answer Codes	<ol> <li>It's unlikely you've been exposed to HIV</li> <li>You were afraid to find out if you were HIV positive (that you had HIV)</li> <li>You didn't want to think about HIV or about being HIV positive</li> <li>You were worried your name would be reported to the government if you tested positive</li> <li>You didn't know where to get tested</li> <li>You don't like needles</li> <li>You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection</li> <li>Some other reason</li> <li>No particular reason</li> <li>Refused</li> <li>Don't know</li> </ol>
Question Type	Pick One - answer list pane
Field Pane Description	Why not tested for HIV/AIDS
Fill Instructions	
Special Instructions	
Skip Instructions	<1-9,R,D> [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

### DRAFT 2016 NHIS Questionnaire - Sample Adult

Adult Balance and Dizziness

QuText: #new10 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 offbalance? Do not include times when drinking alcohol.

QuText: 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 alcohol.

QuText: #40 During the PAST 12 MONTHS, have you had a problem with

dizziness or balance?

\*Do not include times when drinking alcohol.

QuText: #50 The next questions are about problems related to dizziness or balance.

DURING THE PAST 12 MONTHS, have you had any of the following

problems? Please say yes or no to each. Do not include times when drinking alcohol.

\* 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.

Note: after examining the 2008 NHIS data, I learned we should add back these two categories (shown in blue: "severe fatigue" and "fear of heights") in order to approximate the same number or "base" for asking #60... with these two added back in, we only lose 2.5% of the those who answered 'Yes' to EITHER #40 OR #60 in the earlier survey, which is pretty good compression, I think. – Howard

### ... Had severe fatigue

- ... Drifting to the side when trying to walk straight
- ... Bumping into one side or the other when walking through a doorway?
- ... Difficulty walking in the dark without using support
- ... Difficulty walking on uneven ground or surfaces

### .... Had fear of heights

... Difficulty riding an escalator or moving walkway

IF NEVER HAD A PROBLEM WITH DIZZINESS OR BALANCE (#10 = NO) AND NO PROBLEMS RELATED TO DIZZINESS OR BALANCE IN THE PAST 12 MONTHS (NO YES ANSWERS IN #50), SKIP TO #380.

IF EVER HAD A PROBLEM WITH DIZZINESS OR BALANCE (#10 = YES) BUT NO PROBLEM IN THE PAST 12 MONTHS (#40 = NO) AND NO PROBLEMS RELATED TO DIZZINESS OR BALANCE IN THE PAST 12 MONTHS (NO YES ANSWERS IN #50), SKIP TO #150.

# QuText: #60 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. Do not include times when drinking alcohol.

- ... 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.]
- ... A floating, spacey or disconnected sensation [\*Read if necessary: Your head doesn't feel quite right or normal]
- ... Feeling lightheaded, without a sense of motion
- ... Feeling as if you are going to pass out or faint
- ... Blurring of your vision when you move your head
- ... Feeling off-balance or unsteady
- ... Other dizziness or balance problem

IF NEVER HAD A PROBLEM (#10 = NO) AND NO FEELINGS IDENTIFIED, SKIP TO #380.

IF EVER HAD A PROBLEM (#10 = YES) BUT NO PROBLEM IN THE PAST 12 MONTHS (#40 = NO) AND NO FEELINGS IDENTIFIED, SKIP TO #150.

IF HAD A PROBLEM IN THE PAST 12 MONTHS (#40 = YES) BUT NO FEELINGS WERE IDENTIFIED, FILL "OTHER" INTO #70 AND SKIP TO #80.

IF ONLY ONE FEELING IDENTIFIED, FILL THAT INTO #70 AND SKIP TO #80.

### QuText: #70 DURING THE PAST 12 MONTHS, which ONE of these feelings of dizziness or balance problems has bothered you the most?

\*Read categories below.

- **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

### QuText: #80 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.

### **001-120** Age in years

**996** Since birth

### QuText: #100 DURING THE PAST 12 MONTHS, about how often have you had the (Fill: most bothersome or only feeling)?

Create number and time period question here (NO and TP), with a response for "constantly" or "almost always" as well - respondent can answer in terms of times per day, per week, per month and per year.

(IF UNSTEADY WAS FILLED IN OR GIVEN AS THE ANSWER TO #70) AND (IF #100 IS CONSTANTLY OR ALMOST ALWAYS) THEN SKIP TO #150.

### QuText: #110 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 episodes 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:

01	Momentary,	or less	than 2	minutes
----	------------	---------	--------	---------

Two minutes to less than 20 minutes

<sup>03 20</sup> minutes to less than 8 hours

<sup>04 8</sup> hours to less than 24 hours

<sup>05 1</sup> day to less than 14 days

<sup>06 2</sup> weeks to less than 3 months

<sup>07 3</sup> months or longer

### TRANSITION: The next questions are about things that trigger your balance or dizziness problems.

#### QuText: #120

### Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

\* 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.

Note: I want to be sure that Headache also includes Migraine (see text in blue below) – some people insist they have migraine, not just a plain old headache. –Howard

- ... Looking up or down, leaning head back or bending forward
- ... Rolling over in bed
- ... Getting up after sitting or lying down
- ... Headache, including migraine
- ... A visual problem such as double vision, or your eyes "jerk", "bounce", move rapidly or oscillate
- ... Riding in a car, bus, airplane, boat, or train
- ... Walking down a grocery store aisle
- ... Hearing loud sounds
- ... Blowing your nose
- ... Taking prescription medicines or drugs, or over the counter medications, e.g., for allergy or sleep aids

### QuText: #130 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
- ... Hearing loss in only one ear
- ... Ringing, buzzing, or roaring in one ear medical term is Tinnitus (TIN-uhtus)
- ... Fullness, pressure, or stuffed-up feeling in one ear without pain
- ... Sinus congestion
- ... Anxiety
- ... Depression

NOTE: THE FOLLOW-UP QUESTION IN #140 WILL IMMEDIATELY FOLLOW THE YES ANSWER IN #130. THEN THE NEXT QUESTION IN #130 WILL BE ASKED.

#### QuText: #140

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
- **1** Only
- **2** Regardless

#### Note: This list is updated to include ONLY items asked above in #140. -Howard

- > Do you have **nausea or vomiting** only when you have dizziness or balance problem(s) or do you have it regardless?
- Do you have **hearing loss** only when you have dizziness or balance problem(s) or do you have it regardless?
- Do you have ringing in your ear or tinnitus only when you have dizziness or balance problem(s) or do you have it regardless?
- > 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?
- > Do you have **sinus congestion** only when you have dizziness or balance problem(s) or do you have it regardless?

- > Do you have **anxiety** only when you have dizziness or balance problem(s) or do you have it regardless?
- Do you have **depression** only when you have dizziness or balance problem(s) or do you have it regardless?

UNIVERSE FOR #150 AND #170: EVER HAD A PROBLEM (FROM #10) OR HAD AT LEAST ONE FEELING IN PAST 12 MONTHS (FROM #60)

QuText: #150 Have you EVER gone to a hospital or emergency room about a dizziness or balance problem(s)?

QuText: #170

QuText: #160 DURING THE PAST 5 YEARS, about how many times have you gone to a hospital emergency room about a dizziness or balance problem(s)?

Have you EVER seen a doctor or other health professional, except for in the emergency room, about a dizziness or balance problem(s)?

IF EVER HAD A PROBLEM, BUT NO PROBLEM IN PAST 12 MONTHS AND NO FEELINGS IDENTIFIED, SKIP TO #380.

IF HAD A PROBLEM IN PAST 12 MONTHS OR A FEELING WAS IDENTIFIED, BUT NEVER SEEN A DOCTOR OR OTHER HEALTH PROFESSIONAL AND NEVER BEEN TO THE HOSPITAL OR EMERGENCY ROOM, SKIP TO #260.

IF HAD A PROBLEM IN PAST 12 MONTHS OR A FEELING WAS IDENTIFIED, NEVER SEEN A DOCTOR OR OTHER HEALTH PROFESSIONAL, BUT HAVE EVER BEEN TO THE HOSPITAL OR EMERGENCY ROOM, SKIP TO #200.

IF HAD A PROBLEM IN PAST 12 MONTHS OR A FEELING WAS IDENTIFIED, AND IF EVER SEEN A DOCTOR OR OTHER HEALTH PROFESSIONAL, CONTINUE TO #180.

## QuText: #180 DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or other health professionals about a dizziness or balance problem(s)? Please say yes or no to each.

- ... Family doctor, internal medicine doctor, or general practitioner
- ... Cardiologist or heart specialist
- ... Ear, nose, and throat doctor
- ... Neurologist
- ... Eye doctor, optometrist, or ophthalmologist (AHF-thal-MOL-oh-jist)
- ... Dentist, orthodontist or oral surgeon
- ... Gynecologist or OB/GYN
- ... Psychiatrist, psychologist or social worker
- ... Osteopath (OS-te-o-path) or doctor of osteopathy (os-tee-OP-uh-thee)
- ... Occupational therapist, physical therapist or rehabilitation ("rehab") specialist/doctor
- ... Audiologist
- ... Physician assistant or nurse practitioner
- ... Nutritionist or dietician
- ... Some other health professional

#### QuText: #190

## 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)?

#### QuText: #200

How long ago did you FIRST see a doctor or other health professional, including emergency room physicians, about your dizziness or balance problem(s)?

- **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

### QuText: #220 How much do you feel these doctors or health professionals helped your dizziness or balance problems? Would you say...

\*Read categories below.

- 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

#### QuText: #230 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.

### QuText: #240 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)?

## QuText:#250 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.

Note: These categories are now reordered alphabetically! -Howard

- **o1** Allergies
- **o2** Benign positional vertigo (BPV or BPPV)
- os CRYSTALS loose or dislodged in your ear
- **04** Diabetes
- **os** Headaches or migraines
- **o6** Head or neck trauma or concussion
- **o7** Heart disease
- **os** Inner ear infection
- op Meniere's (Men-e-AIRZ) disease
- 10 Mental health problem or psychiatric disorder
- 11 Neurological multiple sclerosis, muscular dystrophy, etc.
- Side effect of medicines or drugs
- 13 Stroke
- **14** Other health problem(s)

# QuText: #260 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?

- QuText: #270 Have you ever tried any of the following treatments? Please say yes or no to each.
  - ... Exercises or physical therapy
  - ... Bed rest for several hours or days
  - ... Head rolling maneuver by a doctor or therapist (Epley maneuver)
    - \* Do not include treatment by a chiropractor
  - ... Steroid injections into the ear
  - ... Gentamicin (jen-tah-MI-sin) injection into the ear
  - ... Surgery
  - ... Low salt diet
  - ... Avoiding or cutting back on certain foods or drinks such as chocolate, coffee or alcohol
  - ... Quitting or reducing use of tobacco or cigarettes [SKIP FOR NEVER SMOKERS]
  - ... Prescription medicines or drugs
  - ... Over the counter medicine such as allergy medications or sleep aids or Dramamine patches
  - ... Psychiatric treatment
  - ... Massage therapy or chiropractic treatment or manipulation
  - ... Acupuncture
  - ... Herbal remedy such as feverfew leaf, ginger or ginkgo biloba (GIN-ko bye-LO-bah)
  - ... Wearing magnets or acupressure wristband

QuText: #280 During the past 12 months, has {FILL: or have} your dizziness or balance problem(s) gotten worse, stayed the same, improved somewhat, or improved greatly?

QuText: #300 Do you regularly take any medicine that makes your dizziness or balance problem(s) worse?

QuText: #310 Do your dizziness or balance problems limit you in any way from doing things you otherwise could do?

QuText: #320 Have your dizziness or balance problem(s) caused you to change or cut back on any of the following activities? Please say yes or no to each.

- \* 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.
- ... Driving a motor vehicle
- ... Riding in a car, bus, airplane, boat or train
- ... Exercising or taking walks
- ... Walking down a flight of stairs
- ... Participating in social activities outside your home
- ... Performing household chores, such as cleaning or laundry
- ... Going to the toilet

### QuText: #350 1 of 2

DURING THE PAST 12 MONTHS, how many days of work or school have you missed because of a dizziness or balance problems?

Please tell me the number of days, weeks, or months.

#### QuText: #New 1 of 2

DURING THE PAST 12 MONTHS, how many days of other regularly scheduled activities – excluding work and school days – have you missed because of a dizziness or balance problems?

Please tell me the number of days, weeks, or months.

#### QuText: #360

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?

#### QuText: #370

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
- ... Other medicine or patches for motion sickness, nausea or vomiting
- ... Medicines for anxiety or depression
- ... Chemotherapy (ke-mo-THER-ah-pe) drugs

UNIVERSE FOR #380: ALL SAMPLE ADULTS

**QuText: #380** 

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?

IF HAD A PROBLEM IN PAST 12 MONTHS OR HAD AT LEAST ONE FEELING IN PAST 12 MONTHS, SKIP TO #390.

UNIVERSE FOR #385: ALL SAMPLE ADULTS WHO DID NOT HAVE A PROBLEM IN PAST 12 MONTHS AND DID NOT HAVE AT LEAST ONE FEELING IN PAST 12 MONTHS (FROM #60)

QuText: #385

This next question is 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?** 

END SUPPLEMENT FOR ALL SAMPLE ADULTS WHO DID NOT HAVE A PROBLEM IN PAST 12 MONTHS AND DID NOT HAVE AT LEAST ONE FEELING IN PAST 12 MONTHS (FROM #60).

QuText: #390

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?** 

IF NO, SKIP TO NEW QUESTION ABOUT CATCHING ONESELF.

### QuText: #400 DURING THE PAST 5 YEARS, did any of your falls occur just before or around a time you were...

- ... feeling a sense of spinning or other movement sensation?
- ... having a floating, spacey, or disconnected feeling?
- ... feeling lightheaded?
- ... feeling like you are about to pass out?
- ... having blurred vision?
- ... having general feeling of being unsteady or off-balance?
- ... having other or general problem(s) with dizziness or imbalance?

### QuText: #410 DURING THE PAST 12 MONTHS, have you fallen at least once a month on average?

QuText: #420/430

IF #410 = YES: DURING THE PAST 12 MONTHS, about how many times
per day, week, or month have you fallen? (1 of 2)

IF #410 = NO: During the past 12 months, how many times have you
fallen?

IF #430 = ZERO, SKIP TO NEW QUESTION ABOUT CATCHING ONESELF.

#### QuText: #440

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, head, or neck injury.

#### QuText: #NEW

DURING THE PAST 12 MONTHS, did you talk to or see a medical professional about any injuries that you had as a result of a fall or falling?

QuText: #NEW

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?

QuText: #450

DURING THE PAST 12 MONTHS, how many days of work or school did you miss because of injury from falls?

#### QuText: #460

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
- ... You blacked out or fainted
- ... You were playing sports or exercising
- ... You had a problem with vision
- ... You had weakness or numbness in one or both legs
- ... You had not eaten recently or you had low blood sugar
- ... You drank too much alcohol.
- ... You had a problem using a walker, cane, or other aid that helps you get around
- ... You had a problem with shoes, sandals or socks
- ... Some other reason

## QuText: #NEW DURING THE PAST 12 MONTHS, how many times have you slipped or lost your balance and caught yourself WITHOUT falling?

- 1 None
- 2 1 time
- **3** 2 times
- 4 3-4 times
- **5** 5–7 times
- **6** 8 or more times

## QuText: #NEW 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.
- ...To learn about medical or other recommended treatments for your dizziness or balance problems.
- ...To learn about rehabilitation services or intervention programs for your dizziness or balance problems.

### — END of Section —

### 2016 Q1 NHIS Instrument Spec Report

Section name: **Adult Functioning and Disability** 41 **Module** Section Name **Adult Functioning and Disability** Part AFD.090 00.000 Question ID VIS\_0 Variable Name HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN\_FLG='1' Universe Sample adults 18+ who were asked the family disability questions (FDB) and were Universe-text randomly selected to receive the Functioning and Disability (AFD) section Now I am going to ask you some questions about your ability to do different activities, **Question Text** and how you have been feeling. Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all. Do you wear glasses? Answer Codes 1. Yes 2. No Refused Don't know Question Type Yes/No Field Pane Description Glasses Fill Instructions **Special Instructions** <1,2,R,D> goto VIS\_SS Skip Instructions Hard Edits Soft Edits **AssocHelp** 

Module	41		
Section Name	Adult Functioning and Disabilit	y	
Part			
Question ID	AFD.100_00.000		
Variable Name	VIS_SS		
Universe	HHSTAT4='S' and (AGE GE '0	18' and AGE not IN ('997','9	999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were a randomly selected to receive the	, ,	,
Question Text	Do you have difficulty seeing [fi no difficulty, some difficulty, a lo		
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to cell Refused Don't know	do	
Question Type	Pick One - answer list pane		
Field Pane Description	on Seeing		
Fill Instructions	if VIS_0=1, then fill ", even whe	n wearing your glasses"; e	lse leave blank.
Special Instructions			
Skip Instructions	<1,2,R,D> goto HEAR_1		
Hard Edits			
Soft Edits			
AssocHelp			

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.140_00.000
Variable Name	HEAR_1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you use a hearing aid?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Hearing aid
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto HEAR_2] <2,R,D> [goto HEAR_SS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.145_00.000
Variable Name	HEAR_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and HEAR_1(e)='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use a hearing aid
Question Text	How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?
Answer Codes	1. All of the time 2. Some of the time 3. Rarely 4. Never Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Often
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> goto HEAR_SS
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.150_00.000
Variable Name	HEAR_SS
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you have difficulty hearing [fill: , even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Hearing
Fill Instructions	if HEAR_1=1, fill ", even when using your hearing aid(s)"; else leave blank.
Special Instructions	
Skip Instructions	<1-3,R,D>[goto HEAR_3] <4> [goto MOB_SS]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41		
Section Name	Adult Functioning and Disabilit	ty	
Part			
Question ID	AFD.170_00.000		
Variable Name	HEAR_3		
Universe	HHSTAT4='S' and (AGE GE '0 and HEAR_SS(e) IN ('1','2','3',"		999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were a randomly selected to receive the difficulty, some difficulty, a lot of hearing, even when using a hearing.	ne Functioning and Disabilit of difficulty, or refused or do	ty (AFD) section, and have no
Question Text	Do you have difficulty hearing valuet room [fill: even when using some difficulty, a lot of difficulty	ng your hearing aid(s)]? W	ould you say no difficulty,
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to a Refused Don't know	do	
Question Type	Pick One - answer list pane		
Field Pane Descripti	on Quiet room		
Fill Instructions	if HEAR_1=1, fill "even when us	sing your hearing aid(s)"; e	lse fill blank.
Special Instructions	Please grey out the text "Would are you unable to do this?" so t		
Skip Instructions	<1-3,R,D>[goto HEAR_4] <4>[goto MOB_SS]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	41	
Section Name	Adult Functioning and Disability	
Part		
Question ID	AFD.170_00.001	
Variable Name	HEAR_4	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and HEAR_3(e) IN ('1','2','3','7','9')	
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))	
Question Text	Do you have difficulty hearing what is said in a conversation with one other person in a noisier room [fill: even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?	
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know	
Question Type	Pick One - answer list pane	
Field Pane Description	on Noisier room	
Fill Instructions	if HEAR_1=1, fill "even when using your hearing aid(s)"; else fill blank.	
Special Instructions	Please grey out the text "Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?" so that it appears as optional text.	
Skip Instructions	<1-4,R,D>[goto MOB_SS]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.180_00.000
Variable Name	MOB_SS
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you have difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Mobility
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> goto MOB_2
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.200_00.000
Variable Name	MOB_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you use any equipment or receive help for getting around?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Equipment
Fill Instructions	
Special Instructions	
Skip Instructions	<1>[goto MOB_3A] <2,R,D>[goto MOB_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.200_00.001
Variable Name	MOB_3A
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around
Question Text	Do you use any of the following  Cane or walking stick?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Cane
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> goto MOB_3B
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.200_00.002
Variable Name	MOB_3B
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around
Question Text	*Read if necessary.
	Do you use any of the following  Walker or Zimmer frame?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description Walker	
Fill Instructions	
Special Instructions	Display the text "Do you use any of the following" in GRAY text.
Skip Instructions	<1,2,R,D> goto MOB_3C
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.200_00.003
Variable Name	MOB_3C
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around
Question Text	*Read if necessary.
Answer Codes	Do you use any of the following  Crutches?  1. Yes
	2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Crutches
Fill Instructions	
Special Instructions	Display the text "Do you use any of the following" in GRAY text.
Skip Instructions	<1,2,R,D> goto MOB_3D
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.200_00.004
Variable Name	MOB_3D
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around
Question Text	*Read if necessary.
	Do you use any of the following Wheelchair or scooter?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Wheelchair
Fill Instructions	
Special Instructions	Display the text "Do you use any of the following" in GRAY text.
Skip Instructions	<1,2,R,D> goto MOB_3E
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.200_00.005
Variable Name	MOB_3E
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around
Question Text	*Read if necessary.
Answer Codes	Do you use any of the following  Artificial limb (leg/foot)?  1. Yes 2. No Refused Don't know
Question Type	
Field Pane Description	Yes/No  Artificial limb
Fill Instructions	Attition in the
Special Instructions	Display the text "Do you use any of the following" in GRAY text.
Skip Instructions	<1,2,R,D> goto MOB_3F
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.200_00.006
Variable Name	MOB_3F
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around
Question Text	*Read if necessary.
Answer Codes	Do you use any of the following  Someone's assistance?  1. Yes
This wer Courts	2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on Assistance
Fill Instructions	
Special Instructions	Display the text "Do you use any of the following" in GRAY text.
Skip Instructions	<1,2,R,D> goto MOB_3G
Hard Edits	
Soft Edits	
AssocHelp	

Module	41	
Section Name	Adult Functioning and Disability	
Part		
Question ID	AFD.200_00.007	
Variable Name	MOB_3G	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1'	
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around	
Question Text	*Read if necessary.	
Answer Codes	Do you use any of the following Other type of equipment or help?  1. Yes	
	2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Descripti	Other equipment	
Fill Instructions		
Special Instructions	Display the text "Do you use any of the following" in GRAY text.	
Skip Instructions	<1,2,R,D> if MOB_3D=1, [goto COM_SS]; else if MOB_3D=2,R,D [goto MOB_4]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	41		
Section Name	Adult Functioning and Disability	1	
Part			
Question ID	AFD.210_00.000		
Variable Name	MOB_4		
Universe	HHSTAT4='S' and (AGE GE '0' and (MOB_2(e) IN ('2','7','9') or		999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were as randomly selected to receive the use a wheelchair or scooter		
Question Text	Do you have difficulty walking 1 of one football field or one city be no difficulty, some difficulty, a lo	lock [fill: without the use or	f your aid(s)]? Would you say
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to c Refused Don't know	0	
Question Type	Pick One - answer list pane		
Field Pane Descripti	Walking 100 yards		
Fill Instructions	if MOB_2=1, fill "without the use	of your aid(s)"; else fill bla	ank.
Special Instructions			
Skip Instructions	<1-3,R,D>[goto MOB_5] <4>[goto MOB_6]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	41		
Section Name	Adult Functioning and Disability	ty	
Part			
Question ID	AFD.220_00.000		
Variable Name	MOB_5		
Universe	HHSTAT4='S' and (AGE GE '0 and MOB_3D(e) NE '1' and MO		999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were a randomly selected to receive the wheelchair or scooter, and have refused or don't know if they have the use of their aid)	ne Functioning and Disabilit e no difficulty, some difficul	y (AFD) section, do not use a lty, a lot of difficulty, or
Question Text	Do you have difficulty walking a of five football fields or five city say no difficulty, some difficulty	blocks [fill: without the use	of your aid(s)]? Would you
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know		
Question Type	Pick One - answer list pane	]	
Field Pane Descripti	on Walking 1/3 mile		
Fill Instructions	if MOB_2=1, fill "without the us	e of your aid(s)"; else fill bla	ank.
Special Instructions	Please grey out the text "Would are you unable to do this?" so t		
Skip Instructions	<1-4,R,D> goto MOB_6		
Hard Edits			
Soft Edits			
AssocHelp			

Module	41		
Section Name	Adult Functioning and Disability	/	
Part			
Question ID	AFD.230_00.000		
Variable Name	MOB_6		
Universe	HHSTAT4='S' and (AGE GE '01 and (MOB_2(e) IN ('2','7','9') or		999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were as randomly selected to receive the use a wheelchair or scooter		
Question Text	Do you have difficulty walking u difficulty, a lot of difficulty, or are		d you say no difficulty, some
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know		
Question Type	Pick One - answer list pane		
Field Pane Descripti	on Walking 12 steps		
Fill Instructions			
Special Instructions	Please grey out the text "Would are you unable to do this?" so the		
Skip Instructions	<1-4,R,D> if MOB_2 IN (2,R,D) [goto COM_SS]; else if MOB_2=1 [goto MOB_7]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	41		
Section Name	Adult Functioning and Disability	y	
Part			
Question ID	AFD.240_00.000		
Variable Name	MOB_7		
Universe	HHSTAT4='S' and (AGE GE '01 and MOB_2(e)='1' and MOB_3I		99')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were as randomly selected to receive the equipment or receive help for getting.	e Functioning and Disability	(AFD) section, and use
Question Text	Do you have difficulty walking 10 of one football field or one city b difficulty, some difficulty, a lot of	llock, when using your aid(s	s)? Would you say no
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know		
Question Type	Pick One - answer list pane		
Field Pane Descripti	100 yards with aid		
Fill Instructions			
Special Instructions	Please grey out the text "Would are you unable to do this?" so the		
Skip Instructions	<1-3,R,D>[goto MOB_8] <4>[goto COM_SS]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.250_00.000
Variable Name	MOB_8
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and MOB_2(e)='1' and MOB_3D(e) NE '1' and MOB_7(e) IN ('1','2','3','7','9')
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, use equipment or receive help for getting around but do not use a wheelchair or scooter, and who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground, when using their aid
Question Text	Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks, when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on 1/3 mile with aid
Fill Instructions	
Special Instructions	Please grey out the text "Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?" so that it appears as optional text.
Skip Instructions	<1-4,R,D> goto COM_SS
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.270_00.000
Variable Name	COM_SS
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Using your usual language, do you have difficulty communicating, for example, understanding or being understood? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Communication
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> goto COM_2
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.290_00.000
Variable Name	COM_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you use sign language?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Signing
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> goto COG_SS
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.300_00.000
Variable Name	COG_SS
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you have difficulty remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Cognitive
Fill Instructions	
Special Instructions	
Skip Instructions	<1>[goto UB_SS] <2-4,R,D>[goto COG_1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41	
Section Name	Adult Functioning and Disability	
Part		
Question ID	AFD.310_00.000	
Variable Name	COG_1	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and COG_SS(e) IN ('2','3','4','7','9')	
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have some difficulty, a lot of difficulty, or are unable to remember or concentrate, or don't know or refused if they are able to remember or concentrate	
Question Text	Do you have difficulty remembering, concentrating, or both?	
Answer Codes	Difficulty remembering only     Difficulty concentrating only     Difficulty with both remembering and concentrating     Refused     Don't know	
Question Type	Pick One - answer list pane	
Field Pane Descripti	Remembering	
Fill Instructions		
Special Instructions		
Skip Instructions	<1,3,R,D>[goto COG_2] <2>[goto UB_SS]	
Hard Edits		
Soft Edits		
AssocHeln		

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.320_00.000
Variable Name	COG_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and COG_SS(e) IN ('2','3','4','7','9') and COG_1(e) IN ('1','3','7','9')
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have difficulty remembering or don't know or refused if they have difficulty remembering
Question Text	How often do you have difficulty remembering? Would you say sometimes, often or all of the time?
Answer Codes	1. Sometimes 2. Often 3. All of the time Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Often
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> goto COG_3
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.330_00.000
Variable Name	COG_3
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and COG_SS(e) IN ('2','3','4','7','9') and COG_1(e) IN ('1','3','7','9')
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have difficulty remembering or don't know or refused if they have difficulty remembering
Question Text	Do you have difficulty remembering a few things, a lot of things, or almost everything?
Answer Codes	1. A few things 2. A lot of things 3. Almost everything Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Difficulty
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> goto UB_SS
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.360_00.000
Variable Name	UB_SS
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Self care
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> goto UB_1
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.370_00.000
Variable Name	UB_1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Lifting
Fill Instructions	
Special Instructions	Please grey out the text "Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?" so that it appears as optional text.
Skip Instructions	<1-4,R,D> goto UB_2
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.380_00.000
Variable Name	UB_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?
Answer Codes	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all / Unable to do Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on Grasping
Fill Instructions	
Special Instructions	Please grey out the text "Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?" so that it appears as optional text.
Skip Instructions	<1-4,R,D> goto ANX_1
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.410_00.000
Variable Name	ANX_1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?
Answer Codes	1 Daily 2 Weekly 3 Monthly 4 A few times a year 5 Never Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Anxiety
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> goto ANX_2
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.420_00.000
Variable Name	ANX_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you take medication for these feelings?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Medication
Fill Instructions	
Special Instructions	
Skip Instructions	<1,R,D> [goto ANX_3] <2> if ANX_1=5 [goto DEP_1]; else [goto ANX_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.430_00.000
Variable Name	ANX_3
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and (ANX_1(e) IN ('1','2','3','4','7','9') or ANX_2(e) IN ('1','7','9'))
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings
Question Text	Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?
Answer Codes	1. A little 2. A lot 3. Somewhere in between a little and a lot Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	Feelings
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> goto DEP_1
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.450_00.000
Variable Name	DEP_1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?
Answer Codes	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Depression
Fill Instructions	
Special Instructions	
Skip Instructions	<1-5,R,D> goto DEP_2
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.460_00.000
Variable Name	DEP_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	Do you take medication for depression?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Medication
Fill Instructions	
Special Instructions	
Skip Instructions	<1,R,D> [goto DEP_3] <2> if DEP_1=5 [goto PAIN_2]; else [goto DEP_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.470_00.000
Variable Name	DEP_3
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and (DEP_1(e) IN ('1','2','3','4','7','9') or (DEP_2(e) IN ('1','7','9')))
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.
Question Text	Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?
Answer Codes	1. A little 2. A lot 3. Somewhere in between a little and a lot Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description How much	
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> goto PAIN_2
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.500_00.000
Variable Name	PAIN_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?
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	on Often
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto TIRED_1] <2,3,4,R,D> [goto PAIN_4]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.520_00.000
Variable Name	PAIN_4
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and PAIN_2(e) IN ('2','3','4','7','9')
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months
Question Text	Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?
Answer Codes	1 A little 2 A lot 3 Somewhere in between a little and a lot Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	on Last
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> goto TIRED_1
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.540_00.000
Variable Name	TIRED_1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section
Question Text	In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?
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 Descripti	on Tired
Fill Instructions	
Special Instructions	
Skip Instructions	<1>[goto next section] <2-4,R,D>[goto TIRED_2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	41
Section Name	Adult Functioning and Disability
Part	
Question ID	AFD.550_00.000
Variable Name	TIRED_2
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and FDRN_FLG='1' and TIRED_1(e) IN ('2','3','4','7','9')
Universe-text	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months
Question Text	Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?
Answer Codes	1. Some of the day 2. Most of the day 3. All of the day Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Descripti	on How long
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> goto TIRED_3
Hard Edits	
Soft Edits	
AssocHelp	

Module	41		
Section Name	Adult Functioning and Disability		
Part			
Question ID	AFD.560_00.000		
Variable Name	TIRED_3		
Universe	HHSTAT4='S' and (AGE GE '018 and TIRED_1(e) IN ('2','3','4','7','9		999')) and FDRN_FLG='1'
Universe-text	Sample adults 18+ who were ask randomly selected to receive the tired or exhausted some days, moften they felt very tired or exhausted some days.	Functioning and Disability cost days, every day, or re	y (AFD) section, and felt very sfused or don't know how
Question Text	Thinking about the last time you tiredness? Would you say a little		
Answer Codes	A little     A lot     Somewhere in between a little     Refused     Don't know	and a lot	
Question Type	Pick One - answer list pane		
Field Pane Descripti	ion Level		
Fill Instructions			
Special Instructions			
Skip Instructions	<1-3,R,D> goto next section		
Hard Edits			
Soft Edits			
AssocHelp			

## 2016 Q1 NHIS Instrument Spec Report

Section name: **Adult Internet and Email Usage** 44 Module Section Name **Adult Internet and Email Usage Part** AWB.010 00.000 Question ID Variable Name **AWEBUSE** HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) Universe Sample adults 18+ Universe-text The next questions are about your Internet and email use. Question Text Do you use the Internet? **Answer Codes** 1. Yes 2. No Refused Don't know Question Type Yes/No Field Pane Description Internet Fill Instructions **Special Instructions** <1> [goto AWEBOFNO] Skip Instructions <2,R,D> [goto AWEBEML] Hard Edits Soft Edits **AssocHelp** 

Module	44
Section Name	Adult Internet and Email Usage
Part	
Question ID	AWB.020_01.000
Variable Name	AWEBOFNO
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and AWEBUSE(e)='1'
Universe-text	Sample adults 18+ who use the Internet
Question Text	1 of 2
	How often do you use the Internet?
	*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?
	*Enter number.
Answer Codes	Allow 1-995,R,D
Question Type	Integer
Field Pane Descripti	on Often - Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-995> [goto AWEBOFTP] <r,d> [goto AWEBEML]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	44
Section Name	Adult Internet and Email Usage
Part	
Question ID	AWB.020_02.000
Variable Name	AWEBOFTP
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ('001'<=AWEBOFNO(e)<='995')
Universe-text	Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question
Question Text	2 of 2
	*Enter time period for how often Internet is used.
Answer Codes	1. Per day 2. Per week 3. Per month 4. Per year Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description Often - Time period	
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto AWEBEML]
Hard Edits	
Soft Edits	
AssocHelp	

Module	44
Section Name	Adult Internet and Email Usage
Part	
Question ID	AWB.030_00.000
Variable Name	AWEBEML
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999'))
Universe-text	Sample adults 18+
Question Text	Do you send or receive emails?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on Email - Use
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto AWEBEMAD] <2,R,D> [goto Back or Recontact section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	44
Section Name	Adult Internet and Email Usage
Part	
Question ID	AWB.040_00.000
Variable Name	AWEBEMAD
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and AWEBEML(e)='1'
Universe-text	Sample adults 18+ who send or receive email
Question Text	We may want to contact you to obtain additional health-related information.
	May I have your email address?
	*Enter email address.
	*Enter 'N' for none.
Answer Codes	<allow 75,n,r,d=""></allow>
Question Type	Verbatim
Field Pane Descripti	on Email - Address
Fill Instructions	
Special Instructions	
Skip Instructions	<address> [goto AWBEMNO] <n,r,d> [goto Back or Recontact section]</n,r,d></address>
Hard Edits	
Soft Edits	
AssocHelp	

Module	44
Section Name	Adult Internet and Email Usage
Part	
Question ID	AWB.050_01.000
Variable Name	AWEBMNO
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AWEBEMAD(e) not IN('N','7','9')
Universe-text	Sample adults 18+ who gave an email address
Question Text	1 of 2
	How often do you check this email account?
	*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?  *Enter number.
Answer Codes	
Answer Codes	Allow 1-995,R,D
Question Type	Integer
Field Pane Description	on Email - Number
Fill Instructions	
Special Instructions	
Skip Instructions	<1-995> [goto AWBEMTP] <r,d> [goto Back or Recontact section]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	44
Section Name	Adult Internet and Email Usage
Part	
Question ID	AWB.050_02.000
Variable Name	AWEBMTP
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ('001'<=AWBEMNO(e)<='995')
Universe-text	Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question
Question Text	2 of 2
	*Enter time period for how often email is checked.
Answer Codes	1. Per day 2. Per week 3. Per month 4. Per year Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description Email - Time Period	
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto Back or Recontact section]
Hard Edits	
Soft Edits	
AssocHelp	