

Attachment 2a - Family Questionnaire

2017 Q1 NHIS Instrument Spec Report

Section name: HEALTH STATUS AND LIMITATION OF ACTIVITIES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.190_H
<i>Variable Name</i>	H_FLAWKLIM
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>This question is for family members 18 years old or older that were not previously identified as having a physical, mental, or emotional problem that NOW keeps them from working at a job or business.</p> <p>Physical, mental, and emotional problems are respondent defined.</p> <p>Enter "1" if any of the family members 18 years old or older that were not previously identified as having a physical, mental, or emotional problem that NOW keeps them from working at a job or business are limited in the kind OR amount of work they can do because of a physical, mental, or emotional problem.</p> <p>Enter "2" if none of the family members 18 years old or older that were not previously identified as having a physical, mental, or emotional problem that NOW keeps them from working at a job or business are limited in the kind OR amount of work they can do because of a physical, mental, or emotional problem.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Associated Screen: FLAWKLIM
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.270
<i>Variable Name</i>	LAHCC
<i>Universe</i>	
<i>Universe-text</i>	age 0 to 17 years and (person selected in (PLAPLYLM or PSPEDEIS or PLAADL or PLAWALK or PLAREMEM or PLIMANY))
<i>Question Text</i>	<p>(book) F1</p> <p>What conditions or health problems cause [fill: Alias]'s limitations?</p> <p>* Enter all that apply, separate with commas. * Do not probe except to clarify answer.</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Vision/ problem seeing 2. Hearing problem 3. Speech problem 4. Asthma/breathing problem 5. Birth defect 6. Injury 7. Intellectual disability, also known as mental retardation 8. Other developmental problem (for example, cerebral palsy) 9. Other mental, emotional, or behavioral problem 10. Bone, joint, or muscle problem 11. Epilepsy or seizures 12. Learning disability 13. Attention Deficit/Hyperactivity Disorder (ADD/ADHD) 90. Other impairment/problem (LAHCC_S1) 91. Other impairment/problem (LAHCC_S2) <p>Refused Don't know</p>
<i>Question Type</i>	Enter All That Apply
<i>Field Pane Description</i>	Conditions/health problems
<i>Fill Instructions</i>	fill: [Alias]
<i>Special Instructions</i>	person level item; store at person level Condition Grid
<i>Skip Instructions</i>	<p><1-4, 6-13> selected entries goto appropriate follow up question LHCL##N [##= 01-13, 90, 91] <5> fill "96" in LHCL05N and fill "6" in LHCL05T <90> goto LAHCC_S1 <91> goto LAHCC_S2 <R, DK> Roster through all selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] Once exhausted goto LAHCA.</p> <p>For all selected LAHCC entries goto appropriate follow up question LHCL##N [##= 01-13, 90,91] Roster through all LAHCC entries. Roster through all selected in [PLAPLYLM or in</p>

PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] Once exhausted goto LAHCA.

Hard Edits

Soft Edits

AssocHelp

Module

Section Name

Part

Question ID

Variable Name

Universe

Universe-text

Question Text

This question is for those family members less than 18 years old who were previously reported as having a limitation.

The terms "conditions" and "health problems" are respondent defined.

Do not read the precoded categories to the respondent.

Enter "90 or 91" if the respondent mentions a condition or health problem not listed and then specify the condition exactly as the respondent states it.

Consider a person to be "limited" if he/she can only partially perform an activity, or can do it fully only part of the time, or cannot do it at all.

Answer Codes

Question Type

Field Pane Description

Fill Instructions

Special Instructions

Associated Screens:
LAHCC

Skip Instructions

Hard Edits

Soft Edits

AssocHelp

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.304_1
<i>Variable Name</i>	LHCL90N
<i>Universe</i>	LAHCC=90
<i>Universe-text</i>	Condition number 90 selected in LAHCC
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill1: have you/has Alias] had [fill2: problem in LAHCC_S1]?</p> <p>* Enter number for time with [fill1: problem in LAHCC_S1]? * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "have you" else, fill "has Alias" fill2: problem LAHCC2_S1
<i>Special Instructions</i>	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
<i>Skip Instructions</i>	<1-95, D> goto LHCL90T <96> then fill "6" in LHCL90T If another condition selected, continue to ask number and time period for each subsequent condition (LHCL##N and LHCL##T); Roster through persons eligible in LAHCC, else go to[LAHCA] <R> store "R" in [LHCL90T] goto next condition in [LAHCC] Once exhausted goto [LAHCA]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.350
<i>Variable Name</i>	LAHCA
<i>Universe</i>	
<i>Universe-text</i>	age 18+ and (person selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY))
<i>Question Text</i>	<p>(book) F2 ?[F1]</p> <p>What conditions or health problems cause [fill: your/Alias's] limitations?</p> <p>* Enter all that apply, separate with commas. * Do not probe except to clarify answer.</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Vision/problem seeing 2. Hearing problem 3. Arthritis/rheumatism 4. Back or neck problem 5. Fracture or bone/joint injury 6. Other injury 7. Heart problem 8. Stroke problem 9. Hypertension/high blood pressure 10. Diabetes 11. Lung/breathing problem (for example, asthma and emphysema) 12. Cancer 13. Birth defect 14. Intellectual disability, also known as mental retardation 15. Other developmental problem (for example, cerebral palsy) 16. Senility 17. Depression/anxiety/emotional problem 18. Weight problem 19. Missing limbs (fingers, toes or digits), amputee 20. Kidney, bladder or renal problems 21. Circulation problems (including blood clots) 22. Benign tumors, cysts 23. Fibromyalgia, lupus 24. Osteoporosis, tendinitis 25. Epilepsy, seizures 26. Multiple Sclerosis (MS), Muscular Dystrophy (MD) 27. Polio(myelitis), paralysis, para/quadruplegia 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) <p>90. Other impairment/problem (LAHCA_S1)</p>

91. Other impairment/problem (LAHCA_S2)
Refused
Don't know/not sure

Question Type

Enter All That Apply

Field Pane Description

Conditions/health problems

Fill Instructions

fill: if the subject=respondent fill "your" else, fill " Alias"

Special Instructions

person level item; store at person level
Condition Grid

Skip Instructions

<1-12, 14-35, 90,91> selected entries goto appropriate follow up question LHAL##N [##= 01-35, 90, 91]
<13> fill "96" in LHAL13N and fill "6" in LHAL13T
<90> goto LAHCA_S1
<91> goto LAHCA_S2
<R, DK> Roster through all selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY)) Once exhausted goto PHSTAT

For all selected LAHCA entries goto appropriate followup question LHAL##N [##= 01-35, 90, 91]

Roster through all LAHCA entries. Roster through all selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY)) Once exhausted goto PHSTAT.

Hard Edits

Soft Edits

AssocHelp

H_LAHCA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.388_1
<i>Variable Name</i>	LHAL16N
<i>Universe</i>	LAHCA= 16
<i>Universe-text</i>	Condition number 16 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had senility?</p> <p>* Enter number for time with senility. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL16T <96> then fill "6" in LHAL16T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL16T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.390_1
<i>Variable Name</i>	LHAL17N
<i>Universe</i>	LAHCA= 17
<i>Universe-text</i>	Condition number 17 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had depression, anxiety, or an emotional problem?</p> <p>* Enter number for time with depression, anxiety or an emotional problem. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL17T <96> then fill "6" in LHAL17T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL17T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.394_1
<i>Variable Name</i>	LHAL19N
<i>Universe</i>	LAHCA= 19
<i>Universe-text</i>	Condition number 19 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had a missing limb (finger, toe, or digit)?</p> <p>* Enter number for time with missing limb. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL19T <96> then fill "6" in LHAL19T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL19T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.398_1
<i>Variable Name</i>	LHAL21N
<i>Universe</i>	LAHCA= 21
<i>Universe-text</i>	Condition number 21 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had a circulation problem (including blood clots)?</p> <p>* Enter number for time with circulation problem. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL21T <96> then fill "6" in LHAL21T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL21T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.400_1
<i>Variable Name</i>	LHAL22N
<i>Universe</i>	LAHCA= 22
<i>Universe-text</i>	Condition number 22 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had benign tumors or cysts?</p> <p>* Enter number for time with benign tumors or cysts. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL22T <96> then fill "6" in LHAL22T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL22T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.410_1
<i>Variable Name</i>	LHAL27N
<i>Universe</i>	LAHCA= 27
<i>Universe-text</i>	Condition number 27 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had polio(myelitis), paralysis or para/quadruplegia?</p> <p>* Enter number for time with polio (myelitis) paralysis or para/quadruplegia. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL27T <96> then fill "6" in LHAL27T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL27T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.412_1
<i>Variable Name</i>	LHAL28N
<i>Universe</i>	LAHCA= 28
<i>Universe-text</i>	Condition number 28 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had Parkinson's disease or tremors?</p> <p>* Enter number for time with Parkinson's disease or tremors. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL28T <96> then fill "6" in LHAL28T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL28T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

<i>Module</i>	04
<i>Section Name</i>	HEALTH STATUS AND LIMITATION OF ACTIVITIES
<i>Part</i>	
<i>Question ID</i>	FHS.420_1
<i>Variable Name</i>	LHAL32N
<i>Universe</i>	LAHCA= 32
<i>Universe-text</i>	Condition number 32 selected in LAHCA
<i>Question Text</i>	<p>1 of 2</p> <p>How long [fill: have you/has Alias] had varicose veins or hemorrhoids?</p> <p>* Enter number for time with varicose veins or hemorrhoids. * Enter '95' for 95 or more. * Enter '96' if since birth.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	fill: if the subject=respondent fill "have you" else, fill "has Alias"
<i>Special Instructions</i>	<p>person level item; store at person level.</p> <p>The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.</p>
<i>Skip Instructions</i>	<p><1-95, D> goto LHAL32T <96> then fill "6" in LHAL32T If another condition selected, continue to ask number and time period for each subsequent condition (LHAL##N and LHAL##T); Roster through persons eligible in LAHCA, else go to [PHSTAT] <R> store "R" in [LHAL32T] goto next condition in [LAHCA] Once exhausted goto [PHSTAT]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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Section name: Family Injuries & Poisonings

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.010
<i>Variable Name</i>	FINJ3M
<i>Universe</i>	All families
<i>Universe-text</i>	!Create input entry for FIJ.010_01!
<i>Question Text</i>	<p>?[F1]</p> <p>The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.</p> <p>DURING THE PAST THREE MONTHS, that is since [fill 1: date (91 days before today's date)], [fill 2: did you/did you or anyone in your family] have an injury where any part of [fill 3: your/the] body was hurt, for example, with a [fill 4: (random set of examples) cut or wound, broken bone, sprain or burn?]</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Refused Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Injury
<i>Fill Instructions</i>	<p>fill1: fill 91 days before today's date (which will be determined once FR has entered FIJ section) fill2: if single person household fill "did you" else, fill "did you or anyone.." fill3: if the subject=respondent fill "your" else, fill "the" fill4: fill random set of examples (mixed order: cut or wound, broken bone, sprain or burn) Formula for fill4= ?</p>
<i>Special Instructions</i>	<p>1. A random set of four injury examples (from a list of 10 sets) will be inserted into the question text. The list of 10 example sets will be provided to the section author as separate documentation. To ensure that the same list is used for a family when back-ups or break-offs occur, we suggest something like this: IF (LISTNUM = a number) select a number between 1 and 10 at random, assign LISTNUM that number, and read list LISTNUM; ELSE read list LISTNUM. When FINJ3M is reached for the first time, LISTNUM is assigned a number between 1 and 10. It will not be assigned a different list number if the interviewer returns to FINJ3M, because LISTNUM will never again be equal to zero for that case.</p> <p>STORE RANDOMLY SELECTED NUMBER IN INJNUM AND INJLIST. IF EMPTY SELECT RANDOM NUMBER</p>

Random List

1. cut or wound, dislocation, bruise, or sprain
2. bruise, cut or wound, sprain, or head injury
3. head injury, sprain, broken bone, or cut or wound
4. sprain, bruise, cut or wound, or scrape
5. cut or wound, broken bone, sprain, or burn
6. cut or wound, bruise, broken bone, or sprain
7. cut or wound, sprain, scrape, or broken bone
8. head injury, bruise, cut or wound, or sprain
9. bruise, insect bite, sprain, or cut or wound
10. cut or wound, sprain, broken bone, or bruise

2. If "yes" and a single-person family, store the person number in WFINJ3M and goto TFINJ3M.

Skip Instructions

<1> [if single-person family, store person number in WFINJ3M and goto TFINJ3M;
else goto
WFINJ3M]
<2,R,DK> [goto FPOI3M]

Hard Edits

Soft Edits

AssocHelp

H_FINJ3M

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

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

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

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

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.016_H
<i>Variable Name</i>	H_MFINJ3M
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>Talking to or seeing a trained medical professional can take place in a formal office setting, over the phone, or in informal settings such as a dinner party. This includes talking to or seeing a friend or relative that is a trained medical professional.</p> <p>A trained medical professional includes anyone the respondent deems a medical professional. Some examples may include:</p> <ul style="list-style-type: none"> a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse, a physical or occupational therapist, a podiatrist, a chiropractor an acupuncturist, a naturopath, and a homoeopathist.
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Associated Screens: MFINJ3M
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

Suppress

Goto

Close

AssocHelp

H_MTFINJ3M

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.018_H
<i>Variable Name</i>	H_MTFINJ3M
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>This question is asking about the number of events that lead to an injury, for which a trained medical professional was consulted.</p> <p>[b]Consulting a trained medical professional[b] is seeking advice or treatment. This advice may be given in a formal office setting, over the phone, or in informal settings such as a dinner party. Advice or treatment may be received from a friend or relative that is a trained medical professional.</p> <p>A [b]trained medical professional[b] includes anyone the respondent deems a medical professional. Some examples may include</p> <p>[blt] a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse, a physical or occupational therapist, a podiatrist, a chiropractor an acupuncturist, a naturopath, and a homoeopath. [blt]</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Associate Screens: MTFINJ3M
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

MFPOI3M

Skip Instructions

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Hard Edits

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Soft Edits

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AssocHelp

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<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.028
<i>Variable Name</i>	MTFPOI3M
<i>Universe</i>	MFPOI3M = 1
<i>Universe-text</i>	
<i>Question Text</i>	?[F1] Of [fill 1: the ^TFPOI3M/all the] times that [fill 2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Times poisoned for which a medical professional consulted
<i>Fill Instructions</i>	fill1: see FIJ.018 fill2: if the subject=respondent fill "you were" else, fill "ALIAS was"
<i>Special Instructions</i>	Fill 1: "...all the" would be used when a "don't know" response was provided at TFPOI3M.
<i>Skip Instructions</i>	<01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM] <R, D> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto FDMED12M] If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M]:
<i>Hard Edits</i>	ERR1_MTFPOI3M [If (MTFPOI3M gt TFPOI3M), display ERR1_MTFPOI3M]: [^MTFPOI3M] is greater than the total number of times you said [you were/ALIAS was] poisoned, which is [^TFPOI3M]. For this question, we are asking about the number of times [you were/ALIAS was] poisoned and a medical professional was consulted. For example, if you were poisoned three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that poisoning event. <Close> [goto MTFPOI3M for new entry] <Goto> [goto TFPOI3M or MTFPOI3M for new entry]
<i>Soft Edits</i>	ERR2_MTFPOI3M [If TFPOI3M = 99 and MTFPOI3M gt 3), display ERR2_MTFINJ3M]: * ^MTFINJ3M is an unusually high number.

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

Suppress

Goto

Close

AssocHelp

H_MTFPOI3M

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.028_H
<i>Variable Name</i>	H_MTFPOI3M
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>This question is asking about the number of times the individual was poisoned for which a trained medical professional was consulted.</p> <p>Consulting a trained medical professional is seeking medical advice or treatment. This advice may be given in a formal office setting, over the phone, or in informal settings such as a dinner party. Advice and treatment may be received from a friend or relative that is a trained medical professional.</p> <p>A trained medical professional includes anyone the respondent deems a medical professional. Some examples may include:</p> <ul style="list-style-type: none"> a medical doctor, an osteopath, an ophthalmologist, a physician assistant, a nurse practitioner, a nurse, a physical or occupational therapist, a podiatrist, a chiropractor an acupuncturist, a naturopath, and a homoeopathist.
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Associated Screens: MTFPOI3M
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.050_1
<i>Variable Name</i>	IPDATEM
<i>Universe</i>	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
<i>Universe-text</i>	
<i>Question Text</i>	<p>1 of 3</p> <p>(calendar card)</p> <p>* Please hand the calendar card to the respondent.</p> <p>When did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] happen for which a medical professional was consulted?</p> <p>Now I'm going to ask a few questions about the [fill 3: ^MTFINJ3M/^MTFPOI3M] times [fill 4: you were/ALIAS was] [fill 5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill 6: injury/poisoning] happen?</p> <p>You just told me about [fill 7: your/ALIAS's] [fill 8: month, day of previous event] [fill 11: most recent/second most recent/third most recent/fourth most recent][fill 9: injury/poisoning]. What was the date of the [fill 10: injury/poisoning] before that for which a medical professional was consulted?</p> <p>* Enter month.</p>
<i>Answer Codes</i>	<p>1. January</p> <p>2. February</p> <p>3. March</p> <p>4. April</p> <p>5. May</p> <p>6. June</p> <p>7. July</p> <p>8. August</p> <p>9. September</p> <p>10. October</p> <p>11. November</p> <p>12. December</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Multi Part
<i>Field Pane Description</i>	Month
<i>Fill Instructions</i>	<p>fill1: if the subject=respondent fill "your" else fill "ALIAS's"</p> <p>fill2: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"</p> <p>fill3: fill "MTFINJ3M/ MTFPOI3M"</p>

fill4: if the subject=respondent fill "you were" else fill "ALIAS was"
 fill5: if FINJ3M=1 then fill "injured", if FPOI3M =1 then fill "poisoned"
 fill6: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"
 fill7: if the subject=respondent fill "your" else fill "ALIAS's"
 fill8: fill moth, day of previous event
 fill9: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"
 fill10: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"
 DO NOT ALLOW FUTURE DATE ENTRY TO WHAT IS IN FILL #8
 fill11: when a person has multiple injury episodes but provides incomplete date information, use the following fill "You just told me about [your/ALIAS's] [most recent/second most recent/third most recent/fourth most recent].." If the FR collects complete date information on an injury or poisoning episode, fill the date.

Special Instructions

if (FINJ3M eq <1> and TFINJ3M eq <1> and MFINJ3M eq <1>) OR (FINJ3M eq <1> and TFINJ3M eq <2-91,DK> and MFINJ3M eq <1> and MTFINJ3M eq <1>) OR (FPOI3M eq <1> and TFPOI3M eq <1> and MFPOI3M eq <1>) OR (FPOI3M eq <1> and TFPOI3M eq <2-91,DK> and MFPOI3M eq <1> and MTFPOI3M eq <1>)] then fill "When did.."

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

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

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

Skip Instructions

<01-12> [goto IPDATED]
 <R> [goto IPHOW]
 <DK> [goto IPDATENO]

Hard Edits

Soft Edits

AssocHelp

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.050_2
<i>Variable Name</i>	IPDATED
<i>Universe</i>	IPDATEM = 01-12
<i>Universe-text</i>	
<i>Question Text</i>	2 of 3 * Enter day.
<i>Answer Codes</i>	
<i>Question Type</i>	Multi Part
<i>Field Pane Description</i>	Day
<i>Fill Instructions</i>	
<i>Special Instructions</i>	(NOTE: Add invalid date messages.) <1-31> Only allow valid days for month entered. If days not valid, [goto ERR_IPDATED] <if GT32> [then automatic blaise default error]
<i>Skip Instructions</i>	<01-31> [goto IPDATEY] <R>[goto IPHOW] <DK> [goto IPDATEMT]
<i>Hard Edits</i>	ERR_IPDATED [fill1: IPDATED] is not a valid day for [fill2: IPDATEM]. <Close> [reset IPDATED for new entry] <Goto> [reset IPDATED for new entry]
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.050_3
<i>Variable Name</i>	IPDATEY
<i>Universe</i>	IPDATED = 01-31
<i>Universe-text</i>	
<i>Question Text</i>	3 of 3 * Enter year.
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Year
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Allow 4 digits, Allow D, R.
<i>Skip Instructions</i>	<p>If IPDATEM, IPDATED and IPDATEY result in a future date; then goto ERR_IPDATEY.</p> <p>If IPDATEM, <DK>IPDATED, IPDATEMT result in future date; the goto ERR_IPDATEY.</p> <p>If IPDATEM, IPDATED and IPDATEY result in a date before the 91 day reference period, then goto ERR1_IPDATEY.</p> <p>If IPDATEM, <DK>IPDATED, IPDATEMT, and IPDATEY result in a date before the 91 day period, then do to ERR2_IPDATEY</p> <p>If IPDATEM, <DK>IPDATED, <DK>IPDATEMT, and IPDATEY result in a date before the 91 day period, then do to ERR3_IPDATEY</p> <p>[goto IPHOW]</p>
<i>Hard Edits</i>	<p>ERR_IPDATEY</p> <p>* Future date invalid.</p> <p>* Please correct.</p> <p><Close> [reset IPDATED for new entry] <Goto> [reset IPDATED for new entry]</p>
<i>Soft Edits</i>	<p>ERR1_IPDATEY</p> <p>* The reported date, [IPDATEM(text)^IPDATED(numeric)^IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010].</p> <p>*Please verify the date and make any corrections.</p>

ERR2_IPDATEY

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

*Please verify the date and make any corrections.

ERR3_IPDATEY

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

*Please verify the date and make any corrections.

AssocHelp

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.051_2
<i>Variable Name</i>	IPDATETP
<i>Universe</i>	IPDATENO= 001-996
<i>Universe-text</i>	
<i>Question Text</i>	<p>2 of 2</p> <p>*Enter number for time period since event.</p> <p>^IPDATENO...</p>
<i>Answer Codes</i>	<p>1. Days</p> <p>2. Weeks</p> <p>3. Months</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Multi Part
<i>Field Pane Description</i>	Time period
<i>Fill Instructions</i>	
<i>Special Instructions</i>	This is part two of a question that is asked when a "don't know" response is provided to IPDATEM. In conjunction with IPDATENO, it is intended to capture an approximate date of the injury/poisoning episode.
<i>Skip Instructions</i>	<p>If <DK>IPDATEM, IPDATENO, and IPDATETP result in a date before the 91 day period, then do to ERR1_IPDATETP</p> <p><1,2,3,R,DK> [goto IPHOW]</p>
<i>Hard Edits</i>	<p>If IPDATENO GT 91 days (1) or IPDATENO GT 13 weeks (2) or IPDATENO GT 4 months (3) then goto ERR_IPDATETP</p> <p>ERR_IPDATETP default blaise message for now "Out of range"</p>
<i>Soft Edits</i>	<p>ERR1_IPDATETP</p> <p>*The approximate date falls outside the reference period beginning [fill date used in FIJ.010].</p> <p>*Please verify and make any corrections.</p>
<i>AssocHelp</i>	

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.060
Variable Name	IPHOW
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	<p>?[F1]</p> <p>[fill 7: How did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] on [fill 3: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?] [fill 5: How did this [fill 6: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill 4: injury/poisoning], and any objects, substances, or other people involved.</p> <p>* Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding the event. Record all volunteered information.</p> <p>*Do not use proper names or language that will identify family members.</p>
Answer Codes	
Question Type	Text
Field Pane Description	Description of injury/poisoning event
Fill Instructions	<p>fill1: if the subject=respondent fill "your"; else, fill "ALIAS's"</p> <p>fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1; then fill "poisoning" ***how/where do we cycle if both injury and poisoning?*****</p> <p>fill3: fill month and date selected in [IPDATEM] and [IPDATED]</p> <p>fill4: if FINJ3M=1 fill "injury", or if FPOI3M=1; then fill "poisoning"</p> <p>fill5: if IPDATEM, IPDATED, IPDATEY, IPDATENO, or IPDATEMPT= DK, then fill "How did this [fill6: injury/poisoning] happen?"; else use fill 7.</p> <p>fill6: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"</p>
Special Instructions	If injury and "refused" auto fill "R" for ICAUS; if injury and "don't know" auto fill "DK" for ICAUS.
Skip Instructions	<p><allow 300, anychar> [if injury, goto ICAUS1; else, if poisoning, goto PPCC]</p> <p><R> [if injury, auto fill "R" for ICAUS1 and goto IJBODY; else, if poisoning, goto PPCC]</p> <p><DK> [if injury, auto fill "DK" for ICAUS1 and goto IJBODY; else, if poisoning, goto PPCC]</p>
Hard Edits	
Soft Edits	

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.065
<i>Variable Name</i>	ICAUS1
<i>Universe</i>	MTFINJ3M = 01-91 and IPHOW=NE to DK or R
<i>Universe-text</i>	
<i>Question Text</i>	?[F1] *Interviewer selects up to two categories that best describe the cause of the person's injury
<i>Answer Codes</i>	1. Fall 2. Driver or passenger in a motor vehicle (such as car, truck, van, motorcycle, etc.) 3. Rider of a bicycle/tricycle/unicycle 4. Driver or passenger of other mode of transportation (boat, plane, train, golf cart, etc.) 5. Pedestrian walking or on skateboard, skates, skis, etc. struck by vehicle or bike 6. Overexertion (includes twist, sprain, repetitive motion, whiplash, etc.) 7. Struck by or against something or someone, or struck by a falling object 8. Cutting or piercing by sharp object 9. Burned or scalded by fire or flame, hot objects, hot liquids, chemicals, etc. 10. Bite or sting (insect, animal, reptile, etc.) 11. Contact with machinery 12. Poisoning (excluding food poisoning) 13. Other Refused Don't know
<i>Question Type</i>	Pick Two - answer list pane
<i>Field Pane Description</i>	Cause of injury
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<01-13,R,D> [goto IJBODY]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_ICAUS1

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.065_H
<i>Variable Name</i>	H_ICAUS1
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>This question determines the skip pattern for follow-up questions.</p> <p>[b]In a motor vehicle[b] includes events such as a rollover accident, a fall from the motor vehicle, or any collision with a motor vehicle, an animal, or an object such as a tree, car, pole, or water.</p> <p>A [b]motor vehicle[b] is any mechanically or electrically powered device not operated on rails. Any object such as a trailer, coaster, sled or wagon being towed by a motor vehicle is considered a part of the motor vehicle. Examples of a motor vehicle include a</p> <ul style="list-style-type: none"> [blt] motorcycle, car, truck, ATV, bus, tractor, semi-truck, 4 wheeler, dirt bike, snowmobile, motorized scooter, and any other vehicle with a motor except a boat, train, or plane. [blt] <p>[b]On a bike, scooter, skateboard, skates, skis, horse, etc.,[b] includes any injury or fall to a person on a nonmotorized vehicle such as</p> <ul style="list-style-type: none"> [blt] a bike, a skateboard, in-line and ice skates, skis, snowboards, a nonmotorized scooter, or a horse. <p>[b]Pedestrian who was struck by a vehicle such as a car or bicycle[b] includes any injury to a person involved in a collision with a vehicle or bike who was not, at the time of the collision, riding in or on a motor vehicle, railway train, motorcycle, bicycle, airplane, streetcar, animal-drawn vehicle, or other vehicle.</p> <p>[b]Fall[b] includes any injury received when a person descends abruptly due to the force of gravity and strikes an injury-producing surface at the same or lower level. DO NOT SELECT THIS OPTION if the fall was from a motor vehicle, bike, skis, skateboard, skates, horse, etc.</p>

<i>Answer Codes</i>	<input type="text"/>
<i>Question Type</i>	<input type="text" value="Help Screen"/>
<i>Field Pane Description</i>	<input type="text"/>
<i>Fill Instructions</i>	<input type="text"/>
<i>Special Instructions</i>	<input type="text" value="Associated Screens:
ICAUS1"/>
<i>Skip Instructions</i>	<input type="text"/>
<i>Hard Edits</i>	<input type="text"/>
<i>Soft Edits</i>	<input type="text"/>
<i>AssocHelp</i>	<input type="text"/>

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.070
<i>Variable Name</i>	IJBODY
<i>Universe</i>	MTFINJ3M = '01'-'91'
<i>Universe-text</i>	All injury episodes for which a medical professional was consulted
<i>Question Text</i>	<p>(book) F4</p> <p>* Enter up to 4 responses, separate with commas.</p> <p>* Ask or verify.</p> <p>In this injury, what parts of [fill 1: your/ALIAS's] body were hurt?</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Ankle 2. Back 3. Buttocks 4. Chest 5. Ear 6. Elbow 7. Eye 8. Face 9. Finger/thumb 10. Foot 11. Forearm 12. Groin 13. Hand 14. Head (not face) 15. Hip 16. Jaw 17. Knee 18. Lower leg 19. Mouth 20. Neck 21. Nose 22. Shoulder 23. Stomach 24. Teeth 25. Thigh 26. Toe 27. Upper arm 28. Wrist 29. Other, please specify <p>Refused Don't know</p>
<i>Question Type</i>	Pick Four - answer list pane
<i>Field Pane Description</i>	Parts of body hurt
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "your" else, fill "ALIAS's"

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.072
<i>Variable Name</i>	IJTYPE1
<i>Universe</i>	IJBODY= 01-29
<i>Universe-text</i>	All injury episodes where at least one part of the body was hurt
<i>Question Text</i>	(book) F5 *Enter up to 2 responses, separate with a comma. * Ask or verify. In what way was [fill 1: your/ALIAS's] [fill 2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?
<i>Answer Codes</i>	1. Broken bone or fracture 2. Sprain, strain, or twist 3. Cut 4. Scrape 5. Bruise 6. Burn 7. Insect bite 8. Animal bite 9. Other (specify) Refused Don't know
<i>Question Type</i>	Pick Two - answer list pane
<i>Field Pane Description</i>	How was the first body part hurt
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
<i>Special Instructions</i>	1. This question is asked for the first body part entered at IJBODY. 2. Fill 2: If one or more body parts were entered at IJBODY and the first body part was recorded. Specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
<i>Skip Instructions</i>	<01-08, D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV] <9> [goto IJTYP1OS] <R> [goto IPEV]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.073
<i>Variable Name</i>	IJTYP1OS
<i>Universe</i>	IJTYPE1 = 09
<i>Universe-text</i>	All injury episodes where the first body part was hurt in some "other" way
<i>Question Text</i>	?[F1] * Read if necessary. How was [fill 1: your/ALIAS's] [fill 2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?
<i>Answer Codes</i>	
<i>Question Type</i>	Text
<i>Field Pane Description</i>	Other
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
<i>Special Instructions</i>	Fill 2: If one or more body parts were entered at IJBODY and the first body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
<i>Skip Instructions</i>	<allow 100, anychar> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV] <R,D> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_IJTYP1OS

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.073_H
<i>Variable Name</i>	H_IJTYP1OS
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	Please use specific descriptions such as crush and concussion. Avoid terms that describe the cause (such as hit or punch) and symptoms (such as hurt and painful).
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Associated Screens: IJTYP1OS
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.074
<i>Variable Name</i>	IJTYPE2
<i>Universe</i>	IJTYPE1 = 01-09, D and a second body part entered at IJBODY
<i>Universe-text</i>	All injury episodes where a second body part was entered at IJBODY and type of injury or don't know was entered for the first body part at IJTYPE1
<i>Question Text</i>	<p>(book) F5</p> <p>*Enter up to 2 responses, separate with a comma.</p> <p>* Ask or verify.</p> <p>In what way was [fill 1: your/ALIAS's] [fill 2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Broken bone, or fracture 2. Sprain, strain, or twist 3. Cut 4. Scrape 5. Bruise 6. Burn 7. Insect bite 8. Animal bite 9. Other, please specify <p>Refused Don't know</p>
<i>Question Type</i>	Pick Two - answer list pane
<i>Field Pane Description</i>	How was the second body part hurt
<i>Fill Instructions</i>	<p>fill1: if the subject=respondent fill "your" else, fill "ALIAS's"</p> <p>fill2: fill selection in IJBODY or IJBODYOS</p>
<i>Special Instructions</i>	<ol style="list-style-type: none"> 1. This question is asked for the first body part entered at IJBODY. 2. Fill 2: If two or more body parts were entered at IJBODY and the second body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
<i>Skip Instructions</i>	<p><01-08, D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]</p> <p><9> [goto IJTYP2OS]</p> <p><R> [goto IPEV]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.076
<i>Variable Name</i>	IJTYPE3
<i>Universe</i>	IJTYPE2 = 01-09, D and a third body part entered at IJBODY
<i>Universe-text</i>	All injury episodes where a third body part was entered at IJBODY and type of injury or don't know was entered for the second body part at IJTYPE2
<i>Question Text</i>	<p>(book) F5</p> <p>*Enter up to 2 responses, separate with a comma.</p> <p>* Ask or verify.</p> <p>In what way was [fill 1: your/ALIAS's] [fill 2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Broken bone, or fracture 2. Sprain, strain, or twist 3. Cut 4. Scrape 5. Bruise 6. Burn 7. Insect bite 8. Animal bite 9. Other, please specify <p>Refused Don't know</p>
<i>Question Type</i>	Pick Two - answer list pane
<i>Field Pane Description</i>	How was the third body part hurt
<i>Fill Instructions</i>	<p>fill1: if the subject=respondent fill "your" else, fill "ALIAS's"</p> <p>fill2: fill selection in IJBODY or IJBODYOS</p>
<i>Special Instructions</i>	<ol style="list-style-type: none"> 1. This question is asked for the third body part entered at IJBODY. 2. Fill 2: If three or more body parts were entered at IJBODY and the third body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
<i>Skip Instructions</i>	<p><01-08, D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]</p> <p><9> [goto IJTYP3OS]</p> <p><R> [goto IPEV]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.077
<i>Variable Name</i>	IJTYP3OS
<i>Universe</i>	IJTYPE3 = 09
<i>Universe-text</i>	All injury episodes where the third body part was hurt in some "other" way
<i>Question Text</i>	?[F1] * Read if necessary. How else was [fill 1: your/ALIAS's] [fill 2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?
<i>Answer Codes</i>	
<i>Question Type</i>	Text
<i>Field Pane Description</i>	Other
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
<i>Special Instructions</i>	Fill 2: If three or more body parts were entered at IJBODY and the third body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
<i>Skip Instructions</i>	<allow 100, anychar> [goto IJTYPE4 for next body part; if no more body parts, goto IPEV] <R,D> [goto IJTYPE4 for next body part; if no more body parts, goto IPEV]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_IJTYP1OS

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.078
<i>Variable Name</i>	IJTYPE4
<i>Universe</i>	IJTYPE3 = 01-09, D and a fourth body part entered at IJBODY
<i>Universe-text</i>	All injury episodes where a fourth body part was entered at IJBODY and type of injury or don't know was entered for the third body part at IJTYPE3
<i>Question Text</i>	<p>(book) F5</p> <p>*Enter up to 2 responses, separate with a comma.</p> <p>* Ask or verify.</p> <p>In what way was [fill 1: your/ALIAS's] [fill 2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Broken bone, or fracture 2. Sprain, strain, or twist 3. Cut 4. Scrape 5. Bruise 6. Burn 7. Insect bite 8. Animal bite 9. Other, please specify <p>Refused Don't know</p>
<i>Question Type</i>	Pick Two - answer list pane
<i>Field Pane Description</i>	How was the fourth body part hurt
<i>Fill Instructions</i>	<p>fill1: if the subject=respondent fill "your" else, fill "ALIAS's"</p> <p>fill2: fill selection in IJBODY or IJBODYOS</p>
<i>Special Instructions</i>	<ol style="list-style-type: none"> 1. This question is asked for the fourth body part entered at IJBODY. 2. Fill 2: If four body parts were entered at IJBODY and the fourth body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
<i>Skip Instructions</i>	<p><01-08,D,R> [goto IPEV]</p> <p><09> [goto IJTYP4OS]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.079
<i>Variable Name</i>	IJTYP4OS
<i>Universe</i>	IJTYPE4 = 09
<i>Universe-text</i>	All injury episodes where the fourth body part was hurt in some "other" way
<i>Question Text</i>	<p>?[F1]</p> <p>* Read if necessary.</p> <p>How else was [fill 1: your/ALIAS's] [fill 2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Text
<i>Field Pane Description</i>	Other
<i>Fill Instructions</i>	<p>fill1: if the subject=respondent fill "your" else, fill "ALIAS's"</p> <p>fill2: fill selection in IJBODY or IJBODYOS</p>
<i>Special Instructions</i>	<p>Fill 2: If four body parts were entered at IJBODY and the fourth body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".</p>
<i>Skip Instructions</i>	<p><allow 100, anychar> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]</p> <p><R,D> [goto IJTYPE2 for next body part; if no more body parts, goto IPEV]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_IJTYP1OS

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.080_2
<i>Variable Name</i>	IPEV
<i>Universe</i>	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
<i>Universe-text</i>	
<i>Question Text</i>	<p>Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning] from...</p> <p>An emergency vehicle, such as an ambulance or fire truck?</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Refused Don't know</p>
<i>Question Type</i>	Repeating Series - Yes/No
<i>Field Pane Description</i>	Emergency vehicle
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
<i>Special Instructions</i>	The "read if necessary" instruction should only appear for poisoning episodes.
<i>Skip Instructions</i>	<1,2,DK> [goto IPER] <R> [goto IPHOSP]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.080_4
<i>Variable Name</i>	IPDO
<i>Universe</i>	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
<i>Universe-text</i>	
<i>Question Text</i>	<p>?[F1]</p> <p>* Read if necessary.</p> <p>Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning] from...</p> <p>A visit to a doctor's office or other health clinic?</p>
<i>Answer Codes</i>	<p>1. Yes</p> <p>2. No</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Repeating Series - Yes/No
<i>Field Pane Description</i>	Doctor's office/health clinic
<i>Fill Instructions</i>	<p>fill1: if the subject=respondent fill "you" else, fill "ALIAS"</p> <p>fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"</p>
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,DK> [goto IPPCHCP] <R> [goto IPHOSP]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_IPDO

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

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

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

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

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

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

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

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.091
<i>Variable Name</i>	IPIHNO
<i>Universe</i>	IPHOSP = 1
<i>Universe-text</i>	
<i>Question Text</i>	<p>How many nights [fill 1: were you/was ALIAS] in the hospital?</p> <p>* If still in hospital, ask how many nights up to today.</p> <p>* Enter '95' for 95 or more nights.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Nights in hospital
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS"
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<p><01-60,R,DK> if ICAUS1 eq 01, goto IFALL]] [if ICAUS1 eq 02 or 03 or 05, goto IMTRAF] if ICAUS1 eq 04 or 06-13 or R, or DK, goto IPWHAT] <61-95> [goto ERR_IPIHNO]</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	<p>[if IPIHNO gt 60, display ERR_IPIHNO] * ^IPIHNO is unusually high. Please verify.</p> <p>Suppress Goto Close</p> <p><Supress> [if ICAUS eq 01 or 02 or 03, goto IMTRAF] if ICAUS eq 04 or 06 or 07 or 97, or 99, goto IPWHAT] if ICAUS eq 05, goto IFALL]] <Close, Goto> [reset IPIHNO for new entry]</p>
<i>AssocHelp</i>	H_IPIHNO

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

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

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.110
<i>Variable Name</i>	IMVWHO
<i>Universe</i>	ICAUS = 01- 03
<i>Universe-text</i>	
<i>Question Text</i>	<p>* Ask or verify.</p> <p>[fill 1: Were you/Was ALIAS] injured as:</p> <p>* Read answer categories.</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. The driver of a motor vehicle 2. A passenger in a motor vehicle 3. A pedestrian 4. A bicycle rider or tricycle rider 5. The rider of a scooter, skateboard, skates, or other non-motorized vehicle <p>Refused Don't know</p>
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Injured as
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "Were you" else, fill "Was ALIAS"
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2> [goto IMVTYP] <4,5> [goto IHELMT] <3,R,DK> [goto IPWHAT]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.111
<i>Variable Name</i>	IMVTYP
<i>Universe</i>	IMVWHO = 01 or 02
<i>Universe-text</i>	
<i>Question Text</i>	(book) F6 ?[F1] * Ask or verify. What type of vehicle [fill 1: were you/was ALIAS] in?
<i>Answer Codes</i>	1. Passenger car 2. Passenger truck, such as a pickup truck, van, or SUV 3. Bus 4. Large commercial truck, such as a semi-truck, big rig, or 18-wheeler 5. Motorcycle (including mopeds, minibikes) 6. All terrain vehicle or ski/snow-mobile 7. Farm equipment (such as a tractor) 8. Industrial or construction vehicle 9. Other Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Type of vehicle
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS"
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<01,02,04> [goto ISBELT] <05,06> [goto IHELMT] <03,07,08,09,R,DK> [goto IPWHAT]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_IMVTYP

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

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

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

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.130
Variable Name	IFALL
Universe	ICAUS = 05
Universe-text	
Question Text	<p>(book) F7</p> <p>* Enter up to 2 responses, separate with a comma.</p> <p>* Ask or verify.</p> <p>How did [fill 1: you/ALIAS] fall? Anything else?</p>
Answer Codes	<ol style="list-style-type: none"> 1. Stairs, steps, or escalator 2. Floor or level ground 3. Curb (including sidewalk) 4. Ladder or scaffolding 5. Playground equipment 6. Sports field, court, or rink 7. Building or other structure 8. Chair, bed, sofa, or other furniture 9. Bathtub, shower, toilet, or commode 10. Hole or other opening 11. Other <p>Refused Don't know</p>
Question Type	Pick Two - answer list pane
Field Pane Description	Fall on, down, from, or into
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS"
Special Instructions	Allow up to two responses for this question
Skip Instructions	<01-11,R,DK> [goto IFALLWHY]
Hard Edits	
Soft Edits	
AssocHelp	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.131
<i>Variable Name</i>	IFALLWHY
<i>Universe</i>	IFALL = 01-11 or R or DK
<i>Universe-text</i>	
<i>Question Text</i>	(book) F8 * Ask or verify. What caused [fill 1: you/ALIAS] to fall?
<i>Answer Codes</i>	1. Slipping or tripping 2. Jumping or diving 3. Bumping into an object or another person 4. Being shoved or pushed by another person 5. Losing balance or having dizziness (becoming faint or having a seizure) 6. Other Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Cause of fall
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "you" else, fill "ALIAS"
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-6,R,DK> [goto IPWHAT]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.140
<i>Variable Name</i>	PPOIS
<i>Universe</i>	MTFPOI3M = 01-91
<i>Universe-text</i>	
<i>Question Text</i>	(book) F9 ?[F1] * Ask or verify. What did [fill 1: your/ALIAS's] poisoning result from?
<i>Answer Codes</i>	1. Swallowing a drug or medical substance mistakenly or in overdose 2. Swallowing or touching a harmful solid or liquid substance 3. Inhaling harmful gases or vapors 4. Eating a poisonous plant or other substance mistaken for food 5. Being bitten by a poisonous animal 6. Other (specify) Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Cause of poisoning
<i>Fill Instructions</i>	fill1: if the subject=respondent fill "your" else, fill "ALIAS's"
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-5,R,DK> [goto IPWHAT] <6> [goto PPOISOS]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_PPOIS

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

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

<i>Module</i>	05
<i>Section Name</i>	Family Injuries & Poisonings
<i>Part</i>	
<i>Question ID</i>	FIJ.150
<i>Variable Name</i>	IPWHAT
<i>Universe</i>	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
<i>Universe-text</i>	
<i>Question Text</i>	<p>(book) F10 ?[F1]</p> <p>* Enter up to 2 responses, separate with a comma.</p> <p>* Ask or verify.</p> <p>What activity [fill 1: were you/was ALIAS] involved in at the time of the [fill 2: injury/poisoning]?</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Driving or riding in a motor vehicle 2. Working at a paid job 3. Working around the house or yard 4. Attending school 5. Unpaid work (such as volunteer work) 6. Sports and exercise 7. Leisure activity (excluding sports) 8. Sleeping, resting, eating, or drinking 9. Cooking 10. Being cared for (hands-on care from other person) 11. Other (specify) <p>Refused Don't know</p>
<i>Question Type</i>	Pick Two - answer list pane
<i>Field Pane Description</i>	Activity
<i>Fill Instructions</i>	<p>fill1: if the subject=respondent fill "were you" else, fill "was ALIAS"</p> <p>fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"</p>
<i>Special Instructions</i>	Allow up to two responses for this question.
<i>Skip Instructions</i>	<01-10,R,DK> [goto IPWHER] <11> [goto IPWHATOT]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_IPWHAT

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.160
Variable Name	IPWHER
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	<p>(book) F11 ?[F1]</p> <p>* Enter up to 2 responses, separate with a comma.</p> <p>* Ask or verify.</p> <p>Where [fill 1: were you/was ALIAS] when the [fill 2: injury/poisoning] happened?</p>
Answer Codes	<ol style="list-style-type: none"> 1. Home (inside) 2. Home (outside) 3. School (not residential) 4. Child care center or preschool 5. Residential institution (excluding hospital) 6. Health care facility (including hospital) 7. Street or highway 8. Sidewalk 9. Parking lot 10. Sport facility, athletic field, or playground 11. Shopping center, restaurant, store, bank, gas station, or other place of business 12. Farm 13. Park or recreation area (including bike or jog path) 14. River, lake, stream, or ocean 15. Industrial or construction area 16. Other public building 17. Other <p>Refused Don't know</p>
Question Type	Pick Two - answer list pane
Field Pane Description	Place at time of injury/poisoning
Fill Instructions	<p>fill1: if the subject=respondent fill "were you" else, fill "was ALIAS"</p> <p>fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"</p>
Special Instructions	
Skip Instructions	<p><01-17,R,DK> [If AGE lt 5 and person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if AGE lt 5 and person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if AGE lt 5 and no more family members with an injury/poisoning, go to FPOI3M/FDMED12M; Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]</p>
Hard Edits	

Soft Edits

AssocHelp

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

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

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

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

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

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

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

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Section name: Family Food Security

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

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

<i>Module</i>	38
<i>Section Name</i>	Family Food Security
<i>Part</i>	
<i>Question ID</i>	FFS.024_00.000
<i>Variable Name</i>	QARNDM1
<i>Universe</i>	QAASK1 = 1
<i>Universe-text</i>	All families selected for QA question
<i>Question Text</i>	Random number generator
<i>Answer Codes</i>	(Allow 00-09)
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	38
<i>Section Name</i>	Family Food Security
<i>Part</i>	
<i>Question ID</i>	FFS.025_00.000
<i>Variable Name</i>	QACHK1
<i>Universe</i>	QAASK1 = 1
<i>Universe-text</i>	All families selected for QA question
<i>Question Text</i>	*Please enter [Fill1: QARNDM1] for quality assurance.
<i>Answer Codes</i>	(Allow 0-9)
<i>Question Type</i>	Procedure
<i>Field Pane Description</i>	QA Check
<i>Fill Instructions</i>	Fill1: QARNDM1 is the number that was randomly selected is filled in here
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<number> [goto FSBALANC]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	38
<i>Section Name</i>	Family Food Security
<i>Part</i>	
<i>Question ID</i>	FFS.026_00.000
<i>Variable Name</i>	QACHNG1
<i>Universe</i>	QACHK1=0-9
<i>Universe-text</i>	All families selected for QA question
<i>Question Text</i>	Flag field to indicate whether or not the value entered by the FR matched or not. '' (empty) - if the check was not asked or answered 0 - if the check was asked and the value entered matches the random value 1 - if the check was asked and the value entered does NOT match the random value (cannot be undone)
<i>Answer Codes</i>	'', 0,1
<i>Question Type</i>	Flag
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

<i>Module</i>	38
<i>Section Name</i>	Family Food Security
<i>Part</i>	
<i>Question ID</i>	FFS.040_00.000
<i>Variable Name</i>	FSSKIP
<i>Universe</i>	FSRUNOUT in('1','2') or FSLAST in('1','2') or FSBALANC in('1','2')
<i>Universe-text</i>	Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals
<i>Question Text</i>	In the last 30 days, did [fill 1: you/you or other adults in your family] ever cut the size of your meals or skip meals because there wasn't enough money for food?
<i>Answer Codes</i>	1 Yes 2 No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	fill 1: if single-adult (18+) family, fill "you"; else fill "you or other adults in your family"
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto FSSKDAY5] <2,R,D> [goto FSLESS]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	38
<i>Section Name</i>	Family Food Security
<i>Part</i>	
<i>Question ID</i>	FFS.050_00.000
<i>Variable Name</i>	FSSKDAY5
<i>Universe</i>	FSSKIP='1'
<i>Universe-text</i>	Adults in the family cut the size of their meals or skipped meals in the last 30 days because there wasn't enough money for food
<i>Question Text</i>	In the last 30 days, how many days did this happen?
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-30,R,D> [goto FSLESS]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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Section name: HEALTH CARE ACCESS AND UTILIZATION

<i>Module</i>	06
<i>Section Name</i>	HEALTH CARE ACCESS AND UTILIZATION
<i>Part</i>	A
<i>Question ID</i>	FAU.010
<i>Variable Name</i>	FDMED12M
<i>Universe</i>	AGE=All
<i>Universe-text</i>	All families
<i>Question Text</i>	?[F1] The following questions are about the use of health care. Do not include dental care. DURING THE PAST 12 MONTHS, [fill1: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Medical care delayed cost
<i>Fill Instructions</i>	fill1: For a 1 person family fill "have you delayed .. " For multi-person families, fill " has medical care been delayed .. "
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [If one person family, store the person number in PDMED12M, goto FNMED12M; else, goto PDMED12M] <2,D,R> goto FNMED12M
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_FDMED12M

<i>Module</i>	06
<i>Section Name</i>	HEALTH CARE ACCESS AND UTILIZATION
<i>Part</i>	
<i>Question ID</i>	FAU.010_H
<i>Variable Name</i>	H_FDME12M
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	Includes all types of financial limitations that delayed a person in getting medical care. [b]Delayed[b] assumes that medical care has been or will eventually be received. [b]Medical Care[b] means medical care from a trained medical professional.
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Associated Screens: FDME12M
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

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

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

<i>Module</i>	06
<i>Section Name</i>	HEALTH CARE ACCESS AND UTILIZATION
<i>Part</i>	B
<i>Question ID</i>	FAU.110
<i>Variable Name</i>	HPNITE
<i>Universe</i>	Persons selected in PHOSPYR and HOSPNO not empty
<i>Universe-text</i>	Persons who stayed overnight in a hospital during past 12 months (Excl. ER)
<i>Question Text</i>	?[F1] Altogether how many nights [fill1: were you/was Alias] in the hospital DURING THE PAST 12 MONTHS?
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Altogether how many nights
<i>Fill Instructions</i>	fill 1: for a 1 person family fill "were you" for a multi-person family fill "was Alias"
<i>Special Instructions</i>	Ask HOSPNO and HPNITE together for each person selected in PHOSPYR Set flag if instrument goes to ERR2_HPNIITE.
<i>Skip Instructions</i>	<1-50,D,R> goto next person selected in [PHOSPYR], once exhausted goto [FHCM2W] <51-365> goto ERR1_HPNIITE [if HOSPNO le HPNITE goto the next person selected in PHOSPYR] else go to ERR2_HPNIITE once exhausted move to FHCM2W
<i>Hard Edits</i>	
<i>Soft Edits</i>	ERR1_HPNIITE * [fill: HPNIITE] is unusually high. * Verify entry. * Make corrections if necessary. ERR2_HPNIITE * Do not read. * [fill: HPNIITE] night(s) is less than the total number of times in the hospital overnight. * Please verify. Note: If edit suppressed, store S in HPNIITE_FLG
<i>AssocHelp</i>	H_HPNIITE

<i>Module</i>	06
<i>Section Name</i>	HEALTH CARE ACCESS AND UTILIZATION
<i>Part</i>	A
<i>Question ID</i>	FAU.110_FLG
<i>Variable Name</i>	HPNITE_FLG
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	***OUT VARIABLE***
<i>Answer Codes</i>	S
<i>Question Type</i>	Instrument Out Variable
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	If ERR2_HPNIITE edit is suppressed, store S in HPNITE_FLG
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

<i>Module</i>	06
<i>Section Name</i>	HEALTH CARE ACCESS AND UTILIZATION
<i>Part</i>	C
<i>Question ID</i>	FAU.140
<i>Variable Name</i>	PHCHMN2W
<i>Universe</i>	Persons selected in PHCHM2W
<i>Universe-text</i>	Persons who received care AT HOME from health care professional during the past 2 weeks (excl. dental care)
<i>Question Text</i>	How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS? * Enter '50' for 50 or more visits.
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	How Many Home Visits
<i>Fill Instructions</i>	fill: for a 1 person family fill "you" For a multi-person family fill "Alias"
<i>Special Instructions</i>	Roster through for every person marked in PHCHM2W
<i>Skip Instructions</i>	<1-14> [goto FHCPH2W] <15-50> [goto ERR_PHCPHMN2W] <D,R> [goto FHCPH2W]
<i>Hard Edits</i>	
<i>Soft Edits</i>	ERR_PHCHMN2W * [fill: PHCHMN2W] is unusually high. * Verify entry. * DO NOT PROBE. Make corrections if necessary.
<i>AssocHelp</i>	

<i>Module</i>	06
<i>Section Name</i>	HEALTH CARE ACCESS AND UTILIZATION
<i>Part</i>	C
<i>Question ID</i>	FAU.150
<i>Variable Name</i>	FHCPH2W
<i>Universe</i>	AGE=All
<i>Universe-text</i>	All families
<i>Question Text</i>	<p>DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?</p> <p>Do not include phone calls to make appointments, for billing questions or for prescription refills.</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Refused Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Received Medical Advice/Test Results by Phone
<i>Fill Instructions</i>	fill: for a 1 person family fill "you" For a multi-person family fill "anyone in the family"
<i>Special Instructions</i>	Store this family level value to the person level.
<i>Skip Instructions</i>	<1> [If one person family, store the person number in PHCPH2W goto PHCPHN2W; Else, goto PHCPH2W] <2,D,R> [goto FHCDV2W]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

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Section name: Family Health Insurance

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.070
Variable Name	HIKIND
Universe	AGE=All and FHICOV=1,D,R
Universe-text	All persons in the family where FHICOV= yes, Don't Know or Refused for that family
Question Text	<p>(book) F12 and (book) F14</p> <p>What kind of health insurance or health care coverage [fill 1: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.</p> <p>* Enter all that apply, separate with commas.</p>
Answer Codes	<ol style="list-style-type: none"> 1. Private health insurance 2. Medicare 3. Medi-Gap 4. Medicaid 5. CHIP (SCHIP/ Children's Health Insurance Program) 6. Military health care (TRICARE/VA/CHAMP-VA) 7. Indian Health Service 8. State-sponsored health plan 9. Other government program 10. Single service plan (e.g., dental, vision, prescriptions) 11. No coverage of any type <p>Don't Know Refused</p>
Question Type	Enter All That Apply
Field Pane Description	Coverage Type
Fill Instructions	Fill 1: If subject=respondent, fill [do you]; else fill [does ALIAS].
Special Instructions	
Skip Instructions	<p><D,R> [goto HCSPFYR] <1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else if HIKIND ne 10 goto SINCOV; else goto HICHANGE] <11> [if HIKIND = 1-10, goto ERR_HIKIND; else if AGE ge 65 goto MCAREPRB, else goto MCAIDPRB]</p>
Hard Edits	<p>ERR_HIKIND: * Cannot mark "No coverage of any kind" and another type. * Please correct.</p>
Soft Edits	
AssocHelp	H_HIKIND

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.070_H
<i>Variable Name</i>	H_HIKIND
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>1. A [b]private health insurance plan[b] is any type of health insurance, including Health Maintenance Organizations (HMOs), other than the programs in categories (2) and (4-10). These plans may be provided in part or full by the person's employer or union, or may be purchased directly by the individual.</p> <p>2. [b] Medicare[b] refers to the Federal health insurance coverage for persons 65+ years of age and certain disabled persons under 65 years of age. [b]Medicare Managed Care or Medicare + Choice[b] is a way of receiving your Medicare benefits. These types of plans involve specific groups of doctors, hospitals, and other health care providers who have agreed to provide care to Medicare beneficiaries in exchange for a fixed payment from Medicare every month. In these plans, a person must receive all of their care from the Medicare managed care plan, except for emergencies.</p> <p>3. [b]Medigap[b] insurance (also called Medicare Supplement Insurance, Medsup and Medicare Select) is a private health insurance policy which provides reimbursement for the out-of-pocket costs that are not covered by Medicare (for example: prescription drugs, hearing aids, and foot care). There are ten standard Medigap policies (A through J).</p> <p>4. [b] Medicaid[b] refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states. In some states the Medicaid programs have distinct names.</p> <p>5. [b]Children's Health Insurance Program[b] (also called [b]SCHIP[b] or [b]CHIP[b]) refers to a joint federal and state program, administered by each state that offers health care coverage to low-income, uninsured children. The program has recently expanded in some states to include low income adults as well. This law was passed in 1997. In some states, CHIP programs have distinct names.</p> <p>6. [b]Military health care[b] includes health care available to active duty personnel and their dependents ([b]TRICARE[b]) as well as [b]VA[b] (Veterans Administration) which provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments and [b]CHAMP-VA[b] (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability. TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. [b]TRICARE[b] offers eligible beneficiaries four choices for their health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for life. TRICARE Standard is the new name for traditional [b]CHAMPUS[b] (Comprehensive Health and Medical Plan for the Uniformed Services).</p> <p>6. [b]Military health care[b] includes:</p>

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

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

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

7. [b]Indian Health Service[b] is the Federal health care program for Native Americans.

8. [b]State-sponsored health plan[b] refers to any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

9. [b]Other Government Program[b] is a catch-all category for any public program providing health care coverage other than those programs in categories 2, and 4-8.

10. [b]Single Service Plans[b] A Single Service Plan (SSP) is designed to provide coverage for a specific type of service/care. This plan is usually limited to one type of service or treatment for a specific condition and is frequently obtained to supplement a comprehensive plan that may not provide that type of service. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	HIKIND

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

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

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

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

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

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

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.100_H
<i>Variable Name</i>	H_MCHMO
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>[b]Medicare Managed Care[b] is a way of receiving your Medicare benefits. These types of plans involve specific groups of doctors, hospitals, and other health care providers who have agreed to provide care to Medicare beneficiaries in exchange for a fixed payment from Medicare every month. In these plans, a person must receive all of their care from the Medicare managed care plan, except for emergencies.</p> <p>[b]Health Maintenance Organization (HMO)[b] is a health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis.</p> <p>There are three basic types of HMOs:</p> <ol style="list-style-type: none"> 1) Group/Staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO. 2) An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices. 3) Network HMO contracts with two or more group practices to provide health services. <p>Other managed care arrangements that may be available through Medicare include: HMO's with Point of Service Options (POS), Provider sponsored Organizations (PSO's), and Preferred Provider Organizations (PPO's).</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	MCHMO

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.114
<i>Variable Name</i>	MCREF
<i>Universe</i>	MCPART IN ('2','3','R','D')
<i>Universe-text</i>	All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage
<i>Question Text</i>	? [F1] Under [fill 1: your/ALIAS's] Medicare plan, if [fill 2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill 3: do you/does he/does she] need approval or a referral? Do not include emergency care.
<i>Answer Codes</i>	1. Yes 2. No Don't Know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Referral
<i>Fill Instructions</i>	Fill 1: If subject= respondent, fill: [your]; else, fill:[ALIAS's] Fill 2: If subject= respondent, fill: [you need]; else if subject's SEX= male, fill: [he needs]; else if subject's SEX= female, fill: [she needs] Fill 3: If subject= respondent, fill: [do you]; else if subject's SEX= male, fill: [does he]; else if subject's SEX= female, fill: [does she]
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> goto MCPARTD
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_MCREF

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.120_H
<i>Variable Name</i>	H_MACHMD
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>[b]Medicaid[b] refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the States. The Medicaid program is also often referred to as "Medical Assistance Program", "Medical Assistance", "Title 19" or "(State) Medicaid", such as "Alabama Medicaid". In the listing below are some additional program names for Medicaid by state.</p> <p>STATE NAMES FOR MEDICAID:</p> <p>Alabama - Patients 1st; SOBRA Arizona - AHCCS (Pronounced "Access") (Arizona Health Care Cost Containment System); Healthy Arizona Arkansas - ConnectCare California - Medi-Cal Colorado - Primary Care Physician Program (PCPP); BabyCare/KidsCare Connecticut - Medical Assistance Program; HUSKY Part A Delaware - Diamond State Health Plan District of Columbia - Medical Assistance Florida - MediPass Georgia - Better Health Care; Right from the Start Hawaii - Hawaii-QUEST Idaho - Healthy Connections; Medical Assistance Illinois - Medical Assistance; Healthy Start; Parent Assist; Kidcare Assist Indiana - Hoosier Healthwise; Primestep; Risk Based Managed Care Iowa - Medical Assistance; MediPASS; Iowa Plan Kansas - HealthConnect; Healthwave 19 Kentucky - KenPAC (Kentucky Patient Access and Care System) Louisiana - CommunityCARE; LaMoms Maine - PrimeCare; Maine Care Maryland - Medical Assistance Program; Healthchoice; REM Program Massachusetts - MassHealth Michigan - MICHoice; Medical Assistance Program; Healthy Kids Minnesota - Medical Assistance (MA) Missouri - Missouri Managed Care Plus (MC+); MCPlus ; Sarah Lopez Waiver Montana - Passport to Health Nebraska - Nebraska Health Connection (NHC); Medical Assistance Program New Hampshire - Medical Assistance Program; Healthy Kids Gold New Jersey - New Jersey Care 2000+ New Mexico - SALUD! New York - The Partnership Plan North Carolina - Carolina Access; Health Care Connection; Access II; Access III North Dakota - Medical Services; North Dakota Access and Care Program (NoDAC) Ohio - Premier Care; Healthy Families, Healthy Start Oklahoma - SoonerCare; Oregon - Oregon Health Plan (OHP)</p>

Pennsylvania - Medical Assistance; Access Card; HealthChoices
Rhode Island - Rite Care; RI Medical Assistance; Katie Beckett
South Carolina - Healthy Options; Physicians Enhanced Program; South Carolina
Partners for Health Medicaid Insurance
South Dakota - Prime; Medical Assistance; M-CHIP
Tennessee - TennCare Medicaid
Texas - State of Texas Access Reform (STAR); Star+Plus
Virginia - Virginia Medallion; Medallion II
Washington - Basic Health Plus
West Virginia - Medical Assistance; Mountain Health Trust; Physicians Assured
Access System (PAAS)
Wisconsin Medical Assistance; Healthy Start

Answer Codes

Question Type

Field Pane Description

Fill Instructions

Special Instructions

Skip Instructions

Hard Edits

Soft Edits

AssocHelp

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.180
<i>Variable Name</i>	HIVER1
<i>Universe</i>	(HIKIND= '1','3') and (person not selected in HIPNAM1B and HIPNAM2B and HIPNAM3B and HIPNAM4B)
<i>Universe-text</i>	Persons with private health insurance, but not listed under any of the mentioned plans
<i>Question Text</i>	? [F1] [fill 1: You are/ALIAS is] listed as having private insurance but [fill 2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill 3: Are you/Is ALIAS] covered by private insurance?
<i>Answer Codes</i>	1. Yes 2. No Don't Know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Covered
<i>Fill Instructions</i>	Fill 1: If subject= respondent, fill: [You are]; Else fill: [ALIAS is] Fill 2: If subject= respondent, fill: [were]; Else fill: [was] Fill 3: If subject= respondent, fill: [Are you]; Else fill: [Is ALIAS]
<i>Special Instructions</i>	Loop through all persons with HIKIND=1 or 3, but not mentioned in HIPNAM1B or HIPNAM2B or HIPNAM3B or HIPNAM4B Hard error message should involve HIKIND and HIVER1, with HIKIND listed first.
<i>Skip Instructions</i>	<1> [goto HIVER2] <2> [goto ERR_HIVER1] <R> goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR <D> if another person meets criteria goto HIVER1 else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR
<i>Hard Edits</i>	ERR_HIVER1 *Press ENTER to go back to HIKIND to update health insurance coverage.
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_HIVER1

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.190
<i>Variable Name</i>	HIVER2
<i>Universe</i>	HIVER1= '1'
<i>Universe-text</i>	All persons who answered yes at HIVER1
<i>Question Text</i>	? [F1] * Enter all that apply, separate with commas. Is [fill 1: your/ALIAS's] health insurance plan the same as one of those already mentioned?
<i>Answer Codes</i>	Authors: fill names of plans, if not empty, for precodes 1-4 as follows: 1. [HIPNAM1 or 'Plan 1'] 2. [HIPNAM2 or 'Plan 2'] (if available) 3. [HIPNAM3 or 'Plan 3'] (if available) 4. [HIPNAM4 or 'Plan 4'] (if available) 5. Some other plan not already mentioned Refused Don't know
<i>Question Type</i>	Enter All That Apply
<i>Field Pane Description</i>	Which Plan
<i>Fill Instructions</i>	Fill 1: If subject= respondent, fill: [your]; Else fill: [ALIAS's]
<i>Special Instructions</i>	if HIVER2 = '1' add person's line number to HIPNAM1B or replace 'Don't know' or 'Refused' answer if HIVER2 = '2' add person's line number to HIPNAM2B or replace 'Don't know' or 'Refused' answer if HIVER2 = '3' add person's line number to HIPNAM3B or replace 'Don't know' or 'Refused' answer if HIVER2 = '4' add person's line number to HIPNAM4B or replace 'Don't know' or 'Refused' answer If HIVER2 = '5' and less than 4 plan names entered, change MORPLAN or MORPLAN2 or MORPLAN3, as appropriate, to '1' (Yes)
<i>Skip Instructions</i>	<1-4> [Update any inputs into the appropriate list (HIPNAM1B, HIPNAM2B, HIPNAM3B, HIPNAM4B), if another person meets criteria, goto HIVER1, else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR] <5> [If 4 plan names were given, ignore this 5th plan and if another person meets criteria, goto HIVER1, else goto FHICCI8 or FHI200 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR] If less than 4 plan names, goto MORPLAN or MORPLAN2 or MORPLAN3, as appropriate, to add more private health insurance plans] <R> goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or

HINOTYR
<D> if another person meets criteria goto HIVER1
 else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or
HILAST or HINOTYR

Hard Edits
Soft Edits
AssocHelp

Module

Section Name

Part

Question ID

Variable Name

Universe

Universe-text

Question Text

Answer Codes

Question Type

Field Pane Description

Fill Instructions

Special Instructions

Skip Instructions

Hard Edits

Soft Edits

AssocHelp

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.240
<i>Variable Name</i>	PLNMGD
<i>Universe</i>	all private health insurance plans - FHICCI8='1'
<i>Universe-text</i>	asked of all private health insurance plans
<i>Question Text</i>	? [F1] Is [fill 1: fill plan name/fill name of Plan 1] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service or is it some other kind of plan?
<i>Answer Codes</i>	1. HMO/IPA 2. PPO 3. POS 4. Fee-for-service 5. Other Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Type of plan
<i>Fill Instructions</i>	fill 1: [fill plan name from HIPNAM1 or HIPNAM2 or HIPNAM3 or HIPNAM4] or [if HIPNAM1, HIPNAM2, HIPNAM3, or HIPNAM4=D,R, fill [Plan 1], etc. as appropriate.
<i>Special Instructions</i>	Add an answer tag for this question.
<i>Skip Instructions</i>	<1-5,D,R> [goto HDHP]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_PLNMGD

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

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

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

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.246
<i>Variable Name</i>	MGPYMD
<i>Universe</i>	MGCHMD = '2'
<i>Universe-text</i>	All private health insurance plans where covered persons must select from a group or list of doctors
<i>Question Text</i>	If [fill 1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill 2:^HIPNAM1/ ^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any part of the cost?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Pay for cost
<i>Fill Instructions</i>	Fill 1: If single person family, or if respondent is the only person covered, fill: [you select]; else if only one person is covered, and that person is not the respondent, fill :[ALIAS selects]; else fill: [the family members with this plan select] fill 2: Fill the plan name from HIPNAM1 or HIPNAM2 or HIPNAM3 or HIPNAM4 depending upon the sequence in the roster. If HIPNAM, HIPNAM2 or HIPNAM3 or HIPNAM4= D, R, fill [Plan 1], etc. as appropriate.
<i>Special Instructions</i>	
<i>Skip Instructions</i>	[goto PCPREQ]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.249_03
Variable Name	FCOVCONF
Universe	PLNWRK(e) IN('1','2','3','4')
Universe-text	All families with an employer-based health plan
Question Text	<p>If [fill 1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage Would you say...</p> <p>*Read categories below.</p>
Answer Codes	<p>1. Very confident 2. Somewhat confident 3. Not too confident 4. Not confident at all Don't know Refused</p>
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	<p>Fill 1: if single person family fill "you"; else fill "your family" Fill 2: if single person family fill "your"; else fill "its" Fill 3: if single person family fill "your"; else fill "an"</p>
Special Instructions	
Skip Instructions	<1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.280
<i>Variable Name</i>	HILAST
<i>Universe</i>	AGE = All and HIKIND = '10','11'
<i>Universe-text</i>	All persons without known health insurance or with only single service plans
<i>Question Text</i>	(book) F17 ? [F1] Not including Single Service Plans, about how long has it been since [fill 1: you/ALIAS] last had health care coverage?
<i>Answer Codes</i>	1. 6 months or less 2. More than 6 months, but less than 1 year 3. 1 year 4. More than 1 year, but less than 3 years 5. 3 years or more 6. Never Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Time Since Last Covered
<i>Fill Instructions</i>	Fill 1: If subject = respondent, fill: [you]; Else fill: [ALIAS]
<i>Special Instructions</i>	
<i>Skip Instructions</i>	[goto HISTOP]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_HILAST

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.290
<i>Variable Name</i>	HISTOP
<i>Universe</i>	AGE = All and HIKIND = '10','11'
<i>Universe-text</i>	All persons without known health insurance or with only single service plans
<i>Question Text</i>	(book) F18 [Fill 1: [Which of these are reasons [fill 2:you/ALIAS] stopped being covered?/Which of these are reasons [fill 3: you do/ALIAS does] not have health insurance?] * Enter up to 5 reasons, separate with commas.
<i>Answer Codes</i>	1. Person in family with health insurance lost job or changed employers 2. Got divorced or separated/death of spouse or parent 3. Became ineligible because of age/left school 4. Employer does not offer coverage/or not eligible for coverage 5. Cost is too high 6. Insurance company refused coverage 7. Medicaid/Medical plan stopped after pregnancy 8. Lost Medicaid/Medical plan because of new job or increase in income 9. Other reason for losing Medicaid 10. Other (specify) Refused Don't know
<i>Question Type</i>	Enter All That Apply
<i>Field Pane Description</i>	Why No Coverage
<i>Fill Instructions</i>	Fill 1: If HILAST eq <1-5>, fill: [Which of these are reasons [fill 2] stopped being covered?]; else if HILAST eq <6,R,D>, fill: [Which of these are reasons [fill 3] not have health insurance?] Fill 2: If subject = respondent, fill: [you]; else fill: [ALIAS] Fill 3: If subject = respondent, fill: [you do]; else fill: [ALIAS does]
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-9,D,R> [goto FHIKDB] <10> [goto HISTOPOT]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

<i>Module</i>	07
<i>Section Name</i>	Family Health Insurance
<i>Part</i>	
<i>Question ID</i>	FHI.315_00.010
<i>Variable Name</i>	FHIKDB
<i>Universe</i>	HISTOP = '1','2','3','4','5','6','7','8','9','10','D', 'R' or HINOTYR = '1' or FHICHNG = '2'
<i>Universe-text</i>	All persons except those with continuous coverage who are currently uninsured for more than 1 year with no changes
<i>Question Text</i>	<p>(book) F12 and (book) F14</p> <p>If person is currently uninsured:</p> <p>{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}</p> <p>If person had a period without coverage in the past year:</p> <p>{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}</p> <p>If person had a change in coverage type in the past year:</p> <p>{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}</p> <p>*Enter all that apply, separate with commas.</p>
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Private health insurance 2. Medicare 3. Medi-Gap 4. Medicaid 5. CHIP (SCHIP/Children's Health Insurance Program) 6. Military health care (TRICARE/VA/CHAMP-VA) 7. Indian Health Service 8. State-sponsored health plan 9. Other government program 10. Single service plan (e.g., dental, vision, prescriptions) 11. No coverage of any type <p>Refused Don't know</p>
<i>Question Type</i>	Enter all that apply
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	<p>If HISTOP <1-10, D, R> for currently uninsured fill: [Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type(s) did [fill 1: you/ALIAS] have?]</p> <p>If HINOTMYR not = to empty, for period without coverage in the past year fill: {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1:you/ALIAS] have before this</p>

period?}

If FHICHNG=2, for a change in coverage type in the last year fill: {What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

Special Instructions

Skip Instructions <1> [goto PWRKB]
<2-11,R,D> [goto HCSPFYR]

Hard Edits

Soft Edits

AssocHelp

Module 07

Section Name Family Health Insurance

Part

Question ID FHI.316_00.010

Variable Name PWRKB

Universe FHIKDB(e)='01'

Universe-text All persons who had private health insurance previously

Question Text Which one of these categories best describes how [fill1: your/ALIAS's] private health insurance was obtained?

Answer Codes

- 1. Through employer
- 2. Through union
- 3. Through workplace, but don't know if employer or union
- 4. Through workplace, self-employed or professional association
- 5. Purchased directly
- 6. Through a state/local government or community program
- 7. Other, specify

Refused
Don't know

Question Type Pick One - answer list pane

Field Pane Description

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

Special Instructions

Skip Instructions <1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP]

Hard Edits

Soft Edits

AssocHelp

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

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

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

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

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

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

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

2017 Q1 NHIS Instrument Spec Report

Section name: Socio-Demographic

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

Module	08																																																						
Section Name	Socio-Demographic																																																						
Part																																																							
Question ID	FSD.002																																																						
Variable Name	PLBORN1																																																						
Universe	PLBORN='1'																																																						
Universe-text	All persons born in the U.S.																																																						
Question Text	In what state [fill 1:were you/was ALIAS] born?																																																						
Answer Codes	<table border="0"> <tr> <td>1. Alabama</td> <td>19. Louisiana</td> <td>37. Oklahoma</td> </tr> <tr> <td>2. Alaska</td> <td>20. Maine</td> <td>38. Oregon</td> </tr> <tr> <td>3. Arizona</td> <td>21. Maryland</td> <td>39. Pennsylvania</td> </tr> <tr> <td>4. Arkansas</td> <td>22. Massachusetts</td> <td>40. Rhode Island</td> </tr> <tr> <td>5. California</td> <td>23. Michigan</td> <td>41. South Carolina</td> </tr> <tr> <td>6. Colorado</td> <td>24. Minnesota</td> <td>42. South Dakota</td> </tr> <tr> <td>7. Connecticut</td> <td>25. Mississippi</td> <td>43. South Dakota</td> </tr> <tr> <td>8. Delaware</td> <td>26. Missouri</td> <td>44. Texas</td> </tr> <tr> <td>9. Dist. Of Columbia</td> <td>27. Montana</td> <td>45. Utah</td> </tr> <tr> <td>10. Florida</td> <td>28. Nebraska</td> <td>46. Vermont</td> </tr> <tr> <td>11. Georgia</td> <td>29. Nevada</td> <td>47. Virginia</td> </tr> <tr> <td>12. Hawaii</td> <td>30. New Hampshire</td> <td>48. Washington</td> </tr> <tr> <td>13. Idaho</td> <td>31. New Jersey</td> <td>49. West Virginia</td> </tr> <tr> <td>14. Illinois</td> <td>32. New Mexico</td> <td>50. Wisconsin</td> </tr> <tr> <td>15. Indiana</td> <td>33. New York</td> <td>51. Wyoming</td> </tr> <tr> <td>16. Iowa</td> <td>34. North Carolina</td> <td></td> </tr> <tr> <td>17. Kansas</td> <td>35. North Dakota</td> <td>Refused</td> </tr> <tr> <td>18. Kentucky</td> <td>36. Ohio</td> <td>Don't Know</td> </tr> </table>	1. Alabama	19. Louisiana	37. Oklahoma	2. Alaska	20. Maine	38. Oregon	3. Arizona	21. Maryland	39. Pennsylvania	4. Arkansas	22. Massachusetts	40. Rhode Island	5. California	23. Michigan	41. South Carolina	6. Colorado	24. Minnesota	42. South Dakota	7. Connecticut	25. Mississippi	43. South Dakota	8. Delaware	26. Missouri	44. Texas	9. Dist. Of Columbia	27. Montana	45. Utah	10. Florida	28. Nebraska	46. Vermont	11. Georgia	29. Nevada	47. Virginia	12. Hawaii	30. New Hampshire	48. Washington	13. Idaho	31. New Jersey	49. West Virginia	14. Illinois	32. New Mexico	50. Wisconsin	15. Indiana	33. New York	51. Wyoming	16. Iowa	34. North Carolina		17. Kansas	35. North Dakota	Refused	18. Kentucky	36. Ohio	Don't Know
1. Alabama	19. Louisiana	37. Oklahoma																																																					
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17. Kansas	35. North Dakota	Refused																																																					
18. Kentucky	36. Ohio	Don't Know																																																					
Question Type	Pick One - answer list pane																																																						
Field Pane Description	State of Birth																																																						
Fill Instructions	1. If subject = respondent, fill: [were you], else, fill [was alias]																																																						
Special Instructions	<p><1-51,52> [store 1 in CITIZEN] Make this a look-up table. No D/R allowed. Insert answer name. ****(NCHS wants this to be output as 2 variables. Does this go in output specs?)</p>																																																						
Skip Instructions	<1-51, D, R> [goto HEADST]																																																						
Hard Edits																																																							
Soft Edits																																																							
AssocHelp																																																							

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

<i>Module</i>	08
<i>Section Name</i>	Socio-Demographic
<i>Part</i>	
<i>Question ID</i>	FSD.003
<i>Variable Name</i>	PLBORN2
<i>Universe</i>	PLBORN = '2'
<i>Universe-text</i>	All persons not born in the US
<i>Question Text</i>	In what country [fill: 1] born? * Please record country of birth. If country not found, type "ZZ"
<i>Answer Codes</i>	
<i>Question Type</i>	Pick One - popup window
<i>Field Pane Description</i>	Country of Birth
<i>Fill Instructions</i>	1. If subject = respondent, fill: [were you], else, fill [was alias]
<i>Special Instructions</i>	Display list of all countries in a lookup table. Should allow 40 characters.
<i>Skip Instructions</i>	<60-85> [store 2 in CITIZEN; goto USYR] <100-696> [goto USYR] <ZZ, D, R> [goto USYR]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.004
Variable Name	USYR
Universe	PLBORN='2'
Universe-text	All persons not born in the US
Question Text	[Fill: 1] In what year did [fill: 3] come to the United States to stay?
Answer Codes	
Question Type	Integer
Field Pane Description	Year Came to US
Fill Instructions	<ol style="list-style-type: none"> 1. If AGEDOB@3 and AGEDOB 4 and AGEDOB 5 are valid, fill [* Read if necessary. Earlier I recorded [fill: 2] date of birth as [month in words, 2-digit day, 4-digit year].] 2. If subject = respondent, fill [your], else fill [alias's] 3. If subject = respondent, fill [you], else fill [alias]
Special Instructions	Allow answers of [1880-current year]
Skip Instructions	<pre> <D, R> goto USLONG <1880-2220> If USYR > CURYEAR THEN Goto ERR1_USYR Elseif AGEDOB_5 not IN('REFUSAL','DONTKNOW') THEN If AGEDOB_5 > USYR THEN Goto ERR2_USYR Endif Elseif AGE < (CURYEAR - USYR - 1) THEN Goto ERR2_USYR Else Goto CITIZEN Endif </pre>
Hard Edits	<p>ERR1_USYR</p> <p>*Future year invalid: [fill: USYR]. Please correct.</p> <p>ERR2_USYR: * [fill year from USYR] is prior to the person's birth year.</p> <p>*Please correct.</p>
Soft Edits	
AssocHelp	

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

<i>Module</i>	08
<i>Section Name</i>	Socio-Demographic
<i>Part</i>	
<i>Question ID</i>	FSD.006
<i>Variable Name</i>	CITIZEN
<i>Universe</i>	PLBORN2 ge 100 or (PLBORN in (R,D)) or (
<i>Universe-text</i>	All persons not born in the US or US territory
<i>Question Text</i>	(book) F20 ?[F1] [Fill: 1] a CITIZEN of the United States?
<i>Answer Codes</i>	1. Yes, born in one of the 50 United States or the District of Columbia 2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory 3. Yes, born abroad to American parent(s) 4. Yes, U.S. citizen by naturalization 5. No, not a citizen of the United States Refused Don't Know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Citizen Status
<i>Fill Instructions</i>	1. If subject = respondent fill [Are you]; else fill [Is alias]
<i>Special Instructions</i>	All persons born in the US (PLBORN1 eq 1-52) should automatically get 1 on CITIZEN, and should NOT be asked this question; All persons born in a US territory (PLBORN2 eq 60-99) should automatically get 2 on CITIZEN, and should NOT be asked this question Error meessages involving CITIZEN and PLBORN1
<i>Skip Instructions</i>	<1> (If PLBORN eq 2 and CITIZEN eq 1): goto ERR1_CITIZEN; [If PLBORN eq R and CITIZEN eq 1]; goto ERR3_CITIZEN [If PLBORN eq D and CITIZEN eq 1]; goto ERR4_CITIZEN <2> goto ERR2_CITIZEN else goto HEADST
<i>Hard Edits</i>	ERR1_CITIZEN *Already indicated birth outside the United States. *Please correct. ERR2_CITIZEN *Already indicated birth outside United States territory. *Please correct.
<i>Soft Edits</i>	ERR3_CITIZEN: Refused Previously, you refused to say if [usted/ALIAS] was born in the United States. Would you like to change your answer to the question? ERR4_CITIZEN: Don't Know Previsously, you didn't know if [you/ALIAS] were born in the United States. Would you like to change your answer to the question?

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	08
<i>Section Name</i>	Family Socio-Demographic
<i>Part</i>	
<i>Question ID</i>	FSD.023_00.000
<i>Variable Name</i>	ARMFTMP
<i>Universe</i>	AGE GE '018' and AGE not IN('997','999',") and ARMFEV(e)='1'
<i>Universe-text</i>	All families with a person age 18 or older who has ever served in the armed forces
<i>Question Text</i>	<p>When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?</p> <p>*Enter all that apply, separate with commas.</p> <p>*Enter all periods in which this person served. Enter the item even if the person served for just part of that period.</p>
<i>Answer Codes</i>	<p>1. Sept 2001 or later 2. August 1990 to August 2001 (including Persian Gulf War) 3. May 1975 to July 1990 4. Vietnam era (August 1964 to April 1975) 5. February 1955 to July 1964 6. Korean War (July 1950 to January 1955) 7. January 1947 to June 1950 8. December 1946 or earlier Refused Don't know</p>
<i>Question Type</i>	Enter all that apply
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	fill1: if subject=respondent fill "you" else fill "alias"
<i>Special Instructions</i>	<p>Roster through all applicable persons 18+. (NOTE: YEARLY UPDATES NEEDED TO ADJUST YEAR NUMBER, BECAUSE EACH YEAR ADDS '1' YEAR AWAY FROM THE WARS/CONFLICTS SHOWN IN THE ANSWER CODES)</p> <p>If AGE > = 81, gray out answer code 1 if AGE < = 31 or AGE > = 92, gray out answer code 2 if AGE < = 42 or AGE > = 107, gray out answer code 3 if AGE < = 57 or AGE > = 118, gray out answer code 4 if AGE < = 68, gray out answer code 5 if AGE < = 77, gray out answer code 6 if AGE < = 82, gray out answer code 7 if AGE < = 86, gray out answer code 8</p>
<i>Skip Instructions</i>	<1,3-11,R,D> [goto DOINGLW] <2> [goto ARMFDS]
<i>Hard Edits</i>	<p>If gray answer code is selected please display: That selection is not valid at this time. Pleae correct.</p>
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

<i>AssocHelp</i>	DOINGLW
<i>Module</i>	08
<i>Section Name</i>	Socio-Demographic
<i>Part</i>	
<i>Question ID</i>	FSD.060
<i>Variable Name</i>	WHYNOWRK
<i>Universe</i>	(AGE= 18+) and (DOINGLW = with a job or business but not at work, or not working at a job or business and not looking for work)
<i>Universe-text</i>	All persons age 18 + who were either with a job or business but not at work, or not working at a job or business and not looking for work.
<i>Question Text</i>	?[F1] What is the main reason [fill: 1] did not [fill: 2]
<i>Answer Codes</i>	<ol style="list-style-type: none"> 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
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Reason for not Working
<i>Fill Instructions</i>	<ol style="list-style-type: none"> 1. If subject = respondent, fill: [you]; else fill: [alias] 2. If DOINGLW = with a job or business but not at work, fill: [work last week?]; else fill: [have a job or business last week?]
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<01-03, 08-10,D,R> [goto WRKLYR] else <04-07> [goto WRKHRS1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_WHYNOWRK

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

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

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

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

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

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

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

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

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

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

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

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

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

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Section name: Family Sources of Income

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	09
<i>Section Name</i>	Family Sources of Income
<i>Part</i>	A
<i>Question ID</i>	FIN.150
<i>Variable Name</i>	FTANF
<i>Universe</i>	AGE=All
<i>Universe-text</i>	All families
<i>Question Text</i>	<p>?[F1] At any time during [fill 1: last year in 4 digit format], even for one month, did [fill 2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as [fill 3: state-specific program name]?</p> <p>* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.</p>
<i>Answer Codes</i>	1. Yes 2. No Don't know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Cash Assistance
<i>Fill Instructions</i>	1. Fill the last calendar year in 4-digit format. 2. If one person in the family, fill: [you] else, fill: [any family...] 3. Fill the state program name(s) for the family's state of residence (VERADD (COV.010) for variable ST). For those states, fill both names separated by "or" as listed below. If AL then fill "Alabama Family Assistance Program or JOBS" If AK then fill "Alaska Temporary Assistance Program (ATAP)" If AZ then fill "Arizona Cash Assistance or EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)" If AR then fill "Arkansas Temporary Assistance for Needy Families (TANF) or Arkansas Work Pays" If CA then fill "California Work Opportunity and Responsibility to Kids (CALWORKS)" If CO then fill "Colorado Works" If CT then fill "Temporary Family Assistance (TFA) or Jobs First" If DE then fill "Temporary Assistance for Needy Families (TANF)" If DC then fill "District of Columbia Temporary Assistance for Needy Families (TANF)" If FL then fill "Florida Temporary Cash Assistance or Welfare Transition Program or ACCESS Florida" If GA then fill "Georgia Temporary Assistance for Needy Families (TANF)" If HI then fill "Hawaii Temporary Assistance for Needy Families (TANF) or Temporary Assistance for Other Needy Families (TAONF)" If ID then fill "Temporary Assistance for Families in Idaho (TAFI)" If IL then fill "Illinois Temporary Assistance for Needy Families (TANF)" If IN then fill "Indiana Temporary Assistance for Needy Families (TANF) or Indiana Manpower Placement and Comprehensive Training (IMPACT)" If IA then fill "Iowa Family Investment Program (FIP) or PROMISE JOBS" If KS then fill "Successful Families Program - Temporary Assistance for Needy Families (TANF) or KansasWorks"

If KY then fill "Kentucky Transitional Assistance Program (K-TAP)"
 If LA then fill "Louisiana Family Independence Temporary Assistance Program (FITAP) or Strategies to Empower People (STEP)"
 If ME then fill "Maine Temporary Assistance for Needy Families (TANF) or Additional Support for People in Retraining and Employment (ASPIRE)"
 If MD then fill "Temporary Cash Assistance"
 If MA then fill "Transitional Aid to Families with Dependent Children (TAFDC) or Employment Services Program (ESP)"
 If MI then fill "Family Independence Program (FIP)"
 If MN then fill "Minnesota Family Investment Program (MFIP)"
 If MS then fill "Mississippi Temporary Assistance for Needy Families (TANF)"
 If MO then fill "Temporary Assistance or Beyond Welfare"
 If MT then fill "Montana Temporary Assistance for Needy Families (TANF) or FAIM (Families Achieving Independence in Montana)"
 If NE then fill "Aid to Dependent Children (ADC) or Employment First"
 If NV then fill "Nevada Temporary Assistance for Needy Families (TANF) or New Employees of Nevada (NEON)"
 If NH then fill "New Hampshire Financial Assistance to Needy Families (FANF) or New Hampshire Employment Program (NHEP)"
 If NJ then fill "Work First New Jersey (WFNJ)"
 If NM then fill "NMWorks"
 If NY then fill "Family Assistance (FA) Program or Safety Net Assistance (SNA)"
 If NC then fill "Work First"
 If ND then fill "Temporary Assistance for Needy Families (TANF) or Job Opportunities and Basic Skills (JOBS)"
 If OH then fill "Ohio Works First (OWF) or Prevention, Retention and Contingency (PRC)"
 If OK then fill "Oklahoma Temporary Assistance for Needy Families (TANF)"
 If OR then fill "Oregon Temporary Assistance for Needy Families (TANF) or JOBS Plus"
 If PA then fill "Pennsylvania Temporary Assistance for Needy Families (TANF)"
 If RI then fill "Rhode Island Works"
 If SC then fill "South Carolina Family Independence Program"
 If SD then fill "South Dakota Temporary Assistance for Needy Families (TANF)"
 If TN then fill "Tennessee Families First"
 If TX then fill "Texas Temporary Assistance for Needy Families (TANF)"
 If UT then fill "Family Employment Program (FEP and FEPTP)"
 If VT then fill "Reach UP (TANF) or Reach Ahead (transition program)"
 If VA then fill "Virginia Temporary Assistance for Needy Families (TANF) or Virginia Initiative for Employment not Welfare (VIEW)"
 If WA then fill "Washington Temporary Assistance for Needy Families (TANF) or WorkFirst"
 If WV then fill "West Virginia Works Program (WV WORKS)"
 If WI then fill "Wisconsin Works (W-2) Program"
 If WY then fill "Wyoming TANF or Personal Opportunities with Employment Responsibility (POWER)"

Special Instructions

<1> [If one person in the family, fill person number into PTANF and skip to FOWBEN; Else goto PTANF.
 <2, D, R> [goto FOWBEN]

Skip Instructions

<1> [If one person in the family, fill person number into PTANF and skip to FOWBEN; Else goto PTANF.
 <2, D, R> [goto FOWBEN]

Hard Edits

Soft Edits

AssocHelp

<i>Module</i>	09
<i>Section Name</i>	
<i>Part</i>	
<i>Question ID</i>	FIN.150_H
<i>Variable Name</i>	H_FTANF
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>Include in this question any CASH assistance from a state or county welfare program, and not other types of non-cash welfare assistance. Non-cash assistance (such as job training, job placement, child care, various kinds of vouchers, or transportation help) should be included in the question FOWBEN.</p> <p>Cash assistance state or county welfare programs may come through program types such as [b] Welfare or Welfare-to-Work, General Assistance/Emergency Assistance, Refugee Cash Assistance, General Assistance from the Bureau of Indian Affairs, or Tribal Administered General Assistance [b].</p> <p>Generally, cash assistance comes in the form of a check, but some states give recipients a debit card which is linked to an account containing their monies. Debit cards and welfare-subsidized wages are considered cash assistance.</p> <p>The following is a list of state-specific program names:</p> <p>Alabama - Alabama Family Assistance (FA) Program, JOBS Alaska - Alaska Temporary Assistance Program (ATAP) Arizona – Arizona Cash Assistance Program, EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility) Arkansas – Arkansas Temporary Assistance for Needy Families (TANF), Arkansas Work Pays California - California Work Opportunity and Responsibility to Kids (CALWORKS) Colorado - Colorado Works Connecticut - Temporary Family Assistance (TFA), Jobs First Delaware - Temporary Assistance for Needy Families (TANF), DABC (Delaware's A Better Chance) District of Columbia - Temporary Assistance for Needy Families (TANF) Florida - Temporary Assistance for Needy Families (TANF) or Welfare Transition Program or ACCESS Florida Georgia - Temporary Assistance for Needy Families (TANF) Hawaii - Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF) Idaho - Temporary Assistance for Families in Idaho (TAFI) Illinois - Temporary Assistance for Needy Families (TANF) Indiana - Temporary Assistance for Needy Families (TANF), Indiana Manpower Placement and Comprehensive Training (IMPACT) Iowa - Family Investment Program (FIP), PROMISE JOBS Kansas - Successful Families Program - Temporary Assistance for Needy Families (TANF), KansasWorks Kentucky - Kentucky Transitional Assistance Program (K-TAP) Louisiana - Family Independence Temporary Assistance Program (FITAP), Strategies to Empower People (STEP) Maine - Temporary Assistance for Needy Families (TANF), Additional Support for People in Retraining and Employment (ASPIRE)</p>

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

<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	FTANF

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

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

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

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

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

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

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

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

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

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

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

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

<i>Module</i>	09
<i>Section Name</i>	Family Income Amounts and Home Ownership
<i>Part</i>	B
<i>Question ID</i>	FIN.250
<i>Variable Name</i>	FINCTOT
<i>Universe</i>	AGE= ALL
<i>Universe-text</i>	All families
<i>Question Text</i>	<p>[fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]</p> <p>What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]?</p> <p>* Enter '999,995' if the reported income is greater than \$999,995.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Family Income
<i>Fill Instructions</i>	<p>fill1: If more than one person in the family</p> <p>fill2: If one person in the family, fill: [your total income]; else, fill: [the total income of all family members]</p>
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<p><0-999> goto ERR1_FINCTOT</p> <p><250001-999995> goto ERR2_FINCTOT</p> <p><1000-250000> goto HOUSEOWN</p> <p><D,R> goto FPOV250</p>
<i>Hard Edits</i>	
<i>Soft Edits</i>	<p>ERR1_FINCTOT:</p> <p>* Do not read to the respondent.</p> <p>* \$[fill: FINCTOT] is unusually low. Make corrections if necessary.</p> <p>ERR2_FINCTOT:</p> <p>* Do not read to the respondent.</p> <p>* \$[fill: FINCTOT] is unusually high. Make corrections if necessary.</p>
<i>AssocHelp</i>	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	B
Question ID	FIN.255
Variable Name	FPOV250
Universe	FINCTOT=R,D
Universe-text	Respondents who don't know or refuse their total family income
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 250% of poverty threshold] or [fill2: 250% of poverty threshold] or more?
Answer Codes	1. Less than [fill2: 250% of poverty threshold] 2. [fill2: 250% of poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	250% of poverty
Fill Instructions	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 250% of poverty threshold value based on family size
Special Instructions	Use the following thresholds (2016 survey year) based on family size: 1 person, age < 66: \$31,000 1 person, age >= 66: \$28,000 2 persons, age of all < 66: \$40,000 2 persons, age of one >= 66: \$36,000 3 persons: \$47,000 4 persons: \$61,000 5 persons: \$72,000 6 persons: \$81,000 7 persons: \$92,000 8 persons: \$103,000 9+ persons: \$122,000 Please store the filled amount in POV250.
Skip Instructions	<1> goto FPOV138 <2> if PCNT in('01','02') then goto FINC75; else if (PCNT ='04' or PCNT>='07') then goto FPOV400; else if PCNT in('03','05','06') then goto FINC100 <R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

<i>Module</i>	09
<i>Section Name</i>	Family Income Amounts and Home Ownership
<i>Part</i>	B
<i>Question ID</i>	FIN.258
<i>Variable Name</i>	FPOV138
<i>Universe</i>	FPOV250='1'
<i>Universe-text</i>	The respondent answered less than 250% of poverty at FPOV250
<i>Question Text</i>	Was your total [fill1: family/] income from all sources less than [fill2: 138% of poverty threshold] or [fill2: 138% of poverty threshold] or more?
<i>Answer Codes</i>	1. Less than [fill2: 138% of poverty threshold] 2. [fill2: 138% of poverty threshold] or more Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	138% of poverty
<i>Fill Instructions</i>	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 138% of poverty threshold value based on family size
<i>Special Instructions</i>	Use the following thresholds (2016 survey year) based on family size: 1 person, age < 66: \$17,000 1 person, age >= 66: \$16,000 2 persons, age of all < 66: \$22,000 2 persons, age of one >= 66: \$20,000 3 persons: \$26,000 4 persons: \$34,000 5 persons: \$40,000 6 persons: \$45,000 7 persons: \$51,000 8 persons: \$57,000 9+ persons: \$67,000 Please store the filled amount in POV138.
<i>Skip Instructions</i>	<1> goto FPOV100 <2> goto FPOV200 <R,D> goto HOUSEOWN
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	09
<i>Section Name</i>	Family Income Amounts and Home Ownership
<i>Part</i>	B
<i>Question ID</i>	FIN.261
<i>Variable Name</i>	FPOV100
<i>Universe</i>	FPOV138='1'
<i>Universe-text</i>	The respondent answered less than 138% of poverty at FPOV138
<i>Question Text</i>	Was your total [fill1: family/] income from all sources less than [fill2: 100% poverty threshold] or [fill2: 100% poverty threshold] or more?
<i>Answer Codes</i>	1. Less than [fill2: 100% of poverty threshold] 2. [fill2: 100% poverty threshold] or more Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	100% of poverty
<i>Fill Instructions</i>	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 100% of poverty threshold value based on family size
<i>Special Instructions</i>	Use the following thresholds (2016 survey year) based on family size: 1 person, age < 66: \$12,000 1 person, age >= 66: \$11,000 2 persons, age of all < 66: \$16,000 2 persons, age of one >= 66: \$14,000 3 persons: \$19,000 4 persons: \$24,000 5 persons: \$29,000 6 persons: \$33,000 7 persons: \$37,000 8 persons: \$41,000 9+ persons: \$49,000 Please store the filled amount in POV100.
<i>Skip Instructions</i>	<1,2,R,D> goto HOUSEOWN
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	09
<i>Section Name</i>	Family Income Amounts and Home Ownership
<i>Part</i>	B
<i>Question ID</i>	FIN.264
<i>Variable Name</i>	FPOV200
<i>Universe</i>	FPOV138='2'
<i>Universe-text</i>	The respondent answered 138% of poverty or more at FPOV138
<i>Question Text</i>	Was your total [fill1: family/] income from all sources less than [fill2: 200% of poverty threshold] or [fill2: 200% of poverty threshold] or more?
<i>Answer Codes</i>	1. Less than [fill2: 200% of poverty threshold] 2. [fill2: 200% of poverty threshold] or more Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	200% of poverty
<i>Fill Instructions</i>	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 200% of poverty threshold value based on family size
<i>Special Instructions</i>	Use the following thresholds (2016 survey year) based on family size: 1 person, age < 66: \$25,000 1 person, age >= 66: \$23,000 2 persons, age of all < 66: \$32,000 2 persons, age of one >= 66: \$29,000 3 persons: \$38,000 4 persons: \$49,000 5 persons: \$58,000 6 persons: \$65,000 7 persons: \$74,000 8 persons: \$82,000 9+ persons: \$98,000 Please store the filled amount in POV200.
<i>Skip Instructions</i>	<1,2,R,D> goto HOUSEOWN
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

<i>Module</i>	09
<i>Section Name</i>	Family Income Amounts and Home Ownership
<i>Part</i>	B
<i>Question ID</i>	FIN.273
<i>Variable Name</i>	FPOV400
<i>Universe</i>	(FINC75='1' and PCNT in('01','02')) or (FINC100='1' and PCNT='03') or (FINC100='2' and PCNT in('05','06')) or (F250POV='2' and (PCNT='04' or PCNT >='07'))
<i>Universe-text</i>	The respondent answered less than \$75,000 at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered less than \$100,000 at FINC100 and he/she is from a 3 person family; or the respondent answered \$100,000 or more at FINC100 and he/she is from a 5 or 6 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 4, 7, 8, or 9+ person family
<i>Question Text</i>	Was your total [fill1: family/] income from all sources less than [fill2: 400% of poverty threshold] or [fill2: 400% of poverty threshold] or more?
<i>Answer Codes</i>	1. Less than [fill2: 400% of poverty threshold] 2. [fill2: 400% of poverty threshold] or more Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	400% of poverty
<i>Fill Instructions</i>	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 400% of poverty threshold value based on family size
<i>Special Instructions</i>	Use the following thresholds (2016 survey year) based on family size: 1 person, age < 66: \$49,000 1 person, age >= 66: \$46,000 2 persons, age of all < 66: \$64,000 2 persons, age of one >= 66: \$57,000 3 persons: \$76,000 4 persons: \$97,000 5 persons: \$115,000 6 persons: \$130,000 7 persons: \$148,000 8 persons: \$164,000 9+ persons: \$196,000 Please store the filled amount in POV400.
<i>Skip Instructions</i>	<1> if PCNT >= '09' then goto FINC150; else goto HOUSEOWN <2> if PCNT in('01','02','03','07','08') goto HOUSEOWN; else if PCNT in('04','05','06') goto FINC150 <R,D> goto HOUSEOWN
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

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

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

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

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

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

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

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

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

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

Special Instructions

Skip Instructions

<1> [goto FSNAPMYR]
<2, D, R> [Goto FINWIC to see if family falls into the universe for this question.]

Hard Edits

Soft Edits

AssocHelp

H_FSNAP

<i>Module</i>	09
<i>Section Name</i>	
<i>Part</i>	
<i>Question ID</i>	FIN.360_H
<i>Variable Name</i>	H_FSNAP
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	<p>SNAP or Food Stamp benefits are coupons that can be used to purchase food. The SNAP or Food Stamp program is a joint federal-state program which is administered by the state and local governments.</p> <p>The following is a list of state-specific program names:</p> <ul style="list-style-type: none"> Alabama - Food Assistance Program Alaska - Food Stamp Program (FSP) Arizona - Nutrition Assistance Arkansas - SNAP California - CalFresh Colorado - Food Assistance Program Connecticut - SNAP Delaware - Food Supplement Program District of Columbia - SNAP Florida - Food Assistance Program Georgia - SNAP Hawaii - SNAP Idaho - Food Stamp Program (FSP) Illinois - SNAP Indiana - SNAP Iowa - Food Assistance Program Kansas - Food Assistance Program Kentucky - SNAP Louisiana - SNAP Maine - Food Supplement Program Maryland - Food Supplement Program Massachusetts - SNAP Michigan - Food Assistance Program Minnesota - SNAP Mississippi - SNAP Missouri - Food Stamp Program (FSP) Montana - SNAP Nebraska - SNAP Nevada - SNAP New Hampshire - SNAP New Jersey - SNAP New Mexico - SNAP New York - SNAP North Carolina - Food and Nutrition Services North Dakota - SNAP Ohio - Food Assistance Program Oklahoma - SNAP Oregon - SNAP Pennsylvania - SNAP

Rhode Island - SNAP
South Carolina - SNAP
South Dakota - SNAP
Tennessee - SNAP
Texas - SNAP
Utah - SNAP
Vermont - 3SquaresVT
Virginia - SNAP
Washington - Basic Food
West Virginia - SNAP
Wisconsin - FoodShare Wisconsin
Wyoming - SNAP

Answer Codes

Question Type

Field Pane Description

Fill Instructions

Special Instructions

Skip Instructions

Hard Edits

Soft Edits

AssocHelp

<i>Module</i>	09
<i>Section Name</i>	Family Income Program Participation
<i>Part</i>	C
<i>Question ID</i>	FIN.380
<i>Variable Name</i>	FSNAPMYR
<i>Universe</i>	FSNAP=1
<i>Universe-text</i>	Family received food stamp/SNAP benefits in previous calendar year
<i>Question Text</i>	<p>?[F1]</p> <p>During [fill 1: last year in 4 digit format], about how many months were [fill 2: food stamp benefits/SNAPNAME or food stamp benefits] received?</p> <p>* Enter "1" if less than 1 month</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	months of Food Stamps/SNAP
<i>Fill Instructions</i>	<p>1. Fill last calendar year in 4-digit format.</p> <p>2. If the state program name is "Food Stamp Program", then just fill "food stamp benefits"; else fill state program name for the family's state of residence along with "or food stamp benefits" as shown below.</p> <p>If AL then fill Food Assistance Program or food stamp benefits If AK then fill food stamp benefits If AZ then fill Nutrition Assistance or food stamp benefits If AR then fill SNAP or food stamp benefits If CA then fill CalFresh If CO then fill Food Assistance Program or food stamp benefits If CT then fill SNAP or food stamp benefits If DE then fill Food Supplement Program or food stamp benefits If DC then fill SNAP or food stamp benefits If FL then fill Food Assistance Program or food stamp benefits If GA then fill SNAP or food stamp benefits If HI then fill SNAP or food stamp benefits If ID then fill food stamp benefits If IL then fill SNAP or food stamp benefits If IN then fill SNAP or food stamp benefits If IA then fill Food Assistance Program and food stamp benefits If KS then fill Food Assistance Program and food stamp benefits If KY then fill SNAP or food stamp benefits If LA then fill SNAP or food stamp benefits If ME then fill Food Supplement Program or food stamp benefits If MD then fill Food Supplement Program or food stamp benefits If MA then fill SNAP or food stamp benefits If MI then fill Food Assistance Program or food stamp benefits If MN then fill SNAP or food stamp benefits If MS then fill SNAP or food stamp benefits If MO then fill food stamp benefits If MT then fill SNAP or food stamp benefits</p>

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

Special Instructions

Skip Instructions

Goto FINWIC to see if family fits into universe for this question.

Hard Edits

Soft Edits

AssocHelp

H_FSNAP

<i>Module</i>	09
<i>Section Name</i>	Family Income Program Participation
<i>Part</i>	C
<i>Question ID</i>	FIN.384
<i>Variable Name</i>	FINWIC
<i>Universe</i>	(SEX= female and AGE=12-55) or (AGE=0-5)
<i>Universe-text</i>	Families with females aged 12-55 or children age 0-5
<i>Question Text</i>	?[F1] At any time during [fill: last year in 4 digit format] did [you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?
<i>Answer Codes</i>	1. Yes 2. No Don't Know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	WIC
<i>Fill Instructions</i>	1. If one person in the family, fill: [you] else, fill: [anyone in your family...]
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [If 1 person family, store person number in PWIC. [Goto end of section]; Else [goto PWIC] <2, D, R> [Goto end of section.]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	H_FINWIC

<i>Module</i>	09
<i>Section Name</i>	
<i>Part</i>	
<i>Question ID</i>	FIN.384_H
<i>Variable Name</i>	H_FINWIC
<i>Universe</i>	
<i>Universe-text</i>	
<i>Question Text</i>	WIC or the Supplemental Food Program for Women, Infants and Children (WIC) provides food and/or vouchers which can be exchanged for food. Pregnant women without children may also qualify for this program. Children are eligible for WIC benefits until their 5th birthday (although the parent/guardian receives the food/vouchers).
<i>Answer Codes</i>	
<i>Question Type</i>	Help Screen
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	09
<i>Section Name</i>	Family Income Program Participation
<i>Part</i>	C
<i>Question ID</i>	FIN.385
<i>Variable Name</i>	PWIC
<i>Universe</i>	FINWIC=yes and family members > 1
<i>Universe-text</i>	Respondent answered yes to FINWIC
<i>Question Text</i>	<p>* Ask or verify. Enter applicable line number(s), separate with commas.</p> <p>Who in the family received this? (Anyone else?)</p> <p>* Indicate family members who were authorized to receive WIC benefits.</p>
<i>Answer Codes</i>	
<i>Question Type</i>	Enter All That Apply
<i>Field Pane Description</i>	Who
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Display roster of non-deleted family members.
<i>Skip Instructions</i>	Goto end of section
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

2017 Q1 NHIS Instrument Spec Report

Section name: Language of Interview

<i>Module</i>	55
<i>Section Name</i>	Language of Interview
<i>Part</i>	
<i>Question ID</i>	FLG.010_00.000
<i>Variable Name</i>	ENGLANG
<i>Universe</i>	AGE >= 5
<i>Universe-text</i>	All persons age 5 or older
<i>Question Text</i>	How well [fill: do you/does ALIAS] speak English? Would you say...
<i>Answer Codes</i>	1. Very well 2. Well 3. Not well 4. Not at all Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	English language
<i>Fill Instructions</i>	if respondent fill "do you" else fill "does ALIAS"
<i>Special Instructions</i>	Repeat question for all persons on roster age 5+ Question should come after FIN section but before FSD section.
<i>Skip Instructions</i>	<1-4> goto next section, If FDRN_FLG=2, then goto S.C. section if sample child in the family; Else If not, then goto S.A. section; Else no S.C. nor S.A., then goto RECONTACT section
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

2017 Q1 NHIS Instrument Spec Report

Section name: Family Disability: Version 2

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.020_00.000
<i>Variable Name</i>	P2DFHEAR
<i>Universe</i>	AGE >= 1 and FDRN_FLG=2
<i>Universe-text</i>	All persons age 1 or older and random number generator=2
<i>Question Text</i>	<p>With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.</p> <p>[fill 1: Are you/Is ALIAS] deaf or [fill 2: do you/does ALIAS] have serious difficulty hearing?</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Don't know Refused</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Difficulty hearing
<i>Fill Instructions</i>	<p>1. If subject=respondent fill: [Are you]; else fill: [Is ALIAS] 2. If subject=respondent fill: [do you]; else fill: [does ALIAS]</p>
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1,2,D,R> goto P2DFSEE
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.040_00.000
<i>Variable Name</i>	P2DFSEE
<i>Universe</i>	AGE >= 1 and FDRN_FLG=2
<i>Universe-text</i>	All persons age 1 or older
<i>Question Text</i>	[fill 1: Are you/Is ALIAS] blind or [fill 2: do you/does ALIAS] have serious difficulty seeing even when wearing glasses?
<i>Answer Codes</i>	1. Yes 2. No Don't know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Difficulty seeing
<i>Fill Instructions</i>	1. If subject=respondent fill: [Are you]; else fill: [Is ALIAS] 2. If subject=respondent fill: [do you]; else fill: [does ALIAS]
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1,2,D,R> if no more persons age 5 or older, goto next section; else goto P2DFCON
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.060_00.000
<i>Variable Name</i>	P2DFCON
<i>Universe</i>	AGE >= 5 and FDRN_FLG=2
<i>Universe-text</i>	All persons 5 or older
<i>Question Text</i>	Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have serious difficulty concentrating, remembering, or making decisions?
<i>Answer Codes</i>	1. Yes 2. No Don't know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Difficulty concentrating
<i>Fill Instructions</i>	1. If subject=respondent fill: [do you]; else fill: [does ALIAS]
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1,2,D,R> goto P2DFWALK
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.080_00.000
<i>Variable Name</i>	P2DFWALK
<i>Universe</i>	AGE >= 5 and FDRN_FLG=2
<i>Universe-text</i>	All persons 5 or older
<i>Question Text</i>	[fill 1: Do you/Does ALIAS] have serious difficulty walking or climbing stairs?
<i>Answer Codes</i>	1. Yes 2. No Don't know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Difficulty walking
<i>Fill Instructions</i>	1. If subject=respondent fill: [Do you]; else fill: [Does ALIAS]
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1,2,D,R> goto P2DFDRES
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.100_00.000
<i>Variable Name</i>	P2DFDRES
<i>Universe</i>	AGE >= 5 and FDRN_FLG=2
<i>Universe-text</i>	All persons 5 or older
<i>Question Text</i>	[fill 1: Do you/Does ALIAS] have difficulty dressing or bathing?
<i>Answer Codes</i>	1. Yes 2. No Don't know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Difficulty dressing
<i>Fill Instructions</i>	1. If subject=respondent fill: [Do you]; else fill: [Does ALIAS]
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1,2,D,R> if age GE 5 and AGE LE 14 and PDFCON=1 [goto PDFCAUSE]; else if no more persons age 15 or older, goto next section; else goto P2DFERR
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability
<i>Part</i>	
<i>Question ID</i>	FDB.105_00.000
<i>Variable Name</i>	QARNDM2
<i>Universe</i>	QAASK2 = 1
<i>Universe-text</i>	All families selected for QA question
<i>Question Text</i>	Random number generator
<i>Answer Codes</i>	(Allow 00-09)
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability
<i>Part</i>	
<i>Question ID</i>	FDB.110_00.000
<i>Variable Name</i>	QACHK2
<i>Universe</i>	QAASK2 = 1 AND ((AGE >= 5 AND P2DFDRES <> EMPTY) OR (AGE < 5 AND P2DFSEE <> EMPTY))
<i>Universe-text</i>	All persons age 1 or older and random number generator=2 where QA question was selected
<i>Question Text</i>	*Please enter [Fill1: QARNDM2] for quality assurance.
<i>Answer Codes</i>	(Allow 0-9)
<i>Question Type</i>	Procedure
<i>Field Pane Description</i>	QA Check
<i>Fill Instructions</i>	Fill1: QARNDM2 is the number that was randomly selected is filled in here
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<number> [goto P2DFERR]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability
<i>Part</i>	
<i>Question ID</i>	FDB.115_00.000
<i>Variable Name</i>	QACHNG2
<i>Universe</i>	QACHK2=0-9
<i>Universe-text</i>	All families selected for QA question
<i>Question Text</i>	Flag field to indicate whether or not the value entered by the FR matched or not. '' (empty) - if the check was not asked or answered 0 - if the check was asked and the value entered matches the random value 1 - if the check was asked and the value entered does NOT match the random value (cannot be undone)
<i>Answer Codes</i>	' ', 0,1
<i>Question Type</i>	Flag
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.120_00.000
<i>Variable Name</i>	P2DFERR
<i>Universe</i>	AGE >= 15 and FDRN_FLG=2
<i>Universe-text</i>	All persons 15 or older
<i>Question Text</i>	Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have difficulty doing errands alone such as visiting a doctor's office or shopping?
<i>Answer Codes</i>	1. Yes 2. No Don't know Refused
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Difficulty doing errands
<i>Fill Instructions</i>	1. If subject=respondent fill: [do you]; else fill: [does ALIAS]
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1,2,D,R> if PDFCON=1 then goto PDFCAUSE; else if no more persons age 1 or older, goto next section; else return to P2DFHEAR for next person age 1 or older
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.130_00.000
<i>Variable Name</i>	PDFCAUSE
<i>Universe</i>	AGE >= 5 and FDRN_FLG=2 and PDFCON(e)='1'
<i>Universe-text</i>	All persons 5 or older who have difficulty concentrating or remembering
<i>Question Text</i>	What is the MAIN reason for [fill 1: your/ALIAS's] difficulty concentrating, remembering or making decisions?
<i>Answer Codes</i>	1. Intellectual disability (formerly known as mental retardation) 2. Developmental disability (such as cerebral palsy or autism) 3. Dementia or Alzheimer's disease 4. Learning disability or ADHD 5. Education level 6. Mental illness (such as depression, anxiety, post-traumatic stress disorder, emotional problem) 7. Traumatic brain injury or stroke 8. Age-related changes 9. Chronic health condition (such as diabetes, high blood pressure, heart disease, cancer, multiple sclerosis, Parkinson's disease, epilepsy) 10. Drugs or medications 11. Other (specify) Refused Don't know 2. No Don't know Refused
<i>Question Type</i>	Pick one answer list pane
<i>Field Pane Description</i>	Cause of difficulty
<i>Fill Instructions</i>	1. If subject=respondent fill: [your]; else fill: [ALIAS'S]
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1-10,D,R> if no more persons age 15 or older, goto next section; <11> [goto PDFSPEC]; else return to P2DFHEAR for next person age 1 or older
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	36
<i>Section Name</i>	Family Disability: Version 2
<i>Part</i>	
<i>Question ID</i>	FDB.135_00.000
<i>Variable Name</i>	PDFSPEC
<i>Universe</i>	AGE >= 5 and FDRN_FLG=2 and PDFCAUSE(e)='11'
<i>Universe-text</i>	All persons 5 or older who have difficulty concentrating or remembering and the cause was given as other
<i>Question Text</i>	*Enter the other reason for difficulty with concentrating, remembering or making decisions?
<i>Answer Codes</i>	Verbatim Refused Don't know
<i>Question Type</i>	Verbatim
<i>Field Pane Description</i>	Other cause
<i>Fill Instructions</i>	
<i>Special Instructions</i>	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
<i>Skip Instructions</i>	<1-10,D,R> if no more persons age 15 or older, goto next section; <11> [goto PDFOTHER]; else return to P2DFHEAR for next person age 1 or older
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	