Attachment 4a - Main Questionnaire Household Composition and Family Section

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2018 Q1 NHIS Instrument Spec Report

Section name: Coverage

Module	02
Section Name	Coverage
Part	
Question ID	COV.010
Variable Name	VERADD
Universe	(frt.START=1 and POS2=0) or (frt.TYPEABC IN (1,2) when LIVQRT = empty)
Universe-text	All parent cases being interviewed or all Type A or Type B noninterview cases where type of living quarters is not answered
Question Text	? [F1] I have your address listed as: Address: [Fill: HNO HNOSUF STRNAME] [Fill: UNITDES] [Fill: GQUNITINFO] [Fill: NONCITYADD] [Fill: PHYSDES] [Fill: PO, ST ZIP5 - ZIP4] [Fill: BLDGNAME] Is that your exact address?
Answer Codes	1. Yes, address is EXACTLY CORRECT as listed 2. Address is MOSTLY CORRECT, but needs some minor changes 3. INCORRECT ADDRESS - terminate interview and find correct address
Question Type	Pick One - answer list pane
Field Pane Description	Verify address
Fill Instructions	
Special Instructions	<1,2> if MARK < Household reached (7), store Household reached (7) in MARK <3> if MARK < Incorrect address (3), store Incorrect address (3) in MARK Don't allow a Don't know or Refused

Skip Instructions	<1> if TYPEABC IN (1,2)
	if I_SEGTYP =3
	GOTO LOCATE
	elseif I_SEGTYP IN (1,2)
	if POS2 ne 0
	GOTO LOCATE
	elseif POS2 = 0
	GOTO OTHLIVQ
	endif
	endif
	else
	GOTO MAILADD
	endif
	<2> store 1 in ADDRCHG, GOTO HNO

	<3> store Accessed instrument, no progress (202) in OUTCOME, Unreached household (3) in MARK if testing instrument (SURVTYPE = empty) goto SHOFINAL elseif training, systems test or production instrument (SURVTYPE = T,S,P) goto exit the instrument
Hard Edits	
Soft Edits	
AssocHelp	H_VERADD
Module	02
Section Name	Coverage
Part	
Question ID	COV.010_H
Variable Name	H_VERADD
Universe	
Universe-text	
Question Text	If the exact address is the same as the one displayed, enter 1. If you are sure you are at the correct sample unit, but the address is not exactly the same as displayed, or if a descriptive address is displayed, enter 2. Then, enter the exact address on screen CHNGADD. If you determine that you are not at the correct sample unit, enter 3, terminate the interview, and find the correct unit.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_01
Variable Name	HNO
Universe	VERADD = Address correct, but some additions/revisions (2)
Universe-text	Home address requires some corrections
Question Text	? [F1] * Enter the correct house number or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	House #
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with HNO.
Skip Instructions	<allow 10, empty> GOTO HNOSUF
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_02
Variable Name	HNOSUF
Universe	All from HNO
Universe-text	All from House Number
Question Text	? [F1] * Enter the correct house number suffix or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	House # suffix
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with HNOSUF.
Skip Instructions	<allow 3, empty> GOTO STRNAME
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_03
Variable Name	STRNAME
Universe	All from HNOSUF
Universe-text	All from House Number Suffix
Question Text	? [F1] * Enter the correct street name or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Street name
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with STRNAME
Skip Instructions	<allow 49, empty> GOTO UNITDES
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_04
Variable Name	UNITDES
Universe	All from STRNAME
Universe-text	All from Street Name
Question Text	? [F1] * Enter the correct unit designation or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Unit designation
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with UNITDES.
Skip Instructions	<allow 20, empty> GOTO GQUNITINFO
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_05
Variable Name	GQUNITINFO
Universe	All from UNITDES
Universe-text	All from Unit Designation
Question Text	? [F1] * Enter the correct GQ unit description or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	GQ unit description
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with GQUNITINFO.
Skip Instructions	<allow 43, empty> GOTO NONCITYADD
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_06
Variable Name	NONCITYADD
Universe	All from GQUNITINFO
Universe-text	All from GQ Unit Description
Question Text	? [F1] * Enter the correct non city-style address, such as Rural Route and Box number, or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Non-city style
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with NONCITYADD
Skip Instructions	<allow 27, empty> GOTO PHYSDES
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_07
Variable Name	PHYSDES
Universe	All from NONCITYADD
Universe-text	All from Non-city style address
Question Text	? [F1] * Enter the correct physical description or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Description
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with PHYDES.
Skip Instructions	<allow 99, empty> GOTO PO
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_08
Variable Name	PO
Universe	All from PHYSDES
Universe-text	All from Physical Description
Question Text	? [F1] * Enter the correct city or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	City
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with PO.
Skip Instructions	<allow 28> GOTO ST
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_09
Variable Name	ST
Universe	All from PO
Universe-text	All from City
Question Text	? [F1] * Select the correct state or press "ENTER" for same or no change.
Answer Codes	
Question Type	Pick One - popup window
Field Pane Description	State
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with ST.
Skip Instructions	<Allow 2> GOTO ZIP5
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_10
Variable Name	ZIP5
Universe	All from ST
Universe-text	All from State
Question Text	? [F1] * Enter the correct zip code or press "ENTER" for same or no change.
Answer Codes	
Question Type	Integer
Field Pane Description	Zip 5
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with ZIP5.
Skip Instructions	<01000-99996, empty> GOTO ZIP4
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_11
Variable Name	ZIP4
Universe	All from ZIP5
Universe-text	All from Zip 5
Question Text	? [F1] * Enter the correct zip 4 or press "ENTER" for same or no change.
Answer Codes	
Question Type	Integer
Field Pane Description	Zip 4
Fill Instructions	
Special Instructions	Prefill the field pane with ZIP4.
Skip Instructions	<0000-9996, Refused, Don't know, empty> GOTO BLDGNAME
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_12
Variable Name	BLDGNAME
Universe	All from ZIP4
Universe-text	All from Zip 4
Question Text	? [F1] * Enter the building name or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Build name
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with BLDGNAME.

Skip Instructions	<100 characters, empty>
	if TYPEABC IN (1,2)
	  if I_SEGTYP =3
	  GOTO LOCATE
	  elseif I_SEGTYP IN (1,2)
	  if POS2 ne 0
	  GOTO LOCATE
	  elseif POS2 = 0
	  GOTO OTHLIVQ
	  endif
	  endif
	else
	  GOTO MAILADD
	endif

Hard Edits	
Soft Edits	
AssocHelp	H_CHNGADD

Module	02
Section Name	Coverage
Part	
Question ID	COV.020_H
Variable Name	H_CHNGADD
Universe	
Universe-text	
Question Text	Enter additions or corrections to the address as necessary. Press "Enter" if the displayed information is correct. For example, suppose that the address contains the unit designation "Apartment 31B". If this is not correct, enter the correct information in the space directly under the displayed unit designation. If the unit designation is correct, press "Enter". If the only information displayed is a description of the housing unit (and/or its location), and an exact address is available, enter the exact address as appropriate. If no exact address exists, leave the description, unless changes need to be made. Do not enter the mailing address.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.030
Variable Name	MAILADD
Universe	frt.START = 1 and (VERADD IN (1,2) or POS2 ne 0)
Universe-text	All cases being interviewed with a correct address or an address that required only a few revisions or all family spawn cases being interviewed
Question Text	[Fill 1:] Address: [Fill: HNO HNOSUF STRNAME] [Fill: UNITDES] [Fill: GQUNITINFO] [Fill: NONCITYADD] [Fill: PO, ST ZIP5 - ZIP4]
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	Mailing address
Fill Instructions	If POS2 ne '0' [fill 1: What is your exact mailing address?] else if POS2 ='0' [fill 1: Is this also your mailing address?] endif
Special Instructions	store HNO in MAILHNO, HNOSUF in MAILHNOSUF, STRNAME in MAILSTRNAME, UNITDES in MAILUNITDES, GQUNITINFO in MAILGQUNITINFO, NONCITYADD in MAILNONCITYADD, PO in MAILPO, ST in MAILST, ZIP5 in MAILZIP5, ZIP4 in MAILZIP4 if POS2 or POS3 ne 0, store Household Reached (7) in MARK <1,Refused,Don't know> store 1 in MFLAG <2> store 2 in MFLAG
Skip Instructions	<1,R,D> if POS2 ne 0 and FRT.START = 1 GOTO TELENUM elseif I_SEGTYP =3 GOTO LOCATE elseif I_SEGTYP IN (1,2) if POS1 ne 0 GOTO LOCATE elseif POS1 = 0 and POS 2 = 0 GOTO OTHLIVQ endif endif <2> GOTO MAILHNO

Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_01
Variable Name	MAILHNO
Universe	MAILADD = No (2)
Universe-text	Mailing address requires corrections
Question Text	? [F1] * Enter the correct house number or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	House #
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with HNO.
Skip Instructions	<allow 10, empty> GOTO MAILHNOSUF
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_02
Variable Name	MAILHNOSUF
Universe	all from MAILHNO
Universe-text	All from Mailing House Number
Question Text	? [F1] * Enter the correct house number suffix or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	House # suffix
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with HNOSUF.
Skip Instructions	<allow 3, empty> GOTO MAILSTRNAME
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_03
Variable Name	MAILSTRNAME
Universe	all from MAILHNOSUF
Universe-text	All from Mailing Housenumber Suffix
Question Text	? [F1] * Enter the correct street name or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Street name
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with STRNAME.
Skip Instructions	<allow 49, empty> GOTO MAILUNITDES
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_04
Variable Name	MAILUNITDES
Universe	all from MAILSTRNAME
Universe-text	All from Mailing Street Name
Question Text	? [F1] * Enter the correct unit designation or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Unit description
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with UNITDES
Skip Instructions	<allow 20, empty> GOTO MAILGQUNITINFO
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_05
Variable Name	MAILGQUNITINFO
Universe	all from MAILUNITDES
Universe-text	All from Mailing Unit Designation
Question Text	? [F1] * Enter the correct GQ unit description or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	GQ unit description
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with GQUNITINFO
Skip Instructions	<allow 43, empty> GOTO MAILNONCITYADD
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_06
Variable Name	MAILNONCITYADD
Universe	All from GQMAILUNITINFO
Universe-text	All from GQ Mailing Unit Description
Question Text	? [F1] * Enter the correct non city-style address, such as Rural Route and Box number, or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Non-city style address
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with NONCITYADD.
Skip Instructions	<allow 27, empty> GOTO MAILPO
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_07
Variable Name	MAILPO
Universe	All from MAILNONCITYADD
Universe-text	All from Mailing Non-city style address
Question Text	? [F1] * Enter the correct city or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	City
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with PO.
Skip Instructions	<allow 28> GOTO MAILST
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_08
Variable Name	MAILST
Universe	all from MAILPO
Universe-text	All from Mailing City
Question Text	? [F1] * Select the correct state or press "ENTER" for same or no change.
Answer Codes	list of state abreviations
Question Type	Pick One - popup window
Field Pane Description	State
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with ST.
Skip Instructions	<Allow 2> GOTO MAILZIP5
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_09
Variable Name	MAILZIP5
Universe	all from MAILST
Universe-text	All form Mailing State
Question Text	? [F1] * Enter the correct zip code or press "ENTER" for same or no change.
Answer Codes	
Question Type	Integer
Field Pane Description	Zip 5
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with ZIP5.
Skip Instructions	<01000-99996, empty> GOTO MAILZIP4
Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_10
Variable Name	MAILZIP4
Universe	all from MAILZIP5
Universe-text	All from Mailing Zip 5
Question Text	? [F1] * Enter the correct zip 4 or press "ENTER" for same or no change.
Answer Codes	
Question Type	Integer
Field Pane Description	Zip 4
Fill Instructions	
Special Instructions	Prefill the field pane with ZIP4.

Skip Instructions	<0000-9996, Refused, Don't know, empty>
	if POS2 ne 0 and FRT.START = 1
	  GOTO TELENUM
	elseif I_SEGTYP =3
	  GOTO LOCATE
	elseif I_SEGTYP IN (1,2)
	  if POS1 ne 0
	  GOTO LOCATE
	  elseif POS1 = 0 and POS2 = 0
	  GOTO OTHLIVQ
	  endif
	endif

Hard Edits	
Soft Edits	
AssocHelp	H_CHNGMAIL

Module	02
Section Name	Coverage
Part	
Question ID	COV.040_H
Variable Name	H_CHNGMAIL
Universe	
Universe-text	
Question Text	For parts of the mailing address that are exactly the same as displayed, press the "ENTER" key. Otherwise, enter the mailing address as appropriate.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.070
Variable Name	OTHLIVQ
Universe	I_SEGTYP IN (1,2) and POS1 = 0 and POS2 = 0 and (frt.START = 1 or TYPEABC IN (1,2))
Universe-text	Parent cases in area and unit segments and (being interviewed or a Type A or Type B noninterview)
Question Text	Are there any other living quarters---either occupied or vacant---at this address?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	Other Living Quarters
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused
Skip Instructions	<1> GOTO OTHADD_1 <2> GOTO LOCATE
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	1 of 9
Question ID	COV.110_1
Variable Name	OTHADD_1
Universe	OTHLIVQ = 1
Universe-text	From either the on property, in building, regular coverage or additional spawned addresses screens, the FR answered yes to there being other units.
Question Text	? [F1] 1 of 9 * You are about to begin asking questions about one or more additional living arrangements at this location to determine if they qualify as EXTRA UNITS!!! * If you have accidentally reached this screen, PRESS "UP ARROW" to back up to the previous screen and correct an earlier entry. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description	Continue
Fill Instructions	
Special Instructions	START TABLE to collect the addresses for the additional units Allow up to 26 extra units to be created Don't allow a Don't know or Refused All Blue Text
Skip Instructions	GOTO XHNO
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	2 of 9
Question ID	COV.110_2
Variable Name	XHNO
Universe	All from OTHADD_1 or OTHADD_2 = 1
Universe-text	It's determined that there are extra units or when we loop for multiple extra units
Question Text	? [F1] 2 of 9 What is the exact address of this other living quarters? * Enter House number: * Press "ENTER" if no change is needed. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Text
Field Pane Description	House #
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused Prefill the field pane with HNO.
Skip Instructions	<allow 10, empty> GOTO XHNOSUF
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	3 of 9
Question ID	COV.110_3
Variable Name	XHNOSUF
Universe	All from XHNO
Universe-text	
Question Text	? [F1] 3 of 9 * Enter House number suffix, if applicable: * Press "ENTER" if no change is needed. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Text
Field Pane Description	House # suffix
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused All blue text Prefill the field pane with HNOSUF.
Skip Instructions	<allow 3, empty> GOTO XSTRNAME
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	4 of 9
Question ID	COV.110_4
Variable Name	XSTRNAME
Universe	All from XHNOSUF
Universe-text	
Question Text	? [F1] 4 of 9 * Enter Street name: * Press "ENTER" if no change is needed. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Text
Field Pane Description	Street name
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused All blue text Prefill the field pane with STRNAME
Skip Instructions	<allow 49, empty> GOTO XUNITDES
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	5 of 9
Question ID	COV.110_5
Variable Name	XUNITDES
Universe	All from XSTRNAME
Universe-text	
Question Text	? [F1] 5 of 9 * Enter Unit designation: * Press "ENTER" if no change is needed. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Text
Field Pane Description	Unit Description
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused All blue text Prefill the field pane with UNITDES
Skip Instructions	<allow 20, empty> GOTO XGQUNITINFO
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	6 of 9
Question ID	COV.110_6
Variable Name	XGQUNITINFO
Universe	All from XUNITDES
Universe-text	
Question Text	? [F1] 6 of 9 * Enter GQ unit description: * Press "ENTER" if no change is needed. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Text
Field Pane Description	GQ Unit Description
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused All blue text Prefill the field pane with GQUNITINFO
Skip Instructions	<allow 43, empty> GOTO XNONCITY
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	7 of 9
Question ID	COV.110_7
Variable Name	XNONCITY
Universe	All from XGQUNITINFO
Universe-text	
Question Text	? [F1] 7 of 9 * Enter Non city-style address: * Press "ENTER" if no change is needed. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Text
Field Pane Description	Non city
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused All blue text Prefill the field pane with NONCITYADD
Skip Instructions	<allow 27, empty> GOTO XBLDGNAME
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	8 of 9
Question ID	COV.110_8
Variable Name	XBLDGNAME
Universe	All from XNONCITY
Universe-text	
Question Text	? [F1] 8 of 9 * Enter Building name: * Press "ENTER" if no change is needed. Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	
Question Type	Text
Field Pane Description	Build name
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused All blue text Prefill the field pane with BLDGNAME
Skip Instructions	<allow 100, empty> GOTO OTHADD_2
Hard Edits	
Soft Edits	
AssocHelp	H_OTHADD

Module	02
Section Name	Coverage
Part	9 of 9
Question ID	COV.110_9
Variable Name	OTHADD_2
Universe	All from XBLDGNAME
Universe-text	
Question Text	? [F1] 9 of 9 Are there any OTHER living quarters, either occupied or vacant, at this original address? * Parent address : [HNO] [HNOSUF] [STRNAME] [UNITDES] [GQUNITINFO] [NONCITYADD] [BLDGNAME]
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	Other Living Quarters
Fill Instructions	[fill: {fill the address of the parent case.}]
Special Instructions	Don't allow a Don't know or Refused
Skip Instructions	<1> GOTO next available XHNO <2> GOTO ADDLIV
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.110_H
Variable Name	H_OTHADD
Universe	
Universe-text	
Question Text	Enter the unit number and street address or the description of the first additional living quarters on line 1. Enter the unit number and street address or the description of the second additional unit on line 2 and so on.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.155
Variable Name	ADDLIV
Universe	OTHADD_2 = 2 and I_SEGTYP IN (1,2)
Universe-text	All newly spawned addresses from area type parents.
Question Text	*Additional living quarter is: * [fill: XHNO XHNOSUF XSTRNAME] * [fill: XUNITDES] * [fill: XGQUNITINFO] * [fill: PO, ST ZIP5-ZIP4] * Non-city: [fill: XNONCITYADD] * Building: [fill: XBLDGNAME] *Are the additional living quarters in the same structure as the sample unit?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	Within Same Structure
Fill Instructions	[fill: {fill the address of the extra unit from Table X being checked.}]
Special Instructions	Don't allow a Don't Know or Refused. All blue text.
Skip Instructions	<1> GOTO GRPQTR <2> GOTO TABX_NO
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.160
Variable Name	GRPQTR
Universe	ADDLIV = 1
Universe-text	Spawned addresses, from a non-permit type parent, that are within the same structure.
Question Text	* Additional living quarter is: * [fill: XHNO XHNOSUF XSTRNAME] * [fill: XUNITDES] * [fill: XGQUNITINFO] * [fill: PO, ST ZIP5-ZIP4] * Non-city: [fill: XNONCITYADD] * Building: [fill: XBLDGNAME] *Are the additional living quarters in a group quarters?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	Group Quarter
Fill Instructions	[fill: {fill the address of the extra unit from Table X being checked.}]
Special Instructions	Don't allow a Don't know or Refused All blue text
Skip Instructions	<1> GOTO TABX_NO <2> GOTO LIVESEP
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.170
Variable Name	LIVESEP
Universe	GRPQTR = 2
Universe-text	All newly spawned addresses
Question Text	* Additional living quarter is: * [fill: XHNO XHNOSUF XSTRNAME] * [fill: XUNITDES] * [fill: XGQUNITINFO] * [fill: PO, ST ZIP5-ZIP4] * Non-city: [fill: XNONCITYADD] * Building: [fill: XBLDGNAME] Do the occupants or intended occupants of the additional living quarters live separately from all other persons on the property?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	GQ Verification
Fill Instructions	[fill: {fill the address of the extra unit from Table X being checked.}]
Special Instructions	Don't allow a Don't know or Refused
Skip Instructions	<1> GOTO DIRACC <2> GOTO TABX_NO
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.180
Variable Name	DIRACC
Universe	LIVESEP = 1
Universe-text	Occupants of the newly spawned address live seperately from the parent
Question Text	* Additional living quarter is: * [fill: XHNO XHNOSUF XSTRNAME] * [fill: XUNITDES] * [fill: XGQUNITINFO] * [fill: PO, ST ZIP5-ZIP4] * Non-city: [fill: XNONCITYADD] * Building: [fill: XBLDGNAME] Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?
Answer Codes	1. Yes 2. No
Question Type	Yes/No
Field Pane Description	Direct Access
Fill Instructions	[fill: {fill the address of the extra unit from Table X being checked.}]
Special Instructions	Don't allow a Don't know or Refused
Skip Instructions	<1> GOTO TABXSPAWN <2> GOTO TABX_NO
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.185
Variable Name	TABXSPAWN
Universe	DIRACC = 1
Universe-text	
Question Text	* The other living quarters IS an EXTRA unit. * Do not include members of this unit as members of the current unit.They MUST be interviewed separately. * Add the extra unit to your listing sheet according to the instructions in your Listing and Coverage manual. * [fill: XHNO XHNOSUF XSTRNAME] * [fill: XUNITDES] * [fill: XGQUNITINFO] * [fill: PO, ST ZIP5-ZIP4] * Non-city: [fill: XNONCITYADD] * Building: [fill: XBLDGNAME] * Enter 1 to continue.
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Description	Extra
Fill Instructions	[fill: {fill the address of the extra unit from Table X being checked.}]
Special Instructions	Do not allow Refused or Don't know. All blue text. Store 1 (one) in GOOD_EXTRA
Skip Instructions	<1> if another extra unit address goto ADDLIV elseif no more extra unit addresses if TOTEXTRA > 0 goto SEGLIST endif endif
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.190
Variable Name	TABX_NO
Universe	ADDLIV = 2 or GRPQTR = 1 or LIVSEP = 2 or DIRACC = 2
Universe-text	
Question Text	* The other living quarters is NOT considered to be an EXTRA unit. [fill 1:] * [fill: XHNO XHNOSUF XSTRNAME] * [fill: XUNITDES] * [fill: XGQUNITINFO] * [fill: PO, ST ZIP5-ZIP4] * Non-city: [fill: XNONCITYADD] * Building: [fill: XBLDGNAME] * Enter 1 to continue.
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Description	Not extra
Fill Instructions	if ADDLIV = '2' (No) or GRPQTR = '1' (Yes) [fill 1: * Do not interview.] elseif LIVESEP = '2' (No) or DIRACC = '2' (No) [fill 1: * Include the occupants of these living quarters with the original unit when interviewing.] endif
Special Instructions	Do not allow Refused or Don't know. All blue text. Store 0 (zero) in GOOD_EXTRA

Skip Instructions	<1> if another extra unit address
	goto ADDLIV
	elseif no more extra unit addresses
	if TOTEXTRA = 0
	goto LOCATE
	else
	goto SEGLIST
	endif
	endif

Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.195
Variable Name	SEGLIST
Universe	TOTEXTRA > 0 and (TABXSPAWN = 1 or TABX_NO = 1) and OTHADD_2 = 2
Universe-text	All
Question Text	* Interview the parent case. * After interviewing the parent unit, you will receive instructions on what to do with the EXTRA units in case management. * You have identified [fill : TOTEXTRA] EXTRA [fill 1:]. * [fill 2:] * Enter 1 to continue
Answer Codes	1. Enter 1 to Continue
Question Type	Enter 1 to Continue
Field Pane Description	Continue

Fill Instructions	if TOTEXTRA = 1
	  [fill 1: unit]
	else
	  [fill 1: units]
	endif
	
	[fill 2: {fill the addresses of the extra units found in Table X where GOOD_EXTRA = 1.}
	{Fill only with XHNO XHNOSUF XSTRNAME XUNITDES XGQUNITINFO}]

Special Instructions	All blue text
Skip Instructions	<1> goto LOCATE
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.220
Variable Name	LOCATE
Universe	(frt.START = 1 and POS2 = 0) or TYPEABC IN (1,2)
Universe-text	All parent cases being interviewed or all Type A or Type B noninterview cases
Question Text	* Indicate whether this sample unit is located in group quarters or not.
Answer Codes	1. Not in Group Quarters 2. In Group Quarters
Question Type	Pick One - answer list pane
Field Pane Description	Group quarters
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused
Skip Instructions	<1> GOTO ACCESS <2> GOTO LIVQRT
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.230
Variable Name	ACCESS
Universe	LOCATE = 1
Universe-text	The address isn't in a GQ
Question Text	? [F1] *Ask if not apparent. Is access to the unit direct or through another unit?
Answer Codes	1. Direct 2. Through another unit
Question Type	Pick One - answer list pane
Field Pane Description	Direct access
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused
Skip Instructions	<1> GOTO LIVQRT <2> GOTO MERGE
Hard Edits	
Soft Edits	
AssocHelp	H_ACCESS

Module	02
Section Name	Coverage
Part	
Question ID	COV.240_H
Variable Name	H_ACCESS
Universe	
Universe-text	
Question Text	Living quarters have direct access when the occupants can enter and leave the living quarters directly from the outside of the structure or enter and leave from a common hall or lobby that is used by occupants of more than one unit, and is not part of any other persons living quarters.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.250
Variable Name	MERGE
Universe	ACCESS = 2
Universe-text	The address does not have direct access
Question Text	*This is not a separate housing unit and must be combined with the unit through which access is gained. Apply the merged unit procedures in your listing and coverage manual, then complete this item to indicate whether this sample unit should be retained for interview or made a TYPE C noninterview.
Answer Codes	1. Retain/interview 2. Type C noninterview
Question Type	Pick One - answer list pane
Field Pane Description	Interview type
Fill Instructions	
Special Instructions	Don't allow a Don't Know or Refused. If MERGE = 2 store '244' in OUTCOME store '2' in frt.BYOBS store 'P' in CLOSE4 goto RESPNME_1
Skip Instructions	<1> GOTO LIVQRT <2> GOTO RESPNME_1
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.260
Variable Name	LIVQRT
Universe	LOCATE = 2 or ACCESS = 1 or MERGE =1
Universe-text	
Question Text	? [F1] [fill 1] [fill 2]
Answer Codes	[fill 3] [fill 4]
Question Type	Pick One - answer list pane
Field Pane Description	Housing type
Fill Instructions	if LOCATE = Not in Group Quarters (1), use fill 1 and fill 3. Else use fill 2 and fill 4 fill 1: *Enter appropriate type of housing unit. fill 2: *Enter appropriate type of group quarters. fill 3: 1. House, apartment, flat, condo 2. Housing unit in nontransient hotel, motel, etc 3. Housing unit--permanent in transient hotel, motel, etc 4. Housing unit in rooming house 5. Mobile home or trailer with no permanent rooms andded 6. Mobile home or trailer with one or more permanent rooms added 7. Housing unit not specified above fill 4: 8. Quarters not housing unit in rooming or boarding house 9. Unit not permanent in transient hotel, motel, etc 10. Unoccupied site for mobile home, trailer, or tent 11. Student quarters in college dormitory 12. Group quarter unit not specified above
Special Instructions	Don't allow a Don't Know or Refused.

Skip Instructions	<1-6, 8-11>
	if frt.TYPEA1 = 1 (Refused)
	  if testing instrument (SURVTYPE = empty)
	  goto SHOFINAL
	  elseif training, systems test or production instrument (SURVTYPE = T,S,P)
	  goto OCDATE
	elseif frt.TYPEA1 IN (2-5) or frt.TYPEB1 IN (1-9) or frt.TYPEC1 IN (1-8)
	  GOTO CLOSE4
	else

	GOTO TELNUM <7, 12> GOTO LIVQRT_SPECIFY
Hard Edits	
Soft Edits	
AssocHelp	H_LIVQRT

Module	02
Section Name	Coverage
Part	
Question ID	COV.260_H
Variable Name	H_LIVQRT
Universe	
Universe-text	
Question Text	Enter 1 for houses, apartments or flats, include such housing units as an apartment over a garage or behind a house, janitor's quarters, and converted barns and sheds. Enter 2 if the sample unit is a housing unit in a non-transient hotel, that is if 75% or more of the rooms are occupied or intended for occupancy by permanent guests. Enter 3 for separate living quarters in a transient hotel which are occupied or intended for occupancy by permanent guests or resident employees. A hotel is transient if more than 25% of the rooms are occupied by transient guests. Enter 4 for sample units which meet the housing unit definition in a rooming house. Rent paid in a rooming house usually covers linens and cleaning services, but not meals. Enter 5 for a mobile home or trailer which has no permanent rooms attached. Enter 6 for a mobile home or trailer to which permanent rooms have been added. Enter 7 for sample units which are housing units, but do not meet any specific housing unit category. Include such things as tents, houseboats and railroad cars in the specify space provided. Enter 8 for a GQ unit in a rooming house, a combination rooming and boarding house or a boarding house. Enter 9 for units in a transient hotel or motel which are occupied or intended for occupancy by transient guests, or which do not meet the housing unit definition. Enter 10 for unoccupied sites for mobile homes, trailers, and tents. Enter 11 for quarters for a student in a college dormitory. Enter 12 for Group Quarters not otherwise specified and enter the type of group quarters in the specify space provided.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	

Hard Edits	
Soft Edits	
AssocHelp	
Module	02
Section Name	Coverage
Part	
Question ID	COV.270
Variable Name	LIVQRT_SPECIFY
Universe	LIVQRT = 7, 12
Universe-text	Unspecified Housing Unit types
Question Text	* Describe the HU or GQ unit.
Answer Codes	
Question Type	Text
Field Pane Description	HU/GP description
Fill Instructions	
Special Instructions	Don't allow a Don't know or Refused

Skip Instructions	<allow 50>
	if frt.TYPEA1 = 1 (Refused)
	  if testing instrument (SURVTYPE = empty)
	  goto SHOFINAL
	  elseif training, systems test or production instrument (SURVTYPE = T,S,P)
	  goto OCDATE
	elseif frt.TYPEA1 IN (2-5) or frt.TYPEB1 IN (1-9) or frt.TYPEC1 IN (1-8)
	  GOTO CLOSE4
	else
	  GOTO TELNUM

Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.280
Variable Name	CLOSE4
Universe	TYPEA1 IN (2-5) or TYPEB1 IN (1-9) or TYPEC1 IN (1-8) or MERGE = 2
Universe-text	
Question Text	* If appropriate, read to respondent and press (P) to proceed. Otherwise, enter (N) for not appropriate. In case I or someone from my office needs to get in touch with you, we need your name, address and telephone number.
Answer Codes	P Proceed after reading N Reading not appropriate Refused
Question Type	Pick One - answer list pane
Field Pane Description	Future contact
Fill Instructions	

Special Instructions	Do not allow an answer of 'don't know'
	
	if TYPEABC IN (2,3)
	  if front.BYOBS = 1
	  store 'N' in CLOSE4
	  elseif front.BYOBS = 2
	  store 'P' in CLOSE4
	  endif
	endif
	
	if TYPEA1 IN (2-5)
	  ask CLOSE4
	endif
	
	N = not appropriate to collect contact person information
	P = Proceed to collect contact person information
	
	If MERGE = 2
	  store '244' in OUTCOME
	  store '2' in frt.BYOBS
	  store 'P' in CLOSE4
	  goto RESPNME_1

Skip Instructions	<P> store '2' in front.BYOBS
	  goto RESPNME_1
	<N,R> store '1' in front.BYOBS
	  if testing instrument (SURVTYPE = empty)
	  goto SHOFINAL
	  elseif training, systems test or production instrument (SURVTYPE = T,S,P)
	  goto OCDATE

Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.290_1
Variable Name	RESPNME_1
Universe	CLOSE4 = P
Universe-text	Respondent has agreed to provide future contact info
Question Text	? [F1] [fill 1:] What is your first name?
Answer Codes	
Question Type	Text
Field Pane Description	First name
Fill Instructions	[fill 1:] = In case I or someone from my office needs to get in touch with you, we need your name, address, and telephone number. if OUTCOME = 221 - 248 display [fill 1:] endif
Special Instructions	Don't allow Don't Know
Skip Instructions	<allow 20, R> GOTO RESPNME_2
Hard Edits	
Soft Edits	
AssocHelp	H_RESPNME

Module	02
Section Name	Coverage
Part	
Question ID	COV.290_2
Variable Name	RESPNME_2
Universe	All from RESPNME_1
Universe-text	
Question Text	? [F1] What is your middle name?
Answer Codes	
Question Type	Text
Field Pane Description	Middle name
Fill Instructions	
Special Instructions	Don't allow a Don't Know.
Skip Instructions	<allow 20, R, empty> GOTO RESPNME_3
Hard Edits	
Soft Edits	
AssocHelp	H_RESPNME

Module	02
Section Name	Coverage
Part	
Question ID	COV.290_3
Variable Name	RESPNME_3
Universe	All from RESPNME_2
Universe-text	
Question Text	? [F1] What is your last name?
Answer Codes	
Question Type	Text
Field Pane Description	Last name
Fill Instructions	
Special Instructions	Don't allow a Don't Know. if RESPNME_1 = R if RESPNME_3 ne R, make CP1NAME from RESPNME_3 else, store null in CP1NAME, endif else, if RESPNME_3 ne R make CP1NAME from RESPNME_1 < > RESPNME_3 else, make CP1NAME from RESPNME_1
Skip Instructions	<allow 20, R> GOTO CP1TITL
Hard Edits	
Soft Edits	
AssocHelp	H_RESPNME

Module	02
Section Name	Coverage
Part	
Question ID	COV.290_4
Variable Name	CP1TITL
Universe	all from RESPNME_3
Universe-text	
Question Text	? [F1] What is your full title? * For the title, make entries like "Mailman", "Neighbor", etc.
Answer Codes	
Question Type	Text
Field Pane Description	Title
Fill Instructions	
Special Instructions	Store 1 in CP1TYPE
Skip Instructions	<allow 20, D, R> GOTO RESPADD
Hard Edits	
Soft Edits	
AssocHelp	H_RESPNME

Module	02
Section Name	Coverage
Part	
Question ID	COV.290_H
Variable Name	H_RESPNME
Universe	
Universe-text	
Question Text	Verify that you have spelled the name correctly. If a middle name is given, enter the initial. If no middle name or initial is given ask the respondent if there is a middle initial.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.300
Variable Name	RESPADD
Universe	All from CP1TITL
Universe-text	
Question Text	* What is the respondent's exact address? Address: [HNO] [HNOSUF] [STRNAME] [UNITDES] [PO] [ST] [ZIP5] - [ZIP4]
Answer Codes	1. Address correct 2. Some additions/revisions needed
Question Type	Text
Field Pane Description	Respondent address
Fill Instructions	
Special Instructions	Don't allow a Don't Know or Refused. <1> store HNO HNOSUF STRNAME(join these three fields into one, using only whitespace to seperate) in CP1ADD1, store UNITDES in CP1ADD2, store PO in CP1PO, store ST in CP1ST, store ZIP5 in CP1ZIP5, store ZIP4 in CP1ZIP4,
Skip Instructions	<1> GOTO CP1PHON <2> GOTO CP1ADD1
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.310_1
Variable Name	CP1ADD1
Universe	RESPADD = 2
Universe-text	
Question Text	* Enter the House Number, House Number Suffix and Street Name or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	House #, House # Suffix
Fill Instructions	
Special Instructions	Prefill the field pane with HNO, HNOSUF, STRNAME (join these three fields first, using whitespace to seperate) Don't allow a Don't know or Refused
Skip Instructions	<allow 54, empty> GOTO CP1ADD2
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.310_2
Variable Name	CP1ADD2
Universe	All from CP1ADD1
Universe-text	
Question Text	* Enter the Unit Description or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	Unit description
Fill Instructions	
Special Instructions	Prefill the field pane with UNITDES Don't allow a Don't know or Refused
Skip Instructions	<allow 54, empty> GOTO CP1PO
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.310_3
Variable Name	CP1PO
Universe	All from CP1ADD2
Universe-text	
Question Text	* Enter the City or press "ENTER" for same or no change.
Answer Codes	
Question Type	Text
Field Pane Description	City
Fill Instructions	
Special Instructions	Prefill the field pane with PO Don't allow a Don't know or Refused
Skip Instructions	<allow 20, empty> GOTO CP1ST
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.310_4
Variable Name	CP1ST
Universe	All from CP1PO
Universe-text	
Question Text	* Enter the State or press "ENTER" for the same or no change.
Answer Codes	
Question Type	Pick One - popup window
Field Pane Description	State
Fill Instructions	
Special Instructions	Prefill the field pane with ST Don't allow a Don't know or Refused
Skip Instructions	GOTO CP1ZIP5
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.310_5
Variable Name	CP1ZIP5
Universe	All from CP1ST
Universe-text	
Question Text	* Enter the zip code or press "ENTER" for the same or no change.
Answer Codes	
Question Type	Integer
Field Pane Description	Zip 5
Fill Instructions	
Special Instructions	Prefill the field pane with ZIP 5
Skip Instructions	<01000-99996, Refused, Don't know, empty> GOTO CP1ZIP4
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.310_6
Variable Name	CP1ZIP4
Universe	All from CP1ZIP5
Universe-text	
Question Text	* Enter the Zip 4 or press "ENTER" for the same or no change.
Answer Codes	
Question Type	Integer
Field Pane Description	Zip 4
Fill Instructions	
Special Instructions	Prefill the field pane with ZIP4
Skip Instructions	<0000-9996, Refused, Don't know, empty> GOTO CP1PHON
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.320_1
Variable Name	CP1PHON
Universe	All from CP1ZIP4 or RESPADD = 1
Universe-text	
Question Text	* Enter the respondent's phone number or press "ENTER" for same or no change. If no phone exists, enter "N". [fill TELENUM]
Answer Codes	
Question Type	Integer
Field Pane Description	Contact person phone
Fill Instructions	
Special Instructions	Use standard telephone field format <( ) - >
Skip Instructions	<2000000000-9999999996> GOTO CP1EXT <Refused, Don't know, N> GOTO OCDATE (Back Section)
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.320_2
Variable Name	CP1EXT
Universe	CP1PHON ne R, D, N
Universe-text	
Question Text	* Enter the extension or press "ENTER" to leave empty.
Answer Codes	
Question Type	Integer
Field Pane Description	Extension
Fill Instructions	
Special Instructions	
Skip Instructions	<0-9996, Refused, Don't know, empty> GOTO OCDATE (Back Section)
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.330
Variable Name	TELENUM
Universe	[POS2 ne 0 and START = Proceed (1)] or [LIVQRT = 1-12 and START = Proceed (1)]
Universe-text	
Question Text	?[F1] What is the telephone number here, beginning with the area code? * Enter the area code and the number, or enter "N" if no phone. * Include any phone number (land-line or cell).
Answer Codes	
Question Type	Integer
Field Pane Description	Telephone
Fill Instructions	

Special Instructions	Use standard telephone field format <( ) - >
	
	If PHONENUM is ‘empty’ or has an incomplete or invalid phone number and TELENUM is RF, DK, N, or ‘empty’
	  Do not update PHONENUM with TELENUM
	
	If PHONENUM is ‘empty’ or has an incomplete or invalid phone number and TELENUM has a valid phone number
	  Update PHONENUM with TELENUM
	
	If PHONENUM has a valid phone number and it is not equal to TELENUM and RCIFLAG ne '1'
	  Update TELENUM with PHONENUM
	
	If TELENUM is RF, DK, N, or ‘empty’ and PHONENUM is ‘empty’ or has an incomplete or invalid phone number
	  Do not update TELENUM with PHONENUM
	
	If TELENUM is RF, DK, N, or ‘empty’ and PHONENUM has a valid phone number and RCIFLAG ne '1'
	  Update TELENUM with PHONENUM
	
	If TELENUM has a valid phone number and it is not equal to PHONENUM
	  Update PHONENUM with TELENUM
	
	Do not update any variables from TELECHG

Skip Instructions	<2000000000 - 9999999996, D, R> store in HPHONE1, goto CURWRK <0-1999999999> GOTO ERR_TELENUM <N> goto TELCEL

Hard Edits	ERR_TELENUM * Enter the entire telephone number. * Please correct.
Soft Edits	
AssocHelp	H_TELENUM
Module	02
Section Name	Coverage
Part	
Question ID	COV.330_H
Variable Name	H_TELENUM
Universe	
Universe-text	
Question Text	If you are given a number for a telephone not in the sample unit, such as a neighbor's number, a work number, a public phone, and so forth, enter the location in an F7 note.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: TELENUM
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.331
Variable Name	CURWRK
Universe	TELENUM ne 'N'
Universe-text	All families with a phone
Question Text	?[F1] Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Inside land line
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto TELCEL]
Hard Edits	
Soft Edits	
AssocHelp	H_CURWRK

Module	02
Section Name	Coverage
Part	
Question ID	COV.331_H
Variable Name	H_CURWRK
Universe	
Universe-text	
Question Text	Accept only telephones which are inside the sample unit. For interviews conducted in group quarters, reword the question to ask about telephones inside the room.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: CURWRK
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.334
Variable Name	TELCEL
Universe	All
Universe-text	All families
Question Text	Do you or anyone in your family have a working cell phone?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Cell phone
Fill Instructions	
Special Instructions	
Skip Instructions	<1> goto WRKCEL <2,R,D> if POS2 = '0' [goto hhc.NAME_FNAME] else [goto hhc.ADC]
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.335
Variable Name	WRKCEL
Universe	TELCEL = '1'
Universe-text	Families with a working cell phone
Question Text	How many working cell phones do you or people in your family have?
Answer Codes	1-10 Refused Don't know
Question Type	Integer
Field Pane Description	# of cell phones
Fill Instructions	
Special Instructions	
Skip Instructions	<1-10,R,D> if CURWRK = '1' [goto PHONEUSE] elseif POS2 = '0' [goto hhc.NAME_FNAME] else [goto hhc.ADC]
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.337
Variable Name	PHONEUSE
Universe	TELCEL= '1' and CURWRK = '1'
Universe-text	Working cell phone and working land-line in family
Question Text	Of all the telephone calls that you or your family receives, are… *Read categories below.
Answer Codes	1. All or almost all calls received on cell phones? 2. Some received on cell phones and some on regular phones? 3. Very few or none received on cell phones? Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Type of phone call
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3, Refused, Don't know> if POS2 = '0' goto hhc.NAME_FNAME else goto hhc.ADC
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.410
Variable Name	ADDRCHG
Universe	
Universe-text	
Question Text	** Instrument Variable **
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	Status flag for physical address changes. Set to 1 if physical address was altered.
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.420
Variable Name	MFLAG
Universe	
Universe-text	
Question Text	** Instrument Variable **
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	Status flag for mailing address. Set to 1 if verified the mailing address is the same as the physical address or refused to verify mailing address or said don't know to verifying the mailing address, or set to 2 if the mailing address was altered.
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.430
Variable Name	TOTEXTRA
Universe	
Universe-text	
Question Text	** Instrument Variable **
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	Counter used to reflect the total number of spawned addresses.
Hard Edits	
Soft Edits	
AssocHelp	

Module	02
Section Name	Coverage
Part	
Question ID	COV.460
Variable Name	HPHONE1
Universe	
Universe-text	
Question Text	** Instrument Variable **
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	Phone number used by laptop management system.
Hard Edits	
Soft Edits	
AssocHelp	

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Section name: Household Composition

Module	03
Section Name	Household Composition
Part	
Question ID	HHC.001
Variable Name	ADC
Universe	POS2 or POS3 (Datamodel) ne 0
Universe-text	Family spawned cases
Question Text	I have listed . . .* Read names [fill 1] . . . as being in this family. Is the family roster correct?
Answer Codes	1. Roster correct, continue with interview 2. Add person 3. Delete person
Question Type	Pick One - answer list pane
Field Pane Description	Add, Delete, Continue
Fill Instructions	[fill 1] Loop for all PX [fill PX] [fill ALIAS] end loop
Special Instructions	Don't allow 'Don't know' or 'Refuse'
Skip Instructions	<1> if PCNT = 0, goto EXIT esleif PCNT = 1, set HHSTAT9 = G, store PX in HHRESP if AGE[PX] = 18-64 goto NOWAF_A else goto HHCHANGE (FID) elseif for all PX, HHSTAT[PX] = D or HHSTAT3[PX] = A, goto EXIT elseif HHRESP = null, goto HHRESP elseif an adult 18-64 years old, goto NOWAF_A else goto HHREF_A <2> goto NAME_FNAME <3> goto SPAWNDEL
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	
Question ID	HHC.002
Variable Name	SPAWNDEL
Universe	ADC = Delete person (2)
Universe-text	
Question Text	* Enter the line number of the person to delete. [fill 1]
Answer Codes	
Question Type	Integer
Field Pane Description	Delete Person
Fill Instructions	[fill 1] loop through all PX [fill PX] [fill ALIAS] end loop
Special Instructions	Don't allow 'Don't know' or 'Refuse' Set HHSTAT[PX] = D for entered PX Subtract 1 from PCNT
Skip Instructions	<1-25> if HHSTAT[PX] = D or HHSTAT3[PX] = A, GOTO ERR_SPAWNDEL else GOTO REASDEL
Hard Edits	ERR_SPAWNDEL * Invalid entry. * Please correct.
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	
Question ID	HHC.003
Variable Name	REASDEL
Universe	all from SPAWNDEL
Universe-text	
Question Text	* Please enter the reason for deleting the person.
Answer Codes	<1> Lives elsewhere. <2> Belongs to one of the other household families. <3> Other
Question Type	Pick One - answer list pane
Field Pane Description	Delete reason
Fill Instructions	
Special Instructions	
Skip Instructions	<1, 2, R, D> GOTO ADC <3> GOTO DEL_SPECIFY
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	
Question ID	HHC.004
Variable Name	DEL_SPECIFY
Universe	REASDEL = Other specify (3)
Universe-text	
Question Text	* Please enter the reason.
Answer Codes	
Question Type	Text
Field Pane Description	Delete other
Fill Instructions	
Special Instructions	
Skip Instructions	<allow 30> GOTO ADC
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	HOUSEHOLD COMPOSITION
Part	1
Question ID	HHC.010_1
Variable Name	NAME_FNAME
Universe	All cases where POS2 and POS3 (datamodel) = 0 or ADC = Add (2)
Universe-text	
Question Text	? [F1] [fill 1] *Enter 999 if no more persons.
Answer Codes	
Question Type	Text
Field Pane Description	First Name
Fill Instructions	[fill 1] If TOTPCNT = 0 What are the names of all the persons living or staying here? Start with the name of the person, or one of the persons, who owns or rents this home. else What is the name of the next person living or staying here?
Special Instructions	If (valid name entered or ERR2_NAME_FNAME is suppressed) and MARK < 12, store 12 in MARK Add 1 to PCNT and TOTPCNT, set PX = TOTPCNT If ADC = 2, equiv this persons FX to the same as any other person's (they should all be the same at this point). Allow numbers in the first 3 characters of the string. If name entered contains numbers in first 3 characters and entry does not equal '999', goto ERR2_NAME_FNAME. If number is entered in 4th character or beyond, goto ERR2_NAME_FNAME. FAKE/FALSE NAME LIST Use Search String at Beginning and End of Field: MRS MR MS MISS FEMALE MALE MISTER CHILD KID GIRL DAUGHTER DAU LADY REFUSED PERSON WOMAN HUSBAND WIFE MOTHER ADULT YOUNG #

No Search String:

R SON BOY
MAN ONE MOM DAD

If possible, these names should be used as search strings for matching so that not only is "boy" flagged for the edit, but also "boy 1", "boy2", and so on would also be flagged.

Gray out the entries in this table for the original persons carried over to the spawn case from the parent case or from a first level spawn case (for a second level spawn case). These entries should not be allowed to be updated.

Skip Instructions

<999> if PCNT = 0, GOTO ERR1_NAME_FNAME
elseif POS2 or POS3 ne 0, GOTO HHRESP
else, GOTO MISPERS_MCHILD
<allow 20, R, D> if name on fake/false name list
goto ERR2_NAME_FNAME
elseif numbers entered and name not equal to '999' OR
if number is entered in 4th character of name or beyond
goto ERR2_NAME_FNAME
else
goto NAME_MNAME

Hard Edits

ERR1_NAME_FNAME
* 999 not allowed for the first person in the household.

* Please correct.

Soft Edits

ERR2_NAME_FNAME

* You are entering a possible fake/false name.

* Please correct.

* If this is a legitimate name, suppress this error message and continue. Otherwise, go back to the name field and enter a legitimate name. To enter an alias, enter 'Ctrl D' or 'Ctrl R' for 'Don't Know' or 'Refused' at the name field. Then, enter a matching identifier/alias at the next screen (ALIAS).

AssocHelp

H_RPNAME

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.010_2
Variable Name	NAME_MNAME
Universe	NAME_FNAME NE 999
Universe-text	First name is not blank
Question Text	? [F1] * Enter Middle Name. * Probe for middle name or middle initial if not reported. * Press "ENTER" to skip to last name if no middle name.
Answer Codes	
Question Type	Text
Field Pane Description	Middle Name
Fill Instructions	
Special Instructions	
Skip Instructions	<allow 20, R, D, null> GOTO NAME_LNAME
Hard Edits	
Soft Edits	
AssocHelp	H_RPNAME

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.010_3
Variable Name	NAME_LNAME
Universe	Entry other than 999 in NAME_FNAME
Universe-text	There is a name entered for 'first name'
Question Text	? [F1] * If last name is the same as displayed, press "ENTER", otherwise, enter the new last name. *Enter Last Name.
Answer Codes	
Question Type	Text
Field Pane Description	Last Name
Fill Instructions	
Special Instructions	If PX > 1, prefill NAME_LNAME with previous last name. Allow numbers to be entered. If name entered contains numbers in first 3 characters and entry equals ‘999’, goto ERR1_NAME_LNAME. Elseif entry in first 3 characters is not equal to ‘999’, OR if any number is entered in 4th character of name or beyond, goto ERR2_NAME_LNAME. FAKE/FALSE NAME LIST Use Search String at Beginning and End of Field: DOE DOUGH REFUSED ANONYMOUS MALE FEMALE WOMAN HEAD OF HOUSE LADY GIRL HH HOUSEHOLD FAMILY # No Search String: REF ONE X CHILD MAN HOUSE BOY MOM DAD
Skip Instructions	<999> GOTO ERR1_NAME_FNAME <allow 20, R,D> if name on fake/false name list goto ERR2_NAME_LNAME elseif numbers entered in first 3 characters is not equal to ‘999’, OR

	number is entered in 4th character of name or beyond goto ERR2_NAME_LNAME else if NAME_FNAME and NAME_LNAME ne D, R Set ALIAS = NAME_FNAME< >NAME _LNAME, goto USUALRES else goto ALIAS
Hard Edits	ERR1_NAME_FNAME * 999 is not allowed in the last name when there is a first name.
Soft Edits	ERR2_NAME_LNAME * You are entering a possible fake/false name. * Please correct. * If this is a legitimate name, suppress this error message and continue. Otherwise, go back to the name field and enter a legitimate name. To enter an alias, enter 'Ctrl D' or 'Ctrl R' for 'Don't Know' or 'Refused' at the name field. Then, enter a matching identifier/alias at the next screen (ALIAS).
AssocHelp	H_RPNAME

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.010_H
Variable Name	H_RPNAME
Universe	
Universe-text	
Question Text	The first household member entered at the name screens should be 18 years of age or older and the person who owns or rents the sample unit. This person will be selected as the Household Reference Person. If two or more persons own or rent the sample unit, enter the oldest of these persons first. If no occupant owns or rents the unit, the Household Reference Person will be the first household member 18 years of age or older entered at the name screens. If no household members are 18 years of age or older, the first household member entered should be: 1) The household member who owns or rents the sample unit 2) The oldest household member who owns or rents the sample unit if two or more persons own or rent the sample unit 3) The oldest household member if no one owns or rents the sample unit Ask for the full legal name, including middle name or initial. If a maiden name is reported as the middle name, record that as the middle name. Always verify the correct spelling of names with the respondent. If there are two persons in the household with the same first, middle, and last names, enter Sr., Jr., etc. with the last name. If the person has a title that the respondent requests be used, enter it with the first name, such as "DR JOHN", "GENERAL WILLIAM", and so forth. For a person who uses an initial in place of his/her first name and goes by their middle name, enter the initial of the first name in the first name field and enter their full middle name in the middle initial field. If the respondent is hesitant or refuses to give you names, explain that throughout the interview it is necessary to refer to specific household members. Accept first names only or last names only if this is all the respondent will provide. If the respondent provides the names of the household members, but requests that they not be entered, enter ‘Ctrl R’ for ‘Refused’ at the name screens. Then, enter an alias at the ALIAS screen for each household member.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Reference Person Help Screen
Fill Instructions	
Special Instructions	Associated screens:

	NAME_FNAME NAME_MNAME NAME_LNAME CHG_NAME_FNAME CHG_NAME_MNAME CHG_NAME_LNAME
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	
Question ID	HHC.012
Variable Name	HHCDATE
Universe	(POS2 = 0 and POS3 = 0 and NAME_FNAME = response) or (POS2 ne 0 and ADC = response)
Universe-text	Household composition section has been started in either a parent or spawn case.
Question Text	
Answer Codes	
Question Type	DATETYPE
Field Pane Description	
Fill Instructions	

Special Instructions	This is a storage/output variable. The format should be 'MMDDYYYY'. (no slashes (/) in the date)
	
	Set only if HHCDATE = empty
	
	if POS2 = 0 and POS3 = 0
	  if NAME_FNAME ne empty
	  set HHCDATE = CDATE (current date) (now called ComputationDate)
	  endif
	elseif POS2 ne 0
	  if ADC = response
	  set HHCDATE = CDATE (current date) (now called ComputationDate)
	  endif
	endif

Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	
Question ID	HHC.013
Variable Name	HHCTIME
Universe	(POS2 = 0 and POS3 = 0 and NAME_FNAME = response) or (POS2 ne 0 and ADC = response)
Universe-text	Household composition section has been started in either a parent or spawn case.
Question Text	
Answer Codes	
Question Type	TIMETYPE
Field Pane Description	
Fill Instructions	

Special Instructions	This is a storage/output variable. The format should be 'HH:MM [fill a.m./p.m.]'.
	
	Set only if HHCTIME = empty
	
	if POS2 = 0 and POS3 = 0
	  if NAME_FNAME ne empty
	  set HHCTIME = current time
	  endif
	elseif POS2 ne 0
	  if ADC = response
	  set HHCTIME = current time
	  endif
	endif

Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.015
Variable Name	ALIAS
Universe	[NAME_FNAME= D or R] or [NAME_LNAME= D or R]
Universe-text	Persons who don't know or refused to give first or last name.
Question Text	? [F1] How shall I refer to (you/this person) for the rest of the interview?
Answer Codes	
Question Type	Text
Field Pane Description	Alias
Fill Instructions	
Special Instructions	Do not allow 'D' or 'R' in this field. Gray out the column heading of 'ALIAS' in the form pane. Gray out the answer box and do not display the 'value' for 'ALIAS' in the answer box if 'legitimate' first and last names are entered in the previous name questions for this person. Activate the answer box and display the entry typed into the 'ALIAS' field if the first or last name has an answer of 'don't know' (Ctrl D) or 'Refused' (Ctrl R). Create a new variable called ALIAS_FLG in the instrument to capture true alias.
Skip Instructions	<allow 41> GOTO USUALRES
Hard Edits	
Soft Edits	
AssocHelp	H_RPALIAS

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.015_H
Variable Name	H_RPALIAS
Universe	
Universe-text	
Question Text	If a respondent refuses all name information, ask them for an alias for each person to distinguish between family members. If they refuse to give an alias, enter an alias of your own choosing. For example, use Male 1 for the reference person, Female 1 for his wife and Male 2 for his oldest son. These aliases will help you distinguish between family members when the sample adult and sample child are chosen. If the respondent provides the names of the household members, but requests that they not be entered, enter 'Ctrl R' for 'Refused' at the name screens. Then, enter an alias at the ALIAS screen for each household member.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Alias Help Screen
Fill Instructions	
Special Instructions	Associated screens: ALIAS CHG_ALIAS
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	
Question ID	HHC.017
Variable Name	ALIAS_FLG
Universe	
Universe-text	
Question Text	
Answer Codes	
Question Type	Other
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.020
Variable Name	USUALRES
Universe	All non-deleted persons
Universe-text	All non-deleted persons
Question Text	? [F1] [Fill]
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Usual Residence
Fill Instructions	[Fill 1] if I_SEGTYP=3 fill "Is this (your/[ALIAS[PX]'s] usual place of residence when attending school?" else fill "(Do/Does) (you/[ALIAS[PX]]) usually live here?"
Special Instructions	
Skip Instructions	<1> GOTO NAME_FNAME <2, D, R> GOTO ASKURE
Hard Edits	
Soft Edits	
AssocHelp	H_USUALRES

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.020_H
Variable Name	H_USUALRES
Universe	
Universe-text	
Question Text	A person's usual place of residence is where they live more than 50 percent of the time. If a person has two residences, consider his/her usual residence to be where he/she spends the most time. If they spend an equal amount of time at both residences, ask which they consider to be their usual residence, and use that to determine household membership.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Usual Residence Help Screen
Fill Instructions	
Special Instructions	Associated screens: USUALRES
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.030
Variable Name	ASKURE
Universe	If USUALRES= No or D or R.
Universe-text	If the usual residence is not here, or 'don't know', or 'refused'.
Question Text	? [F1] (Do/Does) (you/[ALIAS[PX]]) have some other place where (he/she) usually lives?
Answer Codes	1. Yes 2. No Refused Don’t Know
Question Type	Yes/No
Field Pane Description	Other Residence
Fill Instructions	
Special Instructions	
Skip Instructions	<1> GOTO NOLIST <2, D, R> GOTO NAME_FNAME
Hard Edits	
Soft Edits	
AssocHelp	H_ASKURE

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.030_H
Variable Name	H_ASKURE
Universe	
Universe-text	
Question Text	If the person does not usually live at this address and has another residence where he/she does usually live, he/she will not be included in this interview. If this is the case, identify some other owner/renter or if necessary, some other adult as the Reference Person. If the person does not have some other place where he/she usually lives, he/she will be considered a household member and included in the interview.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Help Screen
Fill Instructions	
Special Instructions	Associated screens: ASKURE
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.035
Variable Name	NOLIST
Universe	If ASKURE = yes
Universe-text	Person living elsewhere
Question Text	Since (you/ [ALIAS[PX]]) (do/does] not usually live here and (have/has) another residence elsewhere, (you/he/she) will not be included in this interview. * Enter <1> to continue to the next person.
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description	Excluded
Fill Instructions	
Special Instructions	store D in HHSTAT[PX], subtract 1 from PCNT
Skip Instructions	GOTO NAME_FNAME
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.050_1
Variable Name	MISPERS_MCHILD
Universe	NAME_FNAME=999 and (POS2 and POS3 = 0)
Universe-text	After completing household roster
Question Text	? [F1] I have listed living here ... [fill 1) Have I missed any babies or small children?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Missed Child
Fill Instructions	[fill 1] entire roster for [ALIAS[PX]] if HHSTAT ne 'D'
Special Instructions	Add Flag to capture entries: Create <0,1 FLAG>, if <1> set MISPERS_MCHILDFLG to 1.
Skip Instructions	<1> empty out '999' in NAME_FNAME empty out MISPERS_MCHILD empty out MISPERS_MLODGE empty out MISPERS_MAWAY empty out MISPERS_MELSE goto NAME_FNAME <2, D, R> goto MISPERS_MLODGE
Hard Edits	
Soft Edits	
AssocHelp	H_MISPERS

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.050_2
Variable Name	MISPERS_MLODGE
Universe	MISPERS_MCHILD=no or D or R
Universe-text	Not missing any children or D or R
Question Text	? [F1] * Read if necessary. I have listed living here ... [fill 1) Have I missed any lodgers, boarders, or persons you employ who live here?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Missed Lodger
Fill Instructions	[fill 1] entire roster for [ALIAS[PX]] if HHSTAT ne 'D'
Special Instructions	Add Flag to capture entries: Create <0,1 FLAG>, if <1> set MISPERS_MLODGEFLG to 1.
Skip Instructions	<1> empty out '999' in NAME_FNAME empty out MISPERS_MCHILD empty out MISPERS_MLODGE empty out MISPERS_MAWAY empty out MISPERS_MELSE goto NAME_FNAME <2,D,R> goto MISPERS_MAWAY
Hard Edits	
Soft Edits	
AssocHelp	H_MISPERS

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.050_3
Variable Name	MISPERS_MAWAY
Universe	MISPERS_MLODGE= no (2) or D or R
Universe-text	No 'lodgers' living here or D or R
Question Text	? [F1] * Read if necessary. I have listed living here... [fill 1) Have I missed anyone who USUALLY lives here, but is now away from home traveling or in a hospital?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Missed Away
Fill Instructions	[fill 1] entire roster for [ALIAS[PX]] if HHSTAT ne 'D'
Special Instructions	Add Flag to capture entries: Create <0,1 FLAG>, if <1> set MISPERS_MMAWAYFLG to 1.
Skip Instructions	<1> empty out '999' in NAME_FNAME empty out MISPERS_MCHILD empty out MISPERS_MLODGE empty out MISPERS_MAWAY empty out MISPERS_MELSE goto NAME_FNAME <2,D,R> goto MISPERS_MELSE
Hard Edits	
Soft Edits	
AssocHelp	H_MISPERS

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.050_4
Variable Name	MISPERS_MELSE
Universe	MISPERS_MAWAY = no or D or R
Universe-text	Nobody is away from home or D or R
Question Text	? [F1] * Read if necessary. I have listed living here... [fill 1) Have I missed anyone else staying here?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Missed Else
Fill Instructions	[fill 1] entire roster for [ALIAS[PX]] if HHSTAT ne 'D'
Special Instructions	Add Flag to capture entries: Create <0,1 FLAG>, if <1> set MISPERS_MMELSEFLG to 1.
Skip Instructions	<1> empty out '999' in NAME_FNAME empty out MISPERS_MCHILD empty out MISPERS_MLODGE empty out MISPERS_MAWAY empty out MISPERS_MELSE goto NAME_FNAME <2,D,R> if PCNT = 0, goto EXIT elseif PCNT = 1 store Yes (1) in LIVEAT, goto OTHLIV else goto LIVEAT
Hard Edits	
Soft Edits	
AssocHelp	H_MISPERS

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.050_H
Variable Name	H_MISPERS
Universe	
Universe-text	
Question Text	Read the list of names already entered in the household from the "window" at the side of the screen. If the answer to a question is "No", enter 2 and ask the next question. If the answer to a question is "Yes" (you missed someone), enter 1 and the instrument will take you through the appropriate questions for entering the missed person. After entering all appropriate information for the missed person, you will be return to this screen. Re-ask the question to which you received the "Yes" answer.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: MISPERS_MCHILD, MISPERS_MLODGE, MISPERS_MAWAY, MISPERS_MELSE
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.060
Variable Name	LIVEAT
Universe	PCNT > 1 and (POS2 and POS3 = 0)
Universe-text	Person count is greater than one
Question Text	? [F1] Do all the persons I have listed live together? *Read names if necessary. [fill 1]
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Live Together
Fill Instructions	[fill 1] all non-deleted person's ALIAS
Special Instructions	
Skip Instructions	<1, D, R> GOTO OTHLIV <2> GOTO XACCESS
Hard Edits	
Soft Edits	
AssocHelp	H_LIVEAT

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.060_H
Variable Name	H_LIVEAT
Universe	
Universe-text	
Question Text	The purpose of this question is to identify any person(s) that have been listed as household members, who may actually live in a separate housing unit, and thus do not qualify as household members.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: LIVEAT
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.070
Variable Name	XACCESS
Universe	LIVEAT= no
Universe-text	All persons don't live together
Question Text	? [F1] Do the people who do not live here have direct access from the outside or through a common hallway to a separate living quarters?
Answer Codes	1. Yes 2. No Refused Don’t know
Question Type	Yes/No
Field Pane Description	Direct Access
Fill Instructions	
Special Instructions	
Skip Instructions	<1> GOTO TABX <2, D, R> GOTO OTHLIV
Hard Edits	
Soft Edits	
AssocHelp	H_XACCESS

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.070_H
Variable Name	H_XACCESS
Universe	
Universe-text	
Question Text	Any persons entered in the household roster that do not live with the other household members, AND have direct access from the outside or through a common hallway to separate living quarters, will be deleted from the household roster. Direct access means that they do not need to pass through any other persons living quarters to reach their own living quarters. Common hallways are typically found in apartment buildings. To be considered a common hallway, a hallway must not be a part of any other persons living quarters.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: XACCESS
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.080
Variable Name	TABX
Universe	XACCESS=yes
Universe-text	All persons who live together and have direct access
Question Text	? [F1] * Enter the line number of each person who does not live with this household. * Enter applicable line number(s), separate with commas.
Answer Codes	[fill 1]
Question Type	Enter All That Apply
Field Pane Description	Not Live Here
Fill Instructions	[fill 1] Display roster for all household members and GRAY out deleted people with text: 'deleted'.
Special Instructions	store D in HHSTAT[PX], subtract 1 from PCNT. Don't allow PCNT =0, if so GOTO ERR3_TABX. Allow this to occur as long as PCNT>1. Do not allow a 'D' or 'R'.
Skip Instructions	for PX selected: if PX is already deleted, GOTO ERR1_TABX elseif PX > HIGH_LNO, GOTO ERR2_TABX elseif PCNT=0, GOTO ERR3_TABX else, GOTO OTHLIV
Hard Edits	ERR1_TABX * You cannot choose a deleted person. * Please correct. ERR2_TABX * You entered a line number that does not exist in this household. * Please correct. ERR3_TABX * You are not allowed to choose the last nondeleted person from the household. * Please correct.
Soft Edits	
AssocHelp	H_TABLEX

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.080_H
Variable Name	H_TABLEX
Universe	
Universe-text	
Question Text	Ask the respondent for the names of the person(s) that do not live with the other household members, AND have direct access from the outside or through a common hallway. Enter the line number that corresponds to every such person and enter "N" after the last person entered. Each person entered will be deleted from the household roster. If the Reference Person is deleted, the next nondeleted person in the roster will automatically be designated as the new Reference Person. If this person is not the best choice, you will have a chance later to select another Reference Person yourself.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: TABX
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.090
Variable Name	OTHLIV
Universe	All when POS2 and POS3 = 0
Universe-text	All
Question Text	? [F1] Do members of any other household on the property live with members of this household?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Others Live Together
Fill Instructions	
Special Instructions	1. if PCNT = 1 and HHSTAT[PX] ne D store PX in HHRESP store 1 in QCRESP store R in HHSTAT2[PX] store G in HHSTAT9[PX] store 1 in FX 2. If <1>, store null in LIVEAT and OTHLIV, GOTO NAME_FNAME
Skip Instructions	<1> GOTO ERR_OTHLIV <2, D, R> if PCNT = 1, GOTO SEX else, GOTO HHRESP
Hard Edits	ERR_OTHLIV * All such persons should be included in this interview. * Please correct by adding the additional person(s) to the household.
Soft Edits	
AssocHelp	H_OTHLIV

Module	03
Section Name	Household Composition
Part	1
Question ID	HHC.090_H
Variable Name	H_OTHLIV
Universe	
Universe-text	
Question Text	If there is another household that lives on the same property as the household you have already listed, those persons will be added to the household roster and included with this interview. Property includes: The entire structure (or other type of living quarters such as a mobile home or trailer) which contains the sample unit; The land it stands on; Any additional structures (or other types of living quarters) on the same plot of land as the structure containing the sample unit that is owned by the same person; Any adjacent land and structures (or other types of living quarters) which are owned by the same person who owns the structure containing the sample unit. For cooperative and condominium units, include the structure (or other type of living quarters) containing the sample unit and the ground on which it stands as the property.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: OTHLIV
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.100
Variable Name	HHRESP
Universe	PCNT > 1 and [(POS2 = 0 and POS3 = 0) or (POS2 ne 0 and HHRESP = empty)]
Universe-text	All households with more than one nondeleted person in parent cases or more than one nondeleted person in spawn cases and no household/family demographic respondent identified yet.
Question Text	? [F1] * Ask if necessary With whom am I speaking? * Enter the line number of the respondent. If more than one, enter the number of the one you consider to be the main respondent.
Answer Codes	
Question Type	Pick One - answer list pane
Field Pane Description	Household Respondent
Fill Instructions	
Special Instructions	1. Display roster for all household members in the Answer Codes and GRAY out deleted people with text: 'deleted'. 2. store 1 in QCRESP and G in HHSTAT9. store ALIAS of HHRESP in RESPNAME and in RT1000.RESPNAME. if POS2 and POS3 = 0, store R in HHSTAT2. 3. Don't allow a 'Don't know' or 'Refused'.
Skip Instructions	<1-25> If deleted PX, goto ERR1_HHRESP elseif out of bound, goto ERR2_HHRESP elseif ADC = 1, GOTO HHREF_A else GOTO SEX
Hard Edits	ERR1_HHRESP: * Person was deleted from this household. * Please correct. ERR2_HHRESP: *Invalid line number entered. * Please correct.
Soft Edits	
AssocHelp	H_HHRESP

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.100_H
Variable Name	H_HHRESP
Universe	
Universe-text	
Question Text	Enter the Person Number of the person that has been responding to the questions so far. If more than one person has been responding to this point, enter the Person Number of the one you consider the main respondent. This may be the one who gave the best answers or who will be available for the rest of the interview. For persons who are not able to answer questions for themselves and have no relative living in the household who can answer for them, you may interview someone who is responsible for their care. This respondent may or may not be a household member. If the respondent is a household member, enter his/her Person Number. If the respondent is not a household member, but is being assisted by a household member, enter the household member's Person Number. Also, press F7 and note the situation, including the name and relationship to the Reference Person of the non-household member. If the respondent is not a household member and is not being assisted by a household member, press F7 and note the situation, including the name and relationship of the respondent to the Reference Person.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: HHRESP
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	
Question ID	HHC.105
Variable Name	STARTINTERVIEW
Universe	
Universe-text	
Question Text	**Instrument Out Variable**
Answer Codes	
Question Type	Instrument Out Variable
Field Pane Description	
Fill Instructions	
Special Instructions	IF HHRESP=response, capture current date in STARTINTERVIEW. Keep this date, even if case is exited and rentered.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.110
Variable Name	SEX
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	[fill 1] male or female? * If don’t know or refused enter your best guess.
Answer Codes	1. Male 2. Female
Question Type	Pick One - answer list pane
Field Pane Description	Sex
Fill Instructions	[fill 1] if PX = LNO_RESP, then "Are you", else "Is [ALIAS(PX)]"
Special Instructions	Don't allow 'D' or 'R' for a response. Gray out the entries in this table for the original persons carried over to the spawn case from the parent case or from a first level spawn case (for a second level spawn case). These entries should not be allowed to be updated.
Skip Instructions	<1,2> GOTO AGEDOB_1
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_1
Variable Name	AGEDOB_1
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	? [F1] 1 of 5 What is [fill 1] age? * Enter number for age.
Answer Codes	
Question Type	Integer
Field Pane Description	Age Num
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"
Special Instructions	If AGEDOB_1 = D or R, store 999 into AGE1
Skip Instructions	<000-120> GOTO AGEDOB_2 <D,R> GOTO AGEDOB_3
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_2
Variable Name	AGEDOB_2
Universe	AGEDOB_1 = <000-120>
Universe-text	Valid age - number entered
Question Text	? [F1] 2 of 5 * Enter number for age time period.
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Description	Age TP
Fill Instructions	
Special Instructions	1. Do not allow don't know or refused. 2. Calculate age in years If AGEDOB_2 = day, divide AGEDOB_1 by 365, truncate decimal and store integer into AGE1. If AGEDOB_2 = weeks, divide AGEDOB_1 by 52, truncate decimal and store integer into AGE1. If AGEDOB_2 = months, divide AGEDOB_1 by 12, truncate decimal and store integer into AGE1. If AGEDOB_2 = years, store integer into AGE1.
Skip Instructions	<1-4> GOTO AGEDOB_3
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_3
Variable Name	AGEDOB_3
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	? [F1] 3 of 5 And what is [fill 1] date of birth? Please give month, day, and year for the date of birth. * Enter month of birth.
Answer Codes	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December Refused Don’t know
Question Type	Pick One - answer list pane
Field Pane Description	DOBM
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"
Special Instructions	
Skip Instructions	<1-12,R,D> GOTO AGEDOB_4
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_4
Variable Name	AGEDOB_4
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	? [F1] 4 of 5 * Enter day of birth
Answer Codes	
Question Type	Integer
Field Pane Description	DOBD
Fill Instructions	
Special Instructions	
Skip Instructions	<1-31, R, D> Only allow valid days for month entered. If days not valid, GOTO ERR_AGEDOB_4 ELSE GOTO AGEDOB_5
Hard Edits	ERR_AGEDOB_4 [fill1: AGEDOB_4] is not a valid day for [fill2: AGEDOB_3].
Soft Edits	
AssocHelp	H_AGEDOB

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_5
Variable Name	AGEDOB_5
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	? [F1] 5 of 5 * Enter year of birth.
Answer Codes	
Question Type	Integer
Field Pane Description	DOBY
Fill Instructions	
Special Instructions	Store AGEDOB_3 in DOBM Store AGEDOB_4 in DOBD Store ABDDOB_5 in DOBY 1. If AGEDOB_5 > current year, GOTO ERR4_AGEDOB_5. 2. If AGEDOB_5 = current year and AGEDOB_3 > current month, GOTO ERR1_AGEDOB_5. 3. If AGEDOB_5 = current year and AGEDOB_3 = current month and AGEDOB_4 > current day, GOTO ERR2_AGEDOB_5. 4. If AGEDOB_3 = 2 and AGEDOB_4 = 29, divide AGEDOB_5 BY 4.00. If AGEDOB_5 ne to (truncated decimal multiplied by 4.00), GOTO ERR3_AGEDOB_5. 5. Execute Procedure AGECAL. 6. Execute Procedure AGECK. 7. New Variable: >BIRTHDATE< Concatenate information gathered in AGEDOB_3, AGEDOB_4, and AGEDOB_5 into a type DATETYPE variable called BIRTHDATE. The format would be: MM/DD/YYYY . PLEASE NOTE: THAT THE AGE QUESTIONS COULD BE POPULATED WITH 'don't know' or 'refused' And therefore could have no information to populate this field.
Skip Instructions	<1880 - 2030, D,R> GOTO AGECAL
Hard Edits	ERR1_AGEDOB_5 Future month invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR2_AGEDOB_5 Future day invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR3_AGEDOB_5

	Invalid date:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR4_AGEDOB_5 Future year invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5
Soft Edits	
AssocHelp	H_AGEDOB

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_6
Variable Name	AGECAL
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	Calculates age(s) from Date of Birth
Fill Instructions	

Special Instructions

This item takes the date-of-birth information entered in AGEDOB_3, AGEDOB_4 and AGEDOB_5 and calculates an age. The calculated age is stored in AGE2.

There are 4 main sections, number 1-4 below. Which section will be used depends on whether complete DOB information was entered in AGEDOB, and which part of DOB (month, day or year) is missing, if any. If not enough DOB information was given to calculate an age, 999 is assigned to AGE2.

1. If complete DOB information was entered in AGEDOB_3, AGEDOB_4, and AGEDOB_5

if AGEDOB_3, AGEDOB_4 and AGEDOB_5 are valid
if AGEDOB_3 < current month, store (current year - AGEDOB_5) in AGE2
if AGEDOB_3 > current month, store (current year - AGEDOB_5 - <1>) in AGE2]
if AGEDOB_3 = current month and AGEDOB_4 le current day,
store (current year - AGEDOB_5) in AGE2
if AGEDOB_3 = current month and AGEDOB_4 > current day.
store (current year - AGEDOB_5 - <1>) in AGE2]
Store AGEDOB_3 in DOBM
Store AGEDOB_4 in DOBD
Store ABDDOB_5 in DOBY

2. If only the day is missing an age may be calculated, depending on the month of birth. If the birth month is the current month, two possible ages are calculated and stored in AGE3 and AGE4.

If AGEDOB_3 valid and AGEDOB_5 valid
If AGEDOB_5 < current year and AGEDOB_3 < current month,
store (current year - AGEDOB_5) in AGE2
If AGEDOB_5 < current year and AGEDOB_3 > current month,
store (current year - AGEDOB_5 - <1>) in AGE2
If AGEDOB_5 < current year and AGEDOB_3 = current month,
store <999> in AGE2, store (current year - AGEDOB_5 - <1>) in AGE3, and
store (current year - AGEDOB_5) in AGE4
if AGEDOB_5 = current year, store <0> in AGE2
Store AGEDOB_3 in DOBM

	Store ABDDOB_5 in DOBY 3. If the birth month is missing (or month and day, because the day is useless without the month) two possible ages are calculated, AGE3 and AGE4, if the birth year is less than the current year. If the birth year = current year, an age of 0 is assigned to AGE2. If AGEDOB_5 valid and AGEDOB_5 < current year, store <999> in AGE2, store (current year - AGEDOB_5 - <1>) in AGE3, and store (current year - AGEDOB_5) in AGE4 If AGEDOB_5 valid and AGEDOB_5 = current year, store <0> in AGE2 Store AGEDOB_5 in DOBY 4. If the birth year is missing (or any combination of month, month and day, or month, day and year, because month and day are useless without the year) a 999 is stored in AGE2. If AGEDOB_5 = Refused or Don't know, store <999> in AGE2
Skip Instructions	GOTO AGECK
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_7
Variable Name	AGECK
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	Checking age
Fill Instructions	
Special Instructions	AGECK compares the two ages calculated in AGE1 (actual age given) and AGE2 (calc. From DOB information). AGE1 and AGE2 will contain an age or 999 if an age could not be calculated.

Skip Instructions	if AGE1 = 999
	  if AGE2 ne 999, store AGE2 in AGE, GOTO AGEDOB_1, to collect information about next person in roster,
	  else, GOTO NATOR
	  elseif AGE2 = 999
	  if AGE3 = null
	  if AGEDOB_5 ne refused, GOTO AGEGES1_NUM
	  else GOTO AGEGES2, endif
	  else GOTO AGEPIC, endif
	  endif
	elseif AGE1 ne 999
	  if AGE2 ne 999
	  if AGE1 = AGE2, store AGE1 in AGE, GOTO AGEDOB_1, to collect information about next person in roster,
	  else, GOTO NATOR
	  elseif AGE1 ne AGE2
	  if DOBVER = null, GOTO DOBVER
	  else, store AGE2 in AGE, GOTO AGEDOB_1, to collect information about next person in roster,
	  else, GOTO NATOR, endif
	  endif
	  elseif AGE2 = 999
	  if AGE1 = AGE3 or AGE4, store AGE1 in AGE, GOTO AGEDOB_1, to collect information about next person in roster,
	  else, GOTO NATOR
	  elseif AGE1 ne AGE3 or AGE4
	  if AGEDOB_5 = Don't know
	  store AGE1 in AGE
	  store (current year - AGE1 - <1>) in BYY1
	  store (current year - AGE1) in BYY2, GOTO YEARPIC
	  else, store AGE1 in AGE, GOTO AGEDOB_1, to collect information about next person in roster,

	else, GOTO NATOR endifall
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.120_H
Variable Name	H_AGEDOB
Universe	
Universe-text	
Question Text	Attempt to obtain age and exact date of birth. For age you must enter a number or "control D" (for Don't know) or "control R" (for Refused). The age cannot be left blank. If you enter a number you will need to enter the time period, and then the Month, Day and Year. If you enter "control D" or "control R" the time period will be skipped, and it will go to the Month, Day and Year. For MONTH and DAY enter one or two digits. For YEAR enter four digits. If any part of the birth date is unknown, enter "control D" (for Don't Know). If the respondent refuses to give the information, enter "control R" (for Refused). Based on your entries , there are several different paths the instrument can take. If the date-of-birth you entered matches the age you entered (assuming you entered all this information) you will skip to the National Origin questions without verifying the information.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: AGEDOB_1 AGEDOB_2 AGEDOB_3 AGEDOB_4 AGEDOB_5 CHG_AGEDOB_1 CHG_AGEDOB_2 CHG_AGEDOB_3 CHG_AGEDOB_4 CHG_AGEDOB_5
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.124
Variable Name	DOBVER
Universe	[AGE1 ne AGE2] and [AGE1 & AGE2 ne 999]
Universe-text	Age reported is not equal to age calculated from date of birth.
Question Text	"There is a difference between the age the computer calculated from [fill 1] date-of-birth, [fill: computer calculated age (AGE2)], and the age that you gave me, [fill: age respondent reported (AGE1)]. I recorded [fill 1] date-of-birth as [AGEDOB_3] [AGEDOB_4], [AGEDOB _5]. Is that [fill 1] correct date-of-birth?"
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	DOB Ver
Fill Instructions	[fill 1] if PX = LNO_RESP, "your" else, "[ALIAS[PX]]'s"
Special Instructions	<1> store AGE2 in AGE <D, R> store AGE1 in AGE FLAG for DOBVER_FLG, store 1 if suppressed
Skip Instructions	<1,D,R> GOTO AGEDOB_1, to collect information about next person in roster, else, GOTO NATOR <2> GOTO AGEDOB_3
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.130
Variable Name	AGEPIC
Universe	[(AGEDOB_1,_2,_3,_4 = D or R) and (AGEDOB_5 ne D,R)] or [(AGEDOB_3,_5 ne D or R) and (AGEDOB_4 = D or R) and (AGEDOB_5 lt current year) and (AGEDOB_3 = current month)]
Universe-text	Able to narrow age to two options
Question Text	[fill 1]
Answer Codes	1. [fill 2] 2. [AGE4] year(s) old? 3. Neither is correct Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Age Pick
Fill Instructions	[fill 1] if PX = LNO_RESP, "Are you ..." else "Would you say [ALIAS[PX]] is ..." [fill 2] if AGE3 = 0, "Less than 1 year old?" else "[AGE3] year(s) old?"
Special Instructions	<1> set AGE = AGE3 <2> set AGE = AGE4
Skip Instructions	<1, 2> GOTO AGEDOB_1, to collect information about next person in roster, else, GOTO NATOR <3, D, R> if AGEDOB_1 = R, GOTO AGEGES2 elseif AGEDOB_1 = D, GOTO AGEGES1_NUM
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.150_1
Variable Name	AGEGES1_NUM
Universe	[AGEPIC = (3or D or R) and AGEDOB_1 ne R] or [(AGEDOB_3 or AGEDOB_4 or AGEDOB_5 = (D or R)) and (AGEPIC not asked and AGEDOB_1 ne R)]
Universe-text	Age unknown and unable to narrow age down to two age choices and respondent did not refuse AGEDOB_1
Question Text	? [F1] 1 of 2 What is your best guess of [fill 1] age? * If the respondent gives a range of ages, enter "C" to continue to the screen that will compute an age. * If the respondent does not know the age, enter your best estimate of the person's age.
Answer Codes	C. Compute from range Refused Don't Know
Question Type	Integer
Field Pane Description	Age Guess Num
Fill Instructions	[fill 1] if PX = LNO_RESP, "your" else, "[ALIAS[PX]]'s"
Special Instructions	
Skip Instructions	<0-120> GOTO AGEGES1_TP elseif outside range, GOTO ERR_AGEGES1_NUM <C> GOTO AGERNG_N1 <D, R> GOTO AGEGES2
Hard Edits	ERR_AGEGES1_NUM * Invalid entry. * Please correct.
Soft Edits	
AssocHelp	H_AGEGES

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.150_2
Variable Name	AGEGES1_TP
Universe	AGEGES1_NUM = 0-120
Universe-text	Valid age number
Question Text	2 of 2 * Enter time period for age guess.
Answer Codes	3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Description	Age Guess TP
Fill Instructions	
Special Instructions	Don't know or Refused not allowed. <3> divide AGEGES1_NUM by 12, then store integer into AGE. <4> store AGEGES1_NUM into AGE. If AGEDOB_5 = D store (current year - AGE - <1>) in BYY1 store (current year - AGE) in BYY2
Skip Instructions	<3, 4> If AGEDOB_5 = D, GOTO YEARPIC else GOTO AGEDOB_1, to collect information about next person in roster, else, GOTO NATOR
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.150_H
Variable Name	H_AGEGES
Universe	
Universe-text	
Question Text	You must make an age entry -- either your estimate or the respondent's estimate of the person's age. Always probe for an exact number. If the respondent can not give an exact age, try not to compute from a range that contains "18". That is, ask the respondent for the more appropriate age over 18 or under 18.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: AGEGES1_NUM AGEGES2 CHG_AGEGES1_NUM
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.152
Variable Name	AGEGES2
Universe	[(AGEPIC = 3 or R or D) and AGEDOB_1 = R] or [AGEGES1_NUM= D or R] or [((AGEDOB_3 or AGEDOB_4 or AGEDOB_5) = (D or R)) and (AGEPIC = empty) and (AGEDOB_1 = R)]
Universe-text	(Age unknown and unable to narrow to two age choices and respondent refused or didn't know age at AGEDOB_1) or (Refused to or did not guess age)
Question Text	? [F1] Certain sections of this interview depend on knowing if a person is 18 years old or older. Could you please tell me if [fill 1] at least 18 years old?
Answer Codes	1. Less than 18 2. 18 or older
Question Type	Pick One - answer list pane
Field Pane Description	At least 18
Fill Instructions	[fill 1] if PX = LNO_RESP, "you are" else, "[ALIAS[PX] is"
Special Instructions	Do not allow Don't Know and Refused as answers
Skip Instructions	<1> GOTO LESS18 <2> GOTO GREAT18 <D, R> GOTO ERR_AGEGES2
Hard Edits	Don't Know and Refused responses are not allowed in this question. If the respondent will not or cannot provide an age estimate, please choose one of the options based on your best guess.
Soft Edits	
AssocHelp	H_AGEGES

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.154
Variable Name	LESS18
Universe	AGEGES2= less than 18
Universe-text	Person estimated less than eighteen years of age
Question Text	* Enter your best estimate of [ALIAS[PX]]'s age. * Enter age "0" to 17 * Enter "0" if less than 1 year old.
Answer Codes	
Question Type	Integer
Field Pane Description	Less than 18
Fill Instructions	
Special Instructions	Don't know and Refused not allowed. Store LESS18 in AGE
Skip Instructions	<0-17> GOTO AGEDOB_1, to collect information about next person in roster, else, GOTO NATOR
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.156
Variable Name	GREAT18
Universe	AGEGES2 = 2 (18 or older), Don't know, or Refused
Universe-text	Person estimated age (18 or older)
Question Text	* Enter your best estimate of [ALIAS[PX]]'s age. * Enter age 18 or greater.
Answer Codes	
Question Type	Integer
Field Pane Description	18 or Older
Fill Instructions	
Special Instructions	Store GREAT18 in AGE Do not allow 'D' or 'R'.
Skip Instructions	<18-120> GOTO AGEDOB_1, to collect information about next person in roster, else, GOTO NATOR
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.160_1
Variable Name	AGERNG_N1
Universe	AGEGES1= C
Universe-text	Computing age when not given the year the subject was born or the subject's age.
Question Text	1 of 4 * Enter lower age of the range in months or years.
Answer Codes	
Question Type	Integer
Field Pane Description	Low-Age Num
Fill Instructions	
Special Instructions	1. Do not allow "Don't know" or "Refused" as an answer. 2. Gray out everything in the Question text except for the FR instruction, First/lower, and number underneath First/lower.
Skip Instructions	<0-120> GOTO AGERNG _T1
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.160_2
Variable Name	AGERNG_T1
Universe	AGERNG_N1=0-120
Universe-text	First age number has been entered for range.
Question Text	2 of 4 * Enter lower age time period.
Answer Codes	3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Description	Low-Age TP
Fill Instructions	
Special Instructions	Do not allow "Don't know" or "Refused" as an answer. <3> divide AGERNG_N1 by 12, truncate decimal and store integer into LOWER <4> store AGERNG _N1 into LOWER Gray out everything in the Question text except for the FR instruction, First/lower, and Month(s) and Year(s) underneath First/lower.
Skip Instructions	GOTO AGERNG_N2
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.160_3
Variable Name	AGERNG_N2
Universe	AGERNG_2=3-4
Universe-text	First age number and time period has been entered for range.
Question Text	3 of 4 * Enter higher age of the range in months or years.
Answer Codes	
Question Type	Integer
Field Pane Description	High-Age Num
Fill Instructions	
Special Instructions	1. Do not allow "Don't know" or "Refused" as an answer. 2. Gray out everything in the Question text except for the FR instruction, Last/higher:, and number underneath Last/higher.
Skip Instructions	<0-120> GOTO AGERNG _T2
Hard Edits	ERR_AGERNG_N2 * The higher age must be larger than the lower age. * Please correct.
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.160_4
Variable Name	AGERNG_T2
Universe	AGEGES1_NUM= C
Universe-text	Second age number has been entered for range.
Question Text	4 of 4 * Enter higher age time period.
Answer Codes	3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Description	High-Age TP
Fill Instructions	
Special Instructions	Do not allow "Don't know" or "Refused" as an answer. Gray out everything in the Question text except for the FR instruction, Last/higher:, and Month(s) and Year(s) underneath Last/higher:. <3> divide AGERNG_N2 by 12, truncate decimal and store integer into HIGHER. <4> store AGERNG _N2 into HIGHER. If LOWER le HIGHER add LOWER and HIGHER and divide by 2, truncate decimal and store integer in AGE store AGE in AGEGES1_NUM store <year(s)> in AGEGES1_TP If AGEDOB_5 = D store (current year - AGE - <1>) in BYY1 store (current year - AGE) in BYY2
Skip Instructions	If LOWER > HIGHER, GOTO ERR_AGERNG_T2 <3,4> if AGEDOB_5 = Don't know, GOTO YEARPIC else, GOTO GOTO AGEDOB_1, to collect information about next person in roster, else, GOTO NATOR
Hard Edits	ERR_AGERNG_T2 * The higher age must be larger than the lower age. * Please correct. goto AGERNG_N1
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.165_1
Variable Name	YEARPIC
Universe	[AGE is valid and [AGERNG_T2 or AGEGES1 or AGECK have AGEDOB_5 = Don't know] and [BYY1 and BYY2 are not blank]
Universe-text	Person's age is known and birth year answered with 'don't know'
Question Text	Would you say that [fill 1] born in:
Answer Codes	1. [BYY1] 2. [BYY2] 3. Neither is correct Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Year Pick
Fill Instructions	[fill 1] if PX = LNO_RESP, "you were" else, "[ALIAS[PX]] was"
Special Instructions	<1> store BYY1 in BYY. <2> store BYY2 in BYY.
Skip Instructions	<1,2,3, D,R> GOTO AGEDOB_1, to collect information about next person in roster, else, GOTO NATOR
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.170
Variable Name	NATOR
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	(book) H1 ? [F1] [fill 1] to be Hispanic or Latino? * Read if necessary. Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American Other Latin American Other Hispanic/Latino/Spanish (Where did [fill 2] ancestors come from?)
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	National Origin
Fill Instructions	[fill 1] if PX = family respondent then "Do you consider yourself to be Hispanic or Latino?" else if SEX(PX) = Male(1) then "Does [ALIAS(PX)] consider himself to be Hispanic or Latino?" else "Does [ALIAS(PX)] consider herself to be Hispanic or Latino?" [fill 2] If PX = family respondent then "your" else "[ALIAS(PX)]'s"
Special Instructions	Gray out the entries in this table for the original persons carried over to the spawn case from the parent case or from a first level spawn case (for a second level spawn case). These entries should not be allowed to be updated.
Skip Instructions	<1> GOTO HISPAN <2,D,R> GOTO NATOR for next person in roster ELSE GOTO RACE
Hard Edits	
Soft Edits	
AssocHelp	H_NATOR

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.170_H
Variable Name	H_NATOR
Universe	
Universe-text	
Question Text	Hand Flashcard H1 to the respondent. The national or cultural group from which the person is descended as determined by the nationality or lineage of the person's ancestors. There is no set rule as to how many generations affect origin: a person may report his/her origin based on that of a parent, grandparent or a far-removed ancestor. If the respondent does not understand "National origin or ancestry", read the probe: "Where did ___'s ancestors come from?" If questioned as to why only Hispanic groups are included, say that we collect information on different groups of people, and we are trying to increase the reliability of the data on Hispanics.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: NATOR CHG_NATOR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.180
Variable Name	HISPAN
Universe	NATOR = yes
Universe-text	National origin was answered yes to being Hispanic or Latino
Question Text	(book) H1 ? [F1] Please give me the number of the group that represents [fill: your/ ALIAS's} Hispanic origin or ancestry. You may choose up to five (5), if applicable. * If a nonhispanic group is named, backup to previous screen and change the answer from "yes" to "no". Enter all that apply, separate with commas.
Answer Codes	1. Puerto Rican 2. Cuban/Cuban American 3. Dominican (Republic) 4. Mexican 5. Mexican American 6. Central or South American 7. Other Latin American 8. Other Hispanic/Latino/Spanish Refused Don't know
Question Type	Enter All That Apply
Field Pane Description	Hispanic Origin
Fill Instructions	
Special Instructions	Mark up to 5
Skip Instructions	<1-6,> GOTO NATOR (for the next person), else GOTO RACE <7> GOTO HIS_SP2 <8> GOTO HIS_SP3
Hard Edits	
Soft Edits	
AssocHelp	H_HISPAN

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.180_H
Variable Name	H_HISPAN
Universe	
Universe-text	

Question Text

If the respondent reports a name instead of the number of a group:

- Enter the number corresponding to the name.

- If the name does not correspond to a listed group, probe by repeating the question: "Please give me the number of the group."

- Back up to return to "NATOR" if the group is not Hispanic. Then, change "NATOR" from precode 1 (Yes) to precode 2 (No).

Do not suggest an answer to the respondent and do not try to explain or define any groups. Do not draw any conclusions based on personal observation.

Enter the numbers of up to 5 Hispanic origin groups per person, if appropriate.

If questioned as to why only Hispanic groups are included, say that we collect information on different groups of people, and we are trying to increase the reliability of the data on Hispanics.

If the response is precode 7 (Other Latin American) or precode 8 (Other Hispanic/Latino/Spanish), probe for the country.

If the country falls into one of the categories corresponding to precodes 1, 2, 4, 5, or 6, enter the appropriate precode.

If the country does not fall into one of the categories corresponding to precodes 1, 2, 4, 5, or 6, accept the respondent's response of "Other Latin American" or "Other Hispanic/Latino/Spanish" regardless of the response. Then, enter either precode 7 or 8 (whichever applies).

Refer to the list of (6) Central or South American:

CENTRAL OR SOUTH AMERICAN

Argentinean	Nicaraguan
Bolivian	Panamanian
Chilean	Paraguayan
Colombian	Peruvian
Costa Rican	El Salvadoran
Ecuadorian	Uruguayan
Guatemalan	Venezuelan
Honduran	

Answer Codes

Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: HISPAN CHG_HISPAN
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.190
Variable Name	HIS_SP2
Universe	HISPAN=(7 or other Latin American)
Universe-text	HISPAN answered from selection 7 for Hispanic origin.
Question Text	? [F1] * Probe for the country. * If any of the following are mentioned, backup to previous screen and correct the entry. Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American (REFER TO HELP SCREEN) * (F1) For a list of Central or South American countries. * Specify the other Latin American.
Answer Codes	
Question Type	Text
Field Pane Description	Other Latin American
Fill Instructions	
Special Instructions	
Skip Instructions	<allow 30> GOTO NATOR (for the next person) else GOTO RACE
Hard Edits	
Soft Edits	
AssocHelp	H_SPECH

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.190_H
Variable Name	H_SPECH
Universe	
Universe-text	
Question Text	Refer to the following list for Central or South American: CENTRAL OR SOUTH AMERICAN Argentinean Nicaraguan Bolivian Panamanian Chilean Paraguayan Colombian Peruvian Costa Rican El Salvadoran Ecuadorian Uruguayan Guatemalan Venezuelan Honduran Do not suggest an answer to the respondent and do not try to explain or define any groups. Do not draw any conclusions based on personal observation.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: HIS_SP2 HIS_SP3 CHG_HIS_SP2 CHG_HIS_SP3
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.195
Variable Name	HIS_SP3
Universe	HISPAN= 8 (other Hispanic/Latino)
Universe-text	HISPAN answer from selection 8 (other Hispanic/Latino) origin
Question Text	? [F1] * Probe for the country. * If any of the following are mentioned, backup to previous screen and correct the entry. Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American (REFER TO HELP SCREEN) * (F1) For a list of Central or South American countries. * Specify the other Hispanic/Latino/Spanish.
Answer Codes	
Question Type	Text
Field Pane Description	Other Hisp/Lat
Fill Instructions	
Special Instructions	
Skip Instructions	<allow 30> GOTO NATOR (for the next person) else GOTO RACE
Hard Edits	
Soft Edits	
AssocHelp	H_SPECH

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.200
Variable Name	RACE
Universe	HHSTAT ne D and [(POS2 = 0 and POS3 = 0) or (ADC = 2)]
Universe-text	All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.
Question Text	(book) H2 ? [F1] What race or races [fill 1] to be? Please select 1 or more of these categories. * Enter all that apply, separate with commas.
Answer Codes	1. White 2. Black/African American 3. Indian (American) 4. Alaska Native 5. Native Hawaiian 6. Guamanian or Chamorro 7. Samoan 8. Other Pacific Islander 9. Asian Indian 10. Chinese 11. Filipino 12. Japanese 13. Korean 14. Vietnamese 15. Other Asian 16. Some other race Refused Don't know
Question Type	Enter All That Apply
Field Pane Description	Race
Fill Instructions	[fill 1] if PX = LNO_RESP, then "do you consider yourself" elseif SEX(PX) = Male(1), then "does [ALIAS(PX)] consider himself" else "does [ALIAS(PX)] consider herself"
Special Instructions	Allow up to 6 answers, and narrow down to 5. Gray out the entries in this table for the original persons carried over to the spawn case from the parent case or from a first level spawn case (for a second level spawn case). These entries should not be allowed to be updated.
Skip Instructions	<1-7, 9-14> If more than one selected, goto MLTRAC elseif at least one person with AGE[PX] = 18-64 goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A <8> goto RAC_SP1 <15> goto RAC_SP2 <16> goto RAC_SP3 <D,R> goto RACE, for the next person in roster, elseif at least one person with AGE[PX] = 18-64 goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A
Hard Edits	
Soft Edits	

AssocHelp	H_RACE
Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.200_H
Variable Name	H_RACE
Universe	
Universe-text	
Question Text	Hand Flashcard H2 to the respondent. Enter the numbers of up to 5 Racial groups per person, if appropriate. Do not suggest an answer to the respondent and do not try to explain or define any groups. Do not draw any conclusions based on personal observation. If the response is Other Pacific Islander or Other Asian, enter 8 or 15 and select the name of the group to which the person belongs from the lookup table. If that name is not in the table, then select ZZ and go to the specify screen and type in the verbatim response given to you. For any other response that is not exactly the same as the groups on the Race card, enter 16 and select the name of the group based on the verbatim response from the lookup table. If that name is not in the table, then select ZZ and go to the specify screen and type in the verbatim response given to you.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: RACE CHG_RACE
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.210
Variable Name	RAC_SP1
Universe	RACE = 8 (Other Pacific Islander)
Universe-text	"Other Pacific Islander" race is selected
Question Text	FR: Specify the other pacific islander. If the respondent's answer could not be found, clear entry, type 'ZZ'. If any of the following are mentioned, go back to RACE screen to correct. White Black/African American Indian (American) Alaska Native Native Hawaiian Guamanian or Chamorro Samoan Asian Indian Chinese Filipino Japanese Korean Vietnamese
Answer Codes	Text (name of race)
Question Type	Text
Field Pane Description	Other Pacific Islander
Fill Instructions	
Special Instructions	For each race chosen from the race lookup table, store the text and numeric code(s) in the subsequent storage variable fields. The text will be stored in HHC.210 (RAC_SP1) and in RAC_SP1_Text, while the numeric code(s) will be stored in HHC.210_02 (RAC_SP1_Code1) to HHC.210_05 (RAC_SP1_Code4).
Skip Instructions	<allow 65,Refused,Don't know> If <15> is also selected in RACE GOTO RAC_SP2, else if <16> is also selected in RACE GOTO RAC_SP3, else if <1-7, 9-14> also selected in RACE GOTO MLTRAC, else GOTO RACE for next person on the roster elseif at least one person with AGE[PX] = 18-64] goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A <ZZ NOT LISTED> goto RAC_SP1A
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.210_02
Variable Name	RAC_SP1_Code1
Universe	RAC_SP1 eq any race
Universe-text	Any race is selected from the pick screen of RAC_SP1
Question Text	
Answer Codes	<1-16> (First numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Pacific Islander
Fill Instructions	
Special Instructions	Set to first numeric code value from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.210_03
Variable Name	RAC_SP1_Code2
Universe	RAC_SP1 eq any race
Universe-text	Any race is selected from the pick screen of RAC_SP1
Question Text	
Answer Codes	<1-16> (Second numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Pacific Islander
Fill Instructions	
Special Instructions	Set to second numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.210_04
Variable Name	RAC_SP1_Code3
Universe	RAC_SP1 eq any race
Universe-text	Any race is selected from the pick screen of RAC_SP1
Question Text	
Answer Codes	<1-16> (Third numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Pacific Islander
Fill Instructions	
Special Instructions	Set to third numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.210_05
Variable Name	RAC_SP1_Code4
Universe	RAC_SP1 eq any race
Universe-text	Any race is selected from the pick screen of RAC_SP1
Question Text	
Answer Codes	<1-16> (Fourth numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Pacific Islander
Fill Instructions	
Special Instructions	Set to fourth numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	2
Question ID	HHC.210_1
Variable Name	RAC_SP1A
Universe	RAC_SP1='ZZ NOT LISTED'
Universe-text	Selection in data base not found, go here to input actual response
Question Text	* Enter the Other Pacific Islander as reported by the respondent.
Answer Codes	
Question Type	Text
Field Pane Description	Not Listed Other Pacific Islander
Fill Instructions	
Special Instructions	1. Don't allow 'don't know' or 'refused'. 2. Add a new column to the right of the 'OTHER' column in the FORM PANE.
Skip Instructions	<allow 34> If <15> is also selected in RACE GOTO RAC_SP2, else if <16> is also selected in RACE GOTO RAC_SP3, else if <1-7, 9-14> also selected in RACE GOTO MLTRAC, else GOTO RACE for next person on the roster elseif at least one person with AGE[PX] = 18-64] goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.212
Variable Name	RAC_SP2
Universe	[RACE = 15 (Other Asian)]
Universe-text	"Other Asian" race is selected.
Question Text	* Specify the other Asian. * If the respondent's answer could not be found, type 'ZZ'. * If any of the following are mentioned, backup to previous item and correct the entry. White Black/African American Indian (American) Alaska Native Native Hawaiian Guamanian or Chamorro Samoan Asian Indian Chinese Filipino Japanese Korean Vietnamese
Answer Codes	Text (name of race)
Question Type	Text
Field Pane Description	Other Asian
Fill Instructions	
Special Instructions	For each race chosen from the race lookup table, store the text and numeric code(s) in the subsequent storage variable fields. The text will be stored in HHC.212 (RAC_SP2) and in RAC_SP2_Text, while the numeric code(s) will be stored in HHC.212_02 (RAC_SP2_Code1) to HHC.212_05 (RAC_SP2_Code4).
Skip Instructions	<allow 65,Refused,Don't know> If <16> also selected in RACE GOTO RAC_SP3, else if <1-7, 9-14> also selected in RACE GOTO MLTRAC, else GOTO RACE for the next person on the roster, elseif at least one person with AGE[PX] = 18-64] goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A <ZZ NOT LISTED> goto RAC_SP2A
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.212_02
Variable Name	RAC_SP2_Code1
Universe	RAC_SP2 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP2
Question Text	
Answer Codes	<1-16> (First numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Asian
Fill Instructions	
Special Instructions	Set to first numeric code value from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.212_03
Variable Name	RAC_SP2_Code2
Universe	RAC_SP2 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP2
Question Text	
Answer Codes	<1-16> (Second numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Asian
Fill Instructions	
Special Instructions	Set to second numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.212_04
Variable Name	RAC_SP2_Code3
Universe	RAC_SP2 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP2
Question Text	
Answer Codes	<1-16> (Third numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Asian
Fill Instructions	
Special Instructions	Set to third numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.212_05
Variable Name	RAC_SP2_Code4
Universe	RAC_SP2 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP2
Question Text	
Answer Codes	<1-16> (Fourth numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Asian
Fill Instructions	
Special Instructions	Set to fourth numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	2
Question ID	HHC.212_1
Variable Name	RAC_SP2A
Universe	RAC_SP2='ZZ NOT LISTED'
Universe-text	Selection in data base not found, go here to input actual response
Question Text	* Enter the Other Asian as reported by the respondent.
Answer Codes	
Question Type	Text
Field Pane Description	Not Listed Other Asian
Fill Instructions	
Special Instructions	1. Don't allow 'don't know' or 'refused'. 2. Add a new column to the right of the 'OTHER' column in the FORM PANE.
Skip Instructions	<allow 34> If <16> also selected in RACE GOTO RAC_SP3, else if <1-7, 9-14> also selected in RACE GOTO MLTRAC, else GOTO RACE for the next person on the roster, elseif at least one person with AGE[PX] = 18-64] goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.214
Variable Name	RAC_SP3
Universe	RACE = 16 (Some other race)
Universe-text	"Some other race" race is selected.
Question Text	* Specify the other race. * If any of the following are mentioned, backup to previous item and correct the entry. White Black/African American Indian (American) Alaska Native Native Hawaiian Guamanian or Chamorro Samoan Asian Indian Chinese Filipino Japanese Korean Vietnamese * If the respondent's answer could not be found, type 'ZZ' to enable you to type an entry.
Answer Codes	Text (name of race)
Question Type	Text
Field Pane Description	Other Race
Fill Instructions	
Special Instructions	For each race chosen from the race lookup table, store the text and numeric code(s) in the subsequent storage variable fields. The text will be stored in HHC.214 (RAC_SP3) and in RAC_SP3_Text, while the numeric code(s) will be stored in HHC.214_02 (RAC_SP3_Code1) to HHC.214_05 (RAC_SP3_Code4).
Skip Instructions	<allow 65,Refused,Don't know> If <1-7, 9-14> also selected in RACE GOTO MLTRAC, else GOTO RACE for the next person on the roster, elseif at least one person with AGE[PX] = 18-64] goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A <ZZ NOT LISTED> goto RAC_SP3A
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.214_02
Variable Name	RAC_SP3_Code1
Universe	RAC_SP3 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP3
Question Text	
Answer Codes	<1-16> (First numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Race
Fill Instructions	
Special Instructions	Set to first numeric code value from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.214_03
Variable Name	RAC_SP3_Code2
Universe	RAC_SP3 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP3
Question Text	
Answer Codes	<1-16> (Second numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Race
Fill Instructions	
Special Instructions	Set to second numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	
Question ID	HHC.214_04
Variable Name	RAC_SP3_Code3
Universe	RAC_SP3 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP3
Question Text	
Answer Codes	<1-16> (Third numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Race
Fill Instructions	
Special Instructions	Set to third numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.214_05
Variable Name	RAC_SP3_Code4
Universe	RAC_SP3 eq any country
Universe-text	Any country is selected from the pick screen of RAC_SP3
Question Text	
Answer Codes	<1-16> (Fourth numeric code value from the race lookup table)
Question Type	Instrument Out Variable
Field Pane Description	Other Race
Fill Instructions	
Special Instructions	Set to fourth numeric code value, if there is one, from the lookup table.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	2
Question ID	HHC.214_1
Variable Name	RAC_SP3A
Universe	RAC_SP3='ZZ NOT LISTED'
Universe-text	Selection in data base not found, go here to input actual response
Question Text	* Enter the Other Race as reported by the respondent.
Answer Codes	
Question Type	Text
Field Pane Description	Not Listed Other Race
Fill Instructions	
Special Instructions	1. Don't allow 'don't know' or 'refused'. 2. Add a new column to the right of the 'OTHER' column in the FORM PANE.
Skip Instructions	<allow 34> If more than one selected in RACE GOTO MLTRAC, then GOTO RACE for next person on the roster. elseif at least one person with AGE[PX] = 18-64] goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.220
Variable Name	MLTRAC
Universe	More than one race entered
Universe-text	More than one race entered
Question Text	? [F1] Which one of these groups, that is [fill 1] would you say BEST represents [fill 2] race?
Answer Codes	[fill 1] Refused Don’t know
Question Type	Pick One - answer list pane
Field Pane Description	Multiple Race
Fill Instructions	[fill 1] display as 2 columns, answer codes entered in RACE in the order entered. [fill 2] if PX = LNO_RESP, "your" else "[ALIAS[PX]]"
Special Instructions	
Skip Instructions	<1-16,Refused,Don't know> If enter code that is not displayed goto ERR_MLTRAC elseif at least one person with AGE[PX] = 18-64] goto NOWAF_A elseif TOTPCNT = 1 goto fid.HHCHANGE else goto HHREF_A
Hard Edits	ERR_MLTRAC * Select valid race group number. * Please correct.
Soft Edits	
AssocHelp	H_MLTRAC

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.220_H
Variable Name	H_MLTRAC
Universe	
Universe-text	
Question Text	If the respondent does not know which racial group best represents the person with a multi-racial background, enter 'CTRL-D' for don't know, otherwise enter the number of the group.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: MLTRAC CHG_MLTRAC
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.230
Variable Name	NOWAF_A
Universe	If household contains 1 or more persons 18-64 years old and (ADC = empty or ADC = 1)
Universe-text	If household contains 1 or more persons 18-64 years old
Question Text	? [F1] [fill 1] * Persons eligible: **/display eligible persons in column format/**
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Now Armed Forces
Fill Instructions	[fill 1] if ADULTCNT > 1 Is anyone in the household now on full-time active duty with the armed forces? elseif family respondent is the only adult Are you now on full-time active duty with the Armed Forces? else Is {[fill2: ALIAS] now on full-time active duty with the Armed Forces? [fill2: ALIAS]= the name of person who pertains to this question
Special Instructions	1. BEFORE NOWAF_A screen: [Set ADULTCNT = # of persons with AGE in (18-64) 2. In Question Text, display all eligible persons in blue text underneath the Question. 3. If NOWAF_A=1 and ADULTCNT=1, for that person set HHSTAT3=A set NOWAF2_B = that person's line #

Skip Instructions	<1> if ADULTCNT = 1 and PCNT = 1 and I_SCRN_STATUS = S
	goto SCREENIN
	elseif I_SCRN_STATUS = I
	goto EXIT
	else
	goto NOWAF2_B
	endif
	< 2,D,R> if ADC = 2 and POS2 ne 0
	goto ADC
	elseif I_SCRN_STATUS = S
	if all PX with HHSTAT ne D have NATOR = 2 and RACE NOT IN (2,9,10,11,12,13,14,15) and RACE ne empty

```
        goto SCREENIN
      endif
    elseif all PX have HHSTAT = D or HHSTAT3 = A
      goto EXIT
    else
      goto HHREF_A
    endif
```

Hard Edits

Soft Edits

AssocHelp H_NOWAF

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.230_2
Variable Name	NOWAF2_B
Universe	NOWAF_A=yes and ADULTCNT gt one
Universe-text	At least 1 person in the AF & more than 1 person eligible to be in the AF
Question Text	? [F1] Who is this? (Anyone else?) * Enter applicable line number(s), separate with commas.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	More Than 1 in AF
Fill Instructions	
Special Instructions	1. In the Question Text, DISPLAY all eligible persons. 2. Don't allow a 'D' or 'R' answer. 3. Whoever is marked: store HHSTAT3=A

Skip Instructions	<1-25> if ADC = 2 and POS2 ne 0
	goto ADC
	elseif I_SCRN_STATUS = S
	if all PX with HHSTAT ne D have NATOR = 2 and RACE NOT IN (2,9,10,11,12,13,14,15) and RACE ne empty
	goto SCREENIN
	endif
	elseif all PX have HHSTAT = D or HHSTAT3 = A
	goto EXIT
	else
	goto HHREF_A
	endif
	
	if invalid person # selected, GOTO ERR_NOWAF2_B

Hard Edits	ERR_NOWAF2_B * Invalid person number selected. * Please correct.
Soft Edits	
AssocHelp	H_NOWAF

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.230_H
Variable Name	H_NOWAF
Universe	
Universe-text	

Question Text

Refer to the following table to determine if specific service is considered "active duty".

TYPE OF SERVICE	ACTIVE DUTY?
Now serving full-time (including the 6-month period (of training) in: 1)U.S. Army/Navy/Air Force/Marine Corps/Coast Guard 2)Military service of a foreign country	YES
In a Reserve branch of any of the above currently activated as part of the regular forces	YES
U.S. Public Health Service commissioned office currently assigned to any branch of the armed forces	YES
Members of the National Guard currently blanketed into the regular forces by Presidential Order	YES

TYPE OF SERVICE	ACTIVE DUTY?
Cadets in U.S. military academy (West Point, Naval Academy, Air Force Academy or Coast Guard Academy)	YES
Persons whose only service is in the Coast Guard Temporarily Reserve	NO
Employees of the Merchant Marine, Maritime Commission, or American Field Service	NO
Civilian employees of the Department of Defense	NO

TYPE OF SERVICE	ACTIVE DUTY?
Persons in a National Guard or Reserve unit not currently activated as part of the regular armed forces, even though: 1) currently attending meetings or summer camp 2) currently activated by Gubernatorial order because of a disaster or civil disorder (flood, riot, etc.)	NO

Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: NOWAF_A NOWAF2_B
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	2
Question ID	HHC.240
Variable Name	EXIT
Universe	All HH members where HHSTAT = D or HHSTAT3 = A or I_SCRN_STATUS = S and all PX with HHSTAT ne D have NATOR = 2 and RACE NOT IN (2,9,10,11,12,13,14,15) and RACE ne empty
Universe-text	All persons are either deleted or in the Armed Forces or at least one persons is in the armed forces and all others are deleted or all are non-Armed Forces persons and are not Black or Asian or Hispanic and not marked for an interview or some, but not all, are in the armed forces or deleted
Question Text	? [F1] Not every household in our survey is asked all questions. I have all the information about your household that I need at this time. Thank you for your assistance. * Enter (1) to proceed.
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description	Screen Out Cases
Fill Instructions	
Special Instructions	if PCNT = 0, set OUTCOME = Occupied entirely by URE (225) set BYOBS = 2 elseif PCNT >= 1 and at least one PX has HHSTAT3 = A and all other PX have HHSTAT = D or HHSTAT3 = A set OUTCOME = Occupied entirely by armed forces members (223) set BYOBS = 2 elseif I_SCRN_STATUS = S and Screenin = 0 set OUTCOME = Screened out by household (236) set BYOBS = 2
Skip Instructions	<1> GOTO VISITCNT (Back Section)
Hard Edits	
Soft Edits	
AssocHelp	H_EXIT

Module	03
Section Name	Household Composition
Part	3
Question ID	HHC.240_H
Variable Name	H_EXIT
Universe	
Universe-text	
Question Text	Interviews in households designated for screening will end at this point if no household member is Black/African-American, Asian, or Hispanic.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: EXIT
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	3
Question ID	HHC.250_1
Variable Name	HHREF_A
Universe	If more than one non-deleted person in the HH
Universe-text	If more than one non-deleted person in the HH
Question Text	* [fill 1] has been selected as the household reference person. Is this household member an appropriate choice? Preferably a civilian adult? [fill 2] * Press shift F1 to see full roster information.
Answer Codes	1. Yes, accept this person 2. No, select another person
Question Type	Pick One - answer list pane
Field Pane Description	HH Reference Person Okay
Fill Instructions	[fill 1] = [ALIAS(PX)] to select PX 1. Person with the lowest PX, whose age ge 18 and HHSTAT3 ne A and HHSTAT ne D 2. Else, person with the lowest PX, whose age ge 14 and HHSTAT ne D [fill 2] all non-deleted household members ge 14 years of age
Special Instructions	<1> If POS2 and POS3 = 0, store P in HHSTAT, endif store PX in HHREF_B store F in HHSTAT6 store <1> in RPREL if FX = null, store 1 in FX, endif set FAMINT = FX
Skip Instructions	<1> GOTO RPREL <2> GOTO HHREF_B
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	3
Question ID	HHC.250_2
Variable Name	HHREF_B
Universe	HHREF_A= no
Universe-text	Selecting another Reference person
Question Text	* Select another household member for the reference person. * Enter the line number of the Household Reference person.
Answer Codes	
Question Type	Pick One - answer list pane
Field Pane Description	HH Ref Person
Fill Instructions	
Special Instructions	1. Display in Answer Codes all household members and gray out non-applicable members. 2. [If AF person entered) and (there is another person >18), goto ERR1_HHREF_B to reject answer, and then another choice is entered. 3. [If person entered < 18 years old), and (another person >18 and not in the AF and not deleted) then DISPLAY HHREF person, goto ERR2_HHREF_B 4. If POS2 and POS3 = 0, store P in HHSTAT, endif store F in HHSTAT6 store <1> in RPREL if FX = null, store 1 in FX, endif set FAMINT = FX
Skip Instructions	<1-25> GOTO RPREL
Hard Edits	
Soft Edits	ERR1_HHREF_B * You have selected an Armed Forces person. * Please select another person. ERR2_HHREF_B * You have selected a person less than 18 years old. * Please select another person.
AssocHelp	

Module	03
Section Name	Household Composition
Part	4
Question ID	HHC.260
Variable Name	RPREL
Universe	All where RPREL NE Reference Person
Universe-text	All where RPREL NE Reference Person
Question Text	(book) H3 ? [F1] [fill 4]

Answer Codes

2. Spouse (husband/wife)	9. Grandparent (Grandmother/Grandfather)
3. Unmarried Partner	10. Aunt/Uncle
4. Child (biological/ adoptive/ in-law/ step/ foster)	11. Niece/Nephew
5. Child of partner	12. Other relative
6. Grandchild	13. Housemate/Roommate
7. Parent (biological/ adoptive/ in-law/ step/ foster)	14. Roomer/Boarder
8. Brother/Sister (biological/ adoptive/ in-law/ step/ foster)	15. Other non-relative
	16. Legal Guardian
	17. Ward
	Refused
	Don't know

Question Type	Pick One - answer list pane
Field Pane Description	Relationship to Reference Person

Fill Instructions

```
[fill 1] if HHRESP = HHREF_B fill "your"
         else fill "[ALIAS(HHREF_B)]'s"
[fill 2] ALIAS(PX)
[fill 3] ALIAS(PX) of first person with RPREL = 2 or 3

if PX = HHRESP
    [fill 4] What is [fill 1] relationship to you?
else
    [fill 4] What is [fill 1] relationship to [fill 2]?

[fill 5] if SEX(HHREF_B) = Male (1), then "him", else "her"
[fill 6] ALIAS(HHREF_B)
[fill 7] if SEX(HHREF_B) = MALE, then fill "father", else fill "mother".
[fill 8] if SEX(PX) = MALE, then fill "father", else fill "mother".
```

Special Instructions

```
<2> set AGEDIFF = |AGE[HHREF_B] - AGE[PX]|
<4,6> set AGEDIFF = AGE[HHREF_B] - AGE[PX]
<7,9> set AGEDIFF = AGE [PX] - AGE[HHREF_B]

<2-12, 16, 17, D, R> if FX[PX] = null, set FX[PX] = 1

<13-15> set UNRELTAL = UNRELTAL + 1
            if POS3 ne O, set HHSTAT[PX] = D

After RPREL[PX] is collected for all persons: if UNRELTAL = 1, set FX[PX] of
```

unrelated person (RPREL[PX] = 13-15) to next available FX.

<2> store 1 in MS[PX] and MS[HHREF_B] and SPOUS[PX] and SPOUS[HHREF_B]
store HHREF_B in SPOUS2[PX] and PX in SPOUS2[HHREF_B]

<3> store 6 in MS[PX] and MS[HHREF_B]
store PX in COHAB3[HHREF_B] and HHREF_B in COHAB3[PX]

Skip Instructions

Loop through all non-deleted PX
<2> if SEX(PX) = SEX(HHREF_B), GOTO ERR6_RPREL
elseif AGEDIFF GE 30, GOTO ERR7_RPREL
<2, 3> if selected for more than one PX, GOTO ERR4_RPREL
elseif AGE < 14, GOTO ERR1_RPREL
<4> if SEX[HHREF_B] = Male, store HHREF_B in LNDAD(PX)
else, store HHREF_B in LNMOM(PX), endif
if AGEDIFF = 5-14, GOTO ERR9_RPREL
elseif AGEDIFF GE 50, GOTO ERR10_RPREL
GOTO DEGREE1
<5> if loop is completed and no PX has RPREL = 3, GOTO ERR5_RPREL, endif
<6> if AGEDIFF < 25, GOTO ERR2_RPREL, endif
<7> if AGEDIFF= 5-14, GOTO ERR12_RPREL
elseif AGEDIFF GE 50, GOTO ERR13_RPREL
GOTO DEGREE2
<8> GOTO DEGREE3
<9> if AGEDIFF < 25, GOTO ERR3_RPREL, endif
<16> if AGE LT 18 GOTO ERR14_RPREL
<10-15,17, D, R>
end loop

if UNRELTAL > 1, GOTO FAMNUM
else GOTO HHCHANGE

Hard Edits

ERR1_RPREL:
*Spouse/partner must be 14 years old or older.
*Please correct.

ERR4_RPREL:
I have recorded that [fill 3] and [fill 2] are spouses or unmarried partners of [fill 6].
Which one is correct?

*First GOTO is for [fill 3]
*Second GOTO is for [fill 2]

Questions involved	Value
Rprel: Relationship to Ref Person	Spouse (husband/wife) or Unmarried Partner
Rprel: Relationship to Ref Person	Spouse (husband/wife) or Unmarried Partner

***THE 1ST LINE HERE SHOULD REFER TO THIS PERSON: [fill 3]
***THE 2ND LINE HERE SHOULD REFER TO THIS PERSON: [fill 2]

ERR5_RPREL
I have recorded that [fill 2] is a child of a partner. However, no one in the family was picked as an unmarried partner in order to have this response.
* Please correct .

ERR14_RPREL
I have recorded that [fill2] is under the age of 18 and has been listed as a legal guardian. Minors cannot be legal guardians. Minors can be wards of their legal guardians.
*Please correct.

*First GOTO is to change Relationship code of [fill 2]

Questions involved	Value
Rprel: Relationship to Ref Person	Legal guardian

***THE 1ST LINE HERE SHOULD REFER TO THIS PERSON: [fill 2]

Edit should trigger when age of ALIAS(PX)=0-17 and RPREL=16 (legal guardian)
Should cover instances where:
if PX = HHRES
    [fill 4] What is [fill 1] relationship to you?
else
    [fill 4] What is [fill 1] relationship to [fill 2]?

Soft Edits

ERR2_RPREL
I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill:his/her] grandchild [fill 2] is [AGE(PX)] years old.
Are these ages and relationships correct?

ERR3_RPREL
I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill:his/her] grandparent [fill 2] is [AGE(PX)] years old.
Are these ages and relationships correct?

ERR6_RPREL
*Do not read this message to the respondent.
*The married couple [ALIAS(PX)] and [ALIAS(HHREF_B)] are both [SEX (PX)].
*Suppress message if correct.
*Otherwise, correct SEX of either person or choose different spouse.

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change SEX of spouse [fill 2]
*Third GOTO is to change SEX of Ref Person [fill 6]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband/wife)
SEX	SEX (PX)
SEX	SEX (HHREF_B)

ERR7_RPREL
*Age difference between spouses is greater than or equal to 30 years.
I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill: his/her] spouse [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change AGE of spouse [fill 2]
*Third GOTO is to change AGE of Ref Person [fill 6]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband/wife)
AGE	AGE (PX)
AGE	AGE (HHREF_B)

ERR9_RPREL
*Age difference between [fill 7] and child is only [AGEDIFF] years.
I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill:his/her] child [fill 2] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change AGE of child [fill 2]
*Third GOTO is to change AGE of parent [fill 6]

Questions involved	Value
RPREL: Relationship to Ref Person	Child
AGE	AGE (PX)
AGE	AGE (HHREF_B)

ERR10_RPREL
* Age difference between [fill 7] and child is greater than or equal to 50 years.
I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill:his/her] child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change AGE of child [fill 2]
*Third GOTO is to change AGE of parent [fill 6]

Questions involved	Value
RPREL: Relationship to Ref Person	Child
AGE	AGE (PX)
AGE	AGE (HHREF_B)

ERR12_RPREL
*Age difference between [fill 8] and child is only [AGEDIFF] years.
I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill:his/her] [fill 8] [fill 2] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change AGE of parent [fill 2]
*Third GOTO is to change AGE of child [fill 6]

Questions involved	Value
RPREL: Relationship to Ref Person	Parent
AGE	AGE (PX)
AGE	AGE (HHREF_B)

ERR13_RPREL
* Age difference between [fill 8] and child is greater than or equal to 50 years.
I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill:his/her] [fill 8] [fill 2] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change AGE of parent [fill 2]
*Third GOTO is to change AGE of child [fill 6]

Questions involved	Value
RPREL: Relationship to Ref Person	Parent
AGE	AGE (PX)
AGE	AGE (HHREF_B)

AssocHelp

H_NXTRRP

Module	03
Section Name	Household Composition
Part	4
Question ID	HHC.260_H
Variable Name	H_NXTRRP
Universe	
Universe-text	
Question Text	Hand the respondent Card H3 and enter the relationship to the Reference Person. All persons listed must be identified by their relationship to the reference person. If the respondent has previously mentioned the relationship, you may verify the relationship, rather than asking the question as worded. (3) Unmarried partner applies to a person who shares living quarters with the Reference Person because they have a close, personal relationship, but is not married to the Reference Person. This applies to same-sex partners as well as opposite-sex partners. (4) Child applies to all sons and daughters of the Reference Person, including natural-born, adopted, step, and foster, as well as son/daughter in-law, regardless of age. Do not enter category (4) for children of an unmarried partner (see (5) Child of Partner below) (5) Child of Partner applies to all sons and daughters of the Reference Person's unmarried partner, for which the Reference Person is not the biological parent. (7) Parent...In addition to biological (natural) mother or father, parent includes adoptive, step and foster mother or father, as well as a mother or father in-law. (8) Brother/Sister - Include half, adopted, step and foster brothers and sisters, as well as brother/sister in-law. (12) Other Relative applies to persons related to the Reference Person that cannot be included in categories (2), (4), or (6) - (11). (13) Housemate/Roommate applies to all unrelated persons of either sex who share living quarters with the Reference Person primarily to share expenses or reduce costs. (14) Roomer/Boarder applies to a person not related to the Reference Person who occupies a room(s) in the Reference Person's home, pays rent for the room(s), and may or may not take meals with the Reference Person. (15) Other Nonrelative applies to any persons not related to the Reference Person that cannot be included in categories (3), (5), (13), (14), (16), or (17). (16) Legal Guardian applies to a person appointed to take charge of the affairs of a minor, or a person not capable of managing his/her own affairs. (17) Ward applies to a child or person not capable of managing his/her own affairs placed by law under the care of a guardian or court.
Answer Codes	

Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: RPREL
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	4
Question ID	HHC.270
Variable Name	DEGREE1
Universe	RPREL= Child
Universe-text	
Question Text	? [F1] [fill 4]
Answer Codes	1. Biological (natural) [fill 3] 2. Adoptive [fill 3] 3. Step [fill 3] 4. Foster [fill 3] 5. [fill 5]-in-law Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Child Type

Fill Instructions	[fill 1] if HHRESP = HHREF_B fill "your", else fill "[ALIAS(HHREF_B)]'s"
	
	[fill 2] ALIAS[PX]
	
	[fill 3] if SEX[PX] = MALE, then fill "son", else fill "daughter"
	
	[fill 5] if SEX[PX] = MALE, then fill "Son", else fill "Daughter"
	
	if PX ne HHRESP
	  [fill 4] = Is [fill 2], [fill 1] biological (natural), adoptive, step, foster [fill 3] or [fill 3]-in-law?
	else
	  [fill 4] = Are you [fill 1] biological (natural), adoptive, step, foster [fill 3] or [fill 3]-in-law?
	Endif
	
	[fill 6] if SEX(HHREF_B) = MALE, then fill "father", else fill "mother".
	
	[fill 7] ALIAS(HHREF_B)

Special Instructions	set AGEDIFF = AGE[HHREF_B] - AGE[PX]

Skip Instructions	<1> If AGEDIFF < 5, GOTO ERR1_DEGREE1
	<2-5,D,R> If AGEDIFF < 5, GOTO ERR2_DEGREE1
	  elseif additional persons remain, GOTO RPREL (for next person)
	  elseif UNRELTAL > 1, GOTO FAMNUM
	  else GOTO HHCHANGE

Hard Edits	ERR1_DEGREE1 *Age difference between [fill 6] and child is [AGEDIFF] years. I have recorded [fill 7] is [AGE(HHREF_B)] years old and [fill:his/her] child [fill 2] is [AGE(PX)] years old. Are these ages and relationships correct?

* Please correct relationship code or age.

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change AGE of child [fill 2]
*Third GOTO is to change AGE of parent [fill 7]

Questions involved	Value
RPREL: Relationship to Ref Person	Child
AGE	AGE (PX)
AGE	AGE(HHREF_B)

Soft Edits

ERR2_DEGREE1
*Age difference between [fill 6] and child is [AGEDIFF] years.
I have recorded [fill 7] is [AGE(HHREF_B)] years old and [fill:his/her] child [fill 2] is [AGE(PX)] years old.
Are these ages and relationships correct?

*First GOTO is to change Relationship code of [fill 2]
*Second GOTO is to change AGE of child [fill 2]
*Third GOTO is to change AGE of parent [fill 7]

Questions involved	Value
RPREL: Relationship to Ref Person	Child
AGE	AGE (PX)
AGE	AGE(HHREF_B)

AssocHelp

H_DEGREE1

Module	03
Section Name	Household Composition
Part	4
Question ID	HHC.270_H
Variable Name	H_DEGREE1
Universe	
Universe-text	
Question Text	(3) Step Child - This applies to children of the Reference Person's spouse for which the Reference Person is not the biological mother/father. (4) Foster Child - This applies to unrelated persons in the foster care of the reference person. (5) Son/Daughter in-law - This applies to the spouse of the Reference Person's children.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: DEGREE1 DEGREE4 DEGREE5
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	4
Question ID	HHC.280
Variable Name	DEGREE2
Universe	RPREL=(7) parent
Universe-text	RPREL=(7) parent
Question Text	? [F1] [fill1]
Answer Codes	1. Biological (natural) [fill 2] 2. Adoptive [fill 2] 3. Step [fill 2] 4. Foster [fill 2] 5. [fill 3]-in-law Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Parent relationship

Fill Instructions	[fill 1] If PX(from loop) = HHRESP
	fill Are you [fill 6] biological (natural), adoptive, step, foster [fill 2] or [fill 2]-in-law?
	else
	fill Is [fill ALIAS(PX)] [fill 6] biological (natural), adoptive, step, foster [fill 2] or [fill 2]-in-law?
	endif
	
	[fill 2] if SEX(PX) = male, then fill "father", else fill "mother"
	
	[fill 3] if SEX(PX) = male, then fill "Father", else fill "Mother"
	
	[fill 6] if HHRESP = HHREF_B fill your, else fill [ALIAS(HHREF_B)]'s
	
	[fill 7] ALIAS(HHREF_B)
	
	[fill 8] ALIAS(PX)

Special Instructions	Set AGEDIFF = AGE [PX] - AGE[HHREF_B]
	
	If DEGREE2(PX) = 1(biological)
	If SEX(PX) = male
	Store PX in LNDAD(HHREF_B)
	Else
	Store PX in LNMOM(HHREF_B)
	Endif
	Elseif DEGREE2(PX) = 2(adopted), 3(step), 4(foster)
	If SEX(PX) = male and LNDAD(HHREF_B) = empty
	Store PX in LNDAD(HHREF_B)
	Elseif SEX(PX) = female and LNMOM(HHREF_B) = empty
	Store PX in LNMOM(HHREF_B)

```
  Endif
Else if DEGREE2(PX) = 5(in-law)
  If SEX(PX) = male and LNDAD(HHREF_B) = empty
    Store PX in LNDAD(HHREF_B)
Elseif SEX(PX) = female and LNMOM(HHREF_B) = empty
    Store PX in LNMOM(HHREF_B)
  Endif
Elseif DEGREE2(PX) = refused, don't know
  If SEX(PX) = male and LNDAD(HHREF_B) = empty
    Store PX in LNDAD(HHREF_B)
  Elseif SEX(PX) = female and LNMOM(HHREF_B) = empty
    Store PX in LNMOM(HHREF_B)
  Endif
Endif
```

Skip Instructions

```
<1> If AGEDIFF < 5, GOTO ERR1_DEGREE2
<2-5,D,R>  If AGEDIFF < 5, GOTO ERR2_DEGREE2
    elseif additional persons remain, GOTO RPREL (for next person)
    elseif UNRELTAL > 1, GOTO FAMNUM
    else GOTO HHCHANGE
```

Hard Edits

```
ERR1_DEGREE2
*Age difference between [fill 2] and child is [AGEDIFF] years.
I have recorded [fill 7] is [AGE(HHREF_B)] years old and [fill:his/her] [fill 2] [fill 8] is
[AGE(PX)] years old.
Are these ages and relationships correct?

* Please correct relationship code or age.

*First GOTO is to change Relationship code of [fill 8]
*Second GOTO is to change AGE of parent [fill 8]
*Third GOTO is to change AGE of child [fill 7]

Questions involved                    Value
RPREL: Relationship to Ref Person     Parent
AGE                                   AGE (PX)
AGE                                   AGE(HHREF_B)
```

Soft Edits

```
ERR2_DEGREE2
*Age difference between [fill 2] and child is only [AGEDIFF] years.
I have recorded [fill 7] is [AGE(HHREF_B)] years old and [fill:his/her] [fill 2] [fill 8] is
[AGE(PX)] years old.
Are these ages and relationships correct?

*First GOTO is to change Relationship code of [fill 8]
*Second GOTO is to change AGE of parent [fill 8]
*Third GOTO is to change AGE of child [fill 7]

Questions involved                    Value
RPREL: Relationship to Ref Person     Parent
AGE                                   AGE (PX)
AGE                                   AGE (HHREF_B)
```

AssocHelp

```
H_DEGREE2
```

Module	03
Section Name	Household Composition
Part	4
Question ID	HHC.280_H
Variable Name	H_DEGREE2
Universe	
Universe-text	
Question Text	(3) Step mother/father - This applies to a parent of the Reference Person that is not the Reference Person's biological mother/father, and has become the Reference Person's parent through marriage to the Reference Person's biological mother/father. (5) Mother/father in-law - This applies to the parents of the Reference Person's spouse.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: DEGREE2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	4
Question ID	HHC.290_1
Variable Name	DEGREE3
Universe	RPREL = brother or sister
Universe-text	all siblings
Question Text	? [F1] [fill 1]
Answer Codes	1.Full [fill 2] 2. Half [fill 2] 3. Adopted [fill 2] 4. Step [fill 2] 5. Foster [fill 2] 6. [fill 3]-in-law Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Sibling Type
Fill Instructions	[fill 1] if PX = HHRESP fill "Are you [fill 4] full, half, adoptive, step, foster [fill 2], or [fill 2]-in-law? else fill "Is [ALIAS[PX]] [fill 4] full, half, adoptive, step, foster [fill 2], or [fill 2]-in-law? [fill 2] if SEX[PX] = male, then "brother" else "sister" [fill 3] if SEX[PX] = male, then "Brother" else "Sister" [fill 4] if HHRESP = HHREF_B fill "your", else fill "[ALIAS(HHREF_B)]'s""
Special Instructions	
Skip Instructions	<1-6,D,R> GOTO RPREL
Hard Edits	
Soft Edits	
AssocHelp	H_DEGREE3

Module	03
Section Name	Household Compositions
Part	4
Question ID	HHC.290_H
Variable Name	H_DEGREE3
Universe	
Universe-text	
Question Text	(2) Half brother/sister - This applies to brothers and/or sisters of the Reference Person that have only one biological parent in common. (4) Step brother/sister - This applies to brothers and/or sisters of the Reference Person that have no biological parent in common, but whose parents are married to each other. (6) Brother/sister in-law - This applies to the spouse of the Reference Person's brother / sister.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: DEGREE3
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	5
Question ID	HHC.300
Variable Name	FAMNUM
Universe	UNRELTAL > 1
Universe-text	
Question Text	? [F1] Earlier you said [TEMP] was not related to [ALIAS[reference person]]. Is [TEMP] related to anyone else in this household?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Pick One - answer list pane
Field Pane Description	Family Numbers
Fill Instructions	
Special Instructions	do while TEMP = null loop through all PX if HHSTAT[PX] ne D and FX[PX] = null and HHSTAT3[PX] ne A set TEMP = ALIAS[PX] endif end loop <2, D, R> set FX[TEMP] to next available FX loop through all PX if FX[PX] = null COUNTER++ end loop if COUNTER = 1 set FX[PX] = null to next available FX
Skip Instructions	<1> GOTO FAMNUM2 <2, D, R> if COUNTER = 0 or 1, GOTO FAMVER else reset FAMNUM, GOTO FAMNUM
Hard Edits	
Soft Edits	
AssocHelp	H_FAMNUM

Module	03
Section Name	Household Composition
Part	5
Question ID	HHC.300_H
Variable Name	H_FAMNUM
Universe	
Universe-text	
Question Text	When there is more than one family in the household you will need to make certain that each family is identified by a distinct family number. Each family is interviewed separately, and it is the family number that allows you to select which family you want to interview. Family numbers are assigned in the following way: the first person entered in the roster is the Reference Person and is assigned family number 1. All persons related to the reference person will also be assigned family number 1. All persons not related to the Reference Person are initially assigned family number 2. If all the persons assigned family number 2 are related to each other no new family numbers need to be assigned. If all the persons assigned family number 2 are not related to each other, new family numbers need to be assigned. Assign the appropriate family number to each, unrelated person or family as follows: 1 = Reference person's family (assigned automatically), 2 = First unrelated person/family, 3 = Second unrelated person/family, and so forth.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated screens: FAMNUM
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household Composition
Part	5
Question ID	HHC.310
Variable Name	FAMNUM2
Universe	FAMNUM= Yes (1)
Universe-text	
Question Text	Who is [TEMP] related to? * Probe: Anyone else? * Enter line number(s), separate with commas.
Answer Codes	[fill 1]
Question Type	Enter All That Apply
Field Pane Description	Who related
Fill Instructions	[fill 1] ALIAS[PX] of all persons with FX[PX] = null (except TEMP) **/exclude all DELETED PERSONS**

Special Instructions	<2-25> set FX to next available FX, for all PX's selected.
	
	Loop through all PX
	  if FX[PX] = null
	  COUNTER++
	  endif
	end loop
	
	if COUNTER = 1, set FX[PX] = null to next available FX

Skip Instructions	<2-25> if COUNTER = 0 or 1, GOTO FAMVER else GOTO FAMNUM
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	
Question ID	HHC.320
Variable Name	FAMVER
Universe	FAMNUM = 2 and COUNTER = 0 or 1 or all from FAMNUM2 when COUNTER = 0 or 1 or all from FAMNUM4
Universe-text	All multi family cases
Question Text	* It is very important that, at this point, ALL family members are associated with their correct family number. Please verify roster information below: [fill 1]
Answer Codes	1. Family member(s) correct, continue with family [FAMINT] interview. 2. Family member(s) incorrect. 3. Family number(s) correct, but family [FAMINT] not available at this time.
Question Type	Pick One - answer list pane
Field Pane Description	Family Verification
Fill Instructions	[fill 1] FX[PX] PX ALIAS[PX] for entire roster
Special Instructions	Do not allow answers of "Don't know" or "Refused". <3> set OUTCOME = Insufficient Partial Interview, Follow-Up Needed (204) <2,3> empty out the FAMVER value when reentering the case <1,3> set SPAWNCOUNT value Set TOTPCNT & PCNT = '0' Loop for all PX If FX[PX] = FAMINT, add '1' to TOTPCNT If HHSTAT[PX] is ne 'D' add '1' to PCNT ENDIF ALL
Skip Instructions	<1> if FAMINT = FX[LNO_RESP], GOTO HHCHANGE(FID) else GOTO FAMNEW <2> GOTO ERR_FAMVER <3> GOTO FCALLBK1 (Callback section)
Hard Edits	ERR_FAMVER * Family members incorrect. * Please correct by backing up and changing persons(s) relationship to the Reference Person.
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	2
Question ID	HHC.350
Variable Name	FAMNEW
Universe	FAMVER = Family members correct, continue with family # interview.(1) and FAMINT ne FX of HHSTAT9 = G(family respondent)
Universe-text	Respondent is not part of interview family.
Question Text	Family Number: [FAMINT] [fill1]
Answer Codes	1. Yes, continue with Family section. 2. No, arrange a callback
Question Type	Pick One - answer list pane
Field Pane Description	Adult Family Member Available
Fill Instructions	[fill 1] if single person family *Read if necessary: I would like to speak with [fill 2]. Is [fill 3] available? else *Read if necessary: I would like to speak with someone in this family, preferably an adult who is knowledgeable about the family's health, to complete the interview for their family. Is [fill 4] available? [fill 2] ALIAS of the only PX in FAMINT [fill 3] if ALIAS of [fill 2] = Male, then "he", else "she" [fill 4] list all ALIAS's in FAMINT that are non-deleted and AGE > 14. Separate with commas.
Special Instructions	<1,2> if MARK < Beginning of FID (13), store Beginning of FID (13) in MARK Don't allow a Don't know or Refused <1> if single person family Set CSTAT eq <0>, (No Sample Child) Store PX in RELRESP_A, LNO_RESP. Set HHSTAT6(PX) = <F> Family Reference Person HHSTAT7(PX) = <B> Family Respondent HHSTAT9(PX) = <G> Family Demographic Data Respondent
Skip Instructions	<1> if single person family, GOTO HHCHANGE else, GOTO RELRESP_A <2> GOTO FCALLBK1 (Callback section)
Hard Edits	

Soft Edits	
AssocHelp	
Module	03
Section Name	Household composition
Part	2
Question ID	HHC.360
Variable Name	RELRESP_A
Universe	FAMNEW = Yes, continue with Family section(1) and not a single person family
Universe-text	Multiple family with more than 1 person in the family
Question Text	* Enter the line number of the person you are speaking to. [fill 1]
Answer Codes	
Question Type	Pick One - answer list pane
Field Pane Description	Family Respondent
Fill Instructions	[fill 1] loop for all non-deleted persons with AGE > 14 in FAMINT [FX] [PX] [ALIAS]
Special Instructions	For PX selected: store B in HHSTAT7 store G in HHSTAT9 make LNO_RESP = RELRESP_A Do not allow Don't know and Refused. The question ID in the instrument is FID.045. This is a leftover from the CASES software before we switched to the Blaise software.
Skip Instructions	<1-25> If PX is not displayed in [fill 1], GOTO ERR1_RELRESP_A elseif AGE(PX) < 18, GOTO ERR2_RELRESP_A else GOTO HHCHANGE
Hard Edits	ERR1_RELRESP_A * You have selected a person where either a line number is not on the roster template or deleted or in a different family or less than 14 years of age. * Please reselect.
Soft Edits	ERR2_RELRESP_A You have selected a person less than 18 years old. Is this correct?
AssocHelp	

Module	03
Section Name	Household composition
Part	
Question ID	HHC.365
Variable Name	BIRTHDATE
Universe	
Universe-text	
Question Text	
Answer Codes	
Question Type	DATETYPE
Field Pane Description	Case Management Storage variable for date of birth
Fill Instructions	
Special Instructions	This was added to the AGEDOB_5 Special Instructions to create just one variable for the entire date of birth. 7. New Variable: >BIRTHDATE< Concatenate information gathered in AGEDOB_3, AGEDOB_4, and AGEDOB_5 into a type DATETYPE variable called BIRTHDATE. The format would be: MM/DD/YYYY . PLEASE NOTE: THAT THE AGE QUESTIONS COULD BE POPULATED WITH 'don't know' or 'refused'. And therefore could have no information to populate this field.
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	03
Section Name	Household composition
Part	
Question ID	HHC.450
Variable Name	SCREENIN
Universe	NATOR NE empty and RACE NE empty and I_SCRN_STATUS = S
Universe-text	
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	
Fill Instructions	

Special Instructions	if I_SCRN_STATUS = S
	  if NATOR = 1
	  store 1 in SCREENIN
	  goto HHREF_A
	  elseif RACE IN (2, 9, 10, 11, 12, 13, 14, 15)
	  store 1 in SCREENIN
	  goto HHREF_A
	  else
	  store 0 in SCREENIN
	  goto EXIT
	  endif
	endif
	
	this is also an output variable

Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

2018 Q1 NHIS Instrument Spec Report

Section name: Family Identification Section

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.100
Variable Name	HHCHANGE
Universe	All persons who HHSTAT[PX] ne D and FX[PX] = FAMINT
Universe-text	All nondeleted family members
Question Text	I have recorded that [fill 5]. [fill 6] [fill 7] and [fill 9] [fill 10] Is this information correct?
Answer Codes	1. Yes, information is correct 2. No, correction(s) needed/more corrections needed
Question Type	Pick One - answer list pane
Field Pane Description	Verify Info

Fill Instructions

```
[fill 1] if SEX[PX] = Male (1), then "he", else "she"
[fill 2] if SEX[PX] = Male (1), then "His", else "Her"
[fill 3] if AGEDOB_1 = R, then " age is refused "
        elseif AGEDOB_1 = D, then " age is about [AGE[PX]] years old "
        elseif AGE[PX] = 0, then " less than one year old "
        else " [AGE[PX]] years old "
[fill 4] if AGEDOB_3 or AGEDOB_4 or AGEDOB_5 = R
            " date-of-birth is refused."
        elseif AGEDOB_3 or AGEDOB_4 or AGEDOB_5 = D
            " date-of-birth is unknown."
        else " [BMM[Month]] [BDD], [BYY]."
[fill 5]
if PX = LNO_RESP
    if NAME_FNAME or NAME_LNAME = D
        " your alias is (ALIAS[PX]), your name is unknown, you are [SEX(PX)], [fill 3], [fill
4]"
    elseif NAME_FNAME or NAME_LNAME = R
        " your alias is (ALIAS[PX]), your name is refused, you are [SEX[PX]], [fill 3], [fill 4]"
    else " your name is (ALIAS[PX]), you are [SEX[PX]], [fill 3], [fill 4]" endif
else
   if NAME_FNAME or NAME_LNAME = D
       " [ALIAS(PX)]'s name is unknown, [fill 1] is [SEX[PX]], [fill 3], [fill 4]"
   elseif NAME_FNAME or NAME_LNAME = R
       " [ALIAS(PX)]'s name is refused, [fill 1] is [SEX[PX]], [fill 3], [fill 4]"
   else " [ALIAS(PX)] is [SEX(PX)], [fill 3], [fill 4]"

[fill 6] if PX = LNO_RESP
            if RACE = single response
               "Your ethnic background is: "
            else "Your ethnic backgrounds are: " endif
```

```
        else
            if RACE = single response
              "[fill 2] ethnic background is: "
            else "[fill 2] ethnic backgrounds are: "

[fill 7] if NATOR = D, then "Unknown "
        elseif NATOR = R, then "Refused "
        elseif NATOR  = No (2) "Non-Hispanic " endif
        elseif HISPAN = R, then "Refused "
        elseif HISPAN = D, then "Unknown "
        elseif HISPAN = 1, then "Puerto Rican "
        elseif HISPAN = 2, then "Cuban/Cuban American "
        elseif HISPAN = 3, then "Dominican (Republic) "
        elseif HISPAN = 4, then "Mexican "
        elseif HISPAN = 5, then "Mexican American "
        elseif HISPAN = 6, then "Central or South American "
        elseif HISPAN = 7, then [HIS_SP2]
        elseif HISPAN = 8, then [HIS_SP3]

[fill 8] if SEX[PX] = Male (1), then "his", else "her"

[fill 9] if PX = LNO_RESP
            if RACE = single response
                " your race is "
            else " your races are " endif
        else
            if RACE = single response
                "[fill 8] race is "
            else "[fill 8] races are "

[fill 10] if RACE = D, then "Unknown"
          elseif RACE = R, then "Refused"
          elseif RACE = 1, then "White"
          elseif RACE = 2, then "Black/African American"
          elseif RACE = 3, then "Indian (American)"
          elseif RACE = 4, then "Alaska Native"
          elseif RACE = 5, then "Native Hawaiian"
          elseif RACE = 6, then "Guamanian"
          elseif RACE = 7, then "Samoan"
          elseif RACE = 8, [fill RAC_SP1]
          elseif RACE = 9, then "Asian Indian"
          elseif RACE = 10, then "Chinese"
          elseif RACE = 11, then "Filipino"
          elseif RACE = 12, then "Japanese"
          elseif RACE = 13, then "Korean"
          elseif RACE = 14, then "Vietnamese"
          elseif RACE = 15, [fill RAC_SP2]
          else [fill RAC_SP3]
```

Special Instructions

```
If MARK(datamodel) < 13, set MARK = 13

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

Concatenate from these variables:
```

Skip Instructions	<1> if no additional PX remain if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC) else GOTO FIDCC13 <2> GOTO CWHAT2
Hard Edits	
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.110
Variable Name	CWHAT2
Universe	HHCHANGE = 2 (No, not correct)
Universe-text	HHCHANGE = 2 (No, not correct)
Question Text	* Change(s) needed for [ALIAS(PX)]. * Enter each number that applies. If a wrong choice, type that choice again.
Answer Codes	1. Name 2. Age or DOB 3. Sex 4. National origin 5. Race
Question Type	Enter All That Apply
Field Pane Description	Character. To Change
Fill Instructions	
Special Instructions	Do not allow D or R
Skip Instructions	<1> GOTO CHG_NAME_FNAME <2> GOTO CHG_AGEDOB_1 <3> GOTO CHG_SEX <4> GOTO CHG_NATOR <5> GOTO CHG_RACE
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.112_1
Variable Name	CHG_NAME_FNAME
Universe	CWHAT2= 2 (Name)
Universe-text	Persons who have a first name change
Question Text	?[F1] What is [ALIAS(PX)] correct name? * Probe for middle name or middle initial if not reported. Initials " * Press (enter) to skip to last name if no middle name. * If last name is the same as displayed, press <ENTER>, Otherwise, enter the new last name.
Answer Codes	
Question Type	Text
Field Pane Description	New First Name
Fill Instructions	
Special Instructions	1. [store NAME_FNAME in CHG_NAME_FNAME and display in Answer Codes 2. [If CHG_NAME_FNAME valid] [store CHG_NAME_FNAME in NAME_FNAME] [store NTEMP in ALIAS] [store NTEMP in ALIAS(L_NO)]
Skip Instructions	<20 chars,R,D> GOTO CHG_NAME_MNAME
Hard Edits	
Soft Edits	
AssocHelp	H_RPNAME

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.112_2
Variable Name	CHG_NAME_MNAME
Universe	All from CHG_NAME_FNAME
Universe-text	Persons who have a middle name change
Question Text	?[F1] * Enter Middle Name. * Probe for middle name or middle initial if not reported. * Press <enter> to skip to last name if no middle name.
Answer Codes	
Question Type	Text
Field Pane Description	New Middle Name
Fill Instructions	
Special Instructions	1. [store NAME_MNAME in CHG_NAME_MNAME] and display in Answer Codes 2. [If CHG_NAME_FNAME valid] [store CHG_NAME_MNAME in NAME_MNAME] [store NTEMP in ALIAS] [store NTEMP in R_ALIAS(L_NO)]
Skip Instructions	<20 chars,R,D, null> [goto CHG_NAME_LNAME]
Hard Edits	
Soft Edits	
AssocHelp	H_RPNAME

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.112_3
Variable Name	CHG_NAME_LNAME
Universe	All from CHG_NAME_FNAME
Universe-text	Persons who have a last name change
Question Text	?[F1] * If last name is the same as displayed, press <ENTER>, otherwise, enter the new last name. *Enter Last Name.
Answer Codes	
Question Type	Text
Field Pane Description	New Last Name
Fill Instructions	1. [If PX gt <1>] and CHG_NAME_LNAME is blank, then prefill CHG_NAME_LNAME with previous last name.
Special Instructions	1. store NAME_LNAME in CHG_NAME_LNAME 2. If CHG_NAME_FNAME valid and CHG_NAME_LNAME valid store CHG_NAME_LNAME in NAME_LNAME make FULLNAME from CHG_NAME_FNAME < > CHG_NAME_LNAME make NTEMP from CHG_NAME_FNAME < > CHG_NAME_LNAME store NTEMP in ALIAS store NTEMP in R_ALIAS(L_NO) if L_NO ne RELRESP_A make PTEMPNAME from ALIAS <'s> store ALIAS in TEMPNAME
Skip Instructions	<20 chars, R,D> IF [(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME valid)] [goto CHG_ALIAS] Else If CWHAT2 = 2 (Age or DOB) change is needed), [goto CHG_AGEDOB_M] If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	

AssocHelp	H_RPNAME
Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.115
Variable Name	CHG_ALIAS
Universe	[(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME valid) and/or (CHG_NAME_LNAME not valid)] OR [(CHG_NAME_FNAME not valid) and/or (CHG_NAME_LNAME valid)]
Universe-text	Persons who don't know or refused to give first and/or last name.
Question Text	?[F1] How shall I refer to (you/this person) for the rest of the interview?
Answer Codes	
Question Type	Text
Field Pane Description	New Alias
Fill Instructions	
Special Instructions	
Skip Instructions	<41 chars> If CWHAT2 = 2 (Age or DOB) change is needed), [goto CHG_AGEDOB_M] If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	H_RPALIAS

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.125_1
Variable Name	CHG_AGEDOB_1
Universe	CWHAT2= 2 (age or DOB)
Universe-text	CWHAT2= 2 (age or DOB)
Question Text	?[F1] 1 of 5 What is [fill 1] age? * Enter number for age.
Answer Codes	
Question Type	Integer
Field Pane Description	New Age-num
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"

Special Instructions	When entering this screen:
	If DOBVER = empty
	  store AGE(PX) in CHG_AGEDOB_1
	  store <4> in CHG_AGEDOB_2
	elseif DOBVER <> empty
	  store AGEDOB_1 in CHG_AGEDOB_1
	  store AGEDOB_2 in CHG_AGEDOB_2
	endif
	store DOBM in CHG_AGEDOB_3
	store DOBD in CHG_AGEDOB_4
	store DOBY in CHG_AGEDOB_5
	
	Once a value is entered in these items or you have "entered through" an item, retain that value unless it is overwritten.
	
	If CHG_AGEDOB_1 eq <D,R> store 999 into AGE1
	
	if CHG_AGEDOB_1 = Refused, store '8' in CHG_AGEDOB_2
	if CHG_AGEDOB_1 = Don't know, store '9' in CHG_AGEDOB_2

Skip Instructions	<001-120> [goto CHG_AGEDOB_2] <D,R> goto [CHG_AGEDOB_3]
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.125_2
Variable Name	CHG_AGEDOB_2
Universe	AGEDOB_1 = <001-120>
Universe-text	Valid age - number entered
Question Text	?[F1] 2 of 5 * Enter number for age time period.
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Description	New Age-tp
Fill Instructions	
Special Instructions	1. Do not allow don't know or refused. 2. Calculate age in years If AGEDOB_2 = day, divide AGEDOB_1 by 365, truncate decimal and store integer into AGE1. If AGEDOB_2 = weeks, divide AGEDOB_1 by 52, truncate decimal and store integer into AGE1. If AGEDOB_2 = months, divide AGEDOB_1 by 12, truncate decimal and store integer into AGE1. If AGEDOB_2 = years, store integer into AGE1.
Skip Instructions	<1-4> [goto CHG_AGEDOB_3]
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.125_3
Variable Name	CHG_AGEDOB_3
Universe	All from CHG_AGEDOB_2
Universe-text	All from CHG_AGEDOB_2
Question Text	?[F1] 3 of 5 And what is [fill 1] date of birth? Please give month, day, and year for the date of birth. * Enter month of birth.
Answer Codes	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	New DOBM
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"
Special Instructions	
Skip Instructions	<1-12,R,D>[goto CHG_AGEDOB_4]
Hard Edits	
Soft Edits	
AssocHelp	H_AGEDOB

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.125_4
Variable Name	CHG_AGEDOB_4
Universe	All from CHG_AGEDOB_3
Universe-text	All from CHG_AGEDOB_3
Question Text	?[F1] 4 of 5 * Enter day of birth
Answer Codes	
Question Type	Integer
Field Pane Description	New DOBD
Fill Instructions	
Special Instructions	
Skip Instructions	<1-31> Only allow valid days for month entered. If days not valid, goto ERR_AGEDOB_4. <1-31,R,D>[goto CHG_AGEDOB_5]
Hard Edits	ERR_AGEDOB_4 * [fill1: AGEDOB_4] is not a valid day for [fill2: AGEDOB_3]. * Please correct.
Soft Edits	
AssocHelp	H_AGEDOB

Module	96
Section Name	Family Identification Section
Part	2
Question ID	FID.125_5
Variable Name	CHG_AGEDOB_5
Universe	All from CHG_AGEDOB_4
Universe-text	All from CHG_AGEDOB_4
Question Text	?[F1] 5 of 5 * Enter year of birth.
Answer Codes	
Question Type	Integer
Field Pane Description	New DOBY
Fill Instructions	
Special Instructions	1. If AGEDOB_5 gt current year, goto ERR4_AGEDOB_5. 2. If AGEDOB_5 = current year and AGEDOB_3 gt current month, goto ERR1_AGEDOB_5. 3. If AGEDOB_5 = current year and AGEDOB_3 = current month and AGEDOB_4 gt current day, goto ERR2_AGEDOB_5. 4. If AGEDOB_3 = 2 and AGEDOB_4 = 29, divide AGEDOB_5 BY 4.00. If AGEDOB_5 ne to (truncated decimal multiplied by 4.00), goto ERR3_AGEDOB_5. 5. Execute Procedure AGECAL. 6. Execute Procedure AGECK. 7. Soft EDIT: Age reported is not equal to age calculated from date of birth, goto ERR5_AGEDOB_5 and BOLD/BLACK text to be read. 8. Store Flag for suppress associated with soft edit. 9. If suppressed STORE AGE2 in AGE, else STORE AGE1 in AGE.
Skip Instructions	<1880 - 2030, D,R> [goto AGECAL]
Hard Edits	ERR1_AGEDOB_5 Future month invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR2_AGEDOB_5 Future day invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR3_AGEDOB_5 Invalid date:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5 ERR4_AGEDOB_5 Future year invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5

Soft Edits	ERR5_AGEDOB_5 There is a difference between the age the computer calculated from [fill1: your/ALIAS's] date-of-birth and the age that you gave me. I recorded [fill1: your/ALIAS's] date-of-birth as {AGEDOB_3<space>AGEDOB_4<,><space>AGEDOB _5}. Is that [fll1: your/ALIAS's] } correct date-of-birth? * Please verify.
AssocHelp	H_AGEDOB

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.125_6
Variable Name	CHG_AGECAL
Universe	All from CHG_AGEDOB_5
Universe-text	All non-deleted persons
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	Calculates age(s) from Date of Birth
Fill Instructions	

Special Instructions

This item takes the date-of-birth information entered in AGEDOB_3, AGEDOB_4 and AGEDOB_5 and calculates an age. The calculated age is stored in AGE2.

There are 4 main sections, number 1-4 below. Which section will be used depends on whether complete DOB information was entered in AGEDOB, and which part of DOB (month, day or year) is missing, if any. If not enough DOB information was given to calculate an age, 999 is assigned to AGE2.

1. If complete DOB information was entered in AGEDOB_3, AGEDOB_4, and AGEDOB_5

[if AGEDOB_3 valid and AGEDOB_4 valid and AGEDOB_5 valid]
[if AGEDOB_3 < current month, store (current year - AGEDOB_5) in AGE2]
[if AGEDOB_3 > current month, store (current year - AGEDOB_5 - <1>) in AGE2]
[if AGEDOB_3 = current month and AGEDOB_4 le current day,
store (current year - AGEDOB_5) in AGE2]
[if AGEDOB_3 = current month and AGEDOB_4 > current day.
store (current year - AGEDOB_5 - <1>) in AGE2]
Store AGEDOB_3 in DOBM
Store AGEDOB_4 in DOBD
Store ABDDOB_5 in DOBY

2. If only the day is missing an age may be calculated, depending on the month of birth. If the
birth month is the current month, two possible ages are calculated and stored in AGE3 and AGE4.

[If AGEDOB_3 valid and AGEDOB_5 valid]
[If AGEDOB_5 < current year and AGEDOB_3 < current month,
store (current year - AGEDOB_5) in AGE2]
[If AGEDOB_5 < current year and AGEDOB_3 > current month,
store (current year - AGEDOB_5 - <1>) in AGE2]
[If AGEDOB_5 < current year and AGEDOB_3 = current month,
store <999> in AGE2, store (current year - AGEDOB_5 - <1>) in AGE3, and
store (current year - AGEDOB_5) in AGE4]
[if AGEDOB_5 = current year, store <0> in AGE2]

	Store AGEDOB_3 in DOBM Store ABDDOB_5 in DOBY 3. If the birth month is missing (or month and day, because the day is useless without the month) two possible ages are calculated, AGE3 and AGE4, if the birth year is less than the current year. If the birth year = current year, an age of 0 is assigned to AGE2. [If AGEDOB_5 valid and AGEDOB_5 < current year, store <999> in AGE2, store (current year - AGEDOB_5 - <1>) in AGE3, and store (current year - AGEDOB_5) in AGE4] [If AGEDOB_5 valid and AGEDOB_5 = current year, store <0> in AGE2] Store ABDDOB_5 in DOBY 4. If the birth year is missing (or any combination of month, month and day, or month, day and year, because month and day are useless without the year) a 999 is stored in AGE2. [If AGEDOB_5 = Refused or Don't know, store <999> in AGE2]
Skip Instructions	[goto CHG_AGECK]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.125_7
Variable Name	CHG_AGECK
Universe	HHSTAT ne D
Universe-text	All non-deleted persons
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	Checking age
Fill Instructions	
Special Instructions	AGECK compares the two ages calculated in AGE1 (actual age given) and AGE2 (calc. From DOB information). AGE1 and AGE2 will contain an age or 999 if an age could not be calculated. There are 2 main sections to AGECK. If an age was not given at AGEDOB, section 1 and skips 1-3 will be used. If an age was given at AGEDOB, section 2 and skips 4-9 will be used.

Skip Instructions

```
[If AGE1 eq <999>]                [#an age was not given at AGEDOB
  [If AGE2 ne <999>][store AGE2 in AGE]
      If  CWHAT2= 3  ( sex change),                    [goto CHG_SEX ]
      If CWHAT2 = 4  (National origin change),         [goto CHG_NATOR]
      If CWHAT2 = 5  (Race change),                    [goto CHG_RACE ]
        Else [ goto HHCHANGE_1 to reverify the changed information]

  [If AGE2 eq <999>]
    [If AGE3 eq <> goto CHG_GES1CK]
    [If AGE3 ne <> goto CHG_AGEPIC]
  [If AGE2 ne <999>]
    [If AGE1 eq AGE2][store AGE1 in AGE]
        If  CWHAT2= 3  ( sex change),                  [goto CHG_SEX ]
        If CWHAT2 = 4  (National origin change),       [goto CHG_NATOR]
        If CWHAT2 = 5  (Race change),                  [goto CHG_RACE ]
          Else [ goto HHCHANGE_1 to reverify the changed information]
    [If AGE1 ne AGE2]
      [If CHG_DOBVER eq <>]
        [goto CHG_DOBVER]
      [Else]
        [store AGE2 in AGE]
          If  CWHAT2= 3  ( sex change),                [goto CHG_SEX ]
          If CWHAT2 = 4  (National origin change),     [goto CHG_NATOR]
          If CWHAT2 = 5  (Race change),                [goto CHG_RACE ]
            Else [ goto HHCHANGE_1 to reverify the changed information]
    [If AGE1 eq AGE3 or AGE1 eq AGE4]
      [store AGE1 in AGE]
        If  CWHAT2= 3  ( sex change),                  [goto CHG_SEX ]
```

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

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.130
Variable Name	CHG_DOBVER
Universe	CWHAT2= 2 (age or DOB not correct)
Universe-text	Age reported is not equal to age calculated from date of birth.
Question Text	"There is a difference between the age the computer calculated from [fill 1] date-of-birth, [fill :computer calculated AGE (AGE2)], and the age that you gave me, [fill AGE respondent reported (AGE1)]. I recorded [fill1: your/ALIAS's] date-of-birth as {AGEDOB_3<space>AGEDOB_4<,><space>AGEDOB _5}. Is that [fll1: your/ALIAS's] } correct date-of-birth?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Date of Birth Verification
Fill Instructions	[fill 1] if PX = LNO_RESP, then "your else "[ALIAS[PX]]'s"
Special Instructions	1. If CHG_DOBVER = <1>, store AGE2 in AGE 2. If CHG_DOBVER = <D,R>, store AGE1 in AGE 3. FLAG for CHG_DOBVERFG, store <1> if suppressed
Skip Instructions	<1, D, R > If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information] <2> [goto CHG_AGEDOB_3]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.140
Variable Name	CHG_AGEPIC
Universe	CHG_AGECK= [AGE1 eq <999>] and [AGE2 eq <999>]and [AGE3 ne <>]
Universe-text	CHG_AGECK= [AGE1 eq <999>] and [AGE2 eq <999>]and [AGE3 ne <>]
Question Text	[fill1: Are you/Would you say [fill2: ALIAS] is]
Answer Codes	[fill3: 1. Less than 1 year old?] [fill3: 1. [fill5: AGE3] year(s) old?] 2. [fill6: AGE4] year(s) old? 3. Neither is correct Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Change Agepic
Fill Instructions	if AGE3 = 0 then [fill3: 1. Less than 1 year old?] ; else [fill3: 1. [fill5: AGE3] year(s) old?]
Special Instructions	1. Bold all answers 2. If CHG_AGEPIC = 1 then set AGE = AGE3. 3. If CHG_AGEPIC = 2 then set AGE = AGE4. ANSW:<1> [store AGE3 in AGE] [store CHG_AGEPIC in AGEPIC] ANSW:<2> [store AGE4 in AGE] [store CHG_AGEPIC in AGEPIC]
Skip Instructions	<1,2> If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information] <3,D,R> if CHG_AGEDOB@1 = 'Refused' [goto CHG_AGEGES2] else [goto CHG_AGEGES1
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.145_1
Variable Name	CHG_AGEGES1_NUM
Universe	[CHG_AGEPIC = (3or D or R) and CHG_AGEDOB_1 ne R] or [(CHG_AGEDOB_3 or CHG_AGEDOB_4 or CHG_AGEDOB_5 = (D or R)) and (CHG_AGEPIC not asked and CHG_AGEDOB_1 ne R)]
Universe-text	Age unknown and unable to narrow age down to two age choices and respondent did not refuse AGEDOB_1
Question Text	?[F1] 1 of 2 What is your best guess of [fill1: your/ALIAS's] age? * If the response is a range of ages, enter (C) for compute . * If the respondent does not know the age, enter your best estimate of the person's age.
Answer Codes	C. Compute from range Refused Don't Know
Question Type	Integer
Field Pane Description	Age Guess - Number
Fill Instructions	
Special Instructions	
Skip Instructions	<0-120> [goto CHG_AGEGES1_TP] <C> [goto CHG_AGERNG_N1] <D,R> [goto CHG_AGEGES2]
Hard Edits	
Soft Edits	
AssocHelp	H_AGEGES

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.145_2
Variable Name	CHG_AGEGES1_TP
Universe	CHG_AGEGES1_NUM = 0-120
Universe-text	Valid age number
Question Text	2 of 2 * Enter time period
Answer Codes	3. Month(s) 4. Year(s)
Question Type	Pick One - answer list pane
Field Pane Description	Change Age Guess - TP
Fill Instructions	
Special Instructions	1. Don't know or Refused not allowed. 2. If CHG_AGEGES1_TP = months, divide CHG_AGEGES1_NUM by 12, then store integer into AGE. 3. If CHG_AGEGES1_TP = year(s), then store CHG_AGEGES1_NUM into AGE. 4. If CHG_AGEDOB_5 = D store (current year - AGE - <1>) in BYY1. store (current year - AGE) in BYY2. 5. <3-4> [If CHG_AGEGES1_TP eq <3>] [store (CHG_AGEGES1_NUM/<12>) in AGE][endif] [If CHG_AGEGES1_TP eq <4>][store CHG_AGEGES1_NUM in AGE] [If CHG_AGEDOB_5 eq <D>] [store ({int}CYEAR-AGE-<1>) in BYY1] [store ({int}CYEAR-AGE) in BYY2] [store CHG_AGEGES1_NUM in AGEGES1_NUM] [store CHG_AGEGES1CHG_AGEGES1_TP in GEGES1CHG_AGEGES1_TP] [Else] [store CHG_AGEGES1_NUM in AGEGES1_NUM] [store CHG_AGEGES1CHG_AGEGES1_TP in AGEGES1CHG_AGEGES1_TP]
Skip Instructions	<3-4> [If CHG_AGEGES1_TP eq <3>] [store (CHG_AGEGES1_NUM/<12>) in AGE][endif] [If CHG_AGEGES1_TP eq <4>][store CHG_AGEGES1_NUM in AGE] [If CHG_AGEDOB_5 eq <D>] [store ({int}CYEAR-AGE-<1>) in BYY1] [store ({int}CYEAR-AGE) in BYY2] [store CHG_AGEGES1_NUM in AGEGES1_NUM] [store CHG_AGEGES1CHG_AGEGES1_TP in AGEGES1CHG_AGEGES1_TP] [goto CHG_YEARPIC] [Else] [store CHG_AGEGES1_NUM in AGEGES1_NUM]

	[store CHG_AGEGES1CHG_AGEGES1_TP in AGEGES1CHG_AGEGES1_TP] If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information] <C> [goto CHG_AGERNG] <D,R> [goto CHG_AGEGES2] <H> [etc <h H_AGEGES>]
Hard Edits	
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.150
Variable Name	CHG_AGEGES2
Universe	[(CHG_AGEPIC = 3 or R or D) and CHG_AGEDOB_1 = R] or [CHG_AGEGES1_NUM= D or R] or [((CHG_AGEDOB_3 or CHG_AGEDOB_4 or CHG_AGEDOB_5) = (D or R)) and (CHG_AGEPIC = empty) and (CHG_AGEDOB_1 = R)]
Universe-text	(Age unknown and unable to narrow to two age choices and respondent refused or didn't know age at AGEDOB_1) or (Refused to or did not guess age)
Question Text	Certain sections of this interview depend on knowing if a person is 18 years old or older. Could you please tell me if [fill1: you/ALIAS] [fill2: are/is] at least 18 years old?
Answer Codes	1. Less than 18 2. 18 or older Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Change At least 18
Fill Instructions	
Special Instructions	
Skip Instructions	<1> [goto CHG_LESS18] <2,D,R> [goto CHG_GREAT18]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.155
Variable Name	CHG_LESS18
Universe	CHG_AGEGES2 = 1 (Less than 18)
Universe-text	CHG_AGEGES2 = 1 (Less than 18)
Question Text	* Enter your best estimate of [fill alias]'s age. Enter "0" if less than 1 year old.
Answer Codes	(Enter age 0 to 17)
Question Type	Integer
Field Pane Description	Chg Less18
Fill Instructions	
Special Instructions	[store CHG_LESS18 in LESS18] [store LESS18 in AGE]
Skip Instructions	<0-17> If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.160
Variable Name	CHG_GREAT18
Universe	CHG_AGEGES2 = 2 (18 or older) or D or R
Universe-text	CHG_AGEGES2 = 2 (18 or older) or D or R
Question Text	* Enter your best estimate of [fill alias]'s age.
Answer Codes	(Enter age 18 or greater)
Question Type	Integer
Field Pane Description	Chg Great18
Fill Instructions	
Special Instructions	[store CHG_GREAT18 in GREAT18] [store GREAT18 in AGE]
Skip Instructions	<18-120> If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.165_1
Variable Name	CHG_AGERNG_N1
Universe	CHG_AGEGES1 = C (compute from range)
Universe-text	Respondent doesn't know the age, so picking a range to compute the age.
Question Text	1 of 4 * Enter first and last ages of the range. First/lower: Last/higher: Number Number Time Period Time Period Month (s) Month(s) Year(s) Year(s) * Enter First/lower age of the range.
Answer Codes	<0-120>
Question Type	Integer
Field Pane Description	First/lower
Fill Instructions	
Special Instructions	1. Going into this screen, perform these: [store AGERNG_N1 in CHG_AGERNG_N1] [store AGERNG_T1 in CHG_AGERNG_T1] [store AGERNG_N2 in CHG_AGERNG_N2] [store AGERNG_T2 in CHG_AGERNG_T2] 2. Do not allow "Don't know" or "Refused" as an answer. 3. Gray out everything in the Question text except for the FR instruction, First/lower, and number underneath First/lower.
Skip Instructions	<0-120> [goto CHG_AGERNG_T1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.165_2
Variable Name	CHG_AGERNG_T1
Universe	CHG_AGEGES1 = C (compute from range)
Universe-text	Respondent doesn't know the age, so picking a range to compute the age.
Question Text	2 of 4 * Enter the first/lower time period of the range.. First/lower: Last/higher: Number Number Time Period Time Period Month(s) Month(s) Year(s) Year(s) .
Answer Codes	3. Month(s) 4. Year(s)
Question Type	Integer
Field Pane Description	Time Period
Fill Instructions	
Special Instructions	1. Display in Question Text: Below the statement to enter first and last ages, HIGHLIGHT only the column heading 'First/lower, then the words 'Time Period' below. DON'T PUT IN THE MARKERS, CONSISTING OF N1, T1, N2, T2. They are there for you to follow the sequence of questions to be answered for the 4 screens. 2. [If CHG_AGERNG_T1 eq <3>] [store (CHG_AGERNG_N1 /<12>) in LOWER] [else] [store CHG_AGERNG_N1 in LOWER]
Skip Instructions	<3-4> [goto CHG_AGERNG_N2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.165_3
Variable Name	CHG_AGERNG_N2
Universe	AGERNG_2=3-4
Universe-text	First age number and time period has been entered for range.
Question Text	3 of 4 * Enter the Last/higher age of the range. First/lower: Last/higher: Number Number Time Period Time Period Month(s) Month(s) Year(s) Year(s)
Answer Codes	0-120
Question Type	Integer
Field Pane Description	Last/higher
Fill Instructions	
Special Instructions	1. Do not allow "Don't know" or "Refused" as an answer. 2. Gray out everything in the Question text except for the FR instruction, Last/higher:, and number underneath Last/higher.
Skip Instructions	<0-120> [goto AGERNG _T2]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.165_4
Variable Name	CHG_AGERNG_T2
Universe	AGEGES1_NUM= C
Universe-text	Second age number has been entered for range.
Question Text	4 of 4 * Enter the Last/higher time period of the range.. First/lower: Last/higher: Number Number Time Period Time Period Month(s) Month(s) Year(s) Year(s) .
Answer Codes	Month(s) Year(s)
Question Type	Pick One - answer list pane
Field Pane Description	Time Period
Fill Instructions	
Special Instructions	1. Do not allow "Don't know" or "Refused" as an answer. 2. Gray out everything in the Question text except for the FR instruction, Last/higher:, and Month(s) and Year(s) underneath Last/higher:. 3. If CHG_AGERNG_T2 = months, divide CHG_AGERNG_N2 by 12, truncate decimal and store integer into HIGHER. 4. If CHG_AGERNG_T2 = years, store CHG_AGERNG _N2 into HIGHER. 5. If LOWER le HIGHER add LOWER and HIGHER and divide by 2, truncate decimal and store integer in AGE store AGE in CHG_AGEGES1_NUM store <year(s)> in CHG_AGEGES1_TP 6. If LOWER > HIGHER, goto ERR_CHG_AGERNG_T2 7. If CHG_AGEDOB_5 = D store (current year - AGE - <1>) in BYY1 store (current year - AGE) in BYY2
Skip Instructions	[if CHG_AGEDOB_5 eq <D>] [goto CHG_YEARPIC] [Else]

	If CWHAT2= 3 (sex change), [goto CHG_SEX] If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	ERR_AGERNG_T2 * The higher age must be larger than the lower age. goto AGERNG_N1
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.170
Variable Name	CHG_YEARPIC
Universe	[AGE is valid and [AGERNG_T2 or AGEGES1 or AGECK have AGEDOB_5 = Don't know] and [BYY1 and BYY2 are not blank]
Universe-text	Person's age is known and birth year answered with 'don't know'
Question Text	Would you say that [fill1: you/ALIAS] [fill2: were/was] born in:
Answer Codes	1. [fill3: with 4-digit BYY1] 2. [fill4: with 4-digit BYY2] 3. Neither is correct Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	New DOBY
Fill Instructions	[fill3: with 4-digit BYY1] = low guess for year born [fill4: with 4-digit BYY2] = high guess for year born
Special Instructions	1. If CHG_YEARPIC = 1, store BYY1 in BYY. 2. If CHG_YEARPIC = 2, store BYY2 in BYY.
Skip Instructions	<1-3,R,D> goto HHCHANGE_1 to reverify the changed information
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.180
Variable Name	CHG_SEX
Universe	CWHAT2 = 3 (Sex)
Universe-text	Changing the sex of the person
Question Text	[fill 1] male or female? *If don't know or refused enter your best guess.
Answer Codes	1. Male 2. Female
Question Type	Pick One - answer list pane
Field Pane Description	New Sex
Fill Instructions	[fill 1] if PX = LNO_RESP, then "Are you", else "Is [ALIAS(PX)]"
Special Instructions	Don't allow 'D' or 'R' for a response. 1. store SEX in CHG_SEX 2. <1-2> if CHG_SEX eq <1> store <M> in MF else store <F> in MF store CHG_SEX in SEX 3. CHANGE SEX FILLS: store SEX in SEX(PX) if SEX eq <2> and PX ne LNO_RESP store <she> in HESHE store <She> in C_HESHE] store <her> in HIMHER] store <her> in HISHER] store <Her> in C_HISHER store <herself> in SELF store <husband> in SPOUSE else if PX ne LNO_RESP store <he> in HESHE store <He> in C_HESHE store <him> in HIMHER store <his> in HISHER store <His> in C_HISHER store <himself> in SELF store <wife> in SPOUSE

Skip Instructions	<1-2> If CWHAT2 = 4 (National origin change), [goto CHG_NATOR] If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.190
Variable Name	CHG_NATOR
Universe	CWHAT2 = 4 (National origin change)
Universe-text	Changing the National origin of an individual
Question Text	(book) H1 ? [F1] [fill1: Do/Does] [fill2: you/ ALIAS] consider [fill3: yourself/himself/herself] to be Hispanic or Latino? * Read if necessary. Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American Other Latin American Other Hispanic/Latino/Spanish (Where did [fill4: your/ ALIAS's] ancestors come from?)
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	New Nat. Orig
Fill Instructions	1. [fill1: Do/Does] : use Do if the referring to the respondent, else Does 2. [fill2: you/ ALIAS]: use you if referring to the respondent, else ALIAS for the person you are referring to. 3. fill3: yourself/himself/herself] : use yourself for the respondent, himself for ALIAS being a male, or herself for ALIAS being a female. 4. [fill4: your/ ALIAS's]: use your if referring to the respondent, else ALIAS's.
Special Instructions	<1,2,D,R> [store CHG_NATOR in NATOR] [store <> in TEMP] [if CHG_NATOR eq <1> and HHSTAT3 ne <A>] [store <1> in SCREENIN] [else] [store <> in HISPAN_1] [store <> in CHG_HISPAN_1] [store <> in HISPAN_2] [store <> in CHG_HISPAN_2] [store <> in HISPAN_3] [store <> in CHG_HISPAN_3] [store <> in HISPAN_4] [store <> in CHG_HISPAN_4] [store <> in HISPAN_5] [store <> in CHG_HISPAN_5] [store <> in HIS_SP2] [store <> in CHG_HIS_SP2]

```
            [store <> in HIS_SP3]  [store <> in CHG_HIS_SP3]

[loop for X from <1> to <9>]
      [if ({int}CHG_HISPAN_1 eq X and CHG_HISPAN_1 onpath) or
          ({int}CHG_HISPAN_2 eq X and CHG_HISPAN_2 onpath) or
          ({int}CHG_HISPAN_3 eq X and CHG_HISPAN_3 onpath) or
          ({int}CHG_HISPAN_4 eq X and CHG_HISPAN_4 onpath) or
          ({int}CHG_HISPAN_5 eq X and CHG_HISPAN_5 onpath)]
        [if HISP_1 eq <>]
          [store X in HISP_1]
        [endif]
        [store <X> in HISPAN_ARR(X)]
      [else]
        [store <> in HISPAN_ARR(X)]
```

Skip Instructions

```
<1> [goto CHG_HISPAN]
<2,R,D> If CWHAT2 = 5  (Race change),  [goto CHG_RACE ]
          Else [ goto HHCHANGE_1 to reverify the changed information]
```

Hard Edits

Soft Edits

AssocHelp

H_NATOR

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.200
Variable Name	CHG_HISPAN
Universe	All from CHG_NATOR
Universe-text	CWHAT2 = National origin was answered yes to being Hispanic or Latino
Question Text	(book) H1 ? [F1] Please give me the number of the group that represents [fill: your/ ALIAS's} Hispanic origin or ancestry. You may choose up to five (5), if applicable. * If a nonhispanic group is named, backup to previous screen and change the answer from "yes" to "no". Enter all that apply, separate with commas.
Answer Codes	1. Puerto Rican 2. Cuban/Cuban American 3. Dominican (Republic) 4. Mexican 5. Mexican American 6. Central or South American 7. Other Latin American 8. Other Hispanic/Latino/Spanish Refused Don't know
Question Type	Enter All That Apply
Field Pane Description	New Hisp Orig
Fill Instructions	
Special Instructions	Mark up to 5
Skip Instructions	<1-6,>If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information] <7> [goto CHG_HIS_SP2] <8> [goto CHG_HIS_SP3]
Hard Edits	
Soft Edits	
AssocHelp	H_HISPAN

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.210
Variable Name	CHG_HIS_SP2
Universe	CHG_HISPAN=(7 or other Latin American)
Universe-text	CHG_HISPAN answered from selection 7 for Hispanic origin.
Question Text	? [F1] * Probe for the country. * If any of the following are mentioned, backup to previous screen and correct the entry. Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American (REFER TO HELP SCREEN) * (F1) For a list of Central or South American countries. * Specify the other Latin American.
Answer Codes	
Question Type	Text
Field Pane Description	New Oth Lat Amer
Fill Instructions	
Special Instructions	
Skip Instructions	<30 anychar> If <8> is also selected in CHG_HISPAN goto CHG_HIS_SP3 elseif CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	H_SPECH

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.215
Variable Name	CHG_HIS_SP3
Universe	CHG_HISPAN= 8 (other Hispanic/Latino)
Universe-text	CHG_HISPAN answer from selection 8 (other Hispanic/Latino) origin
Question Text	? [F1] * Probe for the country. * If any of the following are mentioned, backup to previous screen and correct the entry. Puerto Rican Cuban/Cuban American Dominican (Republic) Mexican Mexican American Central or South American (REFER TO HELP SCREEN) * (F1) For a list of Central or South American countries. * Specify the other Hispanic/Latino/Spanish.
Answer Codes	
Question Type	Text
Field Pane Description	New Oth Hisp/Lat
Fill Instructions	
Special Instructions	
Skip Instructions	<30 anychar> If CWHAT2 = 5 (Race change), [goto CHG_RACE] Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	H_SPECH

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.220
Variable Name	CHG_RACE
Universe	All from CHG_HIS_SP3 or CWHAT2 = 5 (Race change)
Universe-text	All from CHG_HIS_SP3 or CWHAT2 = 5 (Race change)
Question Text	? [F1] * Show flashcard H2 What race or races [fil1l: do/does] [fill2: you/ ALIAS] consider [fill3: yourself/himself/herself] to be? Please select 1 or more of these categories. * Enter all that applies, separate with commas.
Answer Codes	1. White 2. Black/African American 3. Indian (American) 4. Alaska Native 5. Native Hawaiian 6. Guamanian or Chamorro 7. Samoan 8. Other Pacific Islander 9. Asian Indian 10. Chinese 11. Filipino 12. Japanese 13. Korean 14. Vietnamese 15. Other Asian 16. Some other race Refused Don't know
Question Type	Enter All That Apply
Field Pane Description	New Race
Fill Instructions	1. [fil1l: do/does]: use 'do' if referring to the respondent, else does. 2. [fill2: you/ ALIAS]: use 'you' if referring to the respondent, else ALIAS. 3. [fill3: yourself/himself/herself]: use 'yourself' if referring to the respondent, else himself if person you are referring to is a male or 'herself' for female.
Special Instructions	Allow up to 6 answers, and narrow down to 5.
Skip Instructions	<1-7,9-14> If more than one selected [goto CHG_MLTRAC], Else [goto HHCHANGE_1 to reverify the changed information] <8> [goto CHG_RAC_SP1] <15> [goto CHG_RAC_SP2] <16> [goto CHG_RAC_SP3] <D,R> [goto CHG_MLTRAC]
Hard Edits	
Soft Edits	
AssocHelp	H_RACE

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.230
Variable Name	CHG_RAC_SP1
Universe	CHG_RACE= 8 (other Pacific Islander)
Universe-text	CHG_RACE= 8 (other Pacific Islander)
Question Text	* Specify the other pacific islander. * If any of the following are mentioned, go back to RACE screen to correct. White Asian Indian Black/African American Chinese Indian (American) Filipino Alaska Native Japanese Native Hawaiian Korean Guamanian or Chamorro Vietnamese Samoan
Answer Codes	
Question Type	Text
Field Pane Description	New Oth Pac Isl
Fill Instructions	
Special Instructions	
Skip Instructions	<30 chars long> If more than one selected [goto CHG_MLTRAC], Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.232
Variable Name	CHG_RAC_SP2
Universe	CHG_RACE=15 (other Asian)]
Universe-text	CHG_RACE = other Asian listed
Question Text	* If any of the following are mentioned, backup to previous item and correct the entry. * Specify the other Asian. White Black/African American Indian (American) Alaska Native Native Hawaiian Guamanian or Chamorro Samoan Asian Indian Chinese Filipino Japanese Korean Vietnamese
Answer Codes	
Question Type	Text
Field Pane Description	New Oth Asian
Fill Instructions	
Special Instructions	
Skip Instructions	<30 chars long> If more than one selected [goto CHG_MLTRAC], Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.234
Variable Name	CHG_RAC_SP3
Universe	[RACE=16 (Some other race)]
Universe-text	RACE answered some other race.
Question Text	* If any of the following are mentioned, backup to previous item and correct the entry. * Specify the other race. White Black/African American Indian (American) Alaska Native Native Hawaiian Guamanian or Chamorro Samoan Asian Indian Chinese Filipino Japanese Korean Vietnamese
Answer Codes	
Question Type	Text
Field Pane Description	New Oth Race
Fill Instructions	
Special Instructions	
Skip Instructions	<30 chars long> If more than one selected [goto CHG_MLTRAC], Else [goto HHCHANGE_1 to reverify the changed information]
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.240
Variable Name	CHG_MLTRAC
Universe	More than on race entered
Universe-text	More than on race entered
Question Text	? [F1] Which one of these groups, that is (* Read groups) would you say BEST represents [fill1: your/ALIAS's] race?
Answer Codes	1. White 2. Black/African American 3. Indian (American) 4. Alaska Native 5. Native Hawaiian 6. Guamanian or Chamorro 7. Samoan 8. [fill: RAC_SP1] 9. Asian Indian 10. Chinese 11. Filipino 12. Japanese 13. Korean 14. Vietnamese 15. [fill RAC_SP2] 16. [fill RAC_SP3] Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	New Multi Race
Fill Instructions	1. [fill1: your/ALIAS's] = use 'you' if referring to the respondent, else ALIAS's. 2. [fill: RAC_SP1] = other Pacific Islander specified 3. [fill RAC_SP2] = other Asian specified 4. [fill RAC_SP3] = other race specified
Special Instructions	1. In the Question Text and Answer Codes, display as 2 columns only answer codes entered in RACE in the order entered. 2. if answer NE < 1-16,D,R>(out-of-bound codes), [goto ERR_CHG_MLTRAC]
Skip Instructions	If answer NE < 1-16,D,R>(out-of-bound codes), GOTO ERR_CHG_MLTRAC else <1-16,D,R> GOTO HHCHANGE_1 to reverify the changed information
Hard Edits	ERR_CHG_MLTRAC * Select valid race group number. * Please correct.
Soft Edits	

Module	96
Section Name	Family Identification Section
Part	4
Question ID	FID.245
Variable Name	HHCHANGE_1
Universe	All persons with HHSTAT[PX] <> D and FX[PX] = FAMINT and CWHAT2 <> empty and CWHAT2 is on route
Universe-text	All nondeleted family members with a change made to their demographic information
Question Text	I have recorded that [fill 5]. [fill 6] [fill 7] and [fill 9] race is: [fill 10] Is this information correct?
Answer Codes	1. Yes, information is correct 2. No, correction(s) needed/more corrections needed
Question Type	Pick One - answer list pane
Field Pane Description	Reverify Info

Fill Instructions

```
[fill 1] if SEX[PX] = Male (1), then "he", else "she"
[fill 2] if SEX[PX] = Male (1), then "His", else "Her"
[fill 3] if AGEDOB_1 = R, then " age is refused "
        elseif AGEDOB_1 = D, then " age is about [AGE[PX]] years old "
        elseif AGE[PX] = 0, then " less than one year old "
        else " [AGE[PX]] years old "
[fill 4] if AGEDOB_3 or AGEDOB_4 or AGEDOB_5 = R
            " date-of-birth is refused."
        elseif AGEDOB_3 or AGEDOB_4 or AGEDOB_5 = D
            " date-of-birth is unknown."
        else " [BMM[Month]] [BDD], [BYY]."
[fill 5]
if PX = LNO_RESP
    if NAME_FNAME or NAME_LNAME = D
        " your alias is (ALIAS[PX]), your name is unknown, you are [SEX(PX)], [fill 3], [fill
4]"
    elseif NAME_FNAME or NAME_LNAME = R
        " your alias is (ALIAS[PX]), your name is refused, you are [SEX[PX]], [fill 3], [fill 4]"
    else " your name is (ALIAS[PX]), you are [SEX[PX]], [fill 3], [fill 4]" endif
else
   if NAME_FNAME or NAME_LNAME = D
       " [ALIAS(PX)]'s name is unknown, [fill 1] is [SEX[PX]], [fill 3], [fill 4]"
   elseif NAME_FNAME or NAME_LNAME = R
       " [ALIAS(PX)]'s name is refused, [fill 1] is [SEX[PX]], [fill 3], [fill 4]"
   else " [ALIAS(PX)] is [SEX(PX)], [fill 3], [fill 4]"

[fill 6] if PX = LNO_RESP
            if RACE = single response
               "Your ethnic background is: "
            else "Your ethnic backgrounds are: " endif
         else
            if RACE = single response
              "[fill 2] ethnic background is: "
```

```
            else "[fill 2] ethnic backgrounds are: "

[fill 7] if NATOR = D, then "Unknown "
        elseif NATOR = R, then "Refused "
        elseif NATOR  = No (2) "Non-Hispanic " endif
        elseif HISPAN = R, then "Refused "
        elseif HISPAN = D, then "Unknown "
        elseif HISPAN = 1, then "Puerto Rican "
        elseif HISPAN = 2, then "Cuban/Cuban American "
        elseif HISPAN = 3, then "Dominican (Republic) "
        elseif HISPAN = 4, then "Mexican "
        elseif HISPAN = 5, then "Mexican American "
        elseif HISPAN = 6, then "Central or South American "
        elseif HISPAN = 7, then [HIS_SP2]
        elseif HISPAN = 8, then [HIS_SP3]

[fill 8] if SEX[PX] = Male (1), then "his", else "her"

[fill 9] if PX = LNO_RESP
            if RACE = single response
                " your race is "
            else " your races are " endif
        else
            if RACE = single response
                "[fill 8] race is "
            else "[fill 8] races are "

[fill 10] if RACE = D, then "Unknown"
          elseif RACE = R, then "Refused"
          elseif RACE = 1, then "White"
          elseif RACE = 2, then "Black/African American"
          elseif RACE = 3, then "Indian (American)"
          elseif RACE = 4, then "Alaska Native"
          elseif RACE = 5, then "Native Hawaiian"
          elseif RACE = 6, then "Guamanian"
          elseif RACE = 7, then "Samoan"
          elseif RACE = 8, [fill RAC_SP1]
          elseif RACE = 9, then "Asian Indian"
          elseif RACE = 10, then "Chinese"
          elseif RACE = 11, then "Filipino"
          elseif RACE = 12, then "Japanese"
          elseif RACE = 13, then "Korean"
          elseif RACE = 14, then "Vietnamese"
          elseif RACE = 15, [fill RAC_SP2]
          else [fill RAC_SP3]
```

Special Instructions

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

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

Concatenate from these variables:
```

Skip Instructions

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

	<2> GOTO ERR_HHCHANGE_1
Hard Edits	ERR_HHCHANGE_1 * Press enter to go back to change some demographic information or arrow down and press enter to change your answer. Default Goto should be CWHAT2
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.248
Variable Name	FIDCCI3
Universe	All persons
Universe-text	All persons
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	
Fill Instructions	
Special Instructions	

Skip Instructions	Loop through all PX
	  if HHSTAT[PX] ne D and FX[PX] = FAMINT
	  if MARITAL[PX] = Living with a partner (6), GOTO COHAB1
	  elseif AGE[PX] > 13 and MARITAL[PX] = null, GOTO MARITAL, endif
	  endif
	End loop
	GOTO FIDCCI4

Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.250_1
Variable Name	MARITAL
Universe	FIDCCI3: HHSTAT[PX] ne D and FX[PX] = FAMINTand AGE[PX] > 13 and MARITAL[PX] = null or MARVER = No (2)
Universe-text	all persons, 14 and older, who don't have a marital status yet
Question Text	* ASK OR VERIFY [fill 1] now married, widowed, divorced, separated, never married, or living with a partner?
Answer Codes	1. Married 2. Widowed 3. Divorced 4. Separated 5. Never married 6. Living with a partner Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Marital Status
Fill Instructions	[fill 1] if PX = LNO_RESP "Are you " else "Is [ALIAS[PX]] "
Special Instructions	
Skip Instructions	<1> GOTO SPFLG <2-5, D, R> GOTO FIDCCI3 <6> if LINTAL[FAMINT] = 1, GOTO FIDCCI4 else GOTO COHAB1
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.250_2
Variable Name	SPFLG
Universe	MARITAL = Married (1)
Universe-text	Person is married
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	
Fill Instructions	

Special Instructions	loop for Y from 1 to HIGH_LNO
	if FX[Y] = FAMINTand HHSTAT[Y] ne D and AGE[Y] > 13
	and (SEX[PX] ne SEX[Y])
	if RPREL[PX] = Child (4) and DEGREE1[PX] = Biological, Adoptive,
	Step, Foster (1-4)
	if (RPREL[Y] = Child (4) and DEGREE1[Y] = in-law (5)) or
	RPREL[Y] = Other relative (12),
	store 1 in SPFLAG[Y] and TEMP, endif
	elseif RPREL[PX] = Child (4) and DEGREE1[PX] = in-law (5)
	if (RPREL[Y] = Child (4) and DEGREE1[Y] = Biological, Adoptive,
	Step, Foster (1-4) or RPREL[Y] = Other relative (12)
	store 1 in SPFLAG[Y] and TEMP, endif
	elseif RPREL[PX] = Child of partner (5)
	if RPREL[Y] = Other relative (12),
	store 1 in SPFLG[Y] and TEMP, endif
	elseif RPREL[PX] = Grandchild (6)
	if RPREL[Y] = Grandchild (6) or Other relative (12),
	store 1 in SPFLG[Y] and TEMP, endif
	elseif RPREL[PX] = Parent (7) and
	DEGREE2(PX) = Biological, Adoptive, Step, Foster (1-4)
	if RPREL(Y) = Parent (7) and DEGREE2(Y) = Biological,
	Adoptive, Step, Foster (1-4)
	store 1 in SPFLG[Y] and TEMP, endif
	elseif RPREL[PX] = Parent (7) and DEGREE2[PX] = in-law (5)
	if RPREL(Y) = Parent (7) and DEGREE2(Y) = in-law (5),
	store 1 in SPFLG[Y] and TEMP, endif
	elseif RPREL[PX] = Brother/Sister (8)
	if RPREL(Y) = Brother/Sister (8),
	store 1 in SPFLG[Y] and TEMP, endif
	elseif RPREL[PX] = Grandparent (9)
	if RPREL(Y) = Grandparent (9) or Other relative (12),
	store 1 in SPFLG[Y] and TEMP, endif
	elseif RPREL[PX] = Aunt/Uncle (10)
	if RPREL(Y) = Aunt/Uncle (10) or Other relative (12),
	store 1 in SPFLG[Y] and TEMP, endif
	elseif RPREL[PX] = Niece/Nephew (11)

	if RPREL(Y) = Niece/Nephew (11) or Other relative (12), store 1 in SPFLG[Y] and TEMP, endif elseif RPREL[PX] = Other relative (12) if RPREL(Y) = Child of partner (5), Grandchild (6), Grandparent (9), Aunt/Uncle (10), Niece/Nephew (11), Other relative (12), store 1 in SPFLG[Y] and TEMP, endif loop end Y
Skip Instructions	if TEMP > 0, GOTO SPOUS else, GOTO MARVER
Hard Edits	
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.250_3
Variable Name	MARVER
Universe	[SPFLG: TEMP = null] OR[AGE= 14, 15, 16, or 17]
Universe-text	Person is married and his/her potential spouse does not live in the household.
Question Text	* FR: ASK OR VERIFY I have recorded that [fill 1] married. Is this correct?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Marital Status Verification
Fill Instructions	if PX = LNO_RESP [fill 1] = " you are " else " [ALIAS[PX]] is"
Special Instructions	<1, R, D> store 2 in SPOUS[PX]
Skip Instructions	<1, R, D> GOTO FIDCCI3 <2> Reset MARITAL, GOTO MARITAL
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.260
Variable Name	SPOUS
Universe	SPFLG: TEMP > 0
Universe-text	A potential spouse lives in the unit.
Question Text	? [F1] * ASK OR VERIFY Is [fill 1] spouse living in the household?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Spouse in HH

Fill Instructions	if PX = LNO_RESP
	  [fill 1] = "your"
	else
	  "[ALIAS[PX]]'s"

Special Instructions	<2,D,R> store null in SPOUS2,
Skip Instructions	<1> If SPOUS2[PX] = null, GOTO SPOUS2 else, GOTO FIDCCI3 <2,D,R> GOTO FIDCCI3
Hard Edits	
Soft Edits	
AssocHelp	H_SPOUS1

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.265_H
Variable Name	H_SPOUS1
Universe	
Universe-text	
Question Text	If the spouse is not a household member or has been deleted from the household for any reason, enter 2 - "No".
Answer Codes	
Question Type	Help Screen
Field Pane Description	Help screen for determining spouse
Fill Instructions	
Special Instructions	Associated screens: SPOUS
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.270
Variable Name	SPOUS2
Universe	SPOUS = Yes (1) and SPOUS2 = null
Universe-text	Person has an unidentified spouse in the household.
Question Text	* Probe as necessary and enter the line number of the spouse. [fill 1]
Answer Codes	Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Spouse Line #
Fill Instructions	[fill 1] Display all possible spouse candidates (SPFLG[Y] = 1).
Special Instructions	store 1 in MARITAL[SPOUS2] <1-25> store PX (from loop) in SPOUS2[SPOUS2] set AGEDIFF = |AGE[PX] - AGE[SPOUS2]| <R, D> store 2 in SPOUS[PX]
Skip Instructions	Do not allow line number of the subject to be entered. If so, GOTO ERR1_SPOUS2 <1-25, R,D> If RPREL (PX) = 01 and RPREL (SPOUS2(PX)) NE 2, GOTO ERR2_SPOUS2, elseif SEX (PX) = SEX (SPOUS2(PX)), GOTO ERR3_SPOUS2, elseif AGEDIFF GE 30, GOTO ERR4_SPOUS2 Else GOTO FIDCCI3
Hard Edits	ERR1_SPOUS2 *Person can't be his or her own spouse. *Please correct.
Soft Edits	ERR2_SPOUS2 *If [ALIAS (SPOUS2(PX)] is [ALIAS (PX)]'s spouse, [ALIAS (SPOUS2(PX))]'s RPREL value should be '02'. *Correct relationship code at RPREL or change answer at SPOUS2. *First GOTO is to change Relationship code of [ALIAS (SPOUS2(PX))] *Second GOTO is to choose different spouse at SPOUS2 Questions involved — Value RPREL: Relationship to Ref Person — RPREL(SPOUS2(PX)) SPOUS2 — ALIAS (SPOUS2(PX)) ERR3_SPOUS2 *Do not read this message to the respondent. *The married couple [ALIAS (SPOUS2(PX))] and [ALIAS (PX)] are both [SEX(PX)]. *Suppress message if correct. *Otherwise, correct SEX of either person or choose different spouse.

*First GOTO is to choose different spouse at SPOUS2
*Second GOTO is to change SEX of spouse [ALIAS (SPOUS2(PX))]
*Third GOTO is to change SEX of [ALIAS(PX)]

Questions involved	Value
SPOUS2	ALIAS (SPOUS2(PX))
SEX	SEX (SPOUS2(PX))
SEX	SEX (PX)

ERR4_SPOUS2
*Age difference between spouses is greater than or equal to 30 years.
I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] spouse [ALIAS(SPOUS2(PX))] is [AGE(SPOUS2(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different spouse at SPOUS2
*Second GOTO is to change AGE of spouse [ALIAS (SPOUS2(PX))]
*Third GOTO is to change AGE of [ALIAS(PX)]

Questions involved	Value
SPOUS2	ALIAS (SPOUS2(PX))
AGE	AGE (SPOUS2(PX))
AGE	AGE (PX)

AssocHelp

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.280
Variable Name	COHAB1
Universe	MARITAL[PX] = Living with a Partner (6) and LINTAL(FAMINT) > 1
Universe-text	Marital status is "living with a partner."
Question Text	? [F1] [fill 1] ever been married?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	Partner Ever Married

Fill Instructions	if PX = LNO_RESP
	  [fill 1] = "Have you"
	else
	  "Has [ALIAS[PX]]"

Special Instructions	
Skip Instructions	<1> GOTO COHAB2 <2, D, R> if COHAB3[PX] = null, GOTO COHAB3 else, GOTO FIDCCI3
Hard Edits	
Soft Edits	
AssocHelp	H_COHAB1

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.285_H
Variable Name	H_COHAB1
Universe	
Universe-text	
Question Text	Consider as "Never Married" a person whose marriage was legally annulled. In order to consider an annulled marriage as "never having taken place," the annulment must have been granted by the courts, not through religious decree. Mark "Yes" for any "legal" marriage regardless of the outcome or current status. This marriage does not have to have been to the current partner or anyone else in the household.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Help on defining cohabitation
Fill Instructions	
Special Instructions	Associated screen: COHAB1
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.290
Variable Name	COHAB2
Universe	COHAB1 = Yes (1)
Universe-text	Person has been married.
Question Text	? [F1] What is [fill 1] current legal marital status?
Answer Codes	1. Married 2. Widowed 3. Divorced 4. Separated Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Partner Legal Marital Status

Fill Instructions	if PX = LNO_RESP
	  [fill 1] = "your"
	else
	  "[ALIAS[PX]]'s"

Special Instructions	
Skip Instructions	<1-4, D, R> If COHAB3[PX] = null, GOTO COHAB3 else, GOTO FIDCCI3
Hard Edits	
Soft Edits	
AssocHelp	H_COHAB2

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.295_H
Variable Name	H_COHAB2
Universe	
Universe-text	
Question Text	Determine the current legal marital status for any household member "living with a partner" and who has been previously married. Enter '1' - Married - for persons who are legally married as well as for the spouse of an Armed Forces member not living at home, as well as for the spouse of a person who is temporarily absent. Enter '4' - Separated - only for persons who state that they have a legal separation agreement or have otherwise parted due to marital discord. Enter '5' - Never Married - for persons whose marriage has been legally annulled, unless there was a previous marriage which ended in divorce or death. In order to consider an annulled marriage as "never having taken place," the annulment must have been granted by the courts, not through religious decree.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Legal marital status for persons living with a partner
Fill Instructions	
Special Instructions	Associated Screen: COHAB2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	5
Question ID	FID.300_1
Variable Name	COHAB3
Universe	COHAB1 = No (2), D, R and COHAB3[PX] = null or All from COHAB2 when COHAB3[PX] = null
Universe-text	Co-habitating partner has yet to be identified.
Question Text	* Probe as necessary and enter the line number of the cohabiting partner. [fill 1]
Answer Codes	<1-25> Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Partner Line #
Fill Instructions	[fill 1] In the question text, display all possible co-habitation candidates (SPFLG[Y] = 1) with their PX.
Special Instructions	<1-25> store 6 in MARITAL[COHAB3], PX(from loop) in COHAB3[COHAB3 entry] set AGEDIFF = |AGE[PX] - AGE[COHAB3(PX)]|
Skip Instructions	If line number of the subject is entered, GOTO ERR1_COHAB3 <1-25, D, R> If RPREL (PX) = 01 and RPREL (COHAB3(PX)) NE 3, GOTO ERR2_COHAB3, elseif RPREL (PX) = 04 and RPREL (COHAB3(PX)) = 04, GOTO ERR3_COHAB3 elseif AGEDIFF GE 20, GOTO ERR4_ COHAB3 Else GOTO FIDCCI3
Hard Edits	ERR1_COHAB3 * Person can't be his or her own partner. * Please correct.
Soft Edits	ERR2_COHAB3 *If [ALIAS (COHAB3(PX))] is [ALIAS (PX)]'s cohabiting partner, [ALIAS (COHAB3(PX))]'s RPREL value should be '03'. *Correct relationship code at RPREL or change answer at COHAB3. *First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))] *Second GOTO is to choose different cohabiting partner at COHAB3 Questions involved — Value RPREL: Relationship to Ref Person — RPREL(COHAB3 (PX)) COHAB3 — ALIAS (COHAB3 (PX))

ERR3_COHAB3
*If [ALIAS (COHAB3(PX))] and [ALIAS (PX)] are cohabiting partners, it is not possible for both to have RPREL codes equal to '04' for 'Child'. One of their RPREL codes should equal '12' for 'Other relative'.
*Correct relationship code at RPREL or change answer at COHAB3.

*First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))]
*Second GOTO is to change Relationship code of [ALIAS (PX)]
*Third GOTO is to choose different cohabiting partner at COHAB3

Questions involved	Value
RPREL: Relationship to Ref Person	Child
RPREL: Relationship to Ref Person	Child
COHAB3	ALIAS (COHAB3 (PX))

ERR4_ COHAB3
*Age difference between cohabiting partners is greater than or equal to 20 years.
I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] cohabiting partner [ALIAS(COHAB3(PX))] is [AGE(COHAB3(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different cohabiting partner at COHAB3
*Second GOTO is to change AGE of cohabiting partner [ALIAS (COHAB3(PX))]
*Third GOTO is to change AGE of [ALIAS(PX)]

Questions involved	Value
COHAB3	ALIAS (COHAB3 (PX))
AGE	AGE (COHAB3 (PX))
AGE	AGE (PX)

AssocHelp

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.321_3
Variable Name	FIDCCI4
Universe	All persons
Universe-text	All persons
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	
Fill Instructions	
Special Instructions	if RPREL[PX] = Child (4) and MS(HHREF_B) = Married (1) and DEGREE1(PX) = Biological(1), Adoptive(2), Step(3), Foster(4), Refused(8), Don't know(9) and SPOUS2(HHREF_B) ne null and HHSTAT[SPOUS2[HHREF_B]] ne D, store SPOUS2[HHREF_B] in X2 if RPREL[PX] = Child of Partner (5) and MS(HHREF_B) = Living with partner (6) and COHAB3(HHREF_B) ne null and HHSTAT[COHAB3[HHREF_B]] ne D, store COHAB3[HHREF_B] in X2

Skip Instructions	loop for all PX
	  if FX[PX] = FAMINT and HHSTAT[PX] ne D
	  if AGE[PX] < 90
	  if X2 ne null
	  if SEX[X2] = Male (1), GOTO DEGREE4
	  else GOTO DEGREE5, endif
	  else GOTO FIDCCI4B
	  endif
	  endif
	  endif
	endloop
	GOTO ROSTERCK

Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.322
Variable Name	DEGREE4
Universe	(FIDCCI4: FX[PX] = FAMINT and HHSTAT[PX] ne D and AGE[PX] < 90 and X2 ne null and SEX[X2] = Male (1)) or (ERR1_DEGREE4 = closed or goto) or (ERR2_DEGREE4 = closed or goto)
Universe-text	When the reference person is the person in question's parent.
Question Text	? [F1] I noted that [fill 3]. [fill 4] biological, adoptive, step, foster [fill 1], or [fill 1]-in-law?
Answer Codes	1. Biological [fill 1] 2. Adoptive [fill 1] 3. Step [fill 1] 4. Foster [fill 1] 5. [fill 2]-in-law Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Male Spouse Parent Type

Fill Instructions	if SEX[PX] = Male (1)
	  [fill 1] = "son" and [fill 2] = "Son"
	else
	  [fill 1] = "daughter" and [fill 2] = "Daughter"
	
	if X2 = HHRESP or RELRESP_A
	  [fill 3] = "you are the father of [ALIAS[PX]]."
	  [fill 4] = "Is [ALIAS[PX]] your "
	
	elseif PX = HHRESP or RELRESP_A
	  [fill 3] = "[fill ALIAS[X2] is your father."
	  [fill 4] = "Are you his "
	
	else
	  [fill 3] = "[fill ALIAS[X2]] is the father of [fill ALIAS[PX]]."
	  [fill 4] = "Is [fill ALIAS[PX]] his "

Special Instructions	set AGEDIFF = AGE[X2] - AGE[PX] <1-4,R,D> store X2 in LNDAD[PX]

Skip Instructions	<1> If AGEDIFF < 5, GOTO ERR2_DEGREE4,
	  elseif AGEDIFF = 5-14, GOTO ERR1_DEGREE4
	  elseif AGEDIFF GE 50, GOTO ERR3_DEGREE4
	  elseif additional persons remain, GOTO FIDCCI4
	  else, GOTO FIDCCI4B
	
	<2-5, D,R> if AGEDIFF LE 14, GOTO ERR1_DEGREE4

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

Hard Edits

ERR2_DEGREE4
*Age difference between father and child is [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.
Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

Soft Edits

ERR1_DEGREE4
*Age difference between father and child is only [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

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

ERR3_DEGREE4
*Age difference between father and child is greater than or equal to 50 years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

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

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.324
Variable Name	DEGREE5
Universe	(FIDCCI4: FX[PX] = FAMINT and HHSTAT[PX] ne D and AGE[PX] < 90 and X2 ne null and SEX[X2] = Female (2)) or (ERR1_DEGREE5 = closed or goto) or (ERR2_DEGREE5 = closed or goto)
Universe-text	When the reference person is the person in question's parent.
Question Text	? [F1] I noted that [fill 3]. [fill 4] biological, adoptive, step, foster [fill 1], or [fill 1]-in-law?
Answer Codes	1. Biological [fill 1] 2. Adoptive [fill 1] 3. Step [fill 1] 4. Foster [fill 1] 5. [fill 2]-in-law Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Female Spouse Parent Type

Fill Instructions	if SEX[PX] = Male (1)
	  [fill 1] = "son" and [fill 2] = "Son"
	else
	  [fill 1] = "daughter" and [fill 2] = "Daughter"
	
	if X2 = HHRESP or RELRESP_A
	  [fill 3] = "you are the mother of [ALIAS[PX]]."
	  [fill 4] = "Is [ALIAS[PX]] your "
	
	elseif PX = HHRESP or RELRESP_A
	  [fill 3] = "[fill ALIAS[X2] is your mother."
	  [fill 4] = "Are you her "
	
	else
	  [fill 3] = "[fill ALIAS[X2]] is the mother of [fill ALIAS[PX]]."
	  [fill 4] = "Is [fill ALIAS[PX]] her "

Special Instructions	set AGEDIFF = AGE[X2] - AGE[PX] <1-4,R,D> store X2 in LNMOM[PX]

Skip Instructions	<1> If AGEDIFF < 5, GOTO ERR2_DEGREE5
	  elseif AGEDIFF = 5-14, GOTO ERR1_DEGREE5
	  elseif AGEDIFF GE 50, GOTO ERR3_DEGREE5
	  elseif additional persons remain, GOTO FIDCCI4
	  else, GOTO FIDCCI4B
	
	<2-5, D,R> if AGEDIFF LE 14, GOTO ERR1_DEGREE5

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

Hard Edits

ERR2_DEGREE5
*Age difference between mother and child is [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old.
Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of mother [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

Soft Edits

ERR1_DEGREE5
*Age difference between mother and child is only [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of mother [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

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

ERR3_DEGREE5
*Age difference between mother and child is greater than or equal to 50 years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of mother [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

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

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.325_2
Variable Name	FIDCCI4B
Universe	All persons who have HHSTAT[PX] ne D, AGE[PX] < 90 and FX[PX] = FAMINT
Universe-text	
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	Possible mother
Fill Instructions	

Special Instructions

```
loop for Y from 1 to HIGH_LNO
    if FX[Y] = FAMINT and HHSTAT[Y] ne D and Y ne PX and
    AGE[Y] > 11 and SEX[Y] = 2
      if RPREL[PX] = Spouse (2) or Unmarried Partner (3)
          if RPREL[Y] = Parent (7) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL[PX] = Child (4) and DEGREE1[PX] = Biologica l(1), Adoptive (2),
      Step (3), Foster (4), Refused (8), Don't know (9) and LNMOM[PX] = null
          if RPREL[Y] = Unmarried Partner (3) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif (RPREL[PX] = Child (4) and DEGREE1[PX] = in-law (5))
      or RPREL[PX] = Child of partner (5)
          if RPREL[Y] = Spouse (2) Unmarried Partner (3)
          or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL[PX] = Grandchild (6)
          if RPREL[Y] = Child (4), Child of partner (5) or Other relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL[PX] = Parent (7)
          if RPREL[Y] = Grandparent (9) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL[PX] = Brother/Sister (8)
          if RPREL[Y] = Parent (7) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL(PX) = Grandparent (9)
          if RPREL[Y] = Grandparent (9) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL[PX] = Aunt/Uncle (10)
          if RPREL[Y] = Grandparent (9) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL(PX) = Niece/Nephew (11)
          if RPREL[Y] = Brother/Sister (8) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
      elseif RPREL[PX] = Other Relative (12)
          if RPREL[Y] = Niece/Nephew (11) or Other Relative (12)
          Add 1 to TEMP, store 1 in MOMFLG(Y), endif
```

	loop end Y
Skip Instructions	If LNMOM[PX] = null and TEMP > 0, GOTO MOTHER else, GOTO FIDCCI5
Hard Edits	
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.326
Variable Name	MOTHER
Universe	FIDCCI4B: TEMP > 0 and LNMOM[PX] = null
Universe-text	Potential mother in the Family, mother not already identified
Question Text	? [F1] * Ask or verify Is [fill 1] mother a household member? Include biological (natural), adoptive, step, or foster mother or mother-in-law. * Enter the line number of the mother or mother-in-law. * If the mother or mother-in-law is not a household member, enter "0". * Choose mother over mother-in-law if both are present.
Answer Codes	0. Not Listed [fill potential list of persons who could be the mother]
Question Type	Pick One - answer list pane
Field Pane Description	Mother Line #
Fill Instructions	if PX = HHRESP or RELRESP_A [fill 1] = "your" else [fill 1] = "[ALIAS[PX]]'s"
Special Instructions	Display potential list of persons who could be the mother (MOMFLG[PX] = 1) except for self in the Answer Codes.
Skip Instructions	<01-25> GOTO MOTHERCK_A <0, D, R> GOTO FIDCCI5
Hard Edits	
Soft Edits	
AssocHelp	H_MOTHER

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.327_H
Variable Name	H_MOTHER
Universe	
Universe-text	
Question Text	Include biological, step, adoptive, and foster mother/child relationships. Enter '0' if the person's mother is not a household member or is deceased.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: MOTHER MOTHERCK_A
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.330_1
Variable Name	MOTHERCK_A
Universe	MOTHER = 1-25 or (ERR1_MOTHERCK_A = closed or goto) or (ERR2_MOTHERCK_A = closed or goto)
Universe-text	Mother or mother-in-law has been identified.
Question Text	? [F1] [fill 1] biological (natural), adoptive, step, or foster mother or mother-in-law?
Answer Codes	1. Biological mother 2. Adoptive mother 3. Step mother 4. Foster mother 5. mother-in-law Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Mother Type
Fill Instructions	if LNMOM[PX] = HHRESP or RELRESP_A [fill 1] = "Are you [fill ALIAS[PX]]'s " elseif PX = HHRESP or RELRESP_A [fill 1] = "Is [fill ALIAS[LNMOM[PX]]] your " else [fill 1] = "Is she [fill ALIAS[PX]]'s "
Special Instructions	set AGEDIFF = AGE[LNMOM[PX]] - AGE[PX] if MOTHER(PX) = 1(biological) store MOTHER(PX) in LNMOM(PX) elseif MOTHER(PX) = 2(adopted), 3(step), 4(foster) if LNMOM(PX) = empty store MOTHER(PX) in LNMOM(PX) endif elseif MOTHER(PX) = 5(in-law) if LNMOM(PX) = empty store MOTHER(PX) in LNMOM(PX) endif elseif MOTHER(PX) = refused, don't know if LNMOM(PX) = empty store MOTHER(PX) in LNMOM(PX) endif endif
Skip Instructions	<1> If AGEDIFF < 5, GOTO ERR2_MOTHERCK_A elseif AGEDIFF = 5-14, GOTO ERR1_MOTHERCK_A elseif AGEDIFF GE 50, GOTO ERR3_ MOTHERCK_A else, GOTO FIDCCI5

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

Hard Edits

ERR2_MOTHERCK_A
*Age difference between mother and child is [AGEDIFF] years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
MOTHER	ALIAS (MOTHER [PX])
AGE	AGE(LNMOM[PX])
AGE	AGE(PX)

Soft Edits

ERR1_MOTHERCK_A
*Age difference between mother and child is only [AGEDIFF] years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
MOTHER	ALIAS (MOTHER [PX])
AGE	AGE(LNMOM[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI5

ERR3_MOTHERCK_A
*Age difference between mother and child is greater than or equal to 50 years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
MOTHER	ALIAS (MOTHER [PX])
AGE	AGE(LNMOM[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI5

AssocHelp

H_MOTHER

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.330_3
Variable Name	FIDCCI5
Universe	All persons who have HHSTAT[PX] ne D, FX[PX] = FAMINT, AGE[PX] < 90
Universe-text	
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	Possible Father
Fill Instructions	

Special Instructions

```
loop for Y from 1 to HIGH_LNO
    if FX(Y) = FAMINT and SEX(Y) = 1 and  AGE(Y) > 11
    and Y ne PX and HHSTAT(Y) ne D
      if RPREL[PX] = Spouse (2) or Unmarried partner (3)
          if RPREL[Y] = Parent (7) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y), endif
      elseif RPREL[PX] = Child (4) and DEGREE1[PX] = Biological (1), Adoptive (2),
      Step (3), Foster (4), Refused (8), Don't know (9) and LNDAD[PX] = null
          if RPREL[Y] = Unmarried partner (3) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y), endif
      elseif (RPREL[PX] = Child (4) and DEGREE1[PX] = in-law (5)) or
      RPREL[PX] = Child of partner (5)
          if RPREL(Y) = Spouse (2), Unmarried partner (3) or Other Relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y), endif
      elseif RPREL[PX] = Grandchild (6)
          if RPREL(Y) = Child (4), Child of partner (5) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y), endif
      elseif RPREL[PX] = Parent (7)
          if RPREL(Y) = Grandparent (9) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y)
      elseif RPREL[PX] =  Brother/Sister (8)
          if RPREL(Y) = Parent (7) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y)
      elseif RPREL[PX] = Grandparent (9)
          if RPREL(Y) = Grandparent (9) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y), endif
      elseif RPREL[PX] = Aunt/Uncle (10)
          if RPREL(Y) = Grandparent (9) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y), endif
      elseif RPREL[PX] = Niece/Nephew (11)
          if RPREL(Y) = Brother/Sister (8) or Other relative (12)
          Add 1 to TEMP, store 1 in DADFLG(Y), endif
      elseif RPREL[PX] = Other relative (12)
           RPREL(Y) = Niece/Nephew (11) or Other relative (12)
           Add 1 to TEMP, store 1 in DADFLG(Y), endif
loop end Y
```

Skip Instructions	If LNDAD[PX] = null and TEMP > 0, GOTO FATHER elseif LNDAD[PX], LNMOM[PX], LGGUARD1[PX] = null and AGE < 18, GOTO LGGUARD1 elseif additional persons remain, GOTO FIDCCI4 else GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.340
Variable Name	FATHER
Universe	FIDCCI5: TEMP > 0 and LNDAD[PX] = null
Universe-text	Potential Father in Family, not already identified
Question Text	? [F1] * Ask or verify Is [fill 1] father a household member? Include biological (natural), adoptive, step, or foster father or father-in-law. * Enter the line number of the father or father-in-law. * If the father or father-in-law is not a household member, enter '0'. * Choose father over father-in-law if both are present.
Answer Codes	0. Not Listed [fill potential list of persons who could be the father]
Question Type	Pick One - answer list pane
Field Pane Description	Father Line #

Fill Instructions	If PX = HHRESP or RELRESP_A
	  [fill 1] = "your"
	else
	  [fill 1] = "[ALIAS[PX]]'s"

Special Instructions	Display potential Fathers (DADFLG[Y] = 1), except self in the Question Text
Skip Instructions	<1-25> GOTO FATHERCK_A <0, D, R> if additional persons remain, GOTO FIDCCI4 else GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	H_FATHER

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.345_H
Variable Name	H_FATHER
Universe	
Universe-text	
Question Text	Include biological, step, adoptive, and foster father/child relationships. Enter '0' if the person's father is not a household member or is deceased.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: FATHER FATHERCK_A
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.350_1
Variable Name	FATHERCK_A
Universe	FATHER = 1-25 or (ERR1_FATHERCK_A = closed or goto) or (ERR2_FATHERCK_A = closed or goto)
Universe-text	Father or father-in-law has been identified
Question Text	? [F1] [fill 1] biological (natural), adoptive, step, or foster father or father-in-law?
Answer Codes	1. Biological father 2. Adoptive father 3. Step father 4. Foster father 5. father-in-law Refused Don't know
Question Type	Procedure
Field Pane Description	Father Type

Fill Instructions	if LNDAD[PX] = HHRESP or RELRESP_A
	  [fill 1] = "Are you [fill ALIAS[PX]]'s "
	
	elseif PX = HHRESP or RELRESP_A
	  [fill 1] = "Is [fill ALIAS[LNDAD[PX]]] your "
	
	else
	  [fill 1] = "Is he [fill ALIAS[PX]]'s "

Special Instructions	set AGEDIFF = AGE[LNDAD[PX]] - AGE[PX]
	if FATHER(PX) = 1(biological)
	  store FATHER (PX) in LNDAD(PX)
	elseif FATHER(PX) = 2(adopted), 3(step), 4(foster)
	  if LNDAD(PX) = empty
	  store FATHER(PX) in LNDAD(PX)
	  endif
	elseif FATHER(PX) = 5(in-law)
	  if LNDAD(PX) = empty
	  store FATHER(PX) in LNDAD(PX)
	  endif
	elseif FATHER(PX) = refused, don’t know
	  if LNDAD(PX) = empty
	  store FATHER(PX) in LNDAD(PX)
	  endif
	endif

Skip Instructions	<1> If AGEDIFF < 5, GOTO ERR2_FATHERCK_A
	  elseif AGEDIFF = 5-14, GOTO ERR1_FATHERCK_A
	  elseif AGEDIFF GE 50, GOTO ERR3_ FATHERCK_A
	  elseif additional persons remain, GOTO FIDCCI4

else, GOTO EMAN_SA_SC

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

Hard Edits

ERR2_FATHERCK_A
*Age difference between father and child is [AGEDIFF] years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.
Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
FATHER	ALIAS(FATHER [PX])
AGE	AGE(LNDAD[PX])
AGE	AGE(PX)

Soft Edits

ERR1_FATHERCK_A
*Age difference between father and child is only [AGEDIFF] years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
FATHER	ALIAS(FATHER [PX])
AGE	AGE(LNDAD[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI4

ERR3_FATHERCK_A
*Age difference between father and child is greater than or equal to 50 years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
FATHER	ALIAS(FATHER [PX])
AGE	AGE(LNDAD[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI4

AssocHelp

H_FATHER

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.358
Variable Name	EXIT2
Universe	For all PX in FX with HHSTAT ne 'D' and ST NOT IN ('empty','Refused','Don't know') and ((ST = 'MS' and AGE <'21') or (ST IN ('AL','NE') and AGE <'19') or (ST NOT IN ('MS','AL','NE') and AGE <'18'))
Universe-text	For all states all nondeleted persons who are less than 21 years old in MS or less than 19 years old in AL and NE or less than 18 years old in all other states
Question Text	Not every family in our survey is asked all questions. I have all the information about your family that I need at this time. Thank you for your assistance. * Enter (1) to proceed.
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description	Emancipation
Fill Instructions	
Special Instructions	
Skip Instructions	<1> set OUTCOME = Occupied entirely by minors (224) set BYOBS = 2 GOTO VISITCNT (Back Section)
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.361_00.000
Variable Name	LGGUARD1
Universe	[(RPREL=17) or (FIDCCI5: LNMOM[PX], LNDAD[PX], LGGUARD1, and TEMP = null (0))] and (AGE[PX] < 18) and (All persons who have HHSTAT[PX] ne D) and (All persons who have HHSTAT4[PX] ne E)
Universe-text	(Person is ward of reference person OR both mother and father are not present in the household) AND person is less than 18 AND person is not deleted and is not an emancipated minor
Question Text	[fill: Do you/Does ALIAS] have a legal guardian?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	if PX = HHRESP or RELRESP_A [fill 1] = "Do you" else [fill 1] = "[Does ALIAS[PX]]'s"
Special Instructions	Display list of persons GE 18 in the Question text
Skip Instructions	<1> [goto LGGUARD2] <2,R,D> if additional persons remain, GOTO FIDCCI4 else GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.362_00.000
Variable Name	LGGUARD2
Universe	LGGUARD1=1
Universe-text	Person less than 18 has legal guardian
Question Text	*Ask or verify. Is [fill ALIAS'S] legal guardian a household member? *Enter the line number of the legal guardian. *If the legal guardian is not a household member, enter '0'.
Answer Codes	(Allow 0, 1-25 for line number of legal guardian)
Question Type	Integer
Field Pane Description	
Fill Instructions	if PX = HHRESP or RELRESP_A [fill 1] = "your" else [fill 1] = "[ALIAS[PX]]'s"
Special Instructions	Display list of persons GE 18 in the Question text
Skip Instructions	<0-25, D, R> if additional persons remain, GOTO FIDCCI4 else GOTO ROSTERCK
Hard Edits	
Soft Edits	
AssocHelp	H_LGGUARD2

Module	96
Section Name	Family Identification Section
Part	6
Question ID	FID.362_00_H
Variable Name	H_LGGUARD2
Universe	
Universe-text	
Question Text	If the person has a legal guardian living in the household enter the person number that corresponds to the guardian. If the legal guardian is not a household member enter '0'.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Help about legal guardians
Fill Instructions	
Special Instructions	Associated Screen: LGGUARD2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	
Question ID	FID.365
Variable Name	ROSTERCK
Universe	All cases
Universe-text	
Question Text	Fill:
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description	Verify roster

Fill Instructions	If Sample Child and/or Sample Adult not yet selected
	Fill = * You WILL NOT be able to change demographic information after answering this question.
	
	* Please review the roster information listed below.
	
	* If you are confident that it has been recorded accurately, you may enter 1 to continue. Otherwise, go back and correct now.
	
	LN NAME AGE SEX Relationship
	(line number, name, age, sex, and relationship of all persons in the HH (not just the family), including deleted persons)
	
	else
	Fill = * The demographic information is now locked and cannot be changed.
	
	* Enter 1 to continue.
	Endif

Special Instructions	
Skip Instructions	goto EMAN_SA_SC
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	7
Question ID	FID.368
Variable Name	EMAN_SA_SC
Universe	All cases
Universe-text	
Question Text	
Answer Codes	
Question Type	Procedure
Field Pane Description	
Fill Instructions	

Special Instructions

```
# Emancipated Minor Definition:
   1. Age 14-20, married, widowed, divorced, separated, or living with a partner in MS
   2. Age 14-18, married, widowed, divorced, separated, or living with a partner in AL or
NE
   3. Age 14-17, married, widowed, divorced, separated, or living with a partner in all
other states
# Emancipated minor cannot be sample adult nor sample child.

** If there are any non-deleted persons in the family, who are > 17
** store N in AGE17

** Loop to determine emancipated minors.
Loop for all HH members:
if FX[PX] = FAMINT and ((ST = MS and AGE[PX] = 14-20) or (ST IN (AL,NE) and
AGE[PX] = 14-18) or (ST NOT IN (AL,NE,MS) and AGE[PX] = 14-17)) and
HHSTAT[PX] ne D and (MARITAL[PX] = married (1), widowed (2), divorced (3),
separated (4), or living with a partner (6)), store E in HHSTAT4[PX]
endloop

** loop to determine sample adult eligibility
loop through all PX
    if FX[PX] = FAMINT and HHSTAT[PX] ne D and HHSTAT3[PX] ne A and
    ((ST = MS and AGE[PX] > 20) or (ST IN (AL,NE) and AGE[PX] > 18) or (ST NOT IN
    (AL,NE,MS) and AGE[PX] > 17))
        add 1 to TEMP, store 1 in ELIG[PX] and PX in HOLD, endif
loop end Y

if TEMP = 0
    store 0 in SASEL, ASTAT
elseif TEMP = 1
    store HOLD in SASEL, S in HHSTAT4[HOLD]
else
    randomly select a PX, using only ELIG[PX] = 1 persons.
    Store PX in SASEL, S in HHSTAT4[PX]  AND SET SAFLG
endif
```

```
** Loop to determine if an eligible sample child exists.
** child must not be emancipated, deleted
** or in the armed forces
** and less than 18.
Set TEMP and HOLD = null
loop through all PX
    if FX[PX] = FAMINT and HHSTAT[PX] ne D and HHSTAT3[PX] ne A
    and AGE[PX] < 18 and HHSTAT4[PX] ne E
        add 1 to TEMP, store 1 ELIG[PX] and PX in HOLD
    endif
loop end

if TEMP = 0
    store 0 in SCSEL, 0 in CSTAT
elseif TEMP = 1
    store HOLD in SCSEL, C in HHSTAT4[HOLD]
else
    randomly select a sample child using only ELIG[PX] = 1
    store PX in SCSEL, C in HHSTAT4[PX]  AND SET SCFLG
endif
```

Skip Instructions GOTO SASCFLG

Hard Edits

Soft Edits

AssocHelp

Module	96
Section Name	Family Identification Section
Part	7
Question ID	FID.370
Variable Name	SAID
Universe	All cases
Universe-text	
Question Text	* [fill 1] * [fill 2]
Answer Codes	
Question Type	Enter 1 to Continue
Field Pane Description	
Fill Instructions	[fill 1] if SASEL ne 0 "[ALIAS[SASEL]] is selected as the sample adult." else "No sample adult was selected." [fill2] If SCSEL ne 0 "[ALIAS[SCSEL]] is selected as the sample child." else "No sample child was selected."
Special Instructions	Cycle through all HH members to identify the total number of sample adults in the family. I. if FX[PX] = FAMINT and HHSTAT[PX] ne D and ((ST = MS and AGE[PX] > 20) or (ST IN (AL,NE) and AGE[PX] > 18) or (ST NOT IN (AL,NE,MS) and AGE[PX] > 17)) add 1 to TOTADULT store PX in HOLD (a temporary array variable) endif II. WEIGHTED CONDITIONS after meeting the above conditions: A. Weight=1 for those greater than 17 years old. B. Weight=2 for those AGE= (65 and up) AND a minority where either: 1. NATOR = 1 or 2. RACE = 2, 9, 10, 11, 12, 13, 14, or 15 III. if TOTADULT = 1 and HHRESP = HOLD (the PX of the only adult counted in TOTADULT in the array) store HOLD in KNOW2, FINTRO2, FAMRESP, LNO_RESP set HHSTAT7[HOLD] = B and HSTAT = 1 if SCSEL ne 0 store HOLD in KNOWSC2 endif endif
Skip Instructions	if TOTADULT > 1 or (TOTADULT = 1 and HHRESP ne HOLD) goto KNOW2

	elseif TOTADULT = 1 and HHRESP = HOLD goto FHS.HLTH_BEG endif
Hard Edits	
Soft Edits	
AssocHelp	
Module	96
Section Name	Family Identification Section
Part	
Question ID	FID.375
Variable Name	CNAM_FLG
Universe	
Universe-text	Household respondent has backed up to change data in the sample adult or sample child name fields after the sample persons selections have been made
Question Text	
Answer Codes	Blank - no change in name field 1 - change in name field
Question Type	**Instrument variable**
Field Pane Description	
Fill Instructions	
Special Instructions	if SAID screen has been passed, and if FR backs up and changes data in fields HHC.010_1 (NAME_FNAME), HHC.010_2 (NAME_MNAME), or HHC.010_3 (NAME_LNAME) or data in fields FID.112_1 (CHG_NAME_FNAME), FID.112_2 (CHG_NAME_MNAME) or FID.112_3 (CHG_NAME_LNAME) for the sample adult or the sample child then output value of ‘1’; else value is blank
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	8
Question ID	FID.380
Variable Name	KNOW2
Universe	TOTADULT > 1 or (TOTADULT = 1 and HHRESP ne HOLD)
Universe-text	More than one adult or (one adult and that adult is not the household respondent.)
Question Text	? [F1] * Verify or ask Who in the family would you say knows about the health of all the family members? [fill 1] * Mark all that apply, separate with commas.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	
Fill Instructions	[fill 1] Display all family members who are not deleted and ((ST = MS and AGE[PX] > 20) or (ST IN (AL, NE) and AGE[PX] > 18) or (ST NOT IN (AL,NE,MS) and AGE[PX] > 17))
Special Instructions	
Skip Instructions	<1-25, D, R> if SCSEL = 0, GOTO FINTRO2 else, GOTO KNOWSC2
Hard Edits	
Soft Edits	
AssocHelp	H_KNOW2

Module	96
Section Name	Family Identification Section
Part	8
Question ID	FID.385_H
Variable Name	H_KNOW2
Universe	
Universe-text	
Question Text	Enter the person numbers of up to 3 family members who are knowledgeable about the health of the rest of the family. The persons entered in this item must be "eligible" respondents, that is, they must be a responsible adult household member 18 years of age or older. Adult Armed Forces members living at home may respond for the family. Do not include family members under 18 unless they have ever been married or there are no persons 18+ in the family.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Help to determine who is knowledgeable about the health of family members
Fill Instructions	
Special Instructions	Associated Screen: KNOW2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	96
Section Name	Family Identification Section
Part	8
Question ID	FID.390_1
Variable Name	KNOWSC2
Universe	(TOTADULT > 1 or (TOTADULT = 1 and HHRESP ne HOLD)) and SCSEL ne 0
Universe-text	(More than one adult or (one adult and that adult is not the household respondent)) and a sample child is selected.
Question Text	? [F1] We select one child in each family for additional health questions. In this family that is [fill 2]. Who in the family would you say knows about and is responsible for the health of [fill 2]? [fill 1] * Select up to three persons. Mark all that apply (up to three persons), separate by commas.
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	
Fill Instructions	[fill 1] Display all family members who are not deleted and ((ST = MS and AGE[PX] > 20) or (ST IN (AL, NE) and AGE[PX] > 18) or (ST NOT IN (AL,NE,MS) and AGE[PX] > 17)) [fill 2] = [ALIAS[SCSEL]]
Special Instructions	
Skip Instructions	<1-25, D, R> If more than 3 are selected, GOTO ERR_KNOWSC2 ELSE, GOTO FINTRO2
Hard Edits	ERR_KNOWSC2 * Can't have more than three. Unselect someone. * Please correct.
Soft Edits	
AssocHelp	H_KNOWSC

Module	96
Section Name	Family Identification Section
Part	8
Question ID	FID.390_2_H
Variable Name	H_KNOWSC
Universe	
Universe-text	
Question Text	Enter the person numbers of up to 3 family members who are the most knowledgeable about the sample child. The persons entered in this item must be "eligible" respondents, that is, they must be a responsible adult household member 18 years of age or older. Adult Armed Forces members living at home may respond for the sample child. Do not include family members under 18 unless they have ever been married or there are no persons 18+ in the family.
Answer Codes	
Question Type	Help Screen
Field Pane Description	Help to determine who is knowledgeable about the health of family members
Fill Instructions	
Special Instructions	Associated Screen: KNOWSC2
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

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

Module	96
Section Name	Family Identification Section
Part	
Question ID	FID.400
Variable Name	HHCFIDC_FLG
Universe	
Universe-text	
Question Text	***FLAG***
Answer Codes	0,1
Question Type	Flag
Field Pane Description	
Fill Instructions	

Special Instructions	if HLTH_BEG in(1,8) then
	  HHCFIDC_FLG := 1
	else
	  HHCFIDC_FLG := 0
	endif

Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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Section name: HEALTH STATUS AND LIMITATION OF ACTIVITIES

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

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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.010
Variable Name	PLAPLYLM
Universe	FLAPLYML=1
Universe-text	Persons <5 years and more than 1 child under 5
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas. Who is this? (Anyone else?)
Answer Codes	
Question Type	Enter All That Apply
Field Pane Description	Who
Fill Instructions	
Special Instructions	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.
Skip Instructions	[Goto PLAPLYUN]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.150_H
Variable Name	H_FLAIADL
Universe	
Universe-text	
Question Text	This question is for all family members age 18 and older. Physical, mental, and emotional problems are respondent defined. 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. 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.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: FLAIADL
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.190_H
Variable Name	H_FLAWKLIM
Universe	
Universe-text	
Question Text	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. Physical, mental, and emotional problems are respondent defined. 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. 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.
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screen: FLAWKLIM
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.250
Variable Name	FLIMANY
Universe	At least 1 person NOT selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM
Universe-text	All families with any family members with no previously mentioned limitations (NOT selected in PLAPLYLM or in PSPEDEIS or in PLAADL or in 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 PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM, fill "Are any family members * (Read names) (list names of persons without limitation)" Else, fill "Is Alias"
Special Instructions	family level item; Background validation using PLAPLYLM, PSPEDEIS, PLAADL, PLAIADL, PLAWKNOW, PLAWKLIM, PLAWALK, and PLAREMEM. * Read names below; Only display family members NOT selected in these items.
Skip Instructions	<1> [if 1 person family or respondent= only person NOT selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] fill "Are you". Else if only 1 person not selected in [PLAPLYLM or in PSPEDEIS or in PLAADL or in PLAIADL or in PLAWKNOW or in PLAWKLIM or in PLAWALK or in PLAREMEM] fill "Is Alias"; Else fill "Are any family members * Read names below (list names of person without limitation)" <2,R,DK> [goto LAHCC]
Hard Edits	
Soft Edits	
AssocHelp	H_FLIMANY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.287_1
Variable Name	LHCL05N
Universe	LAHCC=5
Universe-text	Condition number 5 selected in LAHCC
Question Text	
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	
Special Instructions	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
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.290_2
Variable Name	LHCL07T
Universe	LHCL07N=1-95, DK
Universe-text	Condition number 7 selected in LAHCC
Question Text	2 of 2 * Enter time period for time with intellectual disability/mental retardation. (LHCL07N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Time period
Fill Instructions	
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
Skip Instructions	<1-4, R, D> [goto next condition selected in LAHCC], continue to ask number and time period for each subsequent condition; else go to LAHCA Roster through all LAHCC entries, roster through next child. Once exhausted goto LAHCA. <6> goto ERR2_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]
Hard Edits	ERR1_LHCL07T * Time with condition cannot be greater than age. Please correct. ERR2_LHCL07T * "6" not selectable.
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

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

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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.304_1
Variable Name	LHCL90N
Universe	LAHCC=90
Universe-text	Condition number 90 selected in LAHCC
Question Text	1 of 2 How long [fill1: have you/has Alias] had [fill2: problem in LAHCC_S1]? * Enter number for time with [fill1: problem in LAHCC_S1]? * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill1: if the subject=respondent fill "have you" else, fill "has Alias" fill2: problem LAHCC2_S1
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCC will display. Also, the conditions will display in the order in which the FR entered the data in LAHCC.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.350
Variable Name	LAHCA
Universe	
Universe-text	age 18+ and (person selected in (PLAADL or PLAIADL or PLAWKNOW or PLAWKLIM or PLAWALK or PLAREMEM or PLIMANY))
Question Text	(book) F2 ?[F1] What conditions or health problems cause [fill: your/Alias's] limitations? * Enter all that apply, separate with commas. * Do not probe except to clarify answer.
Answer Codes	1. Vision/problem seeing 2. Hearing problem 3. Arthritis/rheumatism 4. Back or neck problem 5. Fracture or bone/joint injury 6. Other injury 7. Heart problem 8. Stroke problem 9. Hypertension/high blood pressure 10. Diabetes 11. Lung/breathing problem (for example, asthma and emphysema) 12. Cancer 13. Birth defect 14. Intellectual disability, also known as mental retardation 15. Other developmental problem (for example, cerebral palsy) 16. Senility 17. Depression/anxiety/emotional problem 18. Weight problem 19. Missing limbs (fingers, toes or digits), amputee 20. Kidney, bladder or renal problems 21. Circulation problems (including blood clots) 22. Benign tumors, cysts 23. Fibromyalgia, lupus 24. Osteoporosis, tendinitis 25. Epilepsy, seizures 26. Multiple Sclerosis (MS), Muscular Dystrophy (MD) 27. Polio(myelitis), paralysis, para/quadriplegia 28. Parkinson's disease, other tremors 29. Other nerve damage, including carpal tunnel syndrome 30. Hernia 31. Ulcer 32. Varicose veins, hemorrhoids 33. Thyroid problems, Grave's disease, gout 34. Knee problems (not arthritis (03), not joint injury(05)) 35. Migraine headaches (not just headaches) 90. Other impairment/problem (LAHCA_S1)

	91. Other impairment/problem (LAHCA_S2) Refused Don’t know/not sure
Question Type	Enter All That Apply
Field Pane Description	Conditions/health problems
Fill 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

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

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.360_1
Variable Name	LHAL01N
Universe	LAHCA= 1
Universe-text	Condition number 1 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a vision problem or problem seeing? * Enter number for time with vision problem or problem seeing. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject= respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.360_2
Variable Name	LHAL01T
Universe	LHAL01N= 1-95, DK
Universe-text	Condition number 1 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with vision problem or problem seeing. (LHAL01N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL01T if (LHAL01T = 4 and LHAL01N > AGE), goto [ERR1_LHAL01T]
Hard Edits	ERR1_LHAL01T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL01T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.362_1
Variable Name	LHAL02N
Universe	LAHCA= 2
Universe-text	Condition number 2 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a hearing problem? * Enter number for time with hearing problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.362_2
Variable Name	LHAL02T
Universe	LHAL02N= 1-95, DK
Universe-text	Condition number 2 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with hearing problem. (LHAL02N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL02T if (LHAL02T = 4 and LHAL02N > AGE), goto [ERR1_LHAL02T]
Hard Edits	ERR1_LHAL02T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL02T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.364_1
Variable Name	LHAL03N
Universe	LAHCA= 3
Universe-text	Condition number 3 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had arthritis or rheumatism? * Enter number for time with arthritis or rheumatism. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.364_2
Variable Name	LHAL03T
Universe	LHAL03N= 1-95, DK
Universe-text	Condition number 3 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with arthritis or rheumatism. (LHAL03N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL03T if (LHAL03T = 4 and LHAL03N > AGE), goto [ERR1_LHAL03T]
Hard Edits	ERR1_LHAL03T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL03T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.366_1
Variable Name	LHAL04N
Universe	LAHCA= 4
Universe-text	Condition number 4 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a back or neck problem? * Enter number for time with back or neck problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.366_2
Variable Name	LHAL04T
Universe	LHAL04N= 1-95, DK
Universe-text	Condition number 4 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with back or neck problem. (LHAL04N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL04T if (LHAL014T = 4 and LHAL04N > AGE) , goto [ERR1_LHAL04T]
Hard Edits	ERR1_LHAL04T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL04T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.368_1
Variable Name	LHAL05N
Universe	LAHCA= 5
Universe-text	Condition number 5 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a fracture, bone, or joint injury? * Enter number for time with fracture, bone or joint injury. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.368_2
Variable Name	LHAL05T
Universe	LHAL05N= 1-95, DK
Universe-text	Condition number 5 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with fracture, bone, or joint injury. (LHAL05N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL05T if (LHAL05T = 4 and LHAL05N > AGE), goto [ERR1_LHAL05T]
Hard Edits	ERR1_LHAL05T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL05T * "6" not selectable.
Soft Edits	
AssocHelp	

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.372_1
Variable Name	LHAL07N
Universe	LAHCA= 7
Universe-text	Condition number 7 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a heart problem? * Enter number for time with heart problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.372_2
Variable Name	LHAL07T
Universe	LHAL07N= 1-95, DK
Universe-text	Condition number 7 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with heart problem. (LHAL07N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL07T if (LHAL07T = 4 and LHAL07N > AGE), goto [ERR1_LHAL07T]
Hard Edits	ERR1_LHAL07T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL07T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.374_1
Variable Name	LHAL08N
Universe	LAHCA= 8
Universe-text	Condition number 8 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a stroke problem? * Enter number for time with stroke problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.374_2
Variable Name	LHAL08T
Universe	LHAL08N= 1-95, DK
Universe-text	Condition number 8 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with stroke problem. (LHAL08N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL08T if (LHAL08T = 4 and LHAL08N > AGE) , goto [ERR1_LHAL08T]
Hard Edits	ERR1_LHAL08T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL08T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.376_1
Variable Name	LHAL09N
Universe	LAHCA= 9
Universe-text	Condition number 9 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had hypertension or high blood pressure? * Enter number for time with hypertension or high blood pressure. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.376_2
Variable Name	LHAL09T
Universe	LHAL09N= 1-95, DK
Universe-text	Condition number 9 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with hypertension or high blood pressure. (LHAL09N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL09T if (LHAL09T = 4 and LHAL09N > AGE) , goto [ERR1_LHAL09T]
Hard Edits	ERR1_LHAL09T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL09T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.378_1
Variable Name	LHAL10N
Universe	LAHCA= 10
Universe-text	Condition number 10 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had diabetes? * Enter number for time with diabetes. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.378_2
Variable Name	LHAL10T
Universe	LHAL10N= 1-95, DK
Universe-text	Condition number 10 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with diabetes. (LHAL10N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL10T if (LHAL10T = 4 and LHAL10N > AGE), goto [ERR1_LHAL10T]
Hard Edits	ERR1_LHAL10T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL10T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.380_1
Variable Name	LHAL11N
Universe	LAHCA= 11
Universe-text	Condition number 11 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a lung problem or breathing problem (e.g., asthma and emphysema)? * Enter number for time with lung problem or breathing problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.380_2
Variable Name	LHAL11T
Universe	LHAL11N= 1-95, DK
Universe-text	Condition number 11 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with lung problem or breathing problem (e.g., asthma and emphysema). (LHAL11N..)
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_LHAL11T if (LHAL11T = 4 and LHAL11N > AGE), goto [ERR1_LHAL11T]
Hard Edits	ERR1_LHAL11T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL11T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.382_1
Variable Name	LHAL12N
Universe	LAHCA= 12
Universe-text	Condition number 12 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had cancer? * Enter number for time with cancer. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.382_2
Variable Name	LHAL12T
Universe	LHAL12N= 1-95, DK
Universe-text	Condition number 12 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with cancer. (LHAL12N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL12T if (LHAL12T = 4 and LHAL12N > AGE), goto [ERR1_LHAL12T]
Hard Edits	ERR1_LHAL12T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL12T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.383_1
Variable Name	LHAL13N
Universe	LAHCA=13
Universe-text	Condition number 13 selected in LAHCA
Question Text	
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	
Special Instructions	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
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.384_1
Variable Name	LHAL14N
Universe	LAHCA= 14
Universe-text	Condition number 14 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had intellectual disability, also known as mental retardation? * Enter number for time with intellectual disability/mental retardation. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.384_2
Variable Name	LHAL14T
Universe	LHAL14N= 1-95, DK
Universe-text	Condition number 14 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with intellectual disability/mental retardation. (LHAL14N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL14T if (LHAL14T = 4 and LHAL14N > AGE), goto [ERR1_LHAL14T]
Hard Edits	ERR1_LHAL14T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL14T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.386_1
Variable Name	LHAL15N
Universe	LAHCA= 15
Universe-text	Condition number 15 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a developmental problem (e.g. cerebral palsy)? * Enter number for time with developmental problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.386_2
Variable Name	LHAL15T
Universe	LHAL15N= 1-95, DK
Universe-text	Condition number 15 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with developmental problem (e.g. cerebral palsy). (LHAL15N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL15T if (LHAL15T = 4 and LHAL15N > AGE), goto [ERR1_LHAL15T]
Hard Edits	ERR1_LHAL15T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL15T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.388_1
Variable Name	LHAL16N
Universe	LAHCA= 16
Universe-text	Condition number 16 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had senility? * Enter number for time with senility. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.388_2
Variable Name	LHAL16T
Universe	LHAL16N= 1-95, DK
Universe-text	Condition number 16 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with senility. (LHAL16N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL16T if (LHAL16T = 4 and LHAL16N > AGE), goto [ERR1_LHAL16T]
Hard Edits	ERR1_LHAL16T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL16T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.390_1
Variable Name	LHAL17N
Universe	LAHCA= 17
Universe-text	Condition number 17 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had depression, anxiety, or an emotional problem? * Enter number for time with depression, anxiety or an emotional problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.390_2
Variable Name	LHAL17T
Universe	LHAL17N= 1-95, DK
Universe-text	Condition number 17 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with depression, anxiety, or an emotional problem. (LHAL17N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL17T if (LHAL17T = 4 and LHAL17N > AGE), goto [ERR1_LHAL17T]
Hard Edits	ERR1_LHAL17T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL17T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.392_1
Variable Name	LHAL18N
Universe	LAHCA= 18
Universe-text	Condition number 18 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a weight problem? * Enter number for time with weight problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.392_2
Variable Name	LHAL18T
Universe	LHAL18N= 1-95, DK
Universe-text	Condition number 18 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with weight problem. (LHAL18N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL18T if (LHAL18T = 4 and LHAL18N > AGE) , goto [ERR1_LHAL18T]
Hard Edits	ERR1_LHAL18T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL18T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.394_1
Variable Name	LHAL19N
Universe	LAHCA= 19
Universe-text	Condition number 19 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a missing limb (finger, toe, or digit)? * Enter number for time with missing limb. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.394_2
Variable Name	LHAL19T
Universe	LHAL19N= 1-95, DK
Universe-text	Condition number 19 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with missing limb (finger, toe, or digit). (LHAL19N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.396_1
Variable Name	LHAL20N
Universe	LAHCA= 20
Universe-text	Condition number 20 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a kidney, bladder or renal problem? * Enter number for time with kidney, bladder or renal problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.396_2
Variable Name	LHAL20T
Universe	LHAL20N= 1-95, DK
Universe-text	Condition number 20 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with kidney, bladder or renal problem. (LHAL20N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL20T if (LHAL20T = 4 and LHAL20N > AGE), goto [ERR1_LHAL20T]
Hard Edits	ERR1_LHAL20T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL20T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.398_1
Variable Name	LHAL21N
Universe	LAHCA= 21
Universe-text	Condition number 21 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a circulation problem (including blood clots)? * Enter number for time with circulation problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.398_2
Variable Name	LHAL21T
Universe	LHAL21N= 1-95, DK
Universe-text	Condition number 21 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with circulation problem (including blood clots). (LHAL21N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL21T if (LHAL21T = 4 and LHAL21N > AGE), goto [ERR1_LHAL21T]
Hard Edits	ERR1_LHAL21T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL21T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.400_1
Variable Name	LHAL22N
Universe	LAHCA= 22
Universe-text	Condition number 22 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had benign tumors or cysts? * Enter number for time with benign tumors or cysts. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.400_2
Variable Name	LHAL22T
Universe	LHAL22N= 1-95, DK
Universe-text	Condition number 22 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with benign tumors or cysts. (LHAL22N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL22T if (LHAL22T = 4 and LHAL22N > AGE), goto [ERR1_LHAL22T]
Hard Edits	ERR1_LHAL22T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL22T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.402_1
Variable Name	LHAL23N
Universe	LAHCA= 23
Universe-text	Condition number 23 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had fibromyalgia or lupus? * Enter number for time with fibromyalgia or lupus. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.402_2
Variable Name	LHAL23T
Universe	LHAL23N= 1-95, DK
Universe-text	Condition number 23 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with fibromyalgia or lupus. (LHAL23N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL23T if (LHAL23T = 4 and LHAL23N > AGE) , goto [ERR1_LHAL23T]
Hard Edits	ERR1_LHAL23T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL23T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.404_1
Variable Name	LHAL24N
Universe	LAHCA= 24
Universe-text	Condition number 24 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had osteoporosis or tendinitis? * Enter number for time with osteoporosis or tendinitis. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.404_2
Variable Name	LHAL24T
Universe	LHAL24N= 1-95, DK
Universe-text	Condition number 24 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with osteoporosis or tendinitis. (LHAL24N..)
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_LHAL24T if (LHAL24T = 4 and LHAL24N > AGE), goto [ERR1_LHAL24T]
Hard Edits	ERR1_LHAL24T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL24T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.406_1
Variable Name	LHAL25N
Universe	LAHCA= 25
Universe-text	Condition number 25 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had epilepsy or seizures? * Enter number for time with epilepsy or seizures. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.406_2
Variable Name	LHAL25T
Universe	LHAL25N= 1-95, DK
Universe-text	Condition number 25 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with epilepsy or seizures. (LHAL25N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL25T if (LHAL25T = 4 and LHAL25N > AGE), goto [ERR1_LHAL25T]
Hard Edits	ERR1_LHAL25T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL25T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.408_1
Variable Name	LHAL26N
Universe	LAHCA= 26
Universe-text	Condition number 26 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had multiple sclerosis (MS) or muscular dystrophy (MD)? * Enter number for time with multiple sclerosis (MS) or muscular dtstrophy (MD)? * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.408_2
Variable Name	LHAL26T
Universe	LHAL26N= 1-95, DK
Universe-text	Condition number 26 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with multiple sclerosis (MS) or muscular dystrophy (MD). (LHAL26N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL26T if (LHAL26T = 4 and LHAL26N > AGE), goto [ERR1_LHAL26T]
Hard Edits	ERR1_LHAL26T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL26T * "6" not selectable.
Soft Edits	
AssocHelp	

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.410_2
Variable Name	LHAL27T
Universe	LHAL27N= 1-95, DK
Universe-text	Condition number 27 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with polio(myelitis), paralysis or para/quadriplegia. (LHAL27N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL27T if (LHAL27T = 4 and LHAL27N > AGE), goto [ERR1_LHAL27T]
Hard Edits	ERR1_LHAL27T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL27T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.412_1
Variable Name	LHAL28N
Universe	LAHCA= 28
Universe-text	Condition number 28 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had Parkinson’s disease or tremors? * Enter number for time with Parkinson's disease or tremors. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.412_2
Variable Name	LHAL28T
Universe	LHAL28N= 1-95, DK
Universe-text	Condition number 28 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with Parkinson's disease or tremors. (LHAL28N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL28T if (LHAL28T = 4 and LHAL28N > AGE) , goto [ERR1_LHAL28T]
Hard Edits	ERR1_LHAL28T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL28T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.414_1
Variable Name	LHAL29N
Universe	LAHCA= 29
Universe-text	Condition number 29 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had nerve damage (including carpal tunnel syndrome)? * Enter number for time with nerve damage. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.414_2
Variable Name	LHAL29T
Universe	LHAL29N= 1-95, DK
Universe-text	Condition number 29 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with nerve damage (including carpal tunnel syndrome). (LHAL29N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL29T if (LHAL29T = 4 and LHAL29N > AGE) , goto [ERR1_LHAL29T]
Hard Edits	ERR1_LHAL29T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL29T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.416_1
Variable Name	LHAL30N
Universe	LAHCA= 30
Universe-text	Condition number 30 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a hernia? * Enter number for time with hernia. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.416_2
Variable Name	LHAL30T
Universe	LHAL30N= 1-95, DK
Universe-text	Condition number 30 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with hernia. (LHAL30N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL30T if (LHAL30T = 4 and LHAL30N > AGE), goto [ERR1_LHAL30T]
Hard Edits	ERR1_LHAL30T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL30T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.418_1
Variable Name	LHAL31N
Universe	LAHCA= 31
Universe-text	Condition number 31 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had an ulcer? * Enter number for time with an ulcer. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.418_2
Variable Name	LHAL31T
Universe	LHAL31N= 1-95, DK
Universe-text	Condition number 31 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with ulcer. (LHAL31N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL31T if (LHAL31T = 4 and LHAL31N > AGE), goto [ERR1_LHAL31T]
Hard Edits	ERR1_LHAL31T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL31T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.420_1
Variable Name	LHAL32N
Universe	LAHCA= 32
Universe-text	Condition number 32 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had varicose veins or hemorrhoids? * Enter number for time with varicose veins or hemorrhoids. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.420_2
Variable Name	LHAL32T
Universe	LHAL32N= 1-95, DK
Universe-text	Condition number 32 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with varicose veins or hemorrhoids. (LHAL32N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL32T if (LHAL32T = 4 and LHAL32N > AGE), goto [ERR1_LHAL32T]
Hard Edits	ERR1_LHAL32T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL32T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.422_1
Variable Name	LHAL33N
Universe	LAHCA= 33
Universe-text	Condition number 33 selected in LAHCA
Question Text	1 of 2 How long [fill: have you/has Alias] had a thyroid problem, Grave’s disease or gout? * Enter number for time with thyroid problem, Grave's disease or gout. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent, fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.422_2
Variable Name	LHAL33T
Universe	LHAL33N= 1-95, DK
Universe-text	Condition number 33 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with thyroid problem, Grave's disease or gout. (LHAL33N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	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_LHAL33T if (LHAL33T = 4 and LHAL33N > AGE), goto [ERR1_LHAL33T]
Hard Edits	ERR1_LHAL33T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL33T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.424_1
Variable Name	LHAL34N
Universe	LAHCA= 34
Universe-text	Condition number 34 selected in LAHCA
Question Text	1 of 2 How long fill: have you/has Alias] had a knee problem? * Enter number for time with knee problem. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.424_2
Variable Name	LHAL34T
Universe	LHAL34N= 1-95, DK
Universe-text	Condition number 34 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with knee problem. (LHAL34N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL34T if (LHAL34T = 4 and LHAL34N > AGE), goto [ERR1_LHAL34T]
Hard Edits	ERR1_LHAL34T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL34T * "6" not selectable.
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.426_1
Variable Name	LHAL35N
Universe	LAHCA= 35
Universe-text	Condition number 35 selected in LAHCA
Question Text	1 of 2 How long {have you/has Alias} had migraine headaches? * Enter number for time with migrane headaches. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill: if the subject=respondent fill "have you" else, fill "has Alias"
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, D> goto 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]
Hard Edits	
Soft Edits	
AssocHelp	

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.426_2
Variable Name	LHAL35T
Universe	LHAL35N= 1-95, DK
Universe-text	Condition number 35 selected in LAHCA
Question Text	2 of 2 * Enter time period for time with migraine headaches. (LHAL35N..)
Answer Codes	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Since Birth Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane 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_LHAL35T if (LHAL35T = 4 and LHAL35N > AGE) , goto [ERR1_LHAL35T]
Hard Edits	ERR1_LHAL35T * Time with condition cannot be greater than age. Please correct. ERR2_LHAL35T * "6" not selectable.
Soft Edits	
AssocHelp	

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

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

Module	04
Section Name	HEALTH STATUS AND LIMITATION OF ACTIVITIES
Part	
Question ID	FHS.452_1
Variable Name	LHAL91N
Universe	LAHCA= 91
Universe-text	Condition number 91 selected in LAHCA
Question Text	1 of 2 How long [fill1: have you/has Alias] had [fill2: LAHCA_S2]? * Enter number for time with [fill1: LAHCA_S2]. * Enter '95' for 95 or more. * Enter '96' if since birth.
Answer Codes	
Question Type	Integer
Field Pane Description	Number
Fill Instructions	fill1: if the subject=respondent fill "have you" else, fill "has Alias" fill2: LAHCA_S2
Special Instructions	person level item; store at person level. The form pane for this item was redesigned for Q2, such that only conditions that were selected at LAHCA will display. Also, the conditions will display in the order in which the FR entered the data in LAHCA.
Skip Instructions	<1-95, 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]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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Section name: HEALTH CARE ACCESS AND UTILIZATION

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	A
Question ID	FAU.010
Variable Name	FDMED12M
Universe	AGE=All
Universe-text	All families
Question Text	?[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?
Answer Codes	1. Yes 2. No Refused Don’t know
Question Type	Yes/No
Field Pane Description	Medical care delayed cost
Fill Instructions	fill1: For a 1 person family fill "have you delayed .. " For multi-person families, fill " has medical care been delayed .. "
Special Instructions	
Skip Instructions	<1> [If one person family, store the person number in PDMED12M, goto FNMED12M; else, goto PDMED12M] <2,D,R> goto FNMED12M
Hard Edits	
Soft Edits	
AssocHelp	H_FDMED12M

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

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

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

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

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

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

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

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

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

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

Module	06
Section Name	HEALTH CARE ACCESS AND UTILIZATION
Part	B
Question ID	FAU.110
Variable Name	HPNITE
Universe	Persons selected in PHOSPYR and HOSPNO not empty
Universe-text	Persons who stayed overnight in a hospital during past 12 months (Excl. ER)
Question Text	?[F1] Altogether how many nights [fill1: were you/was Alias] in the hospital DURING THE PAST 12 MONTHS?
Answer Codes	
Question Type	Integer
Field Pane Description	Altogether how many nights
Fill Instructions	fill 1: for a 1 person family fill "were you" for a multi-person family fill "was Alias"
Special Instructions	Ask HOSPNO and HPNITE together for each person selected in PHOSPYR Set flag if instrument goes to ERR2_HPNITE.
Skip Instructions	<1-50,D,R> goto next person selected in [PHOSPYR], once exhausted goto [FHCM2W] <51-365> goto ERR1_HPNITE [if HOSPNO le HPNITE goto the next person selected in PHOSPYR] else go to ERR2_HPNITE once exhausted move to FHCM2W
Hard Edits	
Soft Edits	ERR1_HPNITE * [fill: HPNITE] is unusually high. * Verify entry. * Make corrections if necessary. ERR2_HPNITE * Do not read. * [fill: HPNITE] night(s) is less than the total number of times in the hospital overnight. * Please verify. Note: If edit suppressed, store S in HPNITE_FLG
AssocHelp	H_HPNITE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Section name: Family Health Insurance

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.050
Variable Name	FHICOV
Universe	AGE=All
Universe-text	All families
Question Text	(book) F3 and (book) F5 The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills. [fill 1:Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	Family Health Insurance
Fill Instructions	Fill 1: If single person family fill "Are you"; else fill "Is anyone in the family".
Special Instructions	If FR enters 2, mark HIKIND = 11 for all persons in family
Skip Instructions	<1, D, R> [goto HIKIND] <2> [if AGE ge 65, goto MCAREPRB; else goto MCAIDPRB]
Hard Edits	
Soft Edits	
AssocHelp	

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	(book) F3 and (book) F5 What kind of health insurance or health care coverage [fill 1: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized. * Enter all that apply, separate with commas.
Answer Codes	1. Private health insurance 2. Medicare 3. Medi-Gap 4. Medicaid 5. CHIP (SCHIP/ Children's Health Insurance Program) 6. Military health care (TRICARE/VA/CHAMP-VA) 7. Indian Health Service 8. State-sponsored health plan 9. Other government program 10. Single service plan (e.g., dental, vision, prescriptions) 11. No coverage of any type Don't Know Refused
Question Type	Enter All That Apply
Field Pane Description	Coverage Type
Fill Instructions	Fill 1: If subject=respondent, fill [do you]; else fill [does ALIAS].
Special Instructions	
Skip Instructions	<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]
Hard Edits	ERR_HIKIND: * Cannot mark "No coverage of any kind" and another type. * Please correct.
Soft Edits	
AssocHelp	H_HIKIND

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

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

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

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.072
Variable Name	MCAREPRB
Universe	AGE ge 65 and (FHICOV ='2' or (HIKIND ne '2' and ne '3'))
Universe-text	All persons age 65 or older in the family where FHICOV is no, or where HIKIND is not equal to Medicare for that person
Question Text	(book) F4 People covered by Medicare have a card that looks like this. [fill 1: Are you/Is ALIAS] covered by Medicare?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	Medicare Probe
Fill Instructions	Fill 1: If subject = respondent fill: [Are you]; else fill: [Is ALIAS].
Special Instructions	If FR enters "1" add precode 2 to HIKIND; If FR enters "1" and HIKIND=11, replace HIKIND with a 2.
Skip Instructions	<1,2,D,R> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE]
Hard Edits	
Soft Edits	
AssocHelp	

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.073
Variable Name	MCAIDPRB
Universe	AGE lt 65 and (FHICOV='2' or HIKIND='11')
Universe-text	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
Question Text	(book F5) * 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?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	Medicaid Probe
Fill Instructions	Fill 1: If subject = respondent fill: [Are you]; else fill: [Is ALIAS]. Fill 2: State Name
Special Instructions	If FR enters "1" add precode 4 to HIKIND; If FR enters "1" and HIKIND=11, replace HIKIND with a 4.
Skip Instructions	<1,2,D,R> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.114
Variable Name	MCREF
Universe	MCPART IN ('2','3','R','D')
Universe-text	All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage
Question Text	? [F1] 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.
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	Referral
Fill Instructions	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]
Special Instructions	
Skip Instructions	<1,2,R,D> goto MCPARTD
Hard Edits	
Soft Edits	
AssocHelp	H_MCREF

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.120
Variable Name	MACHMD
Universe	AGE= All and (HIKIND= '4' or MCAIDPRB = '1')
Universe-text	All persons with Medicaid coverage
Question Text	?[F1] (book) F5 * Refer to flashcard F14 for state Medicaid name The next questions are about Medicaid coverage. In this State it is also called [fill1: State Name]. [fill 2: You are/ALIAS is] listed as having Medicaid coverage. Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4:you/he/she] choose from a list of doctors or is a doctor assigned?
Answer Codes	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Any Doctor
Fill Instructions	Fill 1: fill State Name Fill 2: If subject= respondent, fill: [You are]; else fill: [ALIAS is] Fill 3: If subject= respondent, fill: [you]; else fill: [ALIAS] Fill 4: If subject= respondent, fill: [you]; else if subject's SEX= male, fill: [he]; else, if subject's SEX = female, fill: [she]
Special Instructions	
Skip Instructions	<1,R,D> [goto MXCHNG] <2> [goto MACHMD1] <3> [goto MACHMD2]
Hard Edits	
Soft Edits	
AssocHelp	H_MACHMD

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

	Pennsylvania - Medical Assistance; Access Card; HealthChoices Rhode Island - Rite Care; RI Medical Assistance; Katie Beckett South Carolina - Healthy Options; Physicians Enhanced Program; South Carolina Partners for Health Medicaid Insurance South Dakota - Prime; Medical Assistance; M-CHIP Tennessee - TennCare Medicaid Texas - State of Texas Access Reform (STAR); Star+Plus Virginia - Virginia Medallion; Medallion II Washington - Basic Health Plus West Virginia - Medical Assistance; Mountain Health Trust; Physicians Assured Access System (PAAS) Wisconsin Medical Assistance; Healthy Start
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	MACHMD

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

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.156
Variable Name	SSTYPE2
Universe	AGE=All and (HIKIND = '10' or SINCOV = '1').
Universe-text	All persons with single service plans
Question Text	(book) F6 * Enter all that apply, separate with commas. You mentioned that [fill 1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill 2: your/ALIAS's] single service plan or plans pay for?
Answer Codes	1. Accidents 2. AIDS care 3. Cancer treatment 4. Catastrophic care 5. Dental care 6. Disability insurance (cash payments when unable to work for health reasons) 7. Hospice care 8. Hospitalization only 9. Long-term care (nursing home care) 10. Prescriptions 11. Vision care 12. Other (specify) Refused Don’t know
Question Type	Enter All That Apply
Field Pane Description	Single Service Plan Type
Fill Instructions	Fill 1: If subject= respondent, fill: [you have]; Else fill: [ALIAS has] Fill 2: If subject= respondent, fill: [your]; Else fill: [ALIAS's]
Special Instructions	
Skip Instructions	1-11, D, R roster through for all people with single service plans, then goto next appropriate question 12 goto SSOTHER
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.180
Variable Name	HIVER1
Universe	(HIKIND= '1','3') and (person not selected in HIPNAM1B and HIPNAM2B and HIPNAM3B and HIPNAM4B)
Universe-text	Persons with private health insurance, but not listed under any of the mentioned plans
Question Text	? [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?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	Covered
Fill Instructions	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]
Special Instructions	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.
Skip Instructions	<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
Hard Edits	ERR_HIVER1 *Press ENTER to go back to HIKIND to update health insurance coverage.
Soft Edits	
AssocHelp	H_HIVER1

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.202_01.010
Variable Name	PRPOLH
Universe	FHI200(e)='0'
Universe-text	All persons on each plan where the policyholder is outside of the family roster
Question Text	How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]? *Read if Necessary… [fill3:You are/ALIAS is} the policyholder's…
Answer Codes	1. Child (including stepchildren) 2. Spouse 3. Former spouse 4. Some other relationship Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	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]
Special Instructions	Looped for each person per plan mentioned in fill 2.
Skip Instructions	<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.
Hard Edits	
Soft Edits	
AssocHelp	

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.210
Variable Name	PLNWRK
Universe	All private health insurance plans - FHICCI8='1'
Universe-text	asked of all private health insurance plans
Question Text	? [F1] (book) F7 Which one of these categories best describes how this plan was obtained?
Answer Codes	1. Through employer 2. Through union 3. Through workplace, but don't know if employer or union 4. Through workplace, self-employed or professional association 5. Purchased directly 6. Through Healthcare.gov or the Affordable Care Act, also known as Obamacare 7. Through a state/local government or community program 8. Other (specify) Don't Know Refused
Question Type	Pick One - answer list pane
Field Pane Description	How plan obtained
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4, 6> goto PLNPAY <5,7,R,D> goto PLNEXCHG <8> goto PLNWKSP
Hard Edits	
Soft Edits	
AssocHelp	H_PLNWRK

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

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

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

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.240
Variable Name	PLNMGD
Universe	all private health insurance plans - FHICCI8='1'
Universe-text	asked of all private health insurance plans
Question Text	? [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?
Answer Codes	1. HMO/IPA 2. PPO 3. POS 4. Fee-for-service 5. Other Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Type of plan
Fill Instructions	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.
Special Instructions	Add an answer tag for this question.
Skip Instructions	<1-5,D,R> [goto HDHP]
Hard Edits	
Soft Edits	
AssocHelp	H_PLNMGD

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.242
Variable Name	HSAHRA
Universe	HDHP=2
Universe-text	Asked of All High Deductible Private Health Plans
Question Text	?[F1] 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.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	HSAHRA
Fill Instructions	
Special Instructions	
Skip Instructions	1,2,R,D [goto MGCHMD]
Hard Edits	
Soft Edits	
AssocHelp	H_HSAHRA

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

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.249_03
Variable Name	FCOVCONF
Universe	PLNWRK(e) IN('1','2','3','4')
Universe-text	All families with an employer-based health plan
Question Text	If [fill1: 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… *Read categories below.
Answer Codes	1. Very confident 2. Somewhat confident 3. Not too confident 4. Not confident at all Don't know Refused
Question Type	Pick One - answer list pane
Field Pane Description	
Fill Instructions	Fill 1: if single person family fill "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"
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	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.280
Variable Name	HILAST
Universe	AGE = All and HIKIND = '10','11'
Universe-text	All persons without known health insurance or with only single service plans
Question Text	(book) F8 ? [F1] Not including Single Service Plans, about how long has it been since [fill 1: you/ALIAS] last had health care coverage?
Answer Codes	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
Question Type	Pick One - answer list pane
Field Pane Description	Time Since Last Covered
Fill Instructions	Fill 1: If subject = respondent, fill: [you]; Else fill: [ALIAS]
Special Instructions	
Skip Instructions	[goto HISTOP]
Hard Edits	
Soft Edits	
AssocHelp	H_HILAST

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.290
Variable Name	HISTOP
Universe	AGE = All and HIKIND = '10','11'
Universe-text	All persons without known health insurance or with only single service plans
Question Text	(book) F9 [Fill 1: [Which of these are reasons [fill 2:you/ALIAS] stopped being covered?/Which of these are reasons [fill 3: you do/ALIAS does] not have health insurance?] * Enter up to 5 reasons, separate with commas.
Answer Codes	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
Question Type	Enter All That Apply
Field Pane Description	Why No Coverage
Fill Instructions	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]
Special Instructions	
Skip Instructions	<1-9,D,R> [goto FHIKDB] <10> [goto HISTOPOT]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.315_00.010
Variable Name	FHIKDB
Universe	HISTOP = '1','2','3','4','5','6','7','8','9','10','D', 'R' or HINOTYR = '1' or FHICHNG = '2'
Universe-text	All persons except those with continuous coverage who are currently uninsured for more than 1 year with no changes
Question Text	(book) F3 and (book) F5 If person is currently uninsured: {Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?} If person had a period without coverage in the past year: {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?} If person had a change in coverage type in the past year: {What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?} *Enter all that apply, separate with commas.
Answer Codes	1. Private health insurance 2. Medicare 3. Medi-Gap 4. Medicaid 5. CHIP (SCHIP/Children's Health Insurance Program) 6. Military health care (TRICARE/VA/CHAMP-VA) 7. Indian Health Service 8. State-sponsored health plan 9. Other government program 10. Single service plan (e.g., dental, vision, prescriptions) 11. No coverage of any type Refused Don't know
Question Type	Enter all that apply
Field Pane Description	
Fill Instructions	If HISTOP <1-10, D, R> for currently uninsured fill: [Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type(s) did [fill 1: you/ALIAS] have?] If HINOTMYR not = to empty, for period without coverage in the past year fill: {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1:you/ALIAS] have before this

	period?} 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	

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

Module	07
Section Name	Family Health Insurance
Part	
Question ID	FHI.320
Variable Name	HCSPFYR
Universe	All families
Universe-text	All families
Question Text	(book) F10 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	

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

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

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

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

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

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Section name: Socio-Demographic

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

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

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

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

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

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.004
Variable Name	USYR
Universe	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	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	<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

Hard Edits	ERR1_USYR *Future year invalid: [fill: USYR]. Please correct. ERR2_USYR: * [fill year from USYR] is prior to the person's birth year. *Please correct.
Soft Edits	
AssocHelp	

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

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.006
Variable Name	CITIZEN
Universe	PLBORN2 ge 100 or (PLBORN in (R,D)) or (
Universe-text	All persons not born in the US or US territory
Question Text	(book) F11 ?[F1] [Fill: 1] a CITIZEN of the United States?
Answer Codes	1. Yes, born in one of the 50 United States or the District of Columbia 2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory 3. Yes, born abroad to American parent(s) 4. Yes, U.S. citizen by naturalization 5. No, not a citizen of the United States Refused Don't Know
Question Type	Pick One - answer list pane
Field Pane Description	Citizen Status
Fill Instructions	1. If subject = respondent fill [Are you]; else fill [Is alias]
Special Instructions	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 meesages involving CITIZEN and PLBORN1
Skip Instructions	<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
Hard Edits	ERR1_CITIZEN *Already indicated birth outside the United States. *Please correct. ERR2_CITIZEN *Already indicated birth outside United States territory. *Please correct.
Soft Edits	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 Previosuly, you didn't know if [you/ALIAS] were born in the United States. Would you like to change your answer to the question?

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

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

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

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

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.010
Variable Name	EDUC
Universe	AGE= 5+
Universe-text	All persons 5 years of age and older
Question Text	(book) F21 ?[F1] What is the HIGHEST level of 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	0. Never attended/kindergarten only 1. 1st grade 2. 2nd grade 3. 3rd grade 4. 4th grade 5. 5th grade 6. 6th grade 7. 7th grade 8. 8th grade 9. 9th grade 10. 10th grade 11. 11th grade 12. 12th grade, no diploma 13. GED or equivalent 14. HIGH SCHOOL GRADUATE 15. Some college, no degree 16. Associate's degree: occupational, technical or vocational program 17. Associate's degree: academic program 18. Bachelor's degree (Example: BA, AB, BS, BBA) 19. Master's degree (Example: MA, MS, MEng, MEd, MBA) 20. Professional School degree (Example: MD, DDS, DVM, JD) 21. Doctoral degree (Example: PhD, EdD) Refused 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 ARMFEV]
Hard Edits	
Soft Edits	
AssocHelp	H_EDUC

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

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

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

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

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

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.023_00.000
Variable Name	ARMFTMP
Universe	AGE GE '018' and AGE not IN('997','999','') and ARMFEV(e)='1'
Universe-text	All families with a person age 18 or older who has ever served in the armed forces
Question Text	When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces? *Enter all that apply, separate with commas. *Enter all periods in which this person served. Enter the item even if the person served for just part of that period.
Answer Codes	1. Sept 2001 or later 2. August 1990 to August 2001 (including Persian Gulf War) 3. May 1975 to July 1990 4. Vietnam era (August 1964 to April 1975) 5. February 1955 to July 1964 6. Korean War (July 1950 to January 1955) 7. January 1947 to June 1950 8. December 1946 or earlier Refused Don't know
Question Type	Enter all that apply
Field Pane Description	
Fill Instructions	fill1: if subject=respondent fill "you" else fill "alias"
Special Instructions	Roster through all applicable persons 18+. (NOTE: YEARLY UPDATES NEEDED TO ADJUST YEAR NUMBER, BECAUSE EACH YEAR ADDS '1' YEAR AWAY FROM THE WARS/CONFLICTS SHOWN IN THE ANSWER CODES) If AGE > = 82, gray out answer code 1 if AGE < = 32 or AGE > = 93, gray out answer code 2 if AGE < = 43 or AGE > = 108, gray out answer code 3 if AGE < = 58 or AGE > = 118, gray out answer code 4 if AGE < = 69, gray out answer code 5 if AGE < = 78, gray out answer code 6 if AGE < = 83, gray out answer code 7 if AGE < = 87, gray out answer code 8
Skip Instructions	<1-11,R,D> [goto VACOV]
Hard Edits	If gray answer code is selected please display: That selection is not valid at this time. Pleae correct.
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.023_01.000
Variable Name	VACOV
Universe	AGE GE '018' and AGE not IN('997','999','') and (ARMFEV(e)='1' and MILSPC2(e) IN('2','7','9'))
Universe-text	All families with a person age 18 or older who has ever served in the armed forces and are not covered by VA military health care
Question Text	[fill1: Have you/ Has alias] ever used or enrolled in VA health care?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	
Fill Instructions	fill1: if subject=respondent fill "Have you" else fill "Has alias"
Special Instructions	Roster through all applicable persons 18+.
Skip Instructions	If ARMFTMP eq 1,3-11,R,D [goto DOINGLW] <2> [goto ARMFDS]
Hard Edits	If gray answer code is selected please display: That selection is not valid at this time. Pleae correct.
Soft Edits	
AssocHelp	

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

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.050
Variable Name	DOINGLW
Universe	AGE=18+
Universe-text	All persons age 18+
Question Text	(book) F22 ? [F1] The next few questions are about employment status. Which of the following [fill: 1] doing last week? * Read answer categories.
Answer Codes	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
Question Type	Pick One - answer list pane
Field Pane Description	Doing last week
Fill Instructions	1. If subject = respondent fill: [were you]; else fill: [was alias]
Special Instructions	
Skip Instructions	<1,4> [go to WRKHRS1] <2,5> [go to WHYNOWRK] <3,D,R> [go to WRKLYR]
Hard Edits	
Soft Edits	
AssocHelp	H_DOINGLW

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

AssocHelp	DOINGLW
Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.060
Variable Name	WHYNOWRK
Universe	(AGE= 18+) and (DOINGLW = with a job or business but not at work, or not working at a job or business and not looking for work)
Universe-text	All persons age 18 + who were either with a job or business but not at work, or not working at a job or business and not looking for work.
Question Text	?[F1] What is the main reason [fill: 1] did not [fill: 2]
Answer Codes	1. Taking care of house or family 2. Going to school 3. Retired 4. On a planned vacation from work 5. On family or maternity leave 6. Temporarily unable to work for health reasons 7. Have job/contract and off-season 8. On layoff 9. Disabled 10. Other Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	Reason for not Working
Fill Instructions	1. If subject = respondent, fill: [you]; else fill: [alias] 2. If DOINGLW = with a job or business but not at work, fill: [work last week?]; else fill: [have a job or business last week?]
Special Instructions	
Skip Instructions	<01-03, 08-10,D,R> [goto WRKLYR] else <04-07> [goto WRKHRS1]
Hard Edits	
Soft Edits	
AssocHelp	H_WHYNOWRK

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

Module	08
Section Name	Socio-Demographic
Part	
Question ID	FSD.070
Variable Name	WRKHRS1
Universe	(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)]
Universe-text	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
Question Text	?[F1] How many hours [fill: 1]
Answer Codes	
Question Type	Integer
Field Pane Description	Hours Worked
Fill Instructions	1. If DOINGLW = (working for pay at a job or business) or (working, but not for pay, at a family-owned job or business) fill: [did [fill:2] work LAST WEEK at ALL jobs or businesses?]; else, fill: [do [fill: 2] USUALLY work at ALL jobs or businesses?] 2. If subject = respondent, fill: [you]; else, fill: [alias]
Special Instructions	Allow 1-168, D, R Display "Hours" answer tag in form pane.
Skip Instructions	<1-34, D, R> [goto WRKFTALL] <95-168> goto soft error message <35-168> [goto WRKLYR]
Hard Edits	
Soft Edits	* [Fill: WRKHRS] is an unusually high number. * Please verify.
AssocHelp	H_WRKHRS

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

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

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

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

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

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

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

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

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

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

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

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Section name: Family Sources of Income

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

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

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

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

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.050
Variable Name	FSEINC
Universe	AGE GE18
Universe-text	Any person in the family 18+
Question Text	[fill: Did you receive income in [fill: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is *Read names [fill roster of people GE 18 in column format and bold black] receive income in [fill: last calendar year in 4-digit format] from...self-employment including business and farm income?]
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	Self Employment

Fill Instructions	If only one person in the roster and that person = respondent, then
	[fill 1: Did you receive income in [fill: last calendar year in 4-digit format] from...self-employment including business and farm income?]
	
	If only one person in the roster, and that person ne respondent, then
	[fill 2: Did ALIAS receive income in [fill: last calendar year in 4-digit format] from...self-employment including business and farm income?]
	
	If multiple names in the roster, then
	[fill 3: Did any family members 18 and older, that is *Read names
	
	[fill roster of people GE 18 in column format and bold black]
	
	receive income in [fill: last calendar year in 4-digit format] from...self-employment including business and farm income?]

Special Instructions	If all family members are emancipated minors, this question should be skipped.
Skip Instructions	<1> [If 1 person family, store person number in PSEINC and skip to FSSRR; Else goto PSEINC] <2, D, R> [Goto FSSRR]
Hard Edits	
Soft Edits	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Module	09
Section Name	Family Sources of Income
Part	A
Question ID	FIN.150
Variable Name	FTANF
Universe	AGE=All
Universe-text	All families
Question Text	?[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]? * Please do not include food stamps, SSI, energy assistance, or medical assistance payments.
Answer Codes	1. Yes 2. No Don't know Refused
Question Type	Yes/No
Field Pane Description	Cash Assistance
Fill Instructions	1. Fill the last calendar year in 4-digit format. 2. If one person in the family, fill: [you] else, fill: [any family...] 3. Fill the state program name(s) for the family's state of residence (VERADD (COV.010) for variable ST). For those states, fill both names separated by "or" as listed below. If AL then fill "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	H_FTANF

Module	09
Section Name	
Part	
Question ID	FIN.150_H
Variable Name	H_FTANF
Universe	
Universe-text	
Question Text	Include in this question any CASH assistance from a state or county welfare program, and not other types of non-cash welfare assistance. Non-cash assistance (such as job training, job placement, child care, various kinds of vouchers, or transportation help) should be included in the question FOWBEN. Cash assistance state or county welfare programs may come through program types such as [b] Welfare or Welfare-to-Work, General Assistance/Emergency Assistance, Refugee Cash Assistance, General Assistance from the Bureau of Indian Affairs, or Tribal Administered General Assistance [b]. Generally, cash assistance comes in the form of a check, but some states give recipients a debit card which is linked to an account containing their monies. Debit cards and welfare-subsidized wages are considered cash assistance. The following is a list of state-specific program names: Alabama - Alabama Family Assistance 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) District of Columbia -District of Columbia Temporary Assistance for Needy Families (TANF) Florida - Florida Temporary Cash Assistance or Welfare Transition Program or ACCESS Florida Georgia - 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 - Illinois Temporary Assistance for Needy Families (TANF) Indiana - Indiana Temporary Assistance for Needy Families (TANF), Indiana Manpower Placement and Comprehensive Training (IMPACT) Iowa - 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 - Louisiana Family Independence Temporary Assistance Program (FITAP), Strategies to Empower People (STEP) Maine - Maine Temporary Assistance for Needy Families (TANF), Additional Support for People in Retraining and Employment (ASPIRE)

Maryland - Temporary Cash Assistance (TCA)
Massachusetts - Transitional Aid to Families with Dependent Children (TAFDC), Employment Services Program (ESP)
Michigan - Family Independence Program (FIP), Parnership.Accountability.Training.Hope. (PATH)
Minnesota - Minnesota Family Investment Program (MFIP)
Mississippi - Mississippi Temporary Assistance for Needy Families (TANF)
Missouri - Temporary Assistance (TA), Beyond Welfare
Montana - Temporary Assistance for Needy Families (TANF), FAIM (Families Achieving Independence in Montana)
Nebraska - Aid to Dependent Children (ADC), Employment First
Nevada - 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, 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 - Oklahoma Temporary Assistance for Needy Families (TANF)
Oregon - Oregon Temporary Assistance for Needy Families (TANF), JOBS Plus
Pennsylvania - Pennsylvania Temporary Assistance for Needy Families (TANF)
Rhode Island - Rhode Island Works
South Carolina - South Carolina Family Independence Program
South Dakota - South Dakota Temporary Assistance for Needy Families (TANF)
Tennessee - Tennessee Families First
Texas - Texas Temporary Assistance for Needy Families (TANF)
Utah - Family Employment Program (FEP and FEPTP)
Vermont - Reach UP (TANF), Reach Ahead (transition program)
Virginia - Virginia Temporary Assistance for Needy Families (TANF), Virginia Initiative for Employment not Welfare (VIEW)
Washington -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, Personal Opportunities with Employment Responsibility (POWER)

Answer Codes

Question Type Help Screen

Field Pane Description

Fill Instructions

Special Instructions

Skip Instructions

Hard Edits

Soft Edits

AssocHelp FTANF

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

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

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

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

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

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

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

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

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

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

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

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

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

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	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 (2017 survey year) based on family size: 1 person, age < 66: $31,000 1 person, age >= 66: $29,000 2 persons, age of all < 66: $40,000 2 persons, age of one >= 66: $36,000 3 persons: $48,000 4 persons: $61,000 5 persons: $73,000 6 persons: $82,000 7 persons: $93,000 8 persons: $104,000 9+ persons: $124,000 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	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	B
Question ID	FIN.258
Variable Name	FPOV138
Universe	FPOV250='1'
Universe-text	The respondent answered less than 250% of poverty at FPOV250
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 138% of poverty threshold] or [fill2: 138% of poverty threshold] or more?
Answer Codes	1. Less than [fill2: 138% of poverty threshold] 2. [fill2: 138% of poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	138% of poverty
Fill Instructions	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
Special Instructions	Use the following thresholds (2017 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: $52,000 8 persons: $57,000 9+ persons: $69,000 Please store the filled amount in POV138.
Skip Instructions	<1> goto FPOV100 <2> goto FPOV200 <R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	B
Question ID	FIN.261
Variable Name	FPOV100
Universe	FPOV138='1'
Universe-text	The respondent answered less than 138% of poverty at FPOV138
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 100% poverty threshold] or [fill2: 100% poverty threshold] or more?
Answer Codes	1. Less than [fill2: 100% of poverty threshold] 2. [fill2: 100% poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	100% of poverty
Fill Instructions	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 100% of poverty threshold value based on family size
Special Instructions	Use the following thresholds (2017 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: $15,000 3 persons: $19,000 4 persons: $25,000 5 persons: $29,000 6 persons: $33,000 7 persons: $37,000 8 persons: $41,000 9+ persons: $50,000 Please store the filled amount in POV100.
Skip Instructions	<1,2,R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	B
Question ID	FIN.264
Variable Name	FPOV200
Universe	FPOV138='2'
Universe-text	The respondent answered 138% of poverty or more at FPOV138
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 200% of poverty threshold] or [fill2: 200% of poverty threshold] or more?
Answer Codes	1. Less than [fill2: 200% of poverty threshold] 2. [fill2: 200% of poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	200% of poverty
Fill Instructions	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
Special Instructions	Use the following thresholds (2017 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: $66,000 7 persons: $75,000 8 persons: $83,000 9+ persons: $99,000 Please store the filled amount in POV200.
Skip Instructions	<1,2,R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

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

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

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	B
Question ID	FIN.273
Variable Name	FPOV400
Universe	(FINC75='1' and PCNT in('01','02')) or (FINC100='1' and PCNT='03') or (FINC100='2' and PCNT in('05','06')) or (F250POV='2' and (PCNT='04' or PCNT >='07'))
Universe-text	The respondent answered less than $75,000 at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered less than $100,000 at FINC100 and he/she is from a 3 person family; or the respondent answered $100,000 or more at FINC100 and he/she is from a 5 or 6 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 4, 7, 8, or 9+ person family
Question Text	Was your total [fill1: family/] income from all sources less than [fill2: 400% of poverty threshold] or [fill2: 400% of poverty threshold] or more?
Answer Codes	1. Less than [fill2: 400% of poverty threshold] 2. [fill2: 400% of poverty threshold] or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	400% of poverty
Fill Instructions	fill1: If more than one person in the family, fill "family"; else leave blank fill2: fill 400% of poverty threshold value based on family size
Special Instructions	Use the following thresholds (2017 survey year) based on family size: 1 person, age < 66: $50,000 1 person, age >= 66: $46,000 2 persons, age of all < 66: $65,000 2 persons, age of one >= 66: $58,000 3 persons: $76,000 4 persons: $98,000 5 persons: $116,000 6 persons: $132,000 7 persons: $150,000 8 persons: $166,000 9+ persons: $199,000 Please store the filled amount in POV400.
Skip Instructions	<1> if PCNT >= '08' 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
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Amounts and Home Ownership
Part	B
Question ID	FIN.276
Variable Name	FINC150
Universe	(FINC100='2' and PCNT in('01','02','03')) or (FPOV400='2' and PCNT in('04','05','06')) or (FPOV400='1' and PCNT >= '08')
Universe-text	The respondent answered $100,00 or more at FINC100 and he/she is from a 1, 2, or 3 person family; or the respondent answered 400% of poverty or more at FPOV400 and he/she is from a 4, 5, or 6 person family; or the respondent answered less than 400% of poverty at FPOV400 and he/she is from a family of 8 or more persons
Question Text	Was your total [fill: family/] income from all sources less than $150,000 or $150,000 or more?
Answer Codes	1. Less than $150,000 2. $150,000 or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane Description	$150,000
Fill Instructions	fill: If more than one person in the family, fill "family"; else leave blank
Special Instructions	
Skip Instructions	<1,2,R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

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

Module	09
Section Name	
Part	
Question ID	FIN.350_H
Variable Name	H_TANFMYR
Universe	
Universe-text	
Question Text	To answer this question: 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
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens: TANFMYR, FSNAPMYR
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	09
Section Name	Family Income Program Participation
Part	C
Question ID	FIN.360
Variable Name	FSNAP
Universe	AGE=All
Universe-text	All families
Question Text	?[F1] At any time during [fill 1: last calendar year in 4-digit format], did [fill 2: you/any family members living here] receive [fill 3: food stamp benefits/SNAPNAME or food stamp benefits]?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane Description	Food Stamps/SNAP
Fill Instructions	1. Fill the last calendar year in 4-digit format. 2. If one person in the family, fill: [you]; else fill: [any family 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 "food stamp benefits" If HI then fill "SNAP or food stamp benefits" If ID then fill "food stamp benefits" If IL then fill "SNAP or food stamp benefits" If IN then fill "SNAP or food stamp benefits" If IA then fill "Food Assistance Program and food stamp benefits" If KS then fill "Food Assistance Program and food stamp benefits" If KY then fill "SNAP or food stamp benefits" If LA then fill "SNAP or food stamp benefits" If ME then fill "Food Supplement Program or food stamp benefits" If MD then fill "Food Supplement Program or food stamp benefits" If MA then fill "SNAP or food stamp benefits" If MI then fill "Food Assistance Program or food stamp benefits" If MN then fill "SNAP or food stamp benefits"

	If MS then fill "SNAP or food stamp benefits" If MO then fill "food stamp benefits" If MT then fill "SNAP or food stamp benefits" If NE then fill "SNAP or food stamp benefits" If NV then fill "SNAP or food stamp benefits" If NH then fill "food stamp benefits" If NJ then fill "SNAP" 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

Module	09
Section Name	
Part	
Question ID	FIN.360_H
Variable Name	H_FSNAP
Universe	
Universe-text	
Question Text	SNAP or Food Stamp benefits are coupons that can be used to purchase food. The SNAP or Food Stamp program is a joint federal-state program which is administered by the state and local governments. The following is a list of state-specific program names: Alabama - Food Assistance Program Alaska - Food Stamp Program (FSP) Arizona - Nutrition Assistance Arkansas - SNAP California - CalFresh Colorado - Food Assistance Program Connecticut - SNAP Delaware - Food Supplement Program District of Columbia - SNAP Florida - Food Assistance Program Georgia - Food Stamp Program (FSP) Hawaii - SNAP Idaho - Food Stamp Program (FSP) Illinois - SNAP Indiana - SNAP Iowa - Food Assistance Program Kansas - Food Assistance Program Kentucky - SNAP Louisiana - SNAP Maine - Food Supplement Program Maryland - Food Supplement Program Massachusetts - SNAP Michigan - Food Assistance Program Minnesota - SNAP Mississippi - SNAP Missouri - Food Stamp Program (FSP) Montana - SNAP Nebraska - SNAP Nevada - SNAP New Hampshire - Food Stamp Program (FSP) New Jersey - 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	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	FSNAP

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

	If NE then fill "SNAP or food stamp benefits" If NV then fill "SNAP or food stamp benefits" If NH then fill "food stamp benefits" If NJ then fill "SNAP" 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	Goto FINWIC to see if family fits into universe for this question.
Hard Edits	
Soft Edits	
AssocHelp	H_FSNAP

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

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

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

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Section name: Language of Interview

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