Attachment 2a - Family Questionnaire

2017 Q1 NHIS Instrument Spec Report

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.

Question Text (continued):

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: Family Injuries & Poisonings

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.010
Variable Name	FINJ3M
Universe	All families
Universe-text	!Create input entry for FIJ.010_01!

Question Text

?[F1]

The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill 1: date (91 days before today's date)], [fill 2: did you/did you or anyone in your family] have an injury where any part of [fill 3: your/the] body was hurt, for example, with a [fill 4: (random set of examples) cut or wound, broken bone, sprain or burn?]

Answer Codes

1. Yes
2. No
Refused
Don't know

Question Type   Yes/No

Field Pane Description   Injury

Fill Instructions

fill1: fill 91 days before today's date (which will be determined once FR has entered FIJ section)
fill2: if single person household fill "did you" else, fill "did you or anyone.."
fill3: if the subject=respondent fill "your" else, fill "the"
fill4: fill random set of examples (mixed order: cut or wound, broken bone, sprain or burn)
    Formula for fill4= ?

Special Instructions

1. A random set of four injury examples (from a list of 10 sets) will be inserted into the question text. The list of 10 example sets will be provided to the section author as separate documentation. To ensure that the same list is used for a family when back-ups or break-offs occur, we suggest something like this:
IF (LISTNUM = a number) select a number between 1 and 10 at random, assign LISTNUM that number,
and read list LISTNUM; ELSE read list LISTNUM. When FINJ3M is reached for the first time, LISTNUM is assigned a number between 1 and 10. It will not be assigned a different list number if the interviewer returns to FINJ3M, because LISTNUM will never again be equal to zero for that case.

STORE RANDOMLY SELECTED NUMBER IN INJNUM AND INJLIST. IF EMPTY SELECT RANDOM NUMBER

Random List

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

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

Skip Instructions

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

Hard Edits

Soft Edits

AssocHelp

H_FINJ3M

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

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

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

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

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

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

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

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

Suppress
Goto
Close

AssocHelp   H_MTFINJ3M

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

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

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

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

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

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.026_H
Variable Name	H_MFPOI3M
Universe	
Universe-text	

Question Text

This question is asking about the number of times the individual was poisoned for which a trained medical professional was consulted.

Poisonings can be accidental or on purpose.

Poisonings include things such as:
being bitten or stung by a poisonous animal or insect,
overdosing on any drug or medicine,
taking or being given the wrong drug,
and swallowing, breathing, injecting, or otherwise coming in contact   with too much of a harmful substance (liquid, solid, or gas).

Poisonings exclude things such as:
food poisoning,
sun poisoning,
poison ivy rashes,
and poison oak.

Talking to or seeing a trained medical professional can take place in a formal office setting, over the phone, or in informal settings such as a dinner party. This includes talking to or seeing a friend or relative that is a trained medical professional.

A trained medical professional includes anyone the respondent deems a medical professional. Some examples may include:
a medical doctor,
an osteopath,
an ophthalmologist,
a physician assistant,
a nurse practitioner,
a nurse,
a physical or occupational therapist,
a podiatrist,
a chiropractor
an acupuncturist,
a naturopath,
and a homoeopathist.

Answer Codes

Question Type	Help Screen

Field Pane Description

Fill Instructions

Special Instructions   Associated Screens:

MFPOI3M

Skip Instructions

Hard Edits

Soft Edits

AssocHelp

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

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

Suppress
Goto
Close

AssocHelp   H_MTFPOI3M

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.028_H
Variable Name	H_MTFPOI3M
Universe	
Universe-text	
Question Text	This question is asking about the number of times the individual was poisoned for which a trained medical professional was consulted.

Consulting a trained medical professional is seeking medical advice or treatment. This advice may be given in a formal office setting, over the phone, or in informal settings such as a dinner party. Advice and treatment may be received from a friend or relative that is a trained medical professional.

A trained medical professional includes anyone the respondent deems a medical professional. Some examples may include:
a medical doctor,
an osteopath,
an ophthalmologist,
a physician assistant,
a nurse practitioner,
a nurse,
a physical or occupational therapist,
a podiatrist,
a chiropractor
an acupuncturist,
a naturopath,
and a homoeopathist. |
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens:
MTFPOI3M
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.050_1
Variable Name	IPDATEM
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	

Question Text

1 of 3

(calendar card)

* Please hand the calendar card to the respondent.

When did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] happen for which a medical professional was consulted?

Now I'm going to ask a few questions about the [fill 3: ^MTFINJ3M/^MTFPOI3M] times [fill 4:
you were/ALIAS was] [fill 5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill 6: injury/poisoning] happen?

You just told me about [fill 7: your/ALIAS's] [fill 8: month, day of previous event] [fill11:most recent/second most recent/third most recent/fourth most recent][fill 9: injury/poisoning]. What was the date of the [fill 10: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

Answer Codes

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
Refused
Don't know

Question Type

Multi Part

Field Pane Description

Month

Fill Instructions

fill1: if the subject=respondent fill "your" else fill "ALIAS's"
fill2: if FINJ3M=1 then fill "injury", if FPOI3M =1 then fill "poisoning"
fill3: fill "MTFINJ3M/ MTFPOI3M"

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

Special Instructions	if (FINJ3M eq <1> and TFINJ3M eq <1> and MFINJ3M eq <1>) OR (FINJ3M eq <1> and TFINJ3M eq <2-91,DK> and MFINJ3M eq <1> and MTFINJ3M eq <1>) OR (FPOI3M eq <1> and TFPOI3M eq <1> and MFPOI3M eq <1>) OR (FPOI3M eq <1> and TFPOI3M eq <2-91,DK> and MFPOI3M eq <1> and MTFPOI3M eq <1>)] then fill "When did.."
	[if (FINJ3M eq <1> and TFINJ3M eq <2-91,DK> and MFINJ3M eq <1> and MTFINJ3M eq <2-91>) OR (FPOI3M eq <1> and TFPOI3M eq <2-91,DK> and MFPOI3M eq <1> and MTFPOI3M eq <2-91>) AND the most recent injury/poisoning episode is being asked about] then fill "Now I'm going to ask a few questions about the.."
	[if (FINJ3M eq <1> and TFINJ3M eq <2-91,DK> and MFINJ3M eq <1> and MTFINJ3M eq <2-91>) OR (FPOI3M eq <1> and TFPOI3M eq <2-91,DK> and MFPOI3M eq <1> and MTFPOI3M eq <2-91>) AND the other injury/poisoning episodes are being asked about] then fill "You just told me about.."
	ONLY DISPLAY VALID MONTHS (91 days before today's date, which will be determined once the FR enters FIJ for the first time).

Skip Instructions	<01-12> [goto IPDATED] <R> [goto IPHOW] <DK> [goto IPDATENO]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

ERR2_IPDATEY

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

*Please verify the date and make any corrections.

ERR3_IPDATEY

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

*Please verify the date and make any corrections.

AssocHelp

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.051_2
Variable Name	IPDATETP
Universe	IPDATENO= 001-996
Universe-text	
Question Text	2 of 2 *Enter number for time period since event. ^IPDATENO…
Answer Codes	1. Days 2. Weeks 3. Months Refused Don't know
Question Type	Multi Part
Field Pane Description	Time period
Fill Instructions	
Special Instructions	This is part two of a question that is asked when a "don't know" response is provided to IPDATEM. In conjunction with IPDATENO, it is intended to capture an approximate date of the injury/poisoning episode.
Skip Instructions	If <DK>IPDATEM, IPDATENO, and IPDATETP result in a date before the 91 day period, then do to ERR1_IPDATETP <1,2,3,R,DK> [goto IPHOW]

Hard Edits	If IPDATENO GT 91 days (1) or
	   IPDATENO GT 13 weeks (2) or
	   IPDATENO GT 4 months (3) then goto ERR_IPDATETP
	
	ERR_IPDATETP
	defaul blaise message for now "Out of range"

Soft Edits	ERR1_IPDATETP *The approximate date falls outside the reference period beginning [fill date used in FIJ.010]. *Please verify and make any corrections.
AssocHelp	

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.060
Variable Name	IPHOW
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	

Question Text	?[F1]
	
	[fill 7: How did [fill 1: your/ALIAS's] [fill 2: injury/poisoning] on [fill 3: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?] [fill 5: How did this [fill 6: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill 4: injury/poisoning], and any objects, substances, or other people involved.
	
	* Enter the verbatim response, probing for as much detail as possible, including
	  specifically what the person was doing at the time and all circumstances surrounding the
	  event. Record all volunteered information.
	
	*Do not use proper names or language that will identify family members.

Answer Codes	
Question Type	Text
Field Pane Description	Description of injury/poisoning event
Fill Instructions	fill1: if the subject=respondent fill "your"; else, fill "ALIAS's" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1; then fill "poisoning" ***how/where do we cycle if both injury and poisoning?***** fill3: fill month and date selected in [IPDATEM] and [IPDATED] fill4: if FINJ3M=1 fill "injury", or if FPOI3M=1; then fill "poisoning" fill5: if IPDATEM, IPDATED, IPDATEY, IPDATENO, or IPDATEMPT= DK, then fill "How did this [fill6: injury/poinsoning] happen?"; else use fill 7. fill6: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	If injury and "refused" auto fill "R" for ICAUS; if injury and "don't know" auto fill "DK" for ICAUS.
Skip Instructions	<allow 300, anychar> [if injury, goto ICAUS1; else, if poisoning, goto PPCC] <R> [if injury, auto fill "R" for ICAUS1 and goto IJBODY; else, if poisoning, goto PPCC] <DK> [if injury, auto fill "DK" for ICAUS1 and goto IJBODY; else, if poisoning, goto PPCC]
Hard Edits	
Soft Edits	

AssocHelp	H_IPHOW

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.065_H
Variable Name	H_ICAUS1
Universe	
Universe-text	
Question Text	This question determines the skip pattern for follow-up questions.

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

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

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

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

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

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

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

Answer Codes

Question Type | Help Screen

Field Pane Description

Fill Instructions

Special Instructions | Associated Screens:
ICAUS1

Skip Instructions

Hard Edits

Soft Edits

AssocHelp

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.070
Variable Name	IJBODY
Universe	MTFINJ3M = '01'-'91'
Universe-text	All injury episodes for which a medical professional was consulted

Question Text

(book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

  In this injury, what parts of [fill 1: your/ALIAS's] body were hurt?

Answer Codes

1. Ankle
2. Back
3. Buttocks
4. Chest
5. Ear
6. Elbow
7.   Eye
8. Face
9. Finger/thumb
10. Foot
11. Forearm
12. Groin
13. Hand
14. Head (not face)
15. Hip
16. Jaw
17. Knee
18. Lower leg
19. Mouth
20. Neck
21. Nose
22. Shoulder
23. Stomach
24. Teeth
25. Thigh
26. Toe
27. Upper arm
28. Wrist
29. Other, please specify
Refused
Don't know

Question Type	Pick Four - answer list pane
Field Pane Description	Parts of body hurt
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's"

Special Instructions	
Skip Instructions	<01-28> [goto IJTYPE1] <29> [goto IJBODYOS] <DK,R> goto IPEV
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.074
Variable Name	IJTYPE2
Universe	IJTYPE1 = 01-09, D and a second body part entered at IJBODY
Universe-text	All injury episodes where a second body part was entered at IJBODY and type of injury or don't know was entered for the first body part at IJTYPE1
Question Text	(book) F5 *Enter up to 2 responses, separate with a comma. * Ask or verify. In what way was [fill 1: your/ALIAS's] [fill 2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	1. Broken bone, or fracture 2. Sprain, strain, or twist 3. Cut 4. Scrape 5. Bruise 6. Burn 7. Insect bite 8. Animal bite 9. Other, please specify Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Description	How was the second body part hurt
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	1. This question is asked for the first body part entered at IJBODY. 2. Fill 2: If two or more body parts were entered at IJBODY and the second body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<01-08, D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV] <9> [goto IJTYP2OS] <R> [goto IPEV]
Hard Edits	
Soft Edits	
AssocHelp	

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.076
Variable Name	IJTYPE3
Universe	IJTYPE2 = 01-09, D and a third body part entered at IJBODY
Universe-text	All injury episodes where a third body part was entered at IJBODY and type of injury or don't know was entered for the second body part at IJTYPE2
Question Text	(book) F5 *Enter up to 2 responses, separate with a comma. * Ask or verify. In what way was [fill 1: your/ALIAS's] [fill 2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?
Answer Codes	1. Broken bone, or fracture 2. Sprain, strain, or twist 3. Cut 4. Scrape 5. Bruise 6. Burn 7. Insect bite 8. Animal bite 9. Other, please specify Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Description	How was the third body part hurt
Fill Instructions	fill1: if the subject=respondent fill "your" else, fill "ALIAS's" fill2: fill selection in IJBODY or IJBODYOS
Special Instructions	1. This question is asked for the third body part entered at IJBODY. 2. Fill 2: If three or more body parts were entered at IJBODY and the third body part was recorded in the other-specify field, fill using the text from the other-specify. If "refused" or "don't know" was entered in the other-specify field, fill with "other body part".
Skip Instructions	<01-08, D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV] <9> [goto IJTYP3OS] <R> [goto IPEV]
Hard Edits	
Soft Edits	
AssocHelp	

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.078
Variable Name	IJTYPE4
Universe	IJTYPE3 = 01-09, D and a fourth body part entered at IJBODY
Universe-text	All injury episodes where a fourth body part was entered at IJBODY and type of injury or don't know was entered for the third body part at IJTYPE3
Question Text	(book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill 1: your/ALIAS's] [fill 2: fourtht entry--^IJBODY (text) or ^IJBODYOS] hurt? |
| *Answer Codes* | 1. Broken bone, or fracture
2. Sprain, strain, or twist
3. Cut
4. Scrape
5. Bruise
6. Burn
7. Insect bite
8. Animal bite
9. Other, please specify
Refused
Don't know |
| *Question Type* | Pick Two - answer list pane |
| *Field Pane Description* | How was the fourth body part hurt |
| *Fill Instructions* | fill1: if the subject=respondent fill "your" else, fill "ALIAS's"
fill2: fill selection in IJBODY or IJBODYOS |
| *Special Instructions* | 1. This question is asked for the fourth body part entered at IJBODY.
2. Fill 2: If four body parts were entered at IJBODY and the fourth body part was recorded in the
ther-specify field, fill using the text from the other-specify. If "refused" or "don't know" was
entered in the other-specify field, fill with "other body part". |
| *Skip Instructions* | <01-08,D,R> [goto IPEV]
<09> [goto IJTYP4OS] |
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.080_5
Variable Name	IPPCHCP
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	

Question Text

?[F1]

* Read if necessary.

Did [fill 1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill 2: injury/poisoning] from...

A phone call to a doctor, nurse, or other health care professional?

Answer Codes

1. Yes
2. No
Refused
Don't know

Question Type	Repeating Series - Yes/No
Field Pane Description	Phone call to health care professional
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	
Skip Instructions	<1,2,DK> [goto IPOTH] <R> [goto IPHOSP]
Hard Edits	
Soft Edits	
AssocHelp	H_IPPCHCP

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

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

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

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

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

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

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

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

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.110
Variable Name	IMVWHO
Universe	ICAUS = 01- 03
Universe-text	

Question Text

* Ask or verify.

[fill 1: Were you/Was ALIAS] injured as:

* Read answer categories.

Answer Codes

1. The driver of a motor vehicle
2. A passenger in a motor vehicle
3. A pedestrian
4. A bicycle rider or tricycle rider
5. The rider of a scooter, skateboard, skates, or other non-motorized vehicle
Refused
Don't know

Question Type	Pick One - answer list pane
Field Pane Description	Injured as
Fill Instructions	fill1: if the subject=respondent fill "Were you" else, fill "Was ALIAS"
Special Instructions	
Skip Instructions	<1,2> [goto IMVTYP] <4,5> [goto IHELMT] <3,R,DK> [goto IPWHAT]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.130
Variable Name	IFALL
Universe	ICAUS = 05
Universe-text	
Question Text	(book) F7 * Enter up to 2 responses, separate with a comma. * Ask or verify. How did [fill 1: you/ALIAS] fall? Anything else?
Answer Codes	1. Stairs, steps, or escalator 2. Floor or level ground 3. Curb (including sidewalk) 4. Ladder or scaffolding 5. Playground equipment 6. Sports field, court, or rink 7. Building or other structure 8. Chair, bed, sofa, or other furniture 9. Bathtub, shower, toilet, or commode 10. Hole or other opening 11. Other Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Description	Fall on, down, from, or into
Fill Instructions	fill1: if the subject=respondent fill "you" else, fill "ALIAS"
Special Instructions	Allow up to two responses for this question
Skip Instructions	<01-11,R,DK> [goto IFALLWHY]
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.150
Variable Name	IPWHAT
Universe	(MTFINJ3M = 01-91) OR (MTFPOI3M = 01-91)
Universe-text	
Question Text	(book) F10 ?[F1] * Enter up to 2 responses, separate with a comma. * Ask or verify. What activity [fill 1: were you/was ALIAS] involved in at the time of the [fill 2: injury/poisoning]?
Answer Codes	1. Driving or riding in a motor vehicle 2. Working at a paid job 3. Working around the house or yard 4. Attending school 5. Unpaid work (such as volunteer work) 6. Sports and exercise 7. Leisure activity (excluding sports) 8. Sleeping, resting, eating, or drinking 9. Cooking 10. Being cared for (hands-on care from other person) 11. Other (specify) Refused Don't know
Question Type	Pick Two - answer list pane
Field Pane Description	Activity
Fill Instructions	fill1: if the subject=respondent fill "were you" else, fill "was ALIAS" fill2: if FINJ3M=1 fill "injury", or if FPOI3M=1 then fill "poisoning"
Special Instructions	Allow up to two responses for this question.
Skip Instructions	<01-10,R,DK> [goto IPWHER] <11> [goto IPWHATOT]
Hard Edits	
Soft Edits	
AssocHelp	H_IPWHAT

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.150_H
Variable Name	H_IPWHAT
Universe	
Universe-text	
Question Text	PLEASE NOTE THAT THE RESPONDENT CAN PICK 2 ACTIVITIES.

[b]Driving or riding in a motor vehicle:[b] A motor vehicle is any mechanically or electrically powered device not operated on rails including a

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

[b]Working at a paid job[b] includes doing work for pay or other compensation, including in employer parking lots while working, arriving, or leaving; during transportation between locations as a part of the job (excluding commuting to or from home); and engaged in work activity where the vehicle is considered the work environment (e.g., taxi driver, truck driver, etc.).

[b]Working around the house or yard[b] includes mowing the lawn, ironing, doing laundry, and doing other house chores.

[b]Attending school (response category 4)[b] includes classroom activities, informal activities during school hours, and school sponsored field trips.

[b]Unpaid work (response category 5)[b] includes caring for children or relatives and volunteer work for an organized group. |
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens:
IPWHAT
Skip Instructions	
Hard Edits	

Soft Edits	
AssocHelp	

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

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

Soft Edits	
AssocHelp	H_IPWHER

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

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

Module	05
Section Name	Family Injuries & Poisonings
Part	
Question ID	FIJ.170_H
Variable Name	H_IPEMP
Universe	
Universe-text	
Question Text	The person is [b]employed[b] if they had a job when the injury happened. This question is NOT asking if they were at work when the injury happened.

Volunteer work is included.

[b]Employed full-time[b] is defined as if the person works an average of 40 hours per week. |
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	
Special Instructions	Associated Screens:
IPEMP
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

Section name: Family Food Security

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

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

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

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

Module	38
Section Name	Family Food Security
Part	
Question ID	FFS.026_00.000
Variable Name	QACHNG1
Universe	QACHK1=0-9
Universe-text	All families selected for QA question

Question Text	Flag field to indicate whether or not the value entered by the FR matched or not.
	    ' ' (empty) - if the check was not asked or answered
	     0 - if the check was asked and the value entered matches the random value
	     1 - if the check was asked and the value entered does NOT match the random value (cannot be undone)

Answer Codes	' ', 0,1
Question Type	Flag
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

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

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

Field	Value
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.

Field	Value
Answer Codes	
Question Type	Help Screen
Field Pane Description	
Fill Instructions	

Special Instructions

Associated Screens:
FDMED12M

Field	Value
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	

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) F12 and (book) F14

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[fill 1:Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

Answer Codes

1. Yes
2. No
Refused
Don't Know

Question Type	Yes/No
Field Pane 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) F12 and (book) F14

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) F13 People covered by Medicare have a card that looks like this. [fill 1: Are you/Is ALIAS] covered by Medicare?
Answer Codes	1. Yes 2. No Don't Know Refused
Question Type	Yes/No
Field Pane 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 F14) * Refer to flashcard F14 for state Medicaid names. There is a program called Medicaid that pays for health care for persons in need. In this State it is also called [fill 2: State name]. [fill 1: Are you/Is ALIAS] covered by Medicaid?
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) F14 * Refer to flashcard F14 for state Medicaid name The next questions are about Medicaid coverage. In this State it is also called [fill1: State Name]. [fill 2: You are/ALIAS is] listed as having Medicaid coverage. Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4:you/he/she] choose from a list of doctors or is a doctor assigned?
Answer Codes	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Question Type	Pick One - answer list pane
Field Pane 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 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) F15 * Enter all that apply, separate with commas. You mentioned that [fill 1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill 2: your/ALIAS's] single service plan or plans pay for?
Answer Codes	1. Accidents 2. AIDS care 3. Cancer treatment 4. Catastrophic care 5. Dental care 6. Disability insurance (cash payments when unable to work for health reasons) 7. Hospice care 8. Hospitalization only 9. Long-term care (nursing home care) 10. Prescriptions 11. Vision care 12. Other (specify) Refused Don't know
Question Type	Enter All That Apply
Field Pane 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) F16 Which one of these categories best describes how this plan was obtained?
Answer Codes	1. Through employer 2. Through union 3. Through workplace, but don't know if employer or union 4. Through workplace, self-employed or professional association 5. Purchased directly 6. Through Healthcare.gov or the Affordable Care Act, also known as Obamacare 7. Through a state/local government or community program 8. Other (specify) Don't Know Refused
Question Type	Pick One - answer list pane
Field Pane 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 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 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 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) F17 ? [F1] Not including Single Service Plans, about how long has it been since [fill 1: you/ALIAS] last had health care coverage?
Answer Codes	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) F18 [Fill 1: [Which of these are reasons [fill 2:you/ALIAS] stopped being covered?/Which of these are reasons [fill 3: you do/ALIAS does] not have health insurance?] * Enter up to 5 reasons, separate with commas.
Answer Codes	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) F12 and (book) F14 If person is currently uninsured: {Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?} If person had a period without coverage in the past year: {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?} If person had a change in coverage type in the past year: {What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?} *Enter all that apply, separate with commas.
Answer Codes	1. Private health insurance 2. Medicare 3. Medi-Gap 4. Medicaid 5. CHIP (SCHIP/Children's Health Insurance Program) 6. Military health care (TRICARE/VA/CHAMP-VA) 7. Indian Health Service 8. State-sponsored health plan 9. Other government program 10. Single service plan (e.g., dental, vision, prescriptions) 11. No coverage of any type Refused Don't know
Question Type	Enter all that apply
Field Pane Description	
Fill Instructions	If HISTOP <1-10, D, R> for currently uninsured fill: [Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type(s) did [fill 1: you/ALIAS] have?] If HINOTMYR not = to empty, for period without coverage in the past year fill: {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1:you/ALIAS] have before this

period?}

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

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) F20 ?[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	12. 12th grade, no diploma
1. 1st grade	13. GED or equivalent
2. 2nd grade	14. HIGH SCHOOL GRADUATE
3. 3rd grade	15. Some college, no degree
4. 4th grade or vocational program	16. Associate's degree: occupational, technical
5. 5th grade	17. Associate's degree: academic program
6. 6th grade	18. Bachelor's degree (Example: BA, AB, BS, BBA)
7. 7th grade	19. Master's degree (Example: MA, MS, MEng, MEd, MBA)
8. 8th grade	20. Professional School degree (Example: MD, DDS, DVM, JD)
9. 9th grade	21. Doctoral degree (Example: PhD, EdD)
10. 10th grade	Refused
11. 11th grade	Don't know

Question Type	Long List
Field Pane Description	Highest Level School Completed
Fill Instructions	1. If subject = respondent, fill "you have"; else fill "alias has"
Special Instructions	If AGE lt <5> [Do not ask this question, store <96> in EDUC] if MARK <Sufficient partial (14), store Sufficient partial (14) in MARK
Skip Instructions	if HHSTAT3=A [goto ARMFVER] else HHSTAT3 ne A [goto 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 > = 81, gray out answer code 1 if AGE < = 31 or AGE > = 92, gray out answer code 2 if AGE < = 42 or AGE > = 107, gray out answer code 3 if AGE < = 57 or AGE > = 118, gray out answer code 4 if AGE < = 68, gray out answer code 5 if AGE < = 77, gray out answer code 6 if AGE < = 82, gray out answer code 7 if AGE < = 86, gray out answer code 8
Skip Instructions	<1,3-11,R,D> [goto DOINGLW] <2> [goto ARMFDS]
Hard Edits	If gray answer code is selected please display: That selection is not valid at this time. Pleae correct.
Soft Edits	
AssocHelp	

Module	08
Section Name	Family Socio-Demographic
Part	
Question ID	FSD.024_00.000
Variable Name	ARMFDS
Universe	AGE GE '018' and AGE not IN('997','999','') and ARMFTMP(e)='2'
Universe-text	All families with a person age 18 or older who served from August 1990 to August 2001
Question Text	Did [fill1: you/alias] serve in the Persian Gulf during Operation Desert Shield or Operation Desert Storm between August 1990 and April 1991?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane 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	

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 will be kept strictly confidential.

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 (FA) Program, JOBS
Alaska - Alaska Temporary Assistance Program (ATAP)
Arizona – Arizona Cash Assistance Program, EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)
Arkansas – Arkansas Temporary Assistance for Needy Families (TANF), Arkansas Work Pays
California - California Work Opportunity and Responsibility to Kids (CALWORKS)
Colorado - Colorado Works
Connecticut - Temporary Family Assistance (TFA), Jobs First
Delaware - Temporary Assistance for Needy Families (TANF), DABC (Delaware's A Better Chance)
District of Columbia - Temporary Assistance for Needy Families (TANF)
Florida - Temporary Assistance for Needy Families (TANF) or Welfare Transition Program or ACCESS Florida
Georgia - Temporary Assistance for Needy Families (TANF)
Hawaii - Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF)
Idaho - Temporary Assistance for Families in Idaho (TAFI)
Illinois - Temporary Assistance for Needy Families (TANF)
Indiana - Temporary Assistance for Needy Families (TANF), Indiana Manpower Placement and Comprehensive Training (IMPACT)
Iowa - Family Investment Program (FIP), PROMISE JOBS
Kansas - Successful Families Program - Temporary Assistance for Needy Families (TANF), KansasWorks
Kentucky - Kentucky Transitional Assistance Program (K-TAP)
Louisiana - Family Independence Temporary Assistance Program (FITAP), Strategies to Empower People (STEP)
Maine - Temporary Assistance for Needy Families (TANF), Additional Support for People in Retraining and Employment (ASPIRE)

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

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 (2016 survey year) based on family size: 1 person, age < 66: $31,000 1 person, age >= 66: $28,000 2 persons, age of all < 66: $40,000 2 persons, age of one >= 66: $36,000 3 persons: $47,000 4 persons: $61,000 5 persons: $72,000 6 persons: $81,000 7 persons: $92,000 8 persons: $103,000 9+ persons: $122,000 Please store the filled amount in POV250.
Skip Instructions	<1> goto FPOV138 <2> if PCNT in('01','02') then goto FINC75; else if (PCNT ='04' or PCNT>='07') then goto FPOV400; else if PCNT in('03','05','06') then goto FINC100 <R,D> goto HOUSEOWN
Hard Edits	
Soft Edits	
AssocHelp	

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 (2016 survey year) based on family size: 1 person, age < 66: $17,000 1 person, age >= 66: $16,000 2 persons, age of all < 66: $22,000 2 persons, age of one >= 66: $20,000 3 persons: $26,000 4 persons: $34,000 5 persons: $40,000 6 persons: $45,000 7 persons: $51,000 8 persons: $57,000 9+ persons: $67,000 Please store the filled amount in POV138.
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 (2016 survey year) based on family size: 1 person, age < 66: $12,000 1 person, age >= 66: $11,000 2 persons, age of all < 66: $16,000 2 persons, age of one >= 66: $14,000 3 persons: $19,000 4 persons: $24,000 5 persons: $29,000 6 persons: $33,000 7 persons: $37,000 8 persons: $41,000 9+ persons: $49,000 Please store the filled amount in POV100.
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 (2016 survey year) based on family size: 1 person, age < 66: $25,000 1 person, age >= 66: $23,000 2 persons, age of all < 66: $32,000 2 persons, age of one >= 66: $29,000 3 persons: $38,000 4 persons: $49,000 5 persons: $58,000 6 persons: $65,000 7 persons: $74,000 8 persons: $82,000 9+ persons: $98,000 Please store the filled amount in POV200.
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 (2016 survey year) based on family size: 1 person, age < 66: $49,000 1 person, age >= 66: $46,000 2 persons, age of all < 66: $64,000 2 persons, age of one >= 66: $57,000 3 persons: $76,000 4 persons: $97,000 5 persons: $115,000 6 persons: $130,000 7 persons: $148,000 8 persons: $164,000 9+ persons: $196,000 Please store the filled amount in POV400.

Skip Instructions	<1> if PCNT >= '09' then goto FINC150;
	    else goto HOUSEOWN
	<2> if PCNT in('01','02','03','07','08') goto HOUSEOWN;
	    else if PCNT in('04','05','06') goto FINC150
	<R,D> goto HOUSEOWN

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 >= '09')
Universe-text	The respondent answered $100,00 or more at FINC100 and he/she is from a 1, 2, or 3 person family; or the respondent answered 400% of poverty or more at FPOV400 and he/she is from a 4, 5, or 6 person family; or the respondent answered less than 400% of poverty at FPOV400 and he/she is from a family of 9 or more persons
Question Text	Was your total [fill: family/] income from all sources less than $150,000 or $150,000 or more?
Answer Codes	1. Less than $150,000 2. $150,000 or more Refused Don't know
Question Type	Pick One - answer list pane
Field Pane 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 "SNAP or food stamp benefits" If HI then fill "SNAP or food stamp benefits" If ID then fill "food stamp benefits" If IL then fill "SNAP or food stamp benefits" If IN then fill "SNAP or food stamp benefits" If IA then fill "Food Assistance Program and food stamp benefits" If KS then fill "Food Assistance Program and food stamp benefits" If KY then fill "SNAP or food stamp benefits" If LA then fill "SNAP or food stamp benefits" If ME then fill "Food Supplement Program or food stamp benefits" If MD then fill "Food Supplement Program or food stamp benefits" If MA then fill "SNAP or food stamp benefits" If MI then fill "Food Assistance Program or food stamp benefits" If MN then fill "SNAP or food stamp benefits"

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

Special Instructions

Skip Instructions

<1> [goto FSNAPMYR]

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

Hard Edits

Soft Edits

AssocHelp

H_FSNAP

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 - SNAP Hawaii - SNAP Idaho - Food Stamp Program (FSP) Illinois - SNAP Indiana - SNAP Iowa - Food Assistance Program Kansas - Food Assistance Program Kentucky - SNAP Louisiana - SNAP Maine - Food Supplement Program Maryland - Food Supplement Program Massachusetts - SNAP Michigan - Food Assistance Program Minnesota - SNAP Mississippi - SNAP Missouri - Food Stamp Program (FSP) Montana - SNAP Nebraska - SNAP Nevada - SNAP New Hampshire - SNAP New Jersey - SNAP New Mexico - SNAP New York - SNAP North Carolina - Food and Nutrition Services North Dakota - SNAP Ohio - Food Assistance Program Oklahoma - SNAP Oregon - SNAP Pennsylvania - SNAP

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

Answer Codes

Question Type   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 SNAP or food stamp benefits If HI then fill SNAP or food stamp benefits If ID then fill food stamp benefits If IL then fill SNAP or food stamp benefits If IN then fill SNAP or food stamp benefits If IA then fill Food Assistance Program and food stamp benefits If KS then fill Food Assistance Program and food stamp benefits If KY then fill SNAP or food stamp benefits If LA then fill SNAP or food stamp benefits If ME then fill Food Supplement Program or food stamp benefits If MD then fill Food Supplement Program or food stamp benefits If MA then fill SNAP or food stamp benefits If MI then fill Food Assistance Program or food stamp benefits If MN then fill SNAP or food stamp benefits If MS then fill SNAP or food stamp benefits If MO then fill food stamp benefits If MT then fill SNAP or food stamp benefits

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

Special Instructions

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

Hard Edits

Soft Edits

AssocHelp   H_FSNAP

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	

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,
	    If FDRN_FLG=2, then goto S.C. section if sample child in the family;
	    Else If not, then goto S.A. secton;
	    Else no S.C. nor S.A., then goto RECONTACT section

Hard Edits	
Soft Edits	
AssocHelp	

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

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

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

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

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

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

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

Module	36
Section Name	Family Disability
Part	
Question ID	FDB.115_00.000
Variable Name	QACHNG2
Universe	QACHK2=0-9
Universe-text	All families selected for QA question

Question Text	Flag field to indicate whether or not the value entered by the FR matched or not.
	  ' ' (empty) - if the check was not asked or answered
	  0 - if the check was asked and the value entered matches the random value
	  1 - if the check was asked and the value entered does NOT match the random value (cannot be undone)

Answer Codes	' ', 0,1
Question Type	Flag
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	
Hard Edits	
Soft Edits	
AssocHelp	

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

Module	36
Section Name	Family Disability: Version 2
Part	
Question ID	FDB.130_00.000
Variable Name	PDFCAUSE
Universe	AGE >= 5 and FDRN_FLG=2 and PDFCON(e)='1'
Universe-text	All persons 5 or older who have difficulty concentrating or remembering
Question Text	What is the MAIN reason for [fill 1: your/ALIAS's] difficulty concentrating, remembering or making decisions?
Answer Codes	1. Intellectual disability (formerly known as mental retardation) 2. Developmental disability (such as cerebral palsy or autism) 3. Dementia or Alzheimer's disease 4. Learning disability or ADHD 5. Education level 6. Mental illness (such as depression, anxiety, post-traumatic stress disorder, emotional problem) 7. Traumatic brain injury or stroke 8. Age-related changes 9. Chronic health condition (such as diabetes, high blood pressure, heart disease, cancer, multiple sclerosis, Parkinson's disease, epilepsy) 10. Drugs or medications 11. Other (specify) Refused Don't know 2. No Don't know Refused

Question Type	Pick one answer list pane
Field Pane Description	Cause of difficulty
Fill Instructions	1. If subject=respondent fill: [your]; else fill: [ALIAS'S]
Special Instructions	Loop through FDB.020--FDB.135 for one person and then repeat for next person on the roster.
Skip Instructions	<1-10,D,R> if no more persons age 15 or older, goto next section; <11> [goto PDFSPEC]; else return to P2DFHEAR for next person age 1 or older
Hard Edits	
Soft Edits	
AssocHelp	

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