

Attachment 3a - New Supplement Questions

2017 Q1 NHIS Instrument Spec Report

Section name: Adult Complementary Health

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.010_00.000
<i>Variable Name</i>	NAT_USM1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	Now I am going to ask you about some health services you may have used. DURING THE PAST 12 MONTHS, did you see a practitioner for naturopathy?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Naturopathy-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CHE_USM1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.020_00.000
<i>Variable Name</i>	CHE_USM1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you see a practitioner for chelation therapy?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Chelation Therapy-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto TRD_USM1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.030_00.000
<i>Variable Name</i>	TRD_USM1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you see a practitioner for traditional medicine such as a curandero (coo-rah-DEHR-oh), Yerbero (yehr-BEHR-oh), sobador (so-bah-DOHR), or Native American Healer?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Healer-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto TRD_USM2] <,2,R,D> [goto HOM_USM1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.040_00.000
<i>Variable Name</i>	TRD_USM2
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and TRD_USM1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have seen a traditional healer in the past 12 months
<i>Question Text</i>	Which practitioners for traditional healers did you see in the past 12 months? *Enter all that apply, separate with commas.
<i>Answer Codes</i>	<ol style="list-style-type: none"> 1. Shaman (SHAH-man) 2. Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pah-CHEH-roh) 3. Yerbero (yehr-BEH-roh) or Hierbista (yehr-BEE-stah) 4. Sobador (so-bah-DOHR) 5. Native American Healer or Medicine Man 6. Other Refused Don't know
<i>Question Type</i>	Enter all that apply
<i>Field Pane Description</i>	Healer-type
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-6,R,D> [goto HOM_USM1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.050_00.000
<i>Variable Name</i>	HOM_USM1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	Practitioners of homeopathy (ho-mee-AH-puh-thee) recommend small pills or drops that are often placed under the tongue to treat health problems. DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Homeopathy-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto MBO_MAN1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.060_00.000
<i>Variable Name</i>	MBO_MAN1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you use... Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Mantra M-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto MBO_MND1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.070_00.000
<i>Variable Name</i>	MBO_MND1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you use... Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Mindfulness M-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto MBO_SPR1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.080_00.000
<i>Variable Name</i>	MBO_SPR1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you use... Spiritual meditation including Centering Prayer and Contemplative Meditation?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Spiritual M-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto MBO_IMG1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.090_00.000
<i>Variable Name</i>	MBO_IMG1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you use... Guided imagery?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Guided Imagery-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto MBO_PRO1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.100_00.000
<i>Variable Name</i>	MBO_PRO1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you use... Progressive relaxation?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Progressive R-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto YTQU_YG1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.110_00.000
<i>Variable Name</i>	YTQU_YG1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Yoga-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto YTQ_BTY1] <,2,R,D> [goto YTQU_TA1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.120_00.000
<i>Variable Name</i>	YTQ_BTY1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and YTQU_YG1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have practiced Yoga in the past 12 months
<i>Question Text</i>	Did you do breathing exercises as part of Yoga? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Yoga breathing
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto YTQ_MDY1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.130_00.000
<i>Variable Name</i>	YTQ_MDY1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and YTQU_YG1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have practiced Yoga in the past 12 months
<i>Question Text</i>	Did you do meditation as part of Yoga?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Yoga meditation
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto YTQU_TA1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.140_00.000
<i>Variable Name</i>	YTQU_TA1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you practice Tai Chi (tie-CHEE) for yourself?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Tai-Chi-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto YTQ_BTT1] <2,R,D> [goto YTQU_QG1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.150_00.000
<i>Variable Name</i>	YTQ_BTT1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and YTQU_TA1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have practiced Tai-Chi in the past 12 months
<i>Question Text</i>	Did you do breathing exercises as part of Tai-Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Tai-Chi breathing
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto YTQ_MDT1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.160_00.000
<i>Variable Name</i>	YTQ_MDT1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and YTQU_TA1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have practiced Tai-Chi in the past 12 months
<i>Question Text</i>	Did you do meditation as part of Tai-Chi?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Tai-Chi meditation
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto YTQU_QG1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.170_00.000
<i>Variable Name</i>	YTQU_QG1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did you practice Qi Gong (chee-GONG) for yourself?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Qi Gong-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto YTQ_BTQ1] <,2,R,D> [goto next section]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.180_00.000
<i>Variable Name</i>	YTQ_BTQ1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and YTQU_QG1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have practiced Qi Gong in the past 12 months
<i>Question Text</i>	Did you do breathing exercises as part of Qi Gong? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Qi Gong breathing
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto YTQ_MDQ1]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	53
<i>Section Name</i>	Adult Complementary Health
<i>Part</i>	
<i>Question ID</i>	ACH.190_00.000
<i>Variable Name</i>	YTQ_MDQ1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and YTQU_QG1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have practiced Qi Gong in the past 12 months
<i>Question Text</i>	Did you do meditation as part of Qi Gong?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Qi Gong meditation
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto next section]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

2017 Q1 NHIS Instrument Spec Report

Section name: Child Complementary Health

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.010_00.000
<i>Variable Name</i>	CNAT_USM
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	Now I am going to ask you about some health services {fill1: S.C. name} may have used. DURING THE PAST 12 MONTHS, di {fill1: S.C. name} see a practitioner for naturopathy?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Naturopathy-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CCHE_USM]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.020_00.000
<i>Variable Name</i>	CCHE_USM
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} see a practitioner for chelation therapy?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Chelation Therapy-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CTRD_USM]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.030_00.000
<i>Variable Name</i>	CTRD_USM
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} see a practitioner for traditional medicine such as a curandero (coo-rah-DEHR-oh), Yerbero (yehr-BEHR-oh), sobador (so-bah-DOHR), or Native American Healer?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Healer-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto CTRD_US1] <,2,R,D> [goto CHOM_USM]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.040_00.000
<i>Variable Name</i>	CTRD_US1
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999')) and CTRD_USM(e)='1'
<i>Universe-text</i>	Sample children 4+ who have seen a traditional healer in the past 12 months
<i>Question Text</i>	Which practitioners for traditional healers did {fill1: S.C. name} see in the past 12 months? *Enter all that apply, separate with commas.
<i>Answer Codes</i>	1. Shaman (SHAH-man) 2. Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pahR-CHEH-roh) 3. Yerbero (yehr-BEH-roh) or Hierbista (yehr-BEE-stah) 4. Sobador (so-bah-DOHR) 5. Native American Healer or Medicine Man 6. Other Refused Don't know
<i>Question Type</i>	Enter all that apply
<i>Field Pane Description</i>	Healer-type
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-6,R,D> [goto CHOM_USM]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.050_00.000
<i>Variable Name</i>	CHOM_USM
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	Practitioners of homeopathy (ho-mee-AH-puh-thee) recommend small pills or drops that are often placed under the tongue to treat health problems. DURING THE PAST 12 MONTHS, did {fill1: S.C. name} see a practitioner for homeopathic treatment?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Homeopathy-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CMBOU_MN]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.060_00.000
<i>Variable Name</i>	CMBOU_MN
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use... Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Mantra M-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CMBOU_MD]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.070_00.000
<i>Variable Name</i>	CMBOU_MD
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use... Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Mindfulness M-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CMBOU_SP]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.080_00.000
<i>Variable Name</i>	CMBOU_SP
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use... Spiritual meditation including Centering Prayer and Contemplative Meditation?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Spiritual M-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CMBOU_IM]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.090_00.000
<i>Variable Name</i>	CMBOU_IM
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use... Guided imagery?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Guided Imagery-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CMBOU_PR]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.100_00.000
<i>Variable Name</i>	CMBOU_PR
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} use... Progressive relaxation?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Progressive R-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CYTQU_YG]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.110_00.000
<i>Variable Name</i>	CYTQU_YG
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} practice Yoga for {fill2: himself/herself}?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Yoga-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto CYTQ_BTY] <,2,R,D> [gotoC YTQU_TA]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.120_00.000
<i>Variable Name</i>	CYTQ_BTY
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999')) and CYTQU_YG(e)='1'
<i>Universe-text</i>	Sample children 4+ who have practiced Yoga in the past 12 months
<i>Question Text</i>	Did {fill1: S.C. name} do breathing exercises as part of Yoga? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Yoga breathing
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CYTQ_MDY]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.130_00.000
<i>Variable Name</i>	CYTQ_MDY
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and CYTQU_YG(e)='1'
<i>Universe-text</i>	Sample children 4+ who have practiced Yoga in the past 12 months
<i>Question Text</i>	Did {fill1: S.C. name} do meditation as part of Yoga?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Yoga meditation
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto C YTQU_TA]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.140_00.000
<i>Variable Name</i>	CYTQU_TA
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} practice Tai Chi (tie-CHEE) for {fill2: himself/herself}?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Tai-Chi-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto CYTQ_BTT] <,2,R,D> [goto CYTQU_QG]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.150_00.000
<i>Variable Name</i>	CYTQ_BTT
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999')) and CYTQU_TA(e)='1'
<i>Universe-text</i>	Sample children 4+ who have practiced Tai-Chi in the past 12 months
<i>Question Text</i>	Did {fill1: S.C. name} do breathing exercises as part of Tai-Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Tai-Chi breathing
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CYTQ_MDT]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.160_00.000
<i>Variable Name</i>	CYTQ_MDT
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999')) and CYTQU_TA(e)='1'
<i>Universe-text</i>	Sample children 4+ who have practiced Tai-Chi in the past 12 months
<i>Question Text</i>	Did {fill1: S.C. name} do meditation as part of Tai-Chi?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Tai-Chi meditation
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CYTQU_QG]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.170_00.000
<i>Variable Name</i>	CYTQU_QG
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample children 4+
<i>Question Text</i>	DURING THE PAST 12 MONTHS, did {fill1: S.C. name} practice Qi Gong (chee-GONG) for {fill2: himself/herself}?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Qi Gong-past 12 m
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto CYTQ_BTQ] <,2,R,D> [goto next section]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.180_00.000
<i>Variable Name</i>	CYTQ_BTQ
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999')) and CYTQU_QG(e)='1'
<i>Universe-text</i>	Sample children 4+ who have practiced Qi Gong in the past 12 months
<i>Question Text</i>	Did {fill1: S.C. name} do breathing exercises as part of Qi Gong? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Qi Gong breathing
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [gotoC YTQ_MDQ]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	35
<i>Section Name</i>	Child Complementary Health
<i>Part</i>	
<i>Question ID</i>	CCH.190_00.000
<i>Variable Name</i>	CYTQ_MDQ
<i>Universe</i>	HHSTAT4='C' and (AGE GE '004' and AGE not IN ('997','999')) and CYTQU_QG(e)='1'
<i>Universe-text</i>	Sample children 4+ who have practiced Qi Gong in the past 12 months
<i>Question Text</i>	Did {fill1: S.C. name} do meditation as part of Qi Gong?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Qi Gong meditation
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto next section]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.199_00.010
<i>Variable Name</i>	EPILEP1
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?
<i>Answer Codes</i>	1. Yes 2. No 3. Borderline or prediabetes Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Epilepsy
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1> [goto EPILEP2] <2,R,D> [goto AHAYFYR]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.199_00.020
<i>Variable Name</i>	EPILEP2
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and EPILEP1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have ever been told they had epilepsy
<i>Question Text</i>	Are you currently taking any medicine to control your seizure disorder or epilepsy?
<i>Answer Codes</i>	1. Yes 2. No 3. Borderline or prediabetes Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Medicine
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto EPILEP3]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.199_00.030
<i>Variable Name</i>	EPILEP3
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and EPILEP1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have ever been told they had epilepsy
<i>Question Text</i>	<p>Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?</p> <p>*Read if necessary: Some people may call it “convulsion,” “fit,” “falling out spell,” “episode,” “attack,” “drop attack,” “staring spell,” or “out-of-touch.”</p> <p>*If the respondent mentions and counts “auras” as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.</p>
<i>Answer Codes</i>	<p>0. None 1. One 2. Two or three 3. Between four and ten 4. More than 10 Refused Don't know</p>
<i>Question Type</i>	Pick one - answer list pane
<i>Field Pane Description</i>	Seizures
<i>Fill Instructions</i>	[fill: Current Date] Comes from the Long date format: CDATE_C / FRT.380
<i>Special Instructions</i>	[fill: Current Date] Long date format CDATE_C / FRT.380
<i>Skip Instructions</i>	<0-4,R,D> [goto EPILEP4]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.199_00.040
<i>Variable Name</i>	EPILEP4
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and EPILEP1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have ever been told they had epilepsy
<i>Question Text</i>	In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Seen specialist
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto EPILEP5]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.199_00.050
<i>Variable Name</i>	EPILEP5
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and EPILEP1(e)='1'
<i>Universe-text</i>	Sample adults 18+ who have ever been told they had epilepsy
<i>Question Text</i>	DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say... *Read categories below.
<i>Answer Codes</i>	1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely Refused Don't know
<i>Question Type</i>	Pick one - answer list pane
<i>Field Pane Description</i>	Effects
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-5,R,D> [goto AHAYFYR]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.021_01.010
<i>Variable Name</i>	HYBPCKNO
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>1 of 2</p> <p>About how long has it been since you had your blood pressure checked by a doctor, nurse, or other health professional?</p> <p>*Enter '0' for Never.</p> <p>*Enter '95' for 95 or more.</p>
<i>Answer Codes</i>	(Allow 00,01-95,97,99)
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<pre><0,R,D> if HYPEV=1 [goto HYPMDEV2]; else [goto CHLEV] <1-95> [goto HYBPCKTP]</pre>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.021_02.010
<i>Variable Name</i>	HYBPCKTP
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01'<=HYBPCKNO='95')
<i>Universe-text</i>	Sample adults 18+ who have ever had their blood pressure checked
<i>Question Text</i>	2 of 2 *Enter time period for time since last blood pressure check.
<i>Answer Codes</i>	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Time period
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	If (HYBPCKNO gt AGE and HYBPCKTP=4), {goto ERR_HYBPCKTP} <1-4> [goto HYBPLEV] <R,D> if HYPEV=1 [goto HYPMDEV2]; else [goto CHLEV]
<i>Hard Edits</i>	If (HYBPCKNO gt AGE and HYBPCKTP=4), display: *Time period for last blood pressure check cannot be greater than age. * Please correct.
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.023_01.010
<i>Variable Name</i>	CLCKNO
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>1 of 2</p> <p>About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?</p> <p>*Enter '0' for Never.</p> <p>*Enter '95' for 95 or more.</p>
<i>Answer Codes</i>	(Allow 00,01-95,97,99)
<i>Question Type</i>	Integer
<i>Field Pane Description</i>	Number
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<pre><0,R,D> If CHLEV(e)='1', [goto CHLMDEV2] Else [goto CHDEV] <1-95> [goto CLCKTP]</pre>
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.023_02.010
<i>Variable Name</i>	CLCKTP
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and ('01'<=CLCKNO='95')
<i>Universe-text</i>	Sample adults 18+ who have ever had their blood cholesterol checked
<i>Question Text</i>	2 of 2 *Enter time period for time since last blood cholesterol check.
<i>Answer Codes</i>	1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Refused Don't know
<i>Question Type</i>	Pick One - answer list pane
<i>Field Pane Description</i>	Time period
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	If (CLCKNO gt AGE and CLCKTP=4), {goto ERR_CLCKTP} <1-4,R,D> If CHLEV=1 [goto CHLMDEV2] Else [goto CHDEV]
<i>Hard Edits</i>	If (CLCKNO gt AGE and CLCKTP=4), display: *Time period for last blood cholesterol check cannot be greater than age. * Please correct.
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.032_01.010
<i>Variable Name</i>	JAWP
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	Which of the following would you say are the symptoms that someone may be having a heart attack? I am going to read a list. Please say yes or no to each one. ...Pain or discomfort in the jaw, neck or back.
<i>Answer Codes</i>	1. Yes 2. No Refused Don't know
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	HA symptoms - jaw pain
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto WEA]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.032_02.020
<i>Variable Name</i>	WEA
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a heart attack?</p> <p>...Feeling weak, lightheaded or faint.</p>
<i>Answer Codes</i>	<p>1. Yes</p> <p>2. No</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	HA symptoms - weak
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto CHE]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.032_03.030
<i>Variable Name</i>	CHE
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a heart attack?</p> <p>...Chest pain or discomfort.</p>
<i>Answer Codes</i>	<p>1. Yes</p> <p>2. No</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	HA symptoms - chest pain
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto ARM]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.032_04.040
<i>Variable Name</i>	ARM
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a heart attack?</p> <p>...Pain or discomfort in the arms or shoulder.</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Refused Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	HA symptoms - arm pain
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto BRTH]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.032_05.050
<i>Variable Name</i>	BRTH
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a heart attack?</p> <p>... Shortness of breath.</p>
<i>Answer Codes</i>	<p>1. Yes</p> <p>2. No</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	HA symptoms - short breath
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto AHADO]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.032_06.060
<i>Variable Name</i>	AHADO
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	(book) A4 If you thought someone was having a heart attack, what is the BEST thing to do right away?
<i>Answer Codes</i>	1. Advise them to drive to the hospital 2. Advise them to call their physician 3. Call 9-1-1 (or another emergency number) 4. Call spouse or family member 5. Other Refused Don't know
<i>Question Type</i>	Pick one answer list
<i>Field Pane Description</i>	Best thing for heart attack
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-5,R,D> [goto FACE]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.033_01.010
<i>Variable Name</i>	FACE
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.</p> <p>... Sudden numbness or weakness of face, arm, or leg, especially on one side.</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Refused Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Stroke symptoms-face
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto SPEAKING]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.033_02.020
<i>Variable Name</i>	SPEAKING
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a stroke?</p> <p>... Sudden confusion or trouble speaking.</p>
<i>Answer Codes</i>	<p>1. Yes</p> <p>2. No</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Stroke symptoms-speaking
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto EYE]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.033_03.030
<i>Variable Name</i>	EYE
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a stroke?</p> <p>... Sudden trouble seeing in one or both eyes.</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Refused Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Stroke symptoms-eye
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto WALKING]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.033_04.040
<i>Variable Name</i>	WALKING
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a stroke?</p> <p>... Sudden trouble walking, dizziness, or loss of balance.</p>
<i>Answer Codes</i>	<p>1. Yes 2. No Refused Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Stroke symptoms-walking
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto HEADACHE]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	16
<i>Section Name</i>	Adult Conditions
<i>Part</i>	
<i>Question ID</i>	ACN.033_05.050
<i>Variable Name</i>	HEADACHE
<i>Universe</i>	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>*Read if necessary:</p> <p>Which of the following would you say are the symptoms that someone may be having a stroke?</p> <p>... Sudden severe headache with no known cause.</p>
<i>Answer Codes</i>	<p>1. Yes</p> <p>2. No</p> <p>Refused</p> <p>Don't know</p>
<i>Question Type</i>	Yes/No
<i>Field Pane Description</i>	Stroke symptoms-headache
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,R,D> [goto ASTDO]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

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

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

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

<i>AssocHelp</i>	
<i>Module</i>	19
<i>Section Name</i>	Adult Access to Health Care & Utilization
<i>Part</i>	
<i>Question ID</i>	AAU.610_00.010
<i>Variable Name</i>	CLAS1
<i>Universe</i>	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AMDLONG = '1,2'
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	<p>The following questions are about your experiences with health care providers in the past year.</p> <p>Some people think it is important for their providers to understand or share their race or ethnicity or gender or religion or beliefs or native language. How important is it to you that your health care providers understand or are similar to you in any of these ways? Would you say...</p>
<i>Answer Codes</i>	<p>1. Very important 2. Somewhat important 3. Slightly important 4. Not important at all Refused Don't know</p>
<i>Question Type</i>	Pick One Answer List Pane
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1,2,3> [goto CLAS2] <4,R,D> [goto CLAS3]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	19
<i>Section Name</i>	Adult Access to Health Care & Utilization
<i>Part</i>	
<i>Question ID</i>	AAU.610_00.020
<i>Variable Name</i>	CLAS2
<i>Universe</i>	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and CLAS1(e) IN('1','2','3') and AMDLONG = '1,2'
<i>Universe-text</i>	Sample adults 18+ who think it is at least slightly important that health care providers share a culture
<i>Question Text</i>	How often were you able to see health care providers who were similar to you in any of these ways? Would you say...
<i>Answer Codes</i>	1. Always 2. Most of the time 3. Some of the time 4. None of the time Refused Don't know
<i>Question Type</i>	Pick One Answer List Pane
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-4,R,D> [goto CLAS3]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	19
<i>Section Name</i>	Adult Access to Health Care & Utilization
<i>Part</i>	
<i>Question ID</i>	AAU.610_00.030
<i>Variable Name</i>	CLAS3
<i>Universe</i>	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AMDLONG = '1,2'
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	How often were you treated with respect by your health care providers?
<i>Answer Codes</i>	1. Always 2. Most of the time 3. Some of the time 4. None of the time Refused Don't know
<i>Question Type</i>	Pick One Answer List Pane
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-4,R,D> [goto CLAS4]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	19
<i>Section Name</i>	Adult Access to Health Care & Utilization
<i>Part</i>	
<i>Question ID</i>	AAU.610_00.040
<i>Variable Name</i>	CLAS4
<i>Universe</i>	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AMDLONG = '1,2'
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	How often did your health care providers ask for your opinions or beliefs about your medical care or treatment? For example, what kind of tests, procedures, or medications you prefer. Would you say...
<i>Answer Codes</i>	1. Always 2. Most of the time 3. Some of the time 4. None of the time Refused Don't know
<i>Question Type</i>	Pick One Answer List Pane
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-4,R,D> [goto CLAS5]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	

<i>Module</i>	19
<i>Section Name</i>	Adult Access to Health Care & Utilization
<i>Part</i>	
<i>Question ID</i>	AAU.610_00.050
<i>Variable Name</i>	CLAS5
<i>Universe</i>	HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997','999')) and AMDLONG = '1,2'
<i>Universe-text</i>	Sample adults 18+
<i>Question Text</i>	How often did your health care providers tell or give you information about your health and health care that was easy to understand?
<i>Answer Codes</i>	1. Always 2. Most of the time 3. Some of the time 4. None of the time Refused Don't know
<i>Question Type</i>	Pick One Answer List Pane
<i>Field Pane Description</i>	
<i>Fill Instructions</i>	
<i>Special Instructions</i>	
<i>Skip Instructions</i>	<1-4,R,D> [goto next section]
<i>Hard Edits</i>	
<i>Soft Edits</i>	
<i>AssocHelp</i>	