Population Health Assessment in Cancer Center Catchment Areas Instrument Catalog

Final

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Division of Cancer Control & Population Sciences

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Looking for Health Information

Have you ever looked for information about health or medical topics from any source?

1   Yes   SeekHealthInfo
2   No

The most recent time you looked for information about health or medical topics, where did you go first? Mark only one.
1   Books
2   Brochures, pamphlets, etc.   WhereSeekHealthInfo
3   Cancer organization
4   Family
5   Friend/Co-worker
6   Doctor or health care provider
7   Internet
8   Library
9   Magazines
10 Newspapers
11 Telephone information number
12 Complementary, alternative, or unconventional practitioner

The most recent time you looked for information about health or medical topics, who was it for?
1   Myself
2   Someone else   WhoLookingFor
3   Both myself and someone else

Imagine that you had a strong need to get information about health or medical topics. Where would you go first? Mark only one.
1   Books   StrongNeedHealthInfo
2   Brochures, pamphlets, etc.
3   Cancer organization
4   Family
5   Friend/Co-worker
6   Doctor or health care provider
7   Internet
8   Library
9   Magazines
10 Newspapers
11 Telephone information number
12 Complementary, alternative, or unconventional practitioner
13 Other-Specify

StrongNeedHealthInfo_OS
StrongNeedHealthInfo_IMP

Have you ever looked for information about cancer from any source?

    1   Yes   SeekCancerInfo

    2   No

Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with each of the following statements?

Statement	Scale
It took a lot of effort to get the information you needed. CancerLotOfEffort	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree
You felt frustrated during your search for the information CancerFrustrated	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree
You were concerned about the quality of the information CancerConcernedQuality	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree
The information you found was hard to understand CancerTooHardUnderstand	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree

Overall, how confident are you that you could get advice or information about health or medical topics if you needed it?

                                             CancerConfidentGetHealthInf

    1   Completely confident

    2   Very confident

    3   Somewhat confident

    4   A little confident

    5   Not confident at all

In general, how much would you trust information about health or medical topics from each of the following?

A doctor CancerTrustDoctor	1 2 3 4	Not at all A little Some A lot
Family or friends CancerTrustFamily	1 2 3 4	Not at all A little Some A lot
Newspapers or magazines CancerTrustNewsMag	1 2 3 4	Not at all A little Some A lot
Radio CancerTrustRadio	1 2 3 4	Not at all A little Some A lot
Internet CancerTrustInternet	1 2 3 4	Not at all A little Some A lot
Television CancerTrustTelevision	1 2 3 4	Not at all A little Some A lot
Government health agencies CancerTrustGov	1 2 3 4	Not at all A little Some A lot
Charitable organizations CancerTrustCharities	1 2 3 4	Not at all A little Some A lot
Religious organizations and leaders CancerTrustReligiousOrgs	1 2 3 4	Not at all A little Some A lot

Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

1   Yes   UseInternet
2   No

When you use the Internet, do you access it through…

A regular dial-up telephone line	Internet_DialUp	1	Yes
		2	No
Broadband such as DSL, cable or FiOS	Internet_BroadBnd	1	Yes
		2	No
A cellular network (i.e., phone, 3G/4G)	Internet_Cell	1	Yes
		2	No
A wireless network (Wi-Fi)	Internet_WiFi	1	Yes
		2	No

In the past 12 months, have you used the Internet to look for information about cancer for yourself?

1   Yes   InternetCancerInfoSelf
2   No

Please indicate if you have each of the following:

Tablet computer like an iPad, Samsung Galaxy, Motorola Xoom or Kindle fire	HaveDevice_Tablet	1	Yes
		2	No
Smartphone, such as an iPhone, Android, Blackberry, or Windows phone	HaveDevice_SmartPh	1	Yes
		2	No
Basic cell phone only	HaveDevice_CellPh	1	Yes
		2	No

In the past 12 months, have you used a computer, smartphone, or other electronic means to do any of the following…

Looked for health or medical information for yourself IntRsn_SelfHealthInfo	1	Yes
	2	No
Looked for health or medical information for someone else IntRsn_HealthInfoSE	1	Yes
	2	No
Bought medicine or vitamins online IntRsn_BuyMedicine	1	Yes
	2	No
Looked for a health care provider IntRsn_HCProviderSearch	1	Yes
	2	No
Used e-mail or the Internet to communicate with a doctor or a doctor's office IntRsn_TalkDoctor	1	Yes
	2	No
Made appointments with a health care provider	1	Yes
	2	No
Track health care charges and costs	1	Yes
	2	No
Filled out forms or paperwork related to your health care	1	Yes
	2	No
Look up test results	1	Yes
	2	No

Not including psychiatrists and other mental health professionals, is there a particular doctor, nurse, or other health professional that you see most often?

RegularProvider

1   Yes
2   No

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

MostRecentCheckup

1   Within the past year
2   1-2 years ago
3   3-5 years ago
4   More than 5 years ago
5   Never
6   Don't know

In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself?

FreqGoProvider

1   None
2   1 time
3   times
4   times
5   times
6   5-9 times
7   10 or more times

The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months.

How often did they do each of the following?

Give you the chance to ask all the health-related questions you had ChanceAskQuestions	1 2 3 4	Always Usually Sometimes Never
Give the attention you needed to your feelings and emotions FeelingsAddressed	1 2 3 4	Always Usually Sometimes Never
Involve you in decisions about your health care as much as you wanted InvolvedDecisions	1 2 3 4	Always Usually Sometimes Never
Make sure you understood the things you needed to do to take care of your health UnderstoodNextSteps	1 2 3 4	Always Usually Sometimes Never
Explain things in a way you could understand ExplainedClearly	1 2 3 4	Always Usually Sometimes Never
Spend enough time with you SpentEnoughTime	1 2 3 4	Always Usually Sometimes Never
Help you deal with feelings of uncertainty about your health or health care HelpUncertainty	1 2 3 4	Always Usually Sometimes Never

Overall, how would you rate the quality of health care you received in the past 12 months?

QualityCare

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

Are you currently covered by any of the following types of health insurance or health coverage plans?

Insurance through a current or former employer or union	1 2	Yes No	HCCoverage_Insurance
Insurance purchased directly from an insurance company	1 2	Yes No	HCCoverage_Private
Medicare, for people 65 and older, or people with certain disabilities	1 2	Yes No	HCCoverage_Medicare
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	1 2	Yes No	HCCoverage_Medicaid
TRICARE or other military health care	1 2	Yes No	HCCoverage_Tricare
VA (including those who have ever used or enrolled for VA health care)	1 2	Yes No	HCCoverage_VA
Indian Health Service	1 2	Yes No	HCCoverage_IHS
Any other type of health insurance or health coverage plan (specify)	1 2	Yes No	HCCoverage_Other

HCCoverage_OtherOS

Do any of your doctors or other health care providers maintain your medical records in a computerized system?

ProviderMaintainEMR

1   Yes
2   No
3   Don't Know

In general, would you say your health is...

GeneralHealth

 1   Excellent
 2   Very Good
 3   Good
 4   Fair
 5   Poor

Overall, how confident are you about your ability to take good care of your health?

OwnAbilityTakeCareHealth

 1   Completely confident
 2   Very confident
 3   Somewhat confident
 4   A little confident
 5   Not confident at all

Has a doctor or other health professional ever told you that you had any of the following medical conditions:

Diabetes or high blood sugar?	1 Yes 2 No	MedConditions_Diabetes
High blood pressure or hypertension?	1 Yes 2 No	MedConditions_HighBP
A heart condition such as heart attack, angina, or congestive heart failure?	1 Yes 2 No	MedConditions_HeartCondition
Chronic lung disease, asthma, emphysema, or chronic bronchitis?	1 Yes 2 No	MedConditions_LungDisease
Arthritis or rheumatism?	1 Yes 2 No	MedConditions_Arthritis
Depression or anxiety disorder?	1 Yes 2 No	MedConditions_Depression

About how tall are you without shoes?

__Feet
__Inches

Height_Feet
Height_Inches

About how much do you weigh, in pounds, without shoes?

__Pounds

Weight

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things LittleInterest	1 2 3 4 5	Nearly every day More than half the days Several days Not at all Poor
Feeling down, depressed, or hopeless Hopeless	1 2 3 4 5	Nearly every day More than half the days Several days Not at all Poor
Feeling nervous, anxious, or on edge Nervous	1 2 3 4 5	Nearly every day More than half the days Several days Not at all Poor
Not being able to stop or control worrying Worrying	1 2 3 4 5	Nearly every day More than half the days Several days Not at all Poor

Are you deaf or do you have serious difficulty hearing?

Deaf

1   Yes
2   No

Health and Nutrition

When available, how often do you use menu information on calories in deciding what to order?

1   Always
2   Often
3   Sometimes
4   Rarely
5   Never

About how many cups of fruit (including 100% pure fruit juice) do you eat or drink each day?

Note- 1 cup of fruit could be:
- 1 small apple
- 1 large banana
- 1 large orange
- 8 large strawberries
- 1 medium pear
- 2 large plums
- 32 seedless grapes
- 1 cup (8 oz.) fruit juice
- ½ cup dried fruit
- 1 inch-thick wedge of watermelon

RESPONSE OPTIONS:
1   None
2   ½ cup or less
3   ½ cup to 1 cup
4   1 to 2 cups
5   to 3 cups
6   to 4 cups
7   or more cups

About how many cups of vegetables (including 100% pure vegetable juice) do you eat or drink each day?

Note- 1 cup of vegetables could be: Vegetables
- 3 broccoli spears
- 1 cup cooked leafy greens
- 2 cups lettuce or raw greens
- 12 baby carrots
- 1 medium potato
- 1 large sweet potato
- 1 large ear of corn
- 1 large raw tomato
- 2 large celery sticks
- 1 cup of cooked beans

RESPONSE OPTIONS:
1   None
2   ½ cup or less
3   ½ cup to 1 cup
4   1 to 2 cups
3   to 3 cups
4   to 4 cups
5   or more cups

In a typical week, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace?

1   None
2   1 day per week
3   days per week
4   days per week
5   days per week
6   days per week
7   days per week
8   days per week

TimesModerateExercise

On the days that you do any physical activity or exercise of at least moderate intensity, how long do you typically do these activities?

Write a number in one box below.

__Minutes

HowLongModerateExerciseMn

__Hours

HowLongModerateExerciseHr

In a typical week, outside of your job or work around the house, how many days do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or circuit training (do not include cardio exercise such as walking, biking, or swimming)?

1   None
2   1 day per week
3   days per week
4   days per week
5   days per week
6   days per week
7   days per week
8   days per week

TimesStrengthTraining

How many times in the past 12 months have you used a tanning bed or booth?

TanningBed

1   0 times
2   1 to 2 times
3   to 10 times
4   11 to 24 times
5   25 or more times

Have you smoked at least 100 cigarettes in your entire life?

Smoke100

1   Yes
2   No

How often do you now smoke cigarettes?

SmokeNow

1   Everyday
2   Some days
3   Not at all

At any time in the past year, have you stopped smoking for one day or longer because you were trying to quit?

TriedQuit

1   Yes
2   No

Are you seriously considering quitting smoking in the next six months?

ConsiderQuit

1   Yes
2   No

Your Cancer History

Have you ever been diagnosed as having cancer?

   1   Yes   EverHadCancer
   2   No

What type of cancer did you have? Mark all that apply.

1	Bladder cancer	
2	Bone cancer	CaBladder
3	Breast cancer	CaBone
4	Cervical cancer (cancer of the cervix)	CaBreast
5	Colon cancer	CaCervical
6	Endometrial cancer (cancer of the uterus)	CaColon
7	Head and neck cancer	CaEndometrial
8	Hodgkin's lymphoma	CaHeadNeck
9	Leukemia/Blood cancer	CaHodgkins
10	Liver cancer	CaLeukemia
11	Lung cancer	CaLiver
12	Melanoma	CaLung
13	Non-Hodgkin lymphoma	CaMelanoma
14	Oral cancer	CaNonHodgkin
15	Ovarian cancer	CaOral
16	Pancreatic cancer	CaOvarian
17	Pharyngeal (throat) cancer	CaPancreatic
18	Prostate cancer	CaPharyngeal
19	Rectal cancer	CaProstate
20	Renal (kidney) cancer	CaRectal
21	Skin cancer, non-melanoma	CaRenal
22	Stomach cancer	CaSkin
23	Other-Specify	CaStomach
		CaOther
		CaOther_OS

At what age were you first told that you had cancer?

__Age   WhenDiagnosedCancer

Have any of your family members ever had cancer?

   1   Yes   FamilyEverHadCancer
   2   No
   3   Not sure

How likely are you to get cancer in your lifetime?

ChanceGetCancer

1 Very unlikely
2 Unlikely
3 Neither unlikely nor likely
4 Likely
5 Very likely

How much do you agree or disagree with each of the following statements?

It seems like everything causes cancer EverythingCauseCancer	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree
There's not much you can do to lower your chances of getting cancer PreventNotPossible	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree
There are so many different recommendations about preventing cancer, it's hard to know which ones to follow TooManyRecommendations	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree
In adults, cancer is more common than heart disease CancerMoreCommon	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree
When I think about cancer, I automatically think about death CancerFatal	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree

How much do you agree or disagree with the statement: "I'd rather not know my chance of getting cancer."

RatherNotKnowChance

1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

How worried are you about getting cancer?

FreqWorryCancer

1 Not at all
2 Slightly
3 Somewhat
4 Moderately
5 Extremely

Are you male or female?

1 Male   GenderC
2 Female

What is your age?

__Years old   Age

What is your current occupational status? Mark only one.

OccupationStatus

1 Employed   Employed
2 Unemployed   Unemployed
3 Homemaker   Homemaker
4 Student   Student
5 Retired   Retired
6 Disabled   Disabled
7 Other-Specify   OtherOcc, OccupationStatus_OS
                                                    MultiOcc

Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training in the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

ActiveDutyArmedForces

1 Yes, now on active duty
2 Yes, on active duty in the last 12 months but not now
3 Yes, on active duty in the past, but not in the last 12 months
4 No, training for Reserves or National Guard only
5 No, never served in the military

In the past 12 months, have you received some or all of your health care from a VA hospital or clinic?

ReceivedCareVA

1 Yes, all of my health care
2 Yes, some of my health care
3 No, no VA health care received

What is your marital status? Mark only one.

MaritalStatus

1 Married
2 Living as married
3 Divorced
4 Widowed
5 Separated
6 Single, never been married

What is the highest grade or level of schooling you completed?

Education

1   Less than 8 years
2   Eight through 11 years
3   Thirteen years or completed high school
4   Post high school training other than college (vocational or technical)
5   Some college
6   College graduate
7   Postgraduate

Were you born in the United States?

BornInUSA

1   Yes
2   No

In what year did you come to live in the United States?

YearCameToUSA

__Year

How well do you speak English?

SpeakEnglish

1   Very well
2   Well
3   Not well
4   Not at all

Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected. Mark all that apply.

1   No, not of Hispanic, Latino/a, or Spanish origin   NotHisp
2   Yes, Mexican, Mexican American, Chicano/a   Mexican
3   Yes, Puerto Rican   PuertoRican
4   Yes, Cuban   Cuban
5   Yes, another Hispanic, Latino/a, or Spanish origin   OthHisp
   Hisp_Cat

What is your race? One or more categories may be selected. Mark all that apply.

1 White
2 Black or African American
3 American Indian or Alaska Native
4 Asian Indian
5 Chinese
6 Filipino
7 Japanese
8 Korean
9 Vietnamese
10 Other Asian
11 Native Hawaiian
12 Guamanian or Chamorro
13 Samoan
14 Other Pacific Islander

White
Black
AmerInd
AsInd
Chinese
Filipino
Japanese
Korean
Vietnamese
OthAsian
Hawaiian
Guamanian
Samoan
OthPacIsl
Race_Cat2

Do you think of yourself as…

1 Heterosexual, or straight
2 Homosexual, or gay or lesbian
3 Bisexual
4 Something else – Specify

SexualOrientation

SexualOrientation_OS

Including yourself, how many people live in your household?

__Number of people

TotalHousehold

Starting with yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

		Sex	Age	Month Born (01-12)
SELF SelfGender	1 2	Male Female	SelfAge	SelfMOB
Adult 2 HHAdultGender2	1 2	Male Female	HHAdultAge2	HHAdultMOB2
Adult 3 HHAdultGender3	1 2	Male Female	HHAdultAge3	HHAdultMOB3
Adult 4 HHAdultGender4	1 2	Male Female	HHAdultAge4	HHAdultMOB4
Adult 5 HHAdultGender5	1 2	Male Female	HHAdultAge5	HHAdultMOB5

How many children under the age of 18 live in your household?

ChildrenInHH

__Number of children under 18

Do you currently rent or own your home?

RentOrOwn

1   Own
2   Rent
3   Occupied without paying monetary rent

Does anyone in your family have a working cell phone?

1   Yes   CellPhone
2   No

Is there at least one telephone inside your home that is currently working and is not a cell phone?

1   Yes   PhoneInHome
2   No

Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

IncomeRanges

1   $0 to $9,999
2   $10,000 to $14,999
3   $15,000 to $19,999
4   $20,000 to $34,999
5   $35,000 to $49,999
6   $50,000 to $74,999
7   $75,000 to $99,999
8   $100,000 to $199,999
9   $200,000 or more

About how long did it take you to complete the survey?

__Minutes
MailSurveyTime_Min
MailSurveyTime_Hrs

__Hours

At which of the following types of addresses does your household currently receive residential mail? Mark all that apply.

1. A street address with a house or building number   TypeOfAddressA
2. An address with a rural route number   TypeOfAddressB
3. A U.S. post office box (P.O. Box)   TypeOfAddressC
4. A commercial mail box establishment (such as Mailboxes R Us, and Mailboxes Etc.)
TypeOfAddressD

Section 3: Healthcare Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- 1   Yes
- 2   No
- 7   Don't know / Not sure
- 9   Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1   Yes, only one
- 2   More than one
- 3   No
- 7   Don't know / Not sure
- 9   Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1   Yes
- 2   No
- 7   Don't know / Not sure
- 9   Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1   Within the past year (anytime less than 12 months ago)
- 2   Within the past 2 years (1 year but less than 2 years ago)
- 3   Within the past 5 years (2 years but less than 5 years ago)
- 4   5 or more years ago
- 7   Don't know / Not sure
- 8   Never
- 9   Refused

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

6.2 (Ever told) you had angina or coronary heart disease?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

6.3 (Ever told) you had a stroke?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

6.4 (Ever told) you had asthma?

    1   Yes
    2   No **[Go to Q6.6]**
    7   Don't know / Not sure**[Go to Q6.6]**
    9   Refused   **[Go to Q6.6]**

6.5 Do you still have asthma?

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

6.6 (Ever told) you had skin cancer?

    1   Yes
    2   No
    7   Don't know / Not sure

9   Refused

6.7 (Ever told) you had any other types of cancer?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1   Yes
2   No
7   Don't know / Not sure
9   Refused

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

    1   Yes
    2   No
    7   Don't know / Not sure
    9   Refused

6.12 (Ever told) you have diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

    1   Yes
    2   Yes, but female told only during pregnancy
    3   No
    4   No, pre-diabetes or borderline diabetes
    7   Don't know / Not sure
    9   Refused

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to PreDiabetes Optional Module (if used). Otherwise, go to next section.

6.13   How old were you when you were told you have diabetes?

_ _ Code age in years **[97 = 97 and older]**

    98 Don't know / Not sure
    99 Refused
CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

  Read only if necessary:

  1   Within the past year (anytime less than 12 months ago)
  2   Within the past 2 years (1 year but less than 2 years ago)
  3   Within the past 5 years (2 years but less than 5 years ago)
  4   5 or more years ago

  Do not read:

  7   Don't know / Not sure
  8   Never
  9   Refused

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

  1   1 to 5
  2   6 or more but not all
  3   All
  7   None
  8   Don't know / Not sure
  9   Refused

8.1 Are you …

  1   Male
  2   Female
  9   Refused

8.2 What is your age?

 _ _ Code age in years

  7   Don't know / Not sure
  9   Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you…

INTERVIEWER NOTE: *One or more categories may be selected.*

  1   Mexican, Mexican American, Chicano/a
  2   Puerto Rican
  3   Cuban
  4   Another Hispanic, Latino/a, or Spanish origin

Do not read:

  5   No
  7   Don't know / Not sure
  9   Refused

8.4 Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

10.   White
20.   Black or African American
30.   American Indian or Alaska Native
40.   Asian

41.   Asian Indian
42.   Chinese
43.   Filipino
44.   Japanese
45.   Korean
46.   Vietnamese 47 Other Asian

50.   Pacific Islander

51.   Native Hawaiian
52.   Guamanian or Chamorro
53.   Samoan
54.   Other Pacific Islander

Do not read:

60. Other
88. No additional choices
77. Don't know / Not sure
99. Refused

CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

8.5 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

10.   White
20.   Black or African American
30.   American Indian or Alaska Native
40.   Asian

41.   Asian Indian
42.   Chinese
43.   Filipino
44.   Japanese
45.   Korean
46.   Vietnamese 47 Other Asian

50.   Pacific Islander

51.   Native Hawaiian
52.   Guamanian or Chamorro
53.   Samoan
54.   Other Pacific Islander

60.   Other
       88. No additional choices
       77. Don't know / Not sure
       99. Refused

8.6 Are you…?

Please read:

1   Married
2   Divorced
3   Widowed
4   Separated
5   Never married

Or

   6   A member of an unmarried couple

Do not read:

   9   Refused

8.7 What is the highest grade or year of school you completed?

Read only if necessary:

1   Never attended school or only attended kindergarten
2   Grades 1 through 8 (Elementary)
3   Grades 9 through 11 (Some high school)
4   Grade 12 or GED (High school graduate)
5   College 1 year to 3 years (Some college or technical school)
6   College 4 years or more (College graduate)

Do not read:

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

   9   Refused

8.8 Do you own or rent your home?

1   Own
2   Rent
3   Other arrangement
   7   Don't know / Not sure

9   Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9 In what county do you currently live?

_ _ _   ANSI County Code (formerly FIPS county code)

    777.   Don't know / Not sure
    999.   Refused

8.10 What is the ZIP Code where you currently live?

_ _ _ _ _ ZIP Code

77777. Don't know / Not sure
99999. Refused

CATI NOTE: If cell(ular) telephone interview skip to 8.14 (QSTVER GE 20)

8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1.   Yes
2.   No **[Go to Q8.13]**
    7.   Don't know / Not sure **[Go to Q8.13]**
    9.   Refused **[Go to Q8.13]**

8.12 How many of these telephone numbers are residential numbers?

_ Residential telephone numbers **[6 = 6 or more]**
    7.   Don't know / Not sure
    9.   Refused

8.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1. Yes
2. No
7. Don't know / Not sure
9. Refused

8.14 Have you ever served on active duty in the United States Armed Forces, either in   the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes
2. No

Do not read:

7. Don't know / Not sure
9. Refused

8.15 Are you currently…?

INTERVIEWER NOTE: If more than one, select the category which best describes you.

Please read:

1. Employed for wages
2. Self-employed
3. Out of work for 1 year or more
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired
8. Unable to work

Do not read:

9. Refused

8.16 How many children less than 18 years of age live in your household?

_ _ Number of children

8. None
9. Refused

8.17 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

4. Less than $25,000 **If "no," ask 05; if "yes," ask 03**
   ($20,000 to less than $25,000)
3. Less than $20,000 **If "no," code 04; if "yes," ask 02**
   ($15,000 to less than $20,000)
2. Less than $15,000 **If "no," code 03; if "yes," ask 01**
   ($10,000 to less than $15,000)
1. Less than $10,000 **If "no," code 02**
5. Less than $35,000 **If "no," ask 06**
   ($25,000 to less than $35,000)
6. Less than $50,000 **If "no," ask 07**
   ($35,000 to less than $50,000)
7. Less than $75,000 **If "no," code 08**
   ($50,000 to less than $75,000)
8. $75,000 or more

Do not read:

77. Don't know / Not sure
99. Refused

8.18 Have you used the internet in the past 30 days?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

8.19 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put "9" in column 178.

Round fractions up

_ _ _ _ Weight

(pounds/kilograms)

    7777.   Don't know / Not sure
    9999.   Refused

8.20 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put "9" in column 182.

Round fractions down

_ _ / _ _ Height

(ft / inches/meters/centimeters)

77/ 77 Don't know / Not sure

99/ 99 Refused

If male, go to 8.22, if female respondent is 45 years old or older, go to Q8.22

8.21 To your knowledge, are you now pregnant?

    1.   Yes
    2.   No
    7.   Don't know / Not sure
    9.   Refused

The following questions are about health problems or impairments you may have. Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

8.25 Do you have serious difficulty walking or climbing stairs?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

8.26 Do you have difficulty dressing or bathing?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

9.1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

NOTE: 5 packs = 100 cigarettes

1. Yes
2. No **[Go to Q9.5]**
7. Don't know / Not sure **[Go to Q9.5]**
9. Refused **[Go to Q9.5]**

9.2 Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all **[Go to Q9.4]**
7. Don't know / Not sure **[Go to Q9.5]**
9. Refused **[Go to Q9.5]**

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. Yes **[Go to Q9.5]**
2. No **[Go to Q9.5]**
7. Don't know / Not sure **[Go to Q9.5]**
9. Refused **[Go to Q9.5]**

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

1. Within the past month (less than 1 month ago)
2. Within the past 3 months (1 month but less than 3 months ago)
3. Within the past 6 months (3 months but less than 6 months ago)
4. Within the past year (6 months but less than 1 year ago)
5. Within the past 5 years (1 year but less than 5 years ago)
6. Within the past 10 years (5 years but less than 10 years ago)
7. 10 years or more
8. Never smoked regularly
77. Don't know / Not sure
99. Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1.   Every day
2.   Some days
3.   Not at all

Do not read:

7.   Don't know / Not sure
9.   Refused

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

1. Yes
2. No   [Go to next section]
7. Don't know / Not Sure
9. Refused   [Go to next section]

10.2   Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
7. Don't know / Not sure
9. Refused

Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1. _ _ Days per week
2. _ _ Days in past 30 days
    88. No drinks in past 30 days **[Go to next section]**
    777.   Don't know / Not sure **[Go to next section]**
    99. Refused **[Go to next section]**

11.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

_ _ Number of drinks
77. Don't know / Not sure
99. Refused

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?

_ _ Number of times
88. None
77. Don't know / Not sure
99. Refused

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

_ _ Number of times
77. Don't know / Not sure
99. Refused

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

12.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1. Yes
2. No **[Go to Q12.3]**
7. Don't know / Not sure **[Go to Q12.3]**
9. Refused **[Go to Q12.3]**

12.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

_ _ / _ _ _ _ Month / Year

77 / 7777 Don't know / Not sure

99 / 9999 Refused

12.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

12.4. Since 2005, have you had a tetanus shot?

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

1. Yes, received Tdap
2. Yes, received tetanus shot, but not Tdap
3. Yes, received tetanus shot but not sure what type
4. No, did not receive any tetanus since 2005
7. Don't know/Not sure
9. Refused

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

16.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. Yes
2. No **[Go to Q16.3]**
7. Don't know / Not sure **[Go to Q16.3]**
9. Refused **[Go to Q16.3]**

16.2 How long has it been since you had your last mammogram?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't know / Not sure
9. Refused

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1. Yes
2. No   **[Go to Q16.5]**
7. Don't know / Not sure **[Go to Q16.5]**
9. Refused **[Go to Q16.5]**

16.4 How long has it been since you had your last Pap test?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't know / Not sure
9. Refused

Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV test.

16.5 An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

1. Yes
2. No **[Go to Q16.7]**
7. Don't know/Not sure **[Go to Q16.7]**
9. Refused **[Go to Q16.7]**

16.6 How long has it been since you had your last HPV test?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't know / Not sure
9. Refused

CATI NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

1. Yes
2. No
7. Don't know/Not sure
9. Refused

CATI note: If respondent is <39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

17.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

1. Yes
2. No
7. Don't Know / Not sure
9. Refused

17.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

1. Yes
2. No
7. Don't Know / Not sure
9. Refused

17.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

1. Yes
2. No
7. Don't Know / Not sure
9. Refused

17.4. Have you EVER HAD a PSA test?

1. Yes
2. No   **[Go to next section]**
7. Don't Know / Not sure   **[Go to next section]**
9. Refused   **[Go to next section]**

17.5. How long has it been since you had your last PSA test? (237)

Read only if necessary:

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years)
3. Within the past 3 years (2 years but less than 3 years)
4. Within the past 5 years (3 years but less than 5 years)
5. 5 or more years ago

Do not read:

7. Don't know / Not sure
9. Refused

17.6. What was the MAIN reason you had this PSA test – was it …?

Please read:

1. Part of a routine exam
2. Because of a prostate problem
3. Because of a family history of prostate cancer
4. Because you were told you had prostate cancer
5. Some other reason

Do not read:

7. Don't know / Not sure
9. Refused Section

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

    1. Yes
    2. No   **[Go to Q18.3]**
    7. Don't know / Not sure   **[Go to Q18.3]**
    9. Refused   **[Go to Q18.3]**

18.2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

    1. Within the past year (anytime less than 12 months ago)
    2. Within the past 2 years (1 year but less than 2 years ago)
    3. Within the past 3 years (2 years but less than 3 years ago)
    4. Within the past 5 years (3 years but less than 5 years ago)
    5. 5 or more years ago

Do not read:

    7. Don't know / Not sure
    9. Refused

18.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either   of these exams?

    1. Yes
    2. No **[Go to next section]**
    7. Don't know / Not sure **[Go to next section]**
    9. Refused **[Go to next section]**

18.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems.   A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or   a colonoscopy?

    1. Sigmoidoscopy
    2. Colonoscopy
    7. Don't know / Not sure
    9. Refused

18.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary:

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. Within the past 10 years (5 years but less than 10 years ago)
6. 10 or more years ago

Do not read:

7. Don't know / Not sure
9. Refused

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)
2016 BRFSS OPTIONAL MODULES

Module 4: Healthcare Access

1. **Do you have Medicare?**
   1   Yes
   2   No
   3   Don't know/Not sure
   4   Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

2. **What is the <u>primary</u> source of your health care coverage? Is it…**
Please Read

01   A plan purchased through an employer or union **(includes plans purchased through another person's employer)**

    02   A plan that you or another family member buys on your own
    03   Medicare
    04   Medicaid or other state program
    05   TRICARE (formerly CHAMPUS), VA, or Military
    06   Alaska Native, Indian Health Service, Tribal Health Services Or
    07   Some other source
    08   None (no coverage)

Do not read:

    77   Don't know/Not sure
    99   Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI NOTE: Go to Core Q3.2.

3. **Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.**

Please read

> 1 You couldn't get through on the telephone.
> 2 You couldn't get an appointment soon enough.
> 3 Once you got there, you had to wait too long to see the doctor.
> 4 The (clinic/doctor's) office wasn't open when you got there.
> 5 You didn't have transportation.

Do not read:

> 1 Other _____ (specify)
> 8 No, I did not delay getting medical care/did not need medical care
> 2 Don't know/Not sure
> 9 Refused

CATI NOTE: Go to Core Q3.4.

CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to Q4b.

4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

1 Yes **[Go to Q5]**
2 No **[Go to Q5]**
7 Don't know/Not sure **[Go to Q5]**
9 Refused **[Go to Q5]**

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5).

4b. About how long has it been since you last had health care coverage?

> 1 6 months or less
> 2 More than 6 months, but not more than 1 year ago
> 3 More than 1 year, but not more than 3 years ago
> 4 More than 3 years
> 5 Never
> 7 Don't know/Not sure
> 9 Refused

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

> _ _ Number of times
> 88 None

77   Don't know/Not sure

99   Refused

6. **Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost? (359)**

1   Yes

2   No

Do not read:

1   No medication was prescribed

7   Don't know/Not sure

9   Refused

7. **In general, how satisfied are you with the health care you received? Would you say—**

Please read:

1   Very satisfied

2   Somewhat satisfied

3   Not at all satisfied

Do not read:

7   Not applicable

8   Don't know/Not sure

9   Refused

Do you currently have any health care bills that are being paid off over time?

INTERVIEWER NOTE:

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.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

1   Yes

2   No

7   Don't know/Not sure

9   Refused

CATI NOTE: Go to Core Section 4.

1. **How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is …**

Please read

    1   Very easy
    2   Somewhat easy
    3   Somewhat difficult
    4   Very difficult
    5   I don't look for health information

Do not read

    7   Don't know/Not sure
    9   Refused

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

2. **How difficult is it for you to understand information that doctors, nurses and other health professionals tell you?   Would you say it is …**

Please read

    1   Very easy
    2   Somewhat easy
    3   Somewhat difficult
    4   Very difficult

Do not read

    7   Don't know/Not sure
    9   Refused

3. **You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is …**

Please read

    1   Very easy
    2   Somewhat easy
    3   Somewhat difficult
    4   Very difficult
    5   I don't pay attention to written health information

Do not read

    7   Don't know/Not sure
    9   Refused

CATI note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

1. **A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]. Have you EVER had an HPV vaccination?**

    1   Yes
    2   No   **[Go to next module]**
    3   Doctor refused when asked   **[Go to next module]**
    7   Don't know/Not sure   **[Go to next module]**
    9   Refused   **[Go to next module]**

2. **How many HPV shots did you receive?**
    _ _   Number of shots
    03   All shots
    77   Don't know / Not sure
    99   Refused

1. In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?

8	Zero
1	One
2	Two
3	Three
4	Four
5	Five or more
7	Don't know / Not sure
9	Refused

CATI note: If Core Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

> **1.** **How many different types of cancer have you had?**

> 1 Only one
> 2 Two
> 3 Three or more
> 7 Don't know / Not sure **[Go to next module]**
> 9 Refused **[Go to next module]**

> **2.** **At what age were you told that you had cancer?**

_ _ Code age in years   **[97 = 97 and older]**

> 77 Don't know / Not sure
> 99 Refused

CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? **then code 21 if "Melanoma" or 22 if "other skin cancer"**

CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

> **3.** **What type of cancer was it?**

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

01   Breast cancer

Female reproductive (Gynecologic)

02   Cervical cancer (cancer of the cervix)
03   Endometrial cancer (cancer of the uterus)
04   Ovarian cancer (cancer of the ovary)

Head/Neck

05   Head and neck cancer
06   Oral cancer
07   Pharyngeal (throat) cancer
08   Thyroid
09   Larynx

Gastrointestinal

10   Colon (intestine) cancer
11   Esophageal (esophagus)
12   Liver cancer
13   Pancreatic (pancreas) cancer
14   Rectal (rectum) cancer
15   Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

16   Hodgkin's Lymphoma (Hodgkin's disease)
17   Leukemia (blood) cancer
18   Non-Hodgkin's Lymphoma

Male reproductive

19   Prostate cancer
20   Testicular cancer

Skin

21   Melanoma
22   Other skin cancer

Thoracic

23   Heart
24   Lung

Urinary cancer:

    25   Bladder cancer

    26   Renal (kidney) cancer

Others

    27   Bone

    28   Brain

    29   Neuroblastoma

    30   Other

Do not read:

    7   Don't know / Not sure

    9   Refused

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

1	Yes	**[Go to next module]**
2	No, I've completed treatment	
3	No, I've refused treatment	**[Go to next module]**
4	No, I haven't started treatment	**[Go to next module]**
7	Don't know / Not sure	**[Go to next module]**
9	Refused	**[Go to next module]**

5. What type of doctor provides the majority of your health care?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

    01   Cancer Surgeon

    02   Family Practitioner

    03   General Surgeon

    04   Gynecologic Oncologist

    05   General Practitioner, Internist

    06   Plastic Surgeon, Reconstructive Surgeon

    07   Medical Oncologist

    08   Radiation Oncologist

    09   Urologist

10   Other

Do not read:

77   Don't know / Not sure
99   Refused

6. **Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?**

Read only if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1   Yes
2   No
7   Don't know/Not sure
9   Refused

7. **Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?**

1   Yes
2   No   **[Go to Q9]**
7   Don't know/Not sure   **[Go to Q9]**
9   Refused   **[Go to Q9]**

8. **Were these instructions written down or printed on paper for you?**

1   Yes
2   No
7   Don't know/Not sure
9   Refused

9. **With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?**

1   Yes
2   No
7   Don't know/Not sure
9   Refused

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. **Were you EVER denied health insurance or life insurance coverage because of your cancer?**

    1   Yes
    2   No
    7   Don't know/Not sure
    9   Refused

11. **Did you participate in a clinical trial as part of your cancer treatment?**

    1   Yes
    2   No
    7   Don't know/Not sure
    9   Refused

12. **Do you currently have physical pain caused by your cancer or cancer treatment?**

    1   Yes
    2   No   **[Go to next module]**
    7   Don't know/Not sure   **[Go to next module]**
    9   Refused   **[Go to next module]**

13. **Is your pain currently under control?**

Please read:

    1   Yes, with medication (or treatment)
    2   Yes, without medication (or treatment)
    3   No, with medication (or treatment)
    4   No, without medication (or treatment)

Do not read:

    7   Don't know/Not sure
    9   Refused

CATI NOTE: If respondent is male, go to the next section.

1. **A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?**

   1   Yes
   2   No   **[Go to next module]**
   7   Don't know/Not sure   **[Go to next module]**
   9   Refused   **[Go to next module]**

2. **How long has it been since your last breast exam?**

   1   Within the past year (anytime less than 12 months ago)
   2   Within the past 2 years (1 year but less than 2 years ago)
   3   Within the past 3 years (2 years but less than 3 years ago)
   4   Within the past 5 years (3 years but less than 5 years ago)
   5   5 or more years ago
   7   Don't know/Not sure
   9   Refused

CATI NOTE: If core section Q17, question 4 = 1 (has had a PSA test) continue, else go to next module.

1. **Which one of the following best describes the decision to have the PSA test done?**

   Please read:

   1   You made the decision alone **[Go to next module]**
   2   Your doctor, nurse, or health care provider made the decision alone   **[Go to next module]**
   3   You and one or more other persons made the decision together
   4   You don't remember how the decision was made **[Go to next module]**

Do not read:

   9   Refused

2. **Who made the decision with you? (Mark all that apply)**

   1   Doctor/nurse /health care provider
   2   Spouse/significant other
   3   Other family member
   4   Friend/non-relative
   8   No additional choices
   7   Don't know / Not sure
   9   Refused

2015 NHIS Questionnaire - Family

Coverage

Document Version Date: 27-May-16

Question ID: COV.330_00.000 **Instrument Variable Name:**   TELENUM   **QuestionnaireFileName:**   Family

QuestionText: What is the telephone number here?

*Enter the area code and the number, or enter "N" if no phone.

UniverseText: All families

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

Hard Edit: ERR_TELENUM

*Enter the entire telephone number.

*Please correct.

Question ID: COV.331_00.000 **Instrument Variable Name:**   CURWRK   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a phone

SkipInstructions: <1,2,R,D> go to TELCEL

2015 NHIS Questionnaire - Family

Coverage

Document Version Date: 27-May-16

Question ID:	COV.334_00.000	**Instrument Variable Name:**	TELCEL	**QuestionnaireFileName:**	Family

QuestionText: Do you or anyone in your family have a working cell phone?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> goto WRKCEL <2,R,D> if TELCEL=1 and CURWRK = '1' [goto PHONEUSE];
else [goto next section]

Question ID:	COV.335_00.000	**Instrument Variable Name:**	WRKCEL	**QuestionnaireFileName:**	Family

QuestionText: How many working cell phones do you or people in your family have?

01-10	1-10 phones
97	Refused
99	Don't know

UniverseText: Families with a working cell phone

SkipInstructions: <10,R,D> if TELCEL=1 and CURWRK = '1' [goto PHONEUSE];
else [goto next section]

Question ID:	COV.337_00.000	**Instrument Variable Name:**	PHONEUSE	**QuestionnaireFileName:**	Family

QuestionText: Of all the telephone calls that you or your family receives, are…

*Read categories below.

1	All or almost all calls received on cell phones
2	Some received on cell phones and some on regular phones
3	Very few or none on cell phones
7	Refused
9	Don't know

UniverseText: Working cell phone and working land-line in family

SkipInstructions: <1-3, R,D> [goto next section]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

| **Question ID:** | HHC.010_01.000 | **Instrument Variable Name:** | NAME_FNAME | **QuestionnaireFileName:** | Household Composition |

QuestionText: [fill: What are the names of all the persons living or staying here?
Start with the name of the person, or one of the persons, who owns or rents this home.
/What is the name of the next person living or staying here?]
*Enter 999 if no more persons.

UniverseText: All persons

SkipInstructions: <999> if PCNT = 0, [goto ERR1_NAME_FNAME]
      elseif POS2 or POS3 ne 0, [goto HHRESP]
      else, [goto MISPERS_MCHILD]
<allow 20,R,D> if name on fake/false name list
[goto ERR2_NAME_FNAME];
else [goto NAME_MNAME]

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

 * Please correct.

Soft Edit: ERR2_NAME_FNAME

 * You are entering a possible fake/false name.

 * Please correct.

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

| **Question ID:** | HHC.010_02.000 | **Instrument Variable Name:** | NAME_MNAME | **QuestionnaireFileName:** | Household Composition |

QuestionText: * Enter Middle Name.
 * Probe for middle name or middle initial if not reported.
 * Press "ENTER" to skip to last name if no middle name.

UniverseText: First name is not blank

SkipInstructions: <allow 20, R,D, null> GOTO NAME_LNAME

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.010_03.000   **Instrument Variable Name:**   NAME_LNAME   **QuestionnaireFileName:**   Household Composition

QuestionText: * If last name is the same as displayed, press "ENTER", otherwise, enter the new last name.

*Enter Last Name.

UniverseText: There is a name entered for 'first name'

SkipInstructions: <999> GOTO ERR1_NAME_FNAME
<allow 20, R,D> if name on fake/false name list
goto ERR2_NAME_LNAME
else if NAME_FNAME and NAME_LNAME ne D, R
Set ALIAS = NAME_FNAME< >NAME _LNAME,
goto USUALRES
else goto ALIAS

Hard Edit: ERR1_NAME_FNAME
* 999 is not allowed in the last name when there is a first name.

Soft Edit: ERR2_NAME_LNAME

* You are entering a possible fake/false name.

* Please correct.

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

Question ID: HHC.015_00.000   **Instrument Variable Name:**   ALIAS   **QuestionnaireFileName:**   Household Composition

QuestionText: How shall I refer to [fill: you/this person] for the rest of the interview?

UniverseText: Persons who don't know or refused to give first or last name.

SkipInstructions: <allow 41> [goto USUALRES]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID:	HHC.020_00.000	**Instrument Variable Name:**	USUALRES	**QuestionnaireFileName:**	Household Composition

QuestionText: [fill: Do you/Does ALIAS] usually live here?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All non-deleted persons

SkipInstructions: <1> [goto NAME_FNAME]
<2,R,D> [goto ASKURE]

Question ID:	HHC.030_00.000	**Instrument Variable Name:**	ASKURE	**QuestionnaireFileName:**	Household Composition

QuestionText: [fill1: Do you/Does ALIAS] have some other place where [fill2: he/she] usually lives?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: If the usual residence is not here, or 'don't know', or 'refused'.

SkipInstructions: <1> [goto NOLIST]
<2, R, D> [goto NAME_FNAME]

Question ID:	HHC.035_00.000	**Instrument Variable Name:**	NOLIST	**QuestionnaireFileName:**	Household Composition

QuestionText: Since [fill1: you do/ALIAS does] not usually live here and [fill2: have/has] another residence elsewhere, [fill3: you/he/she] will not be included in this interview.

* Enter <1> to continue to the next person.

1	To continue

UniverseText: Person living elsewhere

SkipInstructions: [goto NAME_FNAME]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.050_01.000   **Instrument Variable Name:**   MISPERS_MCHILD   **QuestionnaireFileName:**   Household Composition

QuestionText:
I have listed living here ...
[fill roster]
Have I missed any babies or small children?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: After completing household roster

SkipInstructions:
<1> empty out '999' in NAME_FNAME
     empty out MISPERS_CHILD
     empty out MISPERS_MLODGE
     empty out MISPERS_MAWAY
     empty out MISPERS_MELSE
     [goto NAME_FNAME]
<2, R, D> goto MISPERS_MLODGE

Question ID: HHC.050_02.000   **Instrument Variable Name:**   MISPERS_MLODGE   **QuestionnaireFileName:**   Household Composition

QuestionText:
* Read if necessary.
I have listed living here ...
[fill roster]
Have I missed any lodgers, boarders, or persons you employ who live here?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Not missing any children or R or D

SkipInstructions:
<1> empty out '999' in NAME_FNAME
     empty out MISPERS_CHILD
     empty out MISPERS_MLODGE
     empty out MISPERS_MAWAY
     empty out MISPERS_MELSE
     [goto NAME_FNAME]
<2,R,D> goto MISPERS_MAWAY

Question ID: HHC.050_03.000   **Instrument Variable Name:**   MISPERS_MAWAY   **QuestionnaireFileName:**   Household Composition

QuestionText: * Read if necessary.
I have listed living here...
[fill roster]
Have I missed anyone who USUALLY lives here, but is now away from home traveling or in a hospital?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: No 'lodgers' living here or R or D

SkipInstructions: <1> empty out '999' in NAME_FNAME
empty out MISPERS_CHILD
empty out MISPERS_MLODGE
empty out MISPERS_MAWAY
empty out MISPERS_MELSE
[goto NAME_FNAME]
<2,R,D> goto MISPERS_MELSE

Question ID: HHC.050_04.000   **Instrument Variable Name:**   MISPERS_MELSE   **QuestionnaireFileName:**   Household Composition

QuestionText: * Read if necessary.
I have listed living here...
[fill roster]
Have I missed anyone else staying here?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Nobody is away from home or R or D

SkipInstructions: <1> empty out '999' in NAME_FNAME
empty out MISPERS_CHILD
empty out MISPERS_MLODGE
empty out MISPERS_MAWAY
empty out MISPERS_MELSE
[goto NAME_FNAME]
<2,R,D> if PCNT = 0, goto EXIT
elseif PCNT = 1
store Yes (1) in LIVEAT, goto OTHLIV
else goto LIVEAT

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID:	HHC.060_00.000	**Instrument Variable Name:**	LIVEAT	**QuestionnaireFileName:** Household Composition

QuestionText: Do all the persons I have listed live AND eat together?

*Read names if necessary.

[fill roster]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Person count is greater than one

SkipInstructions: <1,R,D> [goto OTHLIV]
<2> [goto XACCESS]

Question ID:	HHC.070_00.000	**Instrument Variable Name:**	XACCESS	**QuestionnaireFileName:** Household Composition

QuestionText: Do the people who do not live and eat here have direct access from the outside or through a common hallway to a separate living quarters?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons don't eat and live together

SkipInstructions: <1> [goto TABX]
<2,R,D> [goto OTHLIV]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.090_00.000 **Instrument Variable Name:** OTHLIV **QuestionnaireFileName:** Household Composition

QuestionText: Do members of any other household on the property live and eat with members of this household?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All

SkipInstructions: <1> [goto ERR_OTHLIV]
<2,R D> if PCNT = 1, [goto SEX]
else [goto HHRESP]

Hard Edit: ERR_OTHLIV

* All such persons should be included in this interview.

* Please correct by adding the additional person(s) to the household.

Question ID: HHC.100_00.000 **Instrument Variable Name:** HHRESP **QuestionnaireFileName:** Household Composition

QuestionText: * Ask if necessary

With whom am I speaking?

* Enter the line number of the respondent. If more than one, enter the number of the one you consider to be the main respondent.

UniverseText: All households with more than one nondeleted person in parent cases or more than one nondeleted person in spawn cases and no household/family demographic respondent identified yet.

SkipInstructions: <1-25>
If deleted PX [goto ERR1_HHRESP]
elseif out of bound [goto ERR2_HHRESP]
elseif ADC = 1 [goto HHREF_A]
else [goto SEX]

Hard Edit: ERR1_HHRESP:

* Person was deleted from this household.
* Please correct.
ERR2_HHRESP:

*Invalid line number entered.
* Please correct.

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.110_00.000 **Instrument Variable Name:** SEX **QuestionnaireFileName:** Household Composition

QuestionText: [Are you/Is ALIAS] male or female?

* If don't know or refused enter your best guess.

1 Male
2 Female

UniverseText: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

SkipInstructions: <1,2> [goto AGEDOB_1]

Question ID: HHC.120_01.000 **Instrument Variable Name:** AGEDOB_1 **QuestionnaireFileName:** Household Composition

QuestionText: 1 of 5
What is [fill: your/ALIAS's] age?

* Enter number for age.

01-120 Age in years

UniverseText: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

SkipInstructions: <001-120> [goto AGEDOB_2]
<R,D> [goto AGEDOB_3]

Question ID: HHC.120_02.000 **Instrument Variable Name:** AGEDOB_2 **QuestionnaireFileName:** Household Composition

QuestionText: 2 of 5

* Enter number for age time period.

1 Days
2 Weeks
3 Months
4 Years

UniverseText: Valid age - number entered

SkipInstructions: <1-4> [goto AGEDOB_3]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.120_03.000   **Instrument Variable Name:**   AGEDOB_3   **QuestionnaireFileName:**   Household Composition

QuestionText: 3 of 5

And what is [fill: your/ALIAS's] date of birth?

Please give month, day, and year for the date of birth.

* Enter month of birth.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

SkipInstructions: <1-12,R,D> [goto AGEDOB_4]

Question ID: HHC.120_04.000   **Instrument Variable Name:**   AGEDOB_4   **QuestionnaireFileName:**   Household Composition

QuestionText: 4 of 5

* Enter day of birth

01-31	Day of the month

UniverseText: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

SkipInstructions: <1-31,R,D>
Only allow valid days for month entered.
If days not valid, [goto ERR_AGEDOB_4]
ELSE [goto AGEDOB_5]

Hard Edit: ERR_AGEDOB_4

[fill1: AGEDOB_4] is not a valid day for [fill2: AGEDOB_3].

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

| **Question ID:** | HHC.120_05.000 | **Instrument Variable Name:** | AGEDOB_5 | **QuestionnaireFileName:** | Household Composition |

QuestionText: 5 of 5

* Enter year of birth.

| **1880-2030** | Year of birth |
| **9997** | Refused |

UniverseText: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

SkipInstructions: <1880 - 2030, R,D> [goto AGECAL]

Hard Edit: ERR1_AGEDOB_5

Future month invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5

ERR2_AGEDOB_5

Future day invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5

ERR3_AGEDOB_5

Invalid date:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5

ERR4_AGEDOB_5

Future year invalid:<space>AGEDOB_3<space>AGEDOB_4<,><space> AGEDOB_5

| **Question ID:** | HHC.124_00.000 | **Instrument Variable Name:** | DOBVER | **QuestionnaireFileName:** | Household Composition |

QuestionText: There is a difference between the age the computer calculated from [fill: your/ALIAS's] date-of-birth and the age that you gave me.

I recorded [fill: your/ALIAS's] date-of-birth as [AGEDOB_3] [AGEDOB_4], [AGEDOB _5]. Is that [fill: your/ALIAS's] correct date-of-birth?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Age reported is not equal to age calculated from date of birth.

SkipInstructions: <1,R,D> [goto INTWKCK1]
<2> [goto AGEDOB_3]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.130_00.000   **Instrument Variable Name:** AGEPIC   **QuestionnaireFileName:** Household Composition

QuestionText: [fill1: Are you/Would you say ALIAS is] [fill2: less than 1 year old/AGE3 years old?]

1	AGE=AGE3 (or less than 1 years old)
2	AGE=AGE4
3	Neither is correct
7	Refused
9	Don't know

UniverseText: Able to narrow age to two options

SkipInstructions: <1,2> [goto INTWKCK1]
<3,R,D> if AGEDOB_1 = R, [goto AGEGES2]
elseif AGEDOB_1 = D, [goto AGEGES1_NUM]

Question ID: HHC.150_01.000   **Instrument Variable Name:** AGEGES1_NUM   **QuestionnaireFileName:** Household Composition

QuestionText: 1 of 2

What is your best guess of [fill: your/ALIAS's] age?

* If the respondent gives a range of ages, enter "C" to continue to the screen that will compute an age.
* If the respondent does not know the age, enter your best estimate of the person's age.

000-120	Age (number)
997	Refused
999	Don't know
C	Compute from range

UniverseText: Age unknown and unable to narrow age down to two age choices and respondent did not refuse AGEDOB_1

SkipInstructions: <0-120> [goto AGEGES1_TP]
elseif outside range, [goto ERR_AGEGES1_NUM]
<C> [goto AGERNG_N1]
<R,D> [goto AGEGES2]

Hard Edit: ERR_AGEGES1_NUM

* Invalid entry.
* Please correct.

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

| Question ID: | HHC.150_02.000 | **Instrument Variable Name:** | AGEGES1_TP | **QuestionnaireFileName:** | Household Composition |

QuestionText: 2 of 2

* Enter time period for age guess.

| 3 | Month(s) |
| 4 | Year(s) |

UniverseText: Valid age number

SkipInstructions: <3, 4> If AGEDOB_5 = D, [goto YEARPIC]
else [goto INTWKCK1]

| Question ID: | HHC.152_00.000 | **Instrument Variable Name:** | AGEGES2 | **QuestionnaireFileName:** | Household Composition |

QuestionText: Certain sections of this interview depend on knowing if a person is 18 years old or older.

Could you please tell me if [fill: you are/ALIAS is] at least 18 years old?

1	Less than 18
2	18 or older
7	Refused
9	Don't know

UniverseText: (Age unknown and unable to narrow to two age choices and respondent refused or didn't know age at AGEDOB_1) or (Refused to or did not guess age)

SkipInstructions: <1> [goto LESS18]
<2,R,D> [goto GREAT18]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID:	HHC.154_00.000	Instrument Variable Name:	LESS18	QuestionnaireFileName:	Household Composition

QuestionText: * Enter your best estimate of [ALIAS's] age.

* Enter age "0" to 17

* Enter "0" if less than 1 year old.

000   Less than one year old

001 < 17   1 to 17 years of age

UniverseText: Person estimated less than eighteen years of age

SkipInstructions: <0-17> [goto AGEDOB_1, to collect information about next person in roster]
else, [goto INTWKCK1]

Question ID:	HHC.156_00.000	Instrument Variable Name:	GREAT18	QuestionnaireFileName:	Household Composition

QuestionText: * Enter your best estimate of [ALIAS's] age.

* Enter age 18 or greater.

018-120   Age in years

UniverseText: Person estimated age (18 or older)

SkipInstructions: <18-120> [goto AGEDOB_1, to collect information about next person in roster]
else, [goto INTWKCK1]

Question ID:	HHC.165_01.000	Instrument Variable Name:	YEARPIC	QuestionnaireFileName:	Household Composition

QuestionText: Would you say that [fill: you were/ALIAS was] born in:

1   Low guess for year born

2   High guess for year born

3   Neither is correct

7   Refused

9   Don't know

UniverseText: Person's age is known and birth year answered with 'don't know'

SkipInstructions: <1,2,3,R,D> [goto AGEDOB_1, to collect information about next person in roster]
else, [goto INTWKCK1]

2015 NHIS Questionnaire -   Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.165_03.000   **Instrument Variable Name:**   INTWKCK   **QuestionnaireFileName:**   Household Composition

QuestionText: Was [ALIAS] born on or after [STARTDATE]?

1	Yes
2	No

UniverseText: Child's age = 0 and date of birth not known

SkipInstructions: <1> [goto ERR_INTWKCK]
then, [goto AGEDOB_1 to collect information about next person in roster]
else, [goto NATOR]
<2> [goto AGEDOB_1 to collect information about next person in roster]
else, [goto NATOR]

Question ID: HHC.170_00.000   **Instrument Variable Name:**   NATOR   **QuestionnaireFileName:**   Household Composition

QuestionText: (book) H1.
[fill1: Do you/Does ALIAS] consider [fill2: yourself/himself/herself] to be Hispanic or Latino?

* Read if necessary.
Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American
Other Latin American
Other Hispanic/Latino

Where did [your/ALIAS's] ancestors come from?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

SkipInstructions: <1> [goto HISPAN]
 <2,R,D> [goto NATOR for next person in roster]
else [goto RACE]

2015 NHIS Questionnaire -   Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.180_01.000   **Instrument Variable Name:**   HISPAN   **QuestionnaireFileName:**   Household Composition

QuestionText: (book) H1
Please give me the number of the group that represents [fill: your/ ALIAS's] Hispanic origin or ancestry. You may choose up to five (5), if applicable.

* If a nonhispanic group is named, backup to previous screen and change the answer from "yes" to "no".
Enter all that apply, separate with commas.

01	Puerto Rican
02	Cuban/Cuban American
03	Dominican (Republic)
04	Mexican
05	Mexican American
06	Central or South American
07	Other Latin American
08	Other Hispanic/Latino/Spanish
97	Refused
99	Don't know

UniverseText: National origin was answered yes to being Hispanic or Latino

SkipInstructions: <1-6> [goto NATOR (for the next person)] else [goto RACE]
<7> [goto HIS_SP2]
<8> [goto HIS_SP3]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.190_00.000   **Instrument Variable Name:**   HIS_SP2   **QuestionnaireFileName:**   Household Composition

QuestionText: * Probe for the country.

* If any of the following are mentioned, backup to previous screen and correct the entry.

Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American (REFER TO HELP SCREEN)

* (F1) For a list of Central or South American countries.

* Specify the other Latin American.

UniverseText: HISPAN answered from selection 7 for Hispanic origin.

SkipInstructions: <allow 30> [goto NATOR (for the next person)]
else [goto RACE]

Question ID: HHC.195_00.000   **Instrument Variable Name:**   HIS_SP3   **QuestionnaireFileName:**   Household Composition

QuestionText: * Probe for the country.

* If any of the following are mentioned, backup to previous screen and correct the entry.

Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American (REFER TO HELP SCREEN)

* (F1) For a list of Central or South American countries.

* Specify the other Hispanic/Latino.

UniverseText: HISPAN answer from selection 8 (other Hispanic/Latino) origin

SkipInstructions: <allow 30> [goto NATOR (for the next person)]
else [goto RACE]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: **31-May-16**

Question ID: HHC.200_01.000 **Instrument Variable Name:** RACE **QuestionnaireFileName:** Household Composition

QuestionText: (Book) H2

What race or races [fill1: Do you/Does ALIAS] consider [fill2: yourself/himself/herself] to be? Please select 1 or more of these categories.

* Enter all that apply, separate with commas.

01	White
02	Black/African American
03	Indian (American)
04	Alaska Native
05	Native Hawaiian
06	Guamanian or Chamorro
07	Samoan
08	Other Pacific Islander
09	Asian Indian
10	Chinese
11	Filipino
12	Japanese
13	Korean
14	Vietnamese
15	Other Asian
16	Some other race
97	Refused
99	Don't know

UniverseText: All nondeleted persons in parent cases or all nondeleted persons being added in spawn cases.

SkipInstructions: <1-7, 9-14> If more than one selected, [goto MLTRAC, then goto RACE for next person in roster]
else [goto NOWAF_A]
<8> [goto RAC_SP1]
<15> [goto RAC_SP2]
<16> [goto RAC_SP3]
<R,D> [goto RACE, for the next person in roster]
else [goto NOWAF_A]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID:	HHC.210_00.000	Instrument Variable Name:	RAC_SP1	QuestionnaireFileName:	Household Composition

QuestionText: * Specify the other pacific islander.
REM * If any of the following are mentioned, go back to RACE screen to correct.
* If the respondent's answer could not be found, clear entry, type 'ZZ'.

White	Asian Indian
Black/African American	Chinese
Indian (American)	Filipino
Alaska Native	Japanese
Native Hawaiian	Korean
Guamanian or Chamorro	Vietnamese
Samoan	

* If the respondent's answer could not be found, type 'ZZ' to enable you to type an entry.

UniverseText: RACE= 8 (other Pacific Islander)

SkipInstructions: <allow 30> If more than one selected, [goto MLTRAC]
If 'ZZ' entered [goto RAC_SP1A]
then [goto RACE for next person on the roster]
else [goto NOWAF_A]

Question ID:	HHC.212_00.000	Instrument Variable Name:	RAC_SP2	QuestionnaireFileName:	Household Composition

QuestionText: * Specify the other Asian.

* If any of the following are mentioned, backup to previous item and correct the entry.

White	Asian Indian
Black/African American	Chinese
Indian (American)	Filipino
Alaska Native	Japanese
Native Hawaiian	Korean
Guamanian or Chamorro	Vietnamese
Samoan	

* If the respondent's answer could not be found, type 'ZZ' to enable you to type an entry.

UniverseText: RACE = other Asian listed

SkipInstructions: <allow 30> If more than one selected [goto MLTRAC]
then [goto RACE] for next person on the roster
else [goto NOWAF_A]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.214_00.000 **Instrument Variable Name:** RAC_SP3 **QuestionnaireFileName:** Household Composition

QuestionText: * Specify the other race.

* If any of the following are mentioned, backup to previous item and correct the entry.

White	Asian Indian
Black/African American	Chinese
Indian (American)	Filipino
Alaska Native	Japanese
Native Hawaiian	Korean
Guamanian or Chamorro	Vietnamese
Samoan	

* If the respondent's answer could not be found, type 'ZZ' to enable you to type an entry.

UniverseText: RACE answered some other race.

SkipInstructions: <30 chars long> If more than one selected [goto MLTRAC] then [goto RACE] for next person on the roster Else [goto NOWAF_A]

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.220_00.000   **Instrument Variable Name:**   MLTRAC   **QuestionnaireFileName:**   Household Composition

QuestionText: Which one of these groups, that is [Read Groups] would you say BEST represents [fill: your/ALIAS's] race?

01	White
02	Black/African American
03	Indian (American)
04	Alaska Native
05	Native Hawaiian
06	Guamanian or Chamorro
07	Samoan
08	Other Pacific Islander
09	Asian Indian
10	Chinese
11	Filipino
12	Japanese
13	Korean
14	Vietnamese
15	Other Asian
16	Other Race
97	Refused
99	Don't know

UniverseText: More than on race entered

SkipInstructions: <1-16,R,D> [goto NOWAF_A]
else, [goto ERR_MLTRAC]

Hard Edit: ERR_MLTRAC

* Select valid race group number.
* Please correct.

<div align="center">

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

</div>

Question ID:	HHC.230_01.000	**Instrument Variable Name:**	NOWAF_A	**QuestionnaireFileName:**	Household Composition

QuestionText: [fill: Is anyone in the household/Are you/Is ALIAS] now on full-time active duty with the Armed Forces?

[display eligible persons]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: If household contains 1 or more persons 18-64 years old

SkipInstructions: If no person eq (18-64) years of age [goto EXIT]
< 2,R,D> if POS2 or POS3 ne 0, [goto ADC]
else [goto HHREF_A]
if NOWAF_A eq <1> and ADULTCNT eq <1> [goto EXIT]
else [goto NOWAF2_B]

Question ID:	HHC.230_03.000	**Instrument Variable Name:**	NOWAF2_B	**QuestionnaireFileName:**	Household Composition

QuestionText: Who is this? (Anyone else)

* Enter line numbers as appropriate.

* Enter all that apply, separate with commas.

UniverseText: At least 1 person in the AF & more than 1 person eligible to be in the AF

SkipInstructions: <1-25> if all PX have HHSTAT = D or HHSTAT3 = A [goto EXIT]
elseif POS2 and POS3 ne 0 [goto ADC]
else [goto HHREF_A]
Invalid person # selected [goto ERR_NOWAF2_B]

Hard Edit: ERR_NOWAF2_B

* Invalid person number selected.
* Please correct.

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

| **Question ID:** | HHC.240_00.000 | **Instrument Variable Name:** | EXIT | **QuestionnaireFileName:** | Household Composition |

QuestionText: Not every household in our survey is asked all questions. I have all the information about your household that I need at this time. Thank you for your assistance.

* Enter (1) to proceed.

1   Proceed

UniverseText: All persons are in the Armed Forces or everybody is either deleted or in the AF or All non-Armed Forces persons are not Black, Hispanic or Asian and not marked for an interview

SkipInstructions: <1> [goto VISITCNT]

| **Question ID:** | HHC.250_01.000 | **Instrument Variable Name:** | HHREF_A | **QuestionnaireFileName:** | Household Composition |

QuestionText: * [fill: You have/ALIAS has] has been selected as the household reference person. Is this household member an appropriate choice? Preferably a civilian adult?

[Display all non-deleted household members ge 14 years of age]

* Press shift F1 to see full roster information.

1   Yes
2   No

UniverseText: If more than one non-deleted person in the HH

SkipInstructions: <1> [goto RPREL]
<2> [goto HHREF_B]

2015 NHIS Questionnaire -   Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID: HHC.250_02.000   **Instrument Variable Name:**   HHREF_B   **QuestionnaireFileName:**   Household Composition

QuestionText: * Select another household member for the reference person.

* Enter the line number of the Household Reference person.

UniverseText: Selecting another Reference person

SkipInstructions: <1-25> GOTO RPREL

Soft Edit: ERR1_HHREF_B

* You have selected an Armed Forces person.
* Please select another person.

ERR2_HHREF_B

* You have selected a person less than 18 years old.
* Please select another person.

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: **31-May-16**

Question ID: HHC.260_00.000 **Instrument Variable Name:** RPREL **QuestionnaireFileName:** Household Composition

QuestionText: (book) H3.

What is [fill1: your/ALIAS's] relationship to [fill2: Reference Person's name/you]

01	Household reference person
02	Spouse (husband/wife)
03	Unmarried Partner
04	Child (biological/adoptive/in-law/step/foster)
05	Child of partner
06	Grandchild
07	Parent (biological/adoptive/in-law/step/foster)
08	Brother/sister (biological/adoptive/in-law/step/foster)
09	Grandparent (Grandmother/Grandfather)
10	Aunt/Uncle
11	Niece/Nephew
12	Other relative
13	Housemate/roommate
14	Roomer/Boarder
15	Other nonrelative
16	Legal guardian
17	Ward
97	Refused
99	Don't know

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

UniverseText: All where RPREL NE Reference Person

SkipInstructions: Loop through all non-deleted PX
<2, 3> if selected for more than one PX [goto ERR4_RPREL]
elseif AGE < 14 [goto ERR1_RPREL]
<4> [goto DEGREE1]
<5> if loop is completed and no PX has RPREL = 3 [goto ERR5_RPREL] endif
<6> if AGEDIFF < 25 [goto ERR2_RPREL] endif
<7> [goto DEGREE2]
<8> [goto DEGREE3]
<9> if AGEDIFF < 25 [goto ERR3_RPREL] endif
<10-17,R,D> end loop
if UNRELTAL > 1 [GOTO FAMNUM]
else [goto HHCHANGE]

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

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

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

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

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

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

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

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

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

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

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

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

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

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

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

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

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

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

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

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

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

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

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

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

ERR13_RPREL
* Age difference between [fill 8] and child is greater than or equal to 50 years.

2015 NHIS Questionnaire -   Household Composition

Household Composition

Document Version Date: 31-May-16

I have recorded [fill 6] is [AGE(HHREF_B)] years old and [fill:his/her] [fill 8] [fill 2] is [AGE(PX)] years old. Are these ages and relationships correct?

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

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

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID:	HHC.270_00.000	**Instrument Variable Name:**	DEGREE1	**QuestionnaireFileName:**	Household Composition

QuestionText: [fill1: Are you/Is ALIAS] [fill2: Reference Person's name's/your] biological (natural), adoptive, step, or foster [fill3: son/daughter] or [fill4: son/daughter]-in-law?

1	Biological (natural) {son/daughter]
2	Adoptive {son/daughter}
3	Step {son/daughter]
4	Foster {son/daughter}
5	{son/daughter]-in-law
7	Refused
	Refused
9	Don't know

UniverseText: RPREL=(4) child

SkipInstructions: <1> if AGEDIFF < 12 [goto ERR1_DEGREE1]
else [goto RPREL]
<2-5,R,D> [goto RPREL]

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

* Please correct relationship code or age.

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

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

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

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

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

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2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID:	HHC.280_00.000	**Instrument Variable Name:**	DEGREE2	**QuestionnaireFileName:**	Household Composition	

QuestionText: [fill1: Are you/Is ALIAS] [fill2: Reference Person's name's/your] biological (natural), adoptive, step, or foster [fill3: mother/father] or [fill4: mother/father]-in-law?

1	Biological (natural) {mother/father}
2	Adoptive {mother/father}
3	Step {mother/father}
4	Foster {mother/father}
5	{mother/father}-in-law
7	Refused
9	Don't know

UniverseText: RPREL=(7) parent

SkipInstructions:
<1> if AGEDIFF <12 [goto ERR_DEGREE2]
elseif additional PX's remain [goto RPREL]
elseif UNRELTAL >1 [goto FAMNUM]
else [goto HHCHANGE]
<2-5,R,D> if additional PX's remain [goto RPREL]
elseif UNRELTAL >1 [goto FAMNUM]
else [goto HHCHANGE]

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

* Please correct relationship code or age.

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

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

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

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

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

2015 NHIS Questionnaire - Household Composition

Household Composition

Document Version Date: 31-May-16

Question ID:	HHC.290_01.000	**Instrument Variable Name:**	DEGREE3	**QuestionnaireFileName:**	Household Composition

QuestionText: [fill1: Are you/Is ALIAS] [fill2: Reference Person's name's/your] full, half, adoptive, step, or foster [fill3: brother/sister] or [fill4: brother/sister]-in-law?

1	Full {brother/sister}
2	Half {brother/sister}
3	Adopted {brother/sister}
4	Step {brother/sister]
5	Foster {brother/sister}
6	{brother/sister]-in-law
7	Refused
9	Don't know

UniverseText: All siblings

SkipInstructions: <1-6,R,D> [goto RPREL]

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.100_00.000   **Instrument Variable Name:**   HHCHANGE   **QuestionnaireFileName:**   Family

QuestionText: I have recorded that [your name is {fill fullname}, you are /fill ALIAS is] [fill sex], [fill age] years old, born on [fill birthdate].   [His/Her] national origin is [fill Hispanic origin], and [his/her] race is [fill race]:
Is this information correct?

1   Yes, this information is correct
2   No, correction(s) needed/more corrections needed

UniverseText: All nondeleted family members

SkipInstructions: <1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S [goto EXIT(HHC)]
else [goto FIDCC13]
<2> [goto CWHAT2]

Question ID: FID.110_00.000   **Instrument Variable Name:**   CWHAT2   **QuestionnaireFileName:**   Family

QuestionText: * Change(s) needed for [ALIAS].

* Enter each number that applies. If a wrong choice, type that choice again.

1   Name
2   Age or DOB
3   Sex
4   National origin
5   Race

UniverseText: HHCHANGE = 2 (No, not correct)

SkipInstructions: <1> [goto CHG_NAME_FNAME]
<2> [goto CHG_AGEDOB_1]
<3> [goto CHG_SEX]
<4> [goto CHG_NATOR]
<5> [goto CHG_RACE]

2015 NHIS Questionnaire -   Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.245_00.000   **Instrument Variable Name:**   HHCHANGE_1   **QuestionnaireFileName:**   Family

QuestionText: I have recorded that {your name is/ALIAS is} {fill full name}, age is {fill age}, date of birth is {fill birthdate}, {his/her} national origin is {fill Hispanic origin}, and {his/her} {fill race} is:
Is this information correct?

1	Yes, this information is correct
2	No, correction(s) needed/more corrections needed

UniverseText: All nondeleted family members with a change made to their demographic information

SkipInstructions: <1> if no additional PX remain
    if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
    else GOTO FIDCC13
<2> GOTO ERR_HHCHANGE_1

Hard Edit: ERR_HHCHANGE_1
* Press enter to go back to change some demographic information or arrow down and press enter to change your answer.

Default Goto should be CWHAT2

Question ID: FID.250_00.000   **Instrument Variable Name:**   MARITAL   **QuestionnaireFileName:**   Family

QuestionText: * ASK OR VERIFY

[fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner?

1	Married
2	Widowed
3	Divorced
4	Separated
5	Never Married
6	Living with partner
7	Refused
9	Don't know

UniverseText: All persons, 14 and older, who don't have a marital status yet

SkipInstructions: <1> [goto SPFLAG]
<2-5, R, D> [goto FIDCCI3]
<6> if LINTAL[FAMINT] = 1 [goto FIDCCI4]
else [goto COHAB1]

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: **27-May-16**

Question ID: FID.260_00.000   **Instrument Variable Name:**   SPOUS   **QuestionnaireFileName:**   Family

QuestionText: * ASK OR VERIFY

Is [fill: your/ALIAS's] spouse living in the household?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: A potential spouse lives in the unit.

SkipInstructions: <1> If SPOUS2[PX] = null [goto SPOUS2]
else [goto FIDCCI3]
<2,R,D> [goto FIDCCI3]

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.270_00.000   **Instrument Variable Name:**   SPOUS2   **QuestionnaireFileName:**   Family

QuestionText: * Probe as necessary and enter the line number of the spouse.

[Display all possible spouse candidates]

01-25   Person # of spouse

UniverseText: Person has an unidentified spouse in the household.

SkipInstructions: Do not allow line number of the subject to be entered. If so [goto ERR_SPOUS2]
<1-25,R,D> [goto FIDCCI3]

Hard Edit: ERR1_SPOUS2

*Person can't be his or her own spouse.
*Please correct.

Soft Edit: ERR2_SPOUS2
*If [ALIAS (SPOUS2(PX)] is [ALIAS (PX)]'s spouse, [ALIAS (SPOUS2(PX))]'s RPREL value should be '02'.
*Correct relationship code at RPREL or change answer at SPOUS2.

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

Questions involved   Value
RPREL: Relationship to Ref Person   RPREL(SPOUS2(PX))
SPOUS2   ALIAS (SPOUS2(PX))

ERR3_SPOUS2
*Do not read this message to the respondent.
*The married couple [ALIAS (SPOUS2(PX))] and [ALIAS (PX)] are both [SEX(PX)].
*Suppress message if correct.
*Otherwise, correct SEX of either person or choose different spouse.

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

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

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

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

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

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.280_00.000   **Instrument Variable Name:**   COHAB1   **QuestionnaireFileName:**   Family

QuestionText: [fill: Have you/Has ALIAS] ever been married?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Marital status is "living with a partner."

SkipInstructions: <1> [goto COHAB2]
<2,R,D> if COHAB3[PX] = null [goto COHAB3]
else [goto FIDCCI3]

Question ID: FID.290_00.000   **Instrument Variable Name:**   COHAB2   **QuestionnaireFileName:**   Family

QuestionText: What is [fill: your/ALIAS's] current legal marital status?

1	Married
2	Widowed
3	Divorced
4	Separated
7	Refused
9	Don't know

UniverseText: Person is currently cohabiting and has been married.

SkipInstructions: <1-4,R,D> If COHAB3[PX] = null [goto COHAB3]
else [goto FIDCCI3]

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.300_00.000   **Instrument Variable Name:**   COHAB3   **QuestionnaireFileName:**   Family

QuestionText: * Probe as necessary and enter the line number of the cohabiting partner.

[Display all possible cohabitation candidates]

01-25   Person number

UniverseText: Cohabiting partner has yet to be identified.

SkipInstructions: If line number of the subject is entered [goto ERR_COHAB3]
<1-25,R,D> [goto FIDCCI3]

Hard Edit: ERR1_COHAB3

* Person can't be his or her own partner.
* Please correct.

Soft Edit: ERR2_COHAB3

*If [ALIAS (COHAB3(PX))] is [ALIAS (PX)]'s cohabiting partner, [ALIAS (COHAB3(PX))]'s RPREL value should be '03'.
*Correct relationship code at RPREL or change answer at COHAB3.

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

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

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

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

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

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

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

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

2015 NHIS Questionnaire -   Family

Family Identification

Document Version Date: **27-May-16**

Question ID: FID.322_00.000   **Instrument Variable Name:**   DEGREE4   **QuestionnaireFileName:**   Family

QuestionText: I noted that [father's fullname] is the father of [child's fullname]. Is [child's fullname] his biological, adoptive, step, foster, or [fill: son/daughter] in law?

1	Biological
2	Adoptive
3	Step
4	Foster
5	-in-law
7	Refused
9	Don't know

2015 NHIS Questionnaire -   Family

Family Identification

Document Version Date: 27-May-16

UniverseText: When the reference person is the person in question's parent.

SkipInstructions: <1> if AGEDIFF <12 [goto ERR_DEGREE4]
if ERR_DEGREE4 = 1 [goto FIDCCI4B]
else reset DEGREE4 [goto DEGREE4] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

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

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

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

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

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

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

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

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

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

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

2015 NHIS Questionnaire -   Family

Family Identification

Document Version Date: 27-May-16

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

2015 NHIS Questionnaire -   Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.324_00.000   **Instrument Variable Name:**   DEGREE5   **QuestionnaireFileName:**   Family

QuestionText: I noted that [mother's fullname] is the mother of [child's fullname]. Is [child's fullname] her biological, adoptive, step, foster, or [fill: son/daughter] in law?

1	Biological
2	Adoptive
3	Step
4	Foster
5	-in-law
7	Refused
9	Don't know

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

UniverseText:	When the reference person is the person in question's parent.
SkipInstructions:	<1> if AGEDIFF <12 [goto ERR_DEGREE5] if yes, continue the interview [goto FIDCCI4B] else, reset DEGREE5 [goto DEGREE5] endif else [goto FIDCCI4B] <2-5,R,D> [goto FIDCCI4B]
Hard Edit:	ERR2_DEGREE5 *Age difference between mother and child is [AGEDIFF] years. I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct? * Please correct relationship code or age.

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

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

Soft Edit:

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

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

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

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

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

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

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

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

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

Question ID: FID.326_00.000 **Instrument Variable Name:** MOTHER **QuestionnaireFileName:** Family

QuestionText: * Ask or verify
Is [fill: your/ALIAS's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law)

* Enter the line number of the mother or mother-in-law.
If the mother or mother-in-law is not a household member, enter "0".

* Choose mother over mother-in-law if both are present.

00	Mother not a household member
01-25	Person number of mother
97	Refused
99	Don't know

UniverseText: Potential mother in the Family, mother not already identified

SkipInstructions: <01-25> [goto MOTHERCK_A]
<0,R,D> [goto FIDCCI5]

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: **27-May-16**

Question ID: FID.330_01.000   **Instrument Variable Name:** MOTHERCK_A   **QuestionnaireFileName:** Family

QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?

1	Biological mother
2	Adoptive mother
3	Step mother
4	Foster mother
5	Mother-in-law
7	Refused
9	Don't know

2015 NHIS Questionnaire -   Family

Family Identification

Document Version Date: 27-May-16

UniverseText: Mother is in the immediate family.

SkipInstructions: <1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]
if <1> [goto FIDCCI5]
elseif <2> [goto MOTHER]
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
else [goto FIDCCI5]
<2-5,R,D> [goto FIDCCI5]

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

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

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

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

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

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

if suppressed goto FIDCCI5

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

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

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

if suppressed goto FIDCCI5

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.340_00.000   **Instrument Variable Name:**   FATHER   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify

Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

* Enter the line number of the father or father-in-law.

* If the father is not a household member, enter '0'.

* Choose father over father-in-law if both are present.

00	Father not in household
01-25	Person # of father
97	Refused
99	Don't know

UniverseText: Potential Father in Family, not already identified

SkipInstructions: <1-25> [goto FATHERCK_A]
<0,R,D> [goto FIDCCI4]

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.350_01.000   **Instrument Variable Name:**   FATHERCK_A   **QuestionnaireFileName:**   Family

QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?

1	Biological father
2	Adoptive father
3	Step father
4	Foster father
5	Father-in-law
7	Refused
9	Don't know

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

UniverseText: Father is in the immediate family.

SkipInstructions: <1> If AGEDIFF <12 [goto ERR_FATHERCK_A]
if ERRFATHERCK_A = <1> [goto FIDCCI4]
elseif <2> [goto FATHER]
elseif <3> reset FATHERCK_A
[goto FATHERCK_A] endif
else [goto FIDCCI4]
<2-5,R,D> [goto FIDCCI4]

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

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

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

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

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

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

if suppressed goto FIDCCI4

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

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

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

if suppressed goto FIDCCI4

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID:	FID.361_00.000	**Instrument Variable Name:**	LGGUARD1	**QuestionnaireFileName:**	Family

QuestionText: [fill: Do you/Does ALIAS] have a legal guardian?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: (Person is ward of reference person OR both mother and father are not present in the household) AND person is less than 18 AND person is not deleted

SkipInstructions: <1> [goto LGGUARD2]
<2,R,D> if additional persons remain, GOTO FIDCCI4
    else GOTO ROSTERCK

Question ID:	FID.362_00.000	**Instrument Variable Name:**	LGGUARD2	**QuestionnaireFileName:**	Family

QuestionText: *Ask or verify.
Is [fill ALIAS'S] legal guardian a household member?

*Enter the line number of the legal guardian.
*If the legal guardian is not a household member, enter '0'.

00	Guardian not a household member
01-25	Person # of guardian
97	Refused
99	Don't know

UniverseText: Person less than 18 has legal guardian

SkipInstructions: <0-25, D, R> if additional persons remain, GOTO FIDCCI4
    else GOTO ROSTERCK

2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.380_00.000   **Instrument Variable Name:**   KNOW2   **QuestionnaireFileName:**   Family

QuestionText: * Verify or ask
Who in the family would you say knows about the health of all the family members?
[Display all family members who not deleted and > 17 or emancipated minors.]
* Mark all that apply, separate with commas.

1	Yes, knows family members' health
2	No, does not know family member's health
7	Refused
9	Don't know

UniverseText: More than one adult

SkipInstructions: <1-25,R,D>
if SCSEL = 0 [goto FINTRO2]
else [goto KNOWSC2]

Question ID: FID.390_03.000   **Instrument Variable Name:**   FINTRO2   **QuestionnaireFileName:**   Family

QuestionText: * Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.
[Display all family members who are not deleted and >17 or emancipated minors]
* If any persons listed are not present, say:
We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now?
* If yes, ask: Could they join us?
* If nobody is presently available, enter "96" to proceed to a callback screen.

| 1 | Present |
| 2 | Not present |

UniverseText: All nondeleted persons >17 or emancipated minors

SkipInstructions: <96> [goto FCALLBK1]
if only one PX selected [goto HLTH_BEG]
else [goto FAMRESP]

2015 NHIS Questionnaire -   Family

Family Identification

Document Version Date: 27-May-16

Question ID: FID.390_04.000 **Instrument Variable Name:** FAMRESP **QuestionnaireFileName:** Family

QuestionText: * Ask if necessary: With whom am I speaking?
* Enter the line number of the person you consider to be the main respondent for this family's health questions.

01-25   Person # of Family Respondent

UniverseText: More than 1 adult present.

SkipInstructions: goto HLTH_BEG

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.005_00.000   **Instrument Variable Name:**   FLAPLYLM   **QuestionnaireFileName:**   Family

QuestionText: ? [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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons less than 5 years of age

SkipInstructions: <1> [if only one child less than 5 years of age, store the person number in PLAPLYLM and goto PLAPLYUN; else, goto PLAPLYLM]
<2,R,D> [goto FSPEDEIS]

Question ID: FHS.010_00.000   **Instrument Variable Name:**   PLAPLYLM   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons less than five years of age and at least one is limited in play activities

SkipInstructions: goto PLAPLYUN

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.020_00.000   **Instrument Variable Name:**   PLAPLYUN   **QuestionnaireFileName:**   Family

QuestionText: Is [fill: ALIAS] able to take part AT ALL in the usual kinds of play activities done by most children [fill: ALIAS]'s age?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 5 years of age who are limited in play activities

SkipInstructions: repeat this question for all persons listed at PLAPLYLM, then goto FSPEDEIS

Question ID: FHS.050_00.000   **Instrument Variable Name:**   FSPEDEIS   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill: Do you/Does/Do any of these family members,

* Read names

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons less than 18 years of age

SkipInstructions: <1> [if only one person less than 18 years of age, store the person number in PSPEDEIS and goto PSPEDEM; else, goto PSPEDEIS]
<2,R,D> [goto FLAADL]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.060_00.000   **Instrument Variable Name:**   PSPEDEIS   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons less than 18 years of age and at least one receives Special Educational or Early Intervention Services

SkipInstructions: goto PSPEDEM

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FHS.065_00.000   **Instrument Variable Name:**   PSPEDEM   **QuestionnaireFileName:**   Family

QuestionText: [fill: Do you/Does ALIAS] receive these services because of an emotional or behavioral problem?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who receive Special Educational or Early Intervention Services

SkipInstructions: repeat this question for all persons listed at PSPEDEIS, then goto FLAADL

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.070_00.000   **Instrument Variable Name:**   FLAADL   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

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.]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 3 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PLAADL and goto LABATH; else, goto PLAADL]
<2,R,D> [goto FLAIADL]

Question ID: FHS.080_00.000   **Instrument Variable Name:**   PLAADL   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 3 years of age or older and at least one needs the help of other persons with personal care needs

SkipInstructions: goto LABATH

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.090_01.000 **Instrument Variable Name:** LABATH **QuestionnaireFileName:** Family

QuestionText: [fill: Do you/Does ALIAS] need the help of other persons with...

Bathing or showering?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LADRESS

Question ID: FHS.090_02.000 **Instrument Variable Name:** LADRESS **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Dressing?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LAEAT

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.090_03.000   **Instrument Variable Name:**   LAEAT   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Eating?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LABED

Question ID: FHS.090_04.000   **Instrument Variable Name:**   LABED   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting in or out of bed or chairs?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LATOILT

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.090_05.000 **Instrument Variable Name:** LATOILT **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Using the toilet, including getting to the toilet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LAHOME

Question ID: FHS.090_06.000 **Instrument Variable Name:** LAHOME **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting around inside the home?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.150_00.000   **Instrument Variable Name:**   FLAIADL   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Because of a physical, mental, or emotional problem, do [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAIADL and goto FLAWKNOW; else, goto PLAIADL]
<2,R,D> [goto FLAWKNOW]

Question ID: FHS.160_00.000   **Instrument Variable Name:**   PLAIADL   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one needs the help of other persons in handling routine needs

SkipInstructions: goto FLAWKNOW

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.170_00.000   **Instrument Variable Name:**   FLAWKNOW   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

from working at a job or business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK; else, goto PLAWKNOW]
<2,R,D> [goto FLAWKLIM]

Question ID: FHS.180_00.000   **Instrument Variable Name:**   PLAWKNOW   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem

SkipInstructions: all persons selected goto FLAWALK; else, goto FLAWKLIM

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.190_00.000 **Instrument Variable Name:** FLAWKLIM **QuestionnaireFileName:** Family

QuestionText: ? [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 age 18 or older)]

limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with one or more persons 18 years of age or older not listed as being unable to work due to a physical, mental, or emotional problem

SkipInstructions: <1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in PLAWKLIM and goto FLAWALK; else, goto PLAWKLIM]
<2,R,D> [goto FLAWALK]

Question ID: FHS.200_00.000 **Instrument Variable Name:** PLAWKLIM **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

0 Unable to work
1 Limited in work
2 Not limited in work
7 Refused
9 Don't know

UniverseText: All families with two or more persons 18 years of age or older able to work and at least one is limited in the kind or amount of work he/she can do

SkipInstructions: goto FLAWALK

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.210_00.000   **Instrument Variable Name:**   FLAWALK   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Because of a health problem, [fill: do you/does anyone in the family] have difficulty walking without using any special equipment?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PLAWALK and goto FLAREMEM; else, goto PLAWALK]
<2,R,D> [goto FLAREMEM]

Question ID: FHS.220_00.000   **Instrument Variable Name:**   PLAWALK   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one has difficulty walking without using special equipment

SkipInstructions: goto FLAREMEM

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.230_00.000   **Instrument Variable Name:**   FLAREMEM   **QuestionnaireFileName:**   Family

QuestionText: ? [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?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store person number in PLAREMEM and goto LAHCC; else, goto PLAREMEM]
<2,R,D> [goto FLIMANY]

Question ID: FHS.240_00.000   **Instrument Variable Name:**   PLAREMEM   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one is limited due to difficulty remembering or periods of confusion

SkipInstructions: goto FLIMANY

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.250_00.000 **Instrument Variable Name:** FLIMANY **QuestionnaireFileName:** Family

QuestionText: ? [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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families – please see note on PLIMANY

SkipInstructions: <1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY]
<2,R,D> [goto LAHCC]

Question ID: FHS.260_00.000 **Instrument Variable Name:** PLIMANY **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

0	Limitation previously mentioned
1	Yes, limited in some other way
2	Not limited in any way
7	Refused
9	Don't know

UniverseText: All families – please see note on PLIMANY

SkipInstructions: goto LAHCC

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.270_00.000 **Instrument Variable Name:**   LAHCC   **QuestionnaireFileName:**   Family

QuestionText: (book) F1   ? [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.

01	Vision/problem seeing
02	Hearing problem
03	Speech problem
04	Asthma/breathing problem
05	Birth defect
06	Injury
07	Intellectual disability, also known as mental retardation
08	Other developmental problem (for example, cerebral palsy)
09	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 (Specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/not sure

UniverseText: All persons less than 18 years of age who have at least one reported limitation

SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]
<5> [fill "96" in LHCL05N and fill "6" in LHCL05T]
<90> [goto LAHCC_S1]
<91> [goto LAHCC_S2]
<R,D> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID:	FHS.271_90.000	**Instrument Variable Name:**	LAHCC_S1	**QuestionnaireFileName:**	Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHCL90N

Question ID:	FHS.271_91.000	**Instrument Variable Name:**	LAHCC_S2	**QuestionnaireFileName:**	Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHCL91N

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.280_01.000   **Instrument Variable Name:**   LHCL01N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing

SkipInstructions: <1-95,D> [goto LHCL01T]
<96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.280_02.000   **Instrument Variable Name:**   LHCL01T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with vision problem or problem seeing.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL01T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL01T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.282_01.000 **Instrument Variable Name:** LHCL02N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a hearing problem?

* Enter number for time with a hearing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a hearing problem

SkipInstructions: <1-95,D> [goto LHCL02T]
<96> [fill "6" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.282_02.000   **Instrument Variable Name:**   LHCL02T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL02T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL02T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.284_01.000   **Instrument Variable Name:**   LHCL03N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a speech problem?

* Enter number for time with a speech problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a speech problem

SkipInstructions: <1-95,D> [goto LHCL03T]
<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.284_02.000   **Instrument Variable Name:**   LHCL03T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with speech problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a speech problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL03T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL03T
* "6" not selectable.

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.286_01.000   **Instrument Variable Name:**   LHCL04N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had asthma or a breathing problem?

* Enter number for time with an asthma or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to asthma/breathing problem

SkipInstructions: <1-95,D> [goto LHCL04T]
<96> [fill "6" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.286_02.000   **Instrument Variable Name:**   LHCL04T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with asthma or a breathing problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to asthma/breathing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL04T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL04T
* "6" not selectable.

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.288_01.000   **Instrument Variable Name:**   LHCL06N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to an injury

SkipInstructions: <1-95,D> [goto LHCL06T]
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.288_02.000   **Instrument Variable Name:**   LHCL06T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with the injury that caused [fill: your/his/her] limitation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to an injury and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL06T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL06T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.290_01.000 **Instrument Variable Name:** LHCL07N **QuestionnaireFileName:** Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to intellectual disability/mental retardation

SkipInstructions: <1-95,D> [goto LHCL07T]
<96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.290_02.000   **Instrument Variable Name:**   LHCL07T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with intellectual disability/mental retardation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to intellectual disability/mental retardation and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL07T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL07T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: **27-May-16**

Question ID: FHS.292_01.000 **Instrument Variable Name:** LHCL08N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?

* Enter number for time with a developmental problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to some other developmental problem

SkipInstructions: <1-95,D> [goto LHCL08T]
<96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.292_02.000   **Instrument Variable Name:**   LHCL08T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL08T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL08T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.294_01.000 **Instrument Variable Name:** LHCL09N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a mental, emotional, or behavioral problem?

* Enter number for time with a mental, emotional, or behavioral problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem

SkipInstructions: <1-95,D> [goto LHCL09T]
<96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID:　FHS.294_02.000　**Instrument Variable Name:**　LHCL09T　　**QuestionnaireFileName:**　Family

QuestionText:　2 of 2

　　　* Enter time period for time with mental, emotional, or behavioral problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText:　All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions:　<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit:　ERR1_LHCL09T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL09T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.296_01.000   **Instrument Variable Name:**   LHCL10N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?

* Enter number for time with a bone, joint, or muscle problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem

SkipInstructions: <1-95,D> [goto LHCL10T]
<96> [fill "6" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.296_02.000   **Instrument Variable Name:**   LHCL10T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with bone, joint, or muscle problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL10T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL10T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.298_01.000   **Instrument Variable Name:**   LHCL11N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to epilepsy or seizures

SkipInstructions: <1-95,D> [goto LHCL11T]
<96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.298_02.000 **Instrument Variable Name:** LHCL11T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL11T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL11T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.300_01.000   **Instrument Variable Name:**   LHCL12N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a learning disability?

* Enter number for time with a learning disability.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a learning disability

SkipInstructions: <1-95,D> [goto LHCL12T]
<96> [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.300_02.000   **Instrument Variable Name:**   LHCL12T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with learning disability.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a learning disability and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL12T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL12T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.302_01.000   **Instrument Variable Name:**   LHCL13N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder

SkipInstructions: <1-95,D> [goto LHCL13T]
<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.302_02.000   **Instrument Variable Name:**   LHCL13T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with attention deficit/hyperactivity disorder.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL13T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL13T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.304_01.000   **Instrument Variable Name:**   LHCL90N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1

SkipInstructions: <1-95,D> [goto LHCL90T]
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.304_02.000   **Instrument Variable Name:**   LHCL90T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S1].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL90T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL90T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.306_01.000   **Instrument Variable Name:**   LHCL91N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2

SkipInstructions: <1-95,D> [goto LHCL91T]
<96> [fill "6" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.306_02.000   **Instrument Variable Name:**   LHCL91T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S2].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, 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 Edit: ERR1_LHCL91T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL91T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.350_00.000 **Instrument Variable Name:** LAHCA **QuestionnaireFileName:** Family

QuestionText: (book) F2

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.

01	Vision/problem seeing
02	Hearing problem
03	Arthritis/rheumatism
04	Back or neck problem
05	Fracture, bone/joint injury
06	Other injury
07	Heart problem
08	Stroke problem
09	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 (Specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/not sure

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

UniverseText: All persons 18 years of age or older who have at least one reported limitation

SkipInstructions: <1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]
<13> [fill "96" in LHAL13N and fill "6" in LHAL13T]
<90> [goto LAHCA_S1]
<91> [goto LAHCA_S2]
<R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person 18 years of age or older with a reported limitation. The instrument then proceeds to PHSTAT.

Question ID: FHS.351_90.000   **Instrument Variable Name:**   LAHCA_S1   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHAL90N

Question ID: FHS.351_91.000   **Instrument Variable Name:**   LAHCA_S2   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHAL91N

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.360_01.000   **Instrument Variable Name:**   LHAL01N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing

SkipInstructions: <1-95,D> [goto LHAL01T]
<96> [fill "6" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more
conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons,
goto PHSTAT]
<R> [store "R" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more
conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons,
goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.360_02.000 **Instrument Variable Name:** LHAL01T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with vision problem or problem seeing.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL01T]

if LHAL01T = 4 and LHAL01N > AGE, goto ERR1_LHAL01T

Hard Edit: ERR1_LHAL01T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL01T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.362_01.000 **Instrument Variable Name:** LHAL02N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a hearing problem?

* Enter number for time with a hearing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a hearing problem

SkipInstructions: <1-95,D> [goto LHAL02T]
<96> [fill "6" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.362_02.000   **Instrument Variable Name:**   LHAL02T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL02T]

if LHAL02T = 4 and LHAL02N > AGE, goto ERR1_LHAL02T

Hard Edit: ERR1_LHAL02T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL02T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.364_01.000   **Instrument Variable Name:**   LHAL03N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to arthritis/rheumatism

SkipInstructions: <1-95,D> [goto LHAL03T]
<96> [fill "6" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.364_02.000   **Instrument Variable Name:**   LHAL03T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to arthritis/rheumatism and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL03T]

if LHAL03T = 4 and LHAL03N > AGE, goto ERR1_LHAL03T

Hard Edit: ERR1_LHAL03T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL03T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.366_01.000   **Instrument Variable Name:**   LHAL04N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a back or neck problem?

* Enter number for time with a back or neck problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a back or neck problem

SkipInstructions: <1-95,D> [goto LHAL04T]
<96> [fill "6" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.366_02.000   **Instrument Variable Name:**   LHAL04T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with back or neck problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a back or neck problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL04T]

if LHAL04T = 4 and LHAL04N > AGE, goto ERR1_LHAL04T

Hard Edit: ERR1_LHAL04T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL04T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.368_01.000   **Instrument Variable Name:** LHAL05N   **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a fracture, bone, or joint injury?

* Enter number for time with a fracture, bone or joint injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury

SkipInstructions: <1-95,D> [goto LHAL05T]
<96> [fill "6" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.368_02.000   **Instrument Variable Name:**   LHAL05T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL05T]

if LHAL05T = 4 and LHAL05N > AGE, goto ERR1_LHAL05T

Hard Edit: ERR1_LHAL05T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL05T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.370_01.000   **Instrument Variable Name:**   LHAL06N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had the other 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some "other" injury

SkipInstructions: <1-95,D> [goto LHAL06T]
<96> [fill "6" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.370_02.000   **Instrument Variable Name:**   LHAL06T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

    * Enter time period for time with other injury that caused [fill: your/his/her] limitation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some "other" injury and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL06T]

if LHAL06T = 4 and LHAL06N > AGE, goto ERR1_LHAL06T

Hard Edit: ERR1_LHAL06T
  * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL06T
  * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.372_01.000   **Instrument Variable Name:**   LHAL07N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a heart problem?

* Enter number for time with a heart problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a heart problem

SkipInstructions: <1-95,D> [goto LHAL07T]
<96> [fill "6" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.372_02.000 **Instrument Variable Name:** LHAL07T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with heart problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a heart problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL07T]

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1_LHAL07T

Hard Edit: ERR1_LHAL07T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL07T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.374_01.000   **Instrument Variable Name:**   LHAL08N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a stroke problem?

* Enter number for time with a stroke problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a stroke problem

SkipInstructions: <1-95,D> [goto LHAL08T]
<96> [fill "6" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.374_02.000   **Instrument Variable Name:**   LHAL08T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a stroke problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1_LHAL08T

Hard Edit: ERR1_LHAL08T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL08T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.376_01.000   **Instrument Variable Name:** LHAL09N   **QuestionnaireFileName:** Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure

SkipInstructions: <1-95,D> [goto LHAL09T]
<96> [fill "6" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.376_02.000   **Instrument Variable Name:**   LHAL09T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

 * Enter time period for time with hypertension or high blood pressure.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL09T]

if LHAL09T = 4 and LHAL09N > AGE, goto ERR1_LHAL09T

Hard Edit: ERR1_LHAL09T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL09T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.378_01.000   **Instrument Variable Name:**   LHAL10N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to diabetes

SkipInstructions: <1-95,D> [goto LHAL10T]
<96> [fill "6" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID:	FHS.378_02.000	**Instrument Variable Name:**	LHAL10T	**QuestionnaireFileName:**	Family

QuestionText: 2 of 2

* Enter time period for time with diabetes.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to diabetes and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL10T]

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T

Hard Edit: ERR1_LHAL10T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL10T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.380_01.000   **Instrument Variable Name:**   LHAL11N   **QuestionnaireFileName:**   Family

QuestionText: 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 a lung problem or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a lung/breathing problem

SkipInstructions: <1-95,D> [goto LHAL11T]
<96> [fill "6" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.380_02.000   **Instrument Variable Name:**   LHAL11T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with lung problem or breathing problem (e.g., asthma and emphysema).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a lung/breathing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL11T]

if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T

Hard Edit: ERR1_LHAL11T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL11T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.382_01.000   **Instrument Variable Name:**   LHAL12N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to cancer

SkipInstructions: <1-95,D> [goto LHAL12T]
<96> [fill "6" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.382_02.000   **Instrument Variable Name:**   LHAL12T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with cancer.

1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
6   Since birth
7   Refused
9   Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to cancer and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL12T]

if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T

Hard Edit: ERR1_LHAL12T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL12T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.384_01.000 **Instrument Variable Name:** LHAL14N **QuestionnaireFileName:** Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to intellectual disability/mental retardation

SkipInstructions: <1-95,D> [goto LHAL14T]
<96> [fill "6" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.384_02.000   **Instrument Variable Name:**   LHAL14T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with intellectual disability/mental retardation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to intellectual disability/mental retardation and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1_LHAL14T

Hard Edit: ERR1_LHAL14T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL14T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.386_01.000   **Instrument Variable Name:**   LHAL15N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?

* Enter number for time with a developmental problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some other developmental problem

SkipInstructions: <1-95,D> [goto LHAL15T]
<96> [fill "6" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.386_02.000 **Instrument Variable Name:** LHAL15T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL15T]

if LHAL15T = 4 and LHAL15N > AGE, goto ERR1_LHAL15T

Hard Edit: ERR1_LHAL15T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL15T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.388_01.000   **Instrument Variable Name:**   LHAL16N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to senility

SkipInstructions: <1-95,D> [goto LHAL16T]
<96> [fill "6" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.388_02.000   **Instrument Variable Name:** LHAL16T   **QuestionnaireFileName:** Family

QuestionText: 2 of 2

   * Enter time period for time with senility.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to senility and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL16T]

if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T

Hard Edit: ERR1_LHAL16T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL16T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.390_01.000   **Instrument Variable Name:**   LHAL17N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem

SkipInstructions: <1-95,D> [goto LHAL17T]
<96> [fill "6" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.390_02.000 **Instrument Variable Name:**   LHAL17T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with depression, anxiety, or an emotional problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL17T]

if LHAL17T = 4 and LHAL17N > AGE, goto ERR1_LHAL17T

Hard Edit: ERR1_LHAL17T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL17T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.392_01.000   **Instrument Variable Name:**   LHAL18N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a weight problem?

* Enter number for time with a weight problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a weight problem

SkipInstructions: <1-95,D> [goto LHAL18T]
<96> [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.392_02.000 **Instrument Variable Name:** LHAL18T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with weight problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a weight problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL18T]

if LHAL18T = 4 and LHAL18N > AGE, goto ERR1_LHAL18T

Hard Edit: ERR1_LHAL18T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL18T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.394_01.000   **Instrument Variable Name:**   LHAL19N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to missing limbs

SkipInstructions: <1-95,D> [goto LHAL19T]
<96> [fill "6" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.394_02.000   **Instrument Variable Name:**   LHAL19T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with missing limb (finger, toe, or digit).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to missing limbs and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL19T]

if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T

Hard Edit: ERR1_LHAL19T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL19T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.396_01.000   **Instrument Variable Name:**   LHAL20N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a kidney, bladder or renal problem?

* Enter number for time with a kidney, bladder or renal problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem

SkipInstructions: <1-95,D> [goto LHAL20T]
<96> [fill "6" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.396_02.000 **Instrument Variable Name:** LHAL20T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with kidney, bladder or renal problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL20T]

if LHAL20T = 4 and LHAL20N > AGE, goto ERR1_LHAL20T

Hard Edit: ERR1_LHAL20T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL20T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.398_01.000 **Instrument Variable Name:** LHAL21N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to circulation problems

SkipInstructions: <1-95,D> [goto LHAL21T]
<96> [fill "6" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.398_02.000   **Instrument Variable Name:** LHAL21T   **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with circulation problem (including blood clots).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to circulation problems and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL21T]

if LHAL21T = 4 and LHAL21N > AGE, goto ERR1_LHAL21T

Hard Edit: ERR1_LHAL21T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL21T
* "6" not selectable.

2015 NHIS Questionnaire -   Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.400_01.000   **Instrument Variable Name:**   LHAL22N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to benign tumors or cysts

SkipInstructions: <1-95,D> [goto LHAL22T]
<96> [fill "6" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.400_02.000   **Instrument Variable Name:**   LHAL22T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with benign tumors or cysts.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to benign tumors or cysts and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL22T]

if LHAL22T = 4 and LHAL22N > AGE, goto ERR1_LHAL22T

Hard Edit: ERR1_LHAL22T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL22T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.402_01.000   **Instrument Variable Name:** LHAL23N   **QuestionnaireFileName:** Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus

SkipInstructions: <1-95,D> [goto LHAL23T]
<96> [fill "6" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.402_02.000   **Instrument Variable Name:**   LHAL23T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T

Hard Edit: ERR1_LHAL23T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL23T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.404_01.000   **Instrument Variable Name:**   LHAL24N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis

SkipInstructions: <1-95,D> [goto LHAL24T]
<96> [fill "6" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.404_02.000   **Instrument Variable Name:**   LHAL24T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL24T]

if LHAL24T = 4 and LHAL24N > AGE, goto ERR1_LHAL24T

Hard Edit: ERR1_LHAL24T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL24T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.406_01.000   **Instrument Variable Name:**   LHAL25N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to epilepsy or seizures

SkipInstructions: <1-95,D> [goto LHAL25T]
<96> [fill "6" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.406_02.000   **Instrument Variable Name:**   LHAL25T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL25T]

if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T

Hard Edit: ERR1_LHAL25T
 * Time with condition cannot be greater than age. Please correct.
 ERR2_LHAL25T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.408_01.000   **Instrument Variable Name:**   LHAL26N   **QuestionnaireFileName:**   Family

QuestionText: 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 dystrophy (MD)?
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy

SkipInstructions: <1-95,D> [goto LHAL26T]
<96> [fill "6" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.408_02.000   **Instrument Variable Name:**   LHAL26T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

        * Enter time period for time with multiple sclerosis (MS) or muscular dystrophy (MD).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL26T]

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1_LHAL26T

Hard Edit: ERR1_LHAL26T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL26T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.410_01.000   **Instrument Variable Name:**   LHAL27N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia

SkipInstructions: <1-95,D> [goto LHAL27T]
<96> [fill "6" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.410_02.000   **Instrument Variable Name:**   LHAL27T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL27T]

if LHAL27T = 4 and LHAL27N > AGE, goto ERR1_LHAL27T

Hard Edit: ERR1_LHAL27T
 * Time with condition cannot be greater than age. Please correct.
 ERR2_LHAL27T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.412_01.000   **Instrument Variable Name:**   LHAL28N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors

SkipInstructions: <1-95,D> [goto LHAL28T]
<96> [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.412_02.000   **Instrument Variable Name:**   LHAL28T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with Parkinson's disease or tremors.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL28T]

if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T

Hard Edit: ERR1_LHAL28T
 * Time with condition cannot be greater than age. Please correct.
 ERR2_LHAL28T
 * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.414_01.000   **Instrument Variable Name:**   LHAL29N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome

SkipInstructions: <1-95,D> [goto LHAL29T]
<96> [fill "6" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.414_02.000   **Instrument Variable Name:**   LHAL29T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with nerve damage (including carpal tunnel syndrome).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome, and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL29T]

if LHAL29T = 4 and LHAL29N > AGE, goto ERR1_LHAL29T

Hard Edit: ERR1_LHAL29T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL29T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.416_01.000   **Instrument Variable Name:**   LHAL30N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a hernia?

* Enter number for time with a hernia.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a hernia

SkipInstructions: <1-95,D> [goto LHAL30T]
<96> [fill "6" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.416_02.000   **Instrument Variable Name:**   LHAL30T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with hernia.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a hernia and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL30T]

if LHAL30T = 4 and LHAL30N > AGE, goto ERR1_LHAL30T

Hard Edit: ERR1_LHAL30T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL30T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.418_01.000 **Instrument Variable Name:** LHAL31N **QuestionnaireFileName:** Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to an ulcer

SkipInstructions: <1-95,D> [goto LHAL31T]
<96> [fill "6" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.418_02.000   **Instrument Variable Name:**   LHAL31T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

       * Enter time period for time with ulcer.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to an ulcer and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL31T]

if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T

Hard Edit: ERR1_LHAL31T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL31T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.420_01.000   **Instrument Variable Name:**   LHAL32N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids

SkipInstructions: <1-95,D> [goto LHAL32T]
<96> [fill "6" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.420_02.000   **Instrument Variable Name:** LHAL32T   **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with varicose veins or hemorrhoids.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL32T]

if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T

Hard Edit: ERR1_LHAL32T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL32T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.422_01.000   **Instrument Variable Name:**   LHAL33N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout

SkipInstructions: <1-95,D> [goto LHAL33T]
<96> [fill "6" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.422_02.000   **Instrument Variable Name:**   LHAL33T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

  * Enter time period for time with thyroid problem, Grave's disease or gout.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL33T]

if LHAL33T = 4 and LHAL33N > AGE, goto ERR1_LHAL33T

Hard Edit: ERR1_LHAL33T
  * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL33T
  * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.424_01.000   **Instrument Variable Name:**   LHAL34N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a knee problem?

* Enter number for time with a knee problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to knee problems

SkipInstructions: <1-95,D> [goto LHAL34T]
<96> [fill "6" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.424_02.000   **Instrument Variable Name:**   LHAL34T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with knee problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to knee problems and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL34T]

if LHAL34T = 4 and LHAL34N > AGE, goto ERR1_LHAL34T

Hard Edit: ERR1_LHAL34T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL34T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.426_01.000   **Instrument Variable Name:**   LHAL35N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had migraine headaches?

* Enter number for time with migraine headaches.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to migraine headaches

SkipInstructions: <1-95,D> [goto LHAL35T]
<96> [fill "6" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.426_02.000   **Instrument Variable Name:**   LHAL35T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to migraine headaches and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL35T]

if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T

Hard Edit: ERR1_LHAL35T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL35T
* "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.450_01.000   **Instrument Variable Name:**   LHAL90N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1

SkipInstructions: <1-95,D> [goto LHAL90T]
<96> [fill "6" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.450_02.000   **Instrument Variable Name:** LHAL90T   **QuestionnaireFileName:** Family

QuestionText: 2 of 2

    * Enter time period for time with [fill: LAHCA_S1].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL90T]

if LHAL90T = 4 and LHAL90N > AGE, goto ERR1_LHAL90T

Hard Edit: ERR1_LHAL90T
  * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL90T
  * "6" not selectable.

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.452_01.000   **Instrument Variable Name:**   LHAL91N   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2

SkipInstructions: <1-95,D> [goto LHAL91T]
<96> [fill "6" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.452_02.000   **Instrument Variable Name:**   LHAL91T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with [fill: LAHCA_S2].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL91T]

if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T

Hard Edit: ERR1_LHAL91T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL91T
* "6" not selectable.

Question ID: FHS.500_00.000   **Instrument Variable Name:**   PHSTAT   **QuestionnaireFileName:**   Family

QuestionText: Would you say [fill: your/ALIAS's] health in general is excellent, very good, good, fair, or poor?

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
7	Refused
9	Don't know

UniverseText: All persons

SkipInstructions: repeat for all persons in the family, goto FINJ3M

2015 NHIS Questionnaire -   Family

Family Food Security

Document Version Date: 27-May-16

Question ID: FFS.010_00.000   **Instrument Variable Name:**   FSRUNOUT   **QuestionnaireFileName:**   Family

QuestionText: 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?

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1-3,R,D> goto FSLAST

Question ID: FFS.020_00.000   **Instrument Variable Name:**   FSLAST   **QuestionnaireFileName:**   Family

QuestionText: "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?

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1-3,R,D> goto FSBALANC

2015 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 27-May-16

Question ID: FFS.030_00.000   **Instrument Variable Name:**   FSBALANC   **QuestionnaireFileName:**   Family

QuestionText: "[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?

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1,2> [goto FSSKIP]
<3,D,R> [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]

Question ID: FFS.040_00.000   **Instrument Variable Name:**   FSSKIP   **QuestionnaireFileName:**   Family

QuestionText: 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1> [goto FSSKDAYS]
<2,R,D> [goto FSLESS]

Question ID: FFS.050_00.000   **Instrument Variable Name:**   FSSKDAYS   **QuestionnaireFileName:**   Family

QuestionText: In the last 30 days, how many days did this happen?

01-30	Days
97	Refused
99	Don't know

UniverseText: 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

SkipInstructions: <1-30,R,D> [goto FSLESS]

2015 NHIS Questionnaire -   Family

Family Food Security

Document Version Date: 27-May-16

Question ID: FFS.060_00.000   **Instrument Variable Name:**   FSLESS   **QuestionnaireFileName:**   Family

QuestionText: In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1,2,R,D> [goto FSHUNGRY]

Question ID: FFS.070_00.000   **Instrument Variable Name:**   FSHUNGRY   **QuestionnaireFileName:**   Family

QuestionText: In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1,2,R,D> [goto FSWEIGHT]

2015 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 27-May-16

Question ID: FFS.080_00.000   **Instrument Variable Name:** FSWEIGHT   **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, did you lose weight because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1> [goto FSNOTEAT]
<2,R,D> [if FSSKIP=1 or FSLESS=1 or FSHUNGRY=1, goto FSNOTEAT; else goto FINJ3M]

Question ID: FFS.090_00.000   **Instrument Variable Name:** FSNOTEAT   **QuestionnaireFileName:** Family

QuestionText: 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1> [goto FSNEDAYS]
<2,R,D> [goto FINJ3M]

Question ID: FFS.100_00.000   **Instrument Variable Name:** FSNEDAYS   **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, how many days did this happen?

01-30	Days
97	Refused
99	Don't know

UniverseText: 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

SkipInstructions: <1-30,R,D> [goto FINJ3M]

<h1 style="text-align:center">2015 NHIS Questionnaire - Family</h1>

<h2 style="text-align:center">Injuries & Poisoning</h2>

<p style="text-align:center">Document Version Date: 27-May-16</p>

Question ID: FIJ.010_00.000   **Instrument Variable Name:**   FINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [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 [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]
<2,R,D> [goto FPOI3M]

Question ID: FIJ.012_00.000   **Instrument Variable Name:**   WFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one person was injured during the past 3 months

SkipInstructions: <R,D> [goto FPOI3M]
else, goto TFINJ3M

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire -   Family

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Question ID: FIJ.014_00.000   **Instrument Variable Name:**   TFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] injured?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons injured during the past 3 months

SkipInstructions: <1-10,D> [goto MFINJ3M]
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]
<11-91> [goto ERR_TFINJ3M]

Soft Edit: ERR_TFINJ3M

* ^TFINJ3M is unusually high. Please verify.

<Suppress> [goto MFINJ3M]
<Close> [reset TFINJ3M for new entry]
<Goto> [reset TFINJ3M for new entry]

Question ID: FIJ.016_00.000   **Instrument Variable Name:**   MFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with at least one or an unknown number of injury episodes during the past 3 months

SkipInstructions: <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

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Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.018_00.000   **Instrument Variable Name:**   MTFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons who consulted a medical professional for their injury episode(s)

SkipInstructions: <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]
<R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Hard Edit: 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 Edit: 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

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Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.020_00.000   **Instrument Variable Name:**   FPOI3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: 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.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if single-person family, store person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]
<2,DK,R> [goto next section]

Question ID: FIJ.022_00.000   **Instrument Variable Name:**   WFPOI3M   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one person was poisoned during the past 3 months

SkipInstructions: <1-25> [All family members. Avoid duplicate; goto TFPOI3M]
<DK,R> [goto next section]

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Document Version Date: 27-May-16

Question ID: FIJ.024_00.000   **Instrument Variable Name:** TFPOI3M   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes.

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons poisoned during the past 3 months

SkipInstructions: <01-10, DK> [goto MFPOI3M]
<R> [goto TFPOI3M for next person with reported poisoning; if
no more persons with a poisoning, goto next section]
<11-91> [goto ERR_TFPOI3M]

Soft Edit: 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]

Question ID: FIJ.026_00.000   **Instrument Variable Name:** MFPOI3M   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these
poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with at least one or an unknown number of poisoning episodes during the past 3 months

SkipInstructions: <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 next section]

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Document Version Date: 27-May-16

Question ID: FIJ.028_00.000   **Instrument Variable Name:** MTFPOI3M   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons who consulted a medical professional for their poisoning episode(s)

SkipInstructions: <01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM]
<DK, R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M]:

Hard Edit: 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 Edit: 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

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Document Version Date: 27-May-16

Question ID: FIJ.050_01.000   **Instrument Variable Name:**   IPDATEM   **QuestionnaireFileName:**   Family

QuestionText: 1 of 3

* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}
When did [fill1: your/ALIAS's] [fill2: injury/poisoning] happen for which a medical professional was consulted?

{first of multiple injury/poisoning episodes for the person}
Now I'm going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?

{second plus of multiple injury/poisoning episodes for the person}
You just told me about [fill1: your/ALIAS's] [fill6: (month, day of previous event)] [fill7:most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-12> [goto IPDATED]
                              <R> [goto IPHOW]
                              <D> [goto IPDATENO]

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Document Version Date: 27-May-16

Question ID:	FIJ.050_02.000	**Instrument Variable Name:**	IPDATED	**QuestionnaireFileName:**	Family

QuestionText: 2 of 3

* Enter day.

01-31	1-31
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes where a valid month of episode was entered

SkipInstructions:
<1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]

Hard Edit: ERR_IPDATED

[fill1: IPDATED] is not a valid day for [fill2: IPDATEM].

<Close> [reset IPDATED for new entry]
<Goto> [reset IPDATED for new entry]

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| Question ID: | FIJ.050_03.000 | Instrument Variable Name: | IPDATEY | QuestionnaireFileName: | Family |

QuestionText: 3 of 3

* Enter year.

Year	Year
9997	Refused
9999	Don't know

UniverseText: All injury/poisoning episodes where a valid day of episode was entered

SkipInstructions: if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

Hard Edit: ERR_IPDATEY

* Future date invalid.

* Please correct.

<Close> [reset IPDATED for new entry]
<Goto> [reset IPDATED for new entry]

Soft Edit: 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.

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Document Version Date: 27-May-16

Question ID: FIJ.051_01.000   **Instrument Variable Name:** IPDATENO   **QuestionnaireFileName:** Family

QuestionText: 1 of 2

Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?

*Enter number for time since event.

001-096	1-96
997	Refused
999	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode

SkipInstructions: <1-91> [goto IPDATETP]
<R,D> [goto IPHOW]

Question ID: FIJ.051_02.000   **Instrument Variable Name:** IPDATETP   **QuestionnaireFileName:** Family

QuestionText: 2 of 2

*Enter number for time period since event.

^IPDATENO…

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question

SkipInstructions: goto IPHOW

Hard Edit: 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 Edit: ERR1_IPDATETP

*The approximate date falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify and make any corrections.

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Document Version Date: 27-May-16

Question ID:	FIJ.052_00.000	**Instrument Variable Name:**	IPDATEMT	**QuestionnaireFileName:**	Family

QuestionText: (book) F3   ? [F1]

Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?

1	Beginning
2	Middle
3	End
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for day of episode

SkipInstructions: goto IPHOW

Question ID:	FIJ.060_00.000	**Instrument Variable Name:**	IPHOW	**QuestionnaireFileName:**	Family

QuestionText: ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: 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.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]

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Question ID: FIJ.065_00.000   **Instrument Variable Name:** ICAUS   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

    * Do not read.

    * Enter the number which best describes the cause of the person's injury from the list below.

01	In a motor vehicle
02	On a bike, scooter, skateboard, skates, skis, horse, etc.
03	Pedestrian who was struck by a vehicle such as a car or bicycle
04	In a boat, train, or plane
05	Fall
06	Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
07	Other
97	Refused
99	Don't know

UniverseText: All injury episodes for which a medical professional was consulted and don't know or refused was not entered at IPHOW

SkipInstructions: goto IJBODY

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Question ID: FIJ.070_00.000   **Instrument Variable Name:**   IJBODY   **QuestionnaireFileName:**   Family

QuestionText: (book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

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

01	Ankle
02	Back
03	Buttocks
04	Chest
05	Ear
06	Elbow
07	Eye
08	Face
09	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, specify
97	Refused
99	Don't know

UniverseText: All injury episodes for which a medical professional was consulted

SkipInstructions: <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]

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Question ID: FIJ.071_00.000   **Instrument Variable Name:**   IJBODYOS   **QuestionnaireFileName:**   Family

QuestionText: *Read if necessary.

What other parts of the body were hurt?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All injury episodes where some "other" part of the body was hurt

SkipInstructions: goto IJTYPE1

Question ID: FIJ.072_00.000   **Instrument Variable Name:**   IJTYPE1   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

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

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?

01   Broken bone or fracture
02   Sprain, strain, or twist
03   Cut
04   Scrape
05   Bruise
06   Burn
07   Insect bite
08   Animal bite
09   Other, specify
97   Refused
99   Don't know

UniverseText: All injury episodes where at least one part of the body was hurt

SkipInstructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP1OS]
<R> [goto IPEV]

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Question ID: FIJ.073_00.000   **Instrument Variable Name:**   IJTYP1OS   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Read if necessary.

How was [fill1: your/ALIAS's] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where the first body part was hurt in some "other" way

SkipInstructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV

Question ID: FIJ.074_00.000   **Instrument Variable Name:**   IJTYPE2   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

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

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

SkipInstructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP2OS]
<R> [goto IPEV]

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| **Question ID:** | FIJ.075_00.000 | **Instrument Variable Name:** | IJTYP2OS | **QuestionnaireFileName:** | Family |

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where the second body part was hurt in some "other" way

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV

| **Question ID:** | FIJ.076_00.000 | **Instrument Variable Name:** | IJTYPE3 | **QuestionnaireFileName:** | Family |

QuestionText: (book) F5

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

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

SkipInstructions: <1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP3OS]
<R> [goto IPEV]

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Question ID:	FIJ.077_00.000	**Instrument Variable Name:**	IJTYP3OS	**QuestionnaireFileName:**	Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where the third body part was hurt in some "other" way

SkipInstructions: goto IJTYPE4 for next body part; if no more body parts, goto IPEV

Question ID:	FIJ.078_00.000	**Instrument Variable Name:**	IJTYPE4	**QuestionnaireFileName:**	Family

QuestionText: (book) F5

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

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

SkipInstructions: <1-8,R,D> [goto IPEV]
<9> [goto IJTYP4OS]

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Document Version Date: 27-May-16

Question ID: FIJ.079_00.000   **Instrument Variable Name:**   IJTYP4OS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All injury episodes where the fourth body part was hurt in some "other" way

SkipInstructions: if a poisoning episode, goto PPCC; else, goto IPEV

Question ID: FIJ.080_01.000   **Instrument Variable Name:**   PPCC   **QuestionnaireFileName:**   Family

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

A phone call to a poison control center?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPEV]
<R> [goto IPHOSP]

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Document Version Date: 27-May-16

Question ID: FIJ.080_02.000   **Instrument Variable Name:** IPEV   **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPER]
<R> [goto IPHOSP]

Question ID: FIJ.080_03.000   **Instrument Variable Name:** IPER   **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPDO]
<R> [goto IPHOSP]

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.080_04.000   **Instrument Variable Name:**   IPDO   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to a doctor's office or other health clinic

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPPCHCP]
<R> [goto IPHOSP]

Question ID: FIJ.080_05.000   **Instrument Variable Name:**   IPPCHCP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPOTH]
<R> [goto IPHOSP]

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.080_06.000   **Instrument Variable Name:**   IPOTH   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPOTHOS]
if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]
<R,D> [goto IPHOSP]

Question ID: FIJ.081_00.000   **Instrument Variable Name:**   IPOTHOS   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

SkipInstructions: goto IPHOSP

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.082_00.000   **Instrument Variable Name:**   IPVER   **QuestionnaireFileName:**   Family

QuestionText: * Please verify.

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

SkipInstructions: <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 next section.]
<2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]

Hard Edit: ERR_IPVER

Question ID: FIJ.090_00.000   **Instrument Variable Name:**   IPHOSP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPIHNO]
<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.091_00.000   **Instrument Variable Name:** IPIHNO   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

How many nights [fill: 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.

01-94	1-94 nights
95	95+ nights
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

SkipInstructions: <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL; if a poisoning episode, goto PPOIS]
<61-95> [goto ERR_IPIHNO]

Soft Edit: [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]

Question ID: FIJ.109_00.000   **Instrument Variable Name:** IMTRAF   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Ask or verify.

Did this accident occur on a public highway, street, or road?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: goto IMVWHO

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.110_00.000   **Instrument Variable Name:**   IMVWHO   **QuestionnaireFileName:**   Family

QuestionText: *Read all categories.

* Ask or verify.

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

* Read answer categories.

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
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: <1,2> [goto IMVTYP]
<4,5> [goto IHELMT]
<3,R,D> [goto IPWHAT]

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.111_00.000   **Instrument Variable Name:**   IMVTYP   **QuestionnaireFileName:**   Family

QuestionText: (book) F6   ? [F1]

* Ask or verify.

What type of vehicle [fill: were you/was ALIAS] in?

01	Passenger car
02	Passenger truck, such as a pickup truck, van, or SUV
03	Bus
04	Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05	Motorcycle (including mopeds and minibikes)
06	All terrain vehicle or ski/snow-mobile
07	Farm equipment (such as a tractor)
08	Industrial or construction vehicle
09	Other
97	Refused
99	Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

SkipInstructions: <1,2,4> [goto ISBELT]
<5,6> [goto IHELMT]
<3,7,8,9,R,D> [goto IPWHAT]

Question ID: FIJ.112_00.000   **Instrument Variable Name:**   ISBELT   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] restrained at the time of the accident?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

SkipInstructions: goto IPWHAT

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID:	FIJ.113_00.000	Instrument Variable Name:	IHELMT	QuestionnaireFileName:	Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

SkipInstructions: goto IPWHAT

Question ID:	FIJ.130_00.000	Instrument Variable Name:	IFALL	QuestionnaireFileName:	Family

QuestionText: (book) F7

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

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?

01   Stairs, steps, or escalator
02   Floor or level ground
03   Curb (including sidewalk)
04   Ladder or scaffolding
05   Playground equipment
06   Sports field, court, or rink
07   Building or other structure
08   Chair, bed, sofa, or other furniture
09   Bathtub, shower, toilet, or commode
10   Hole or other opening
11   Other
97   Refused
99   Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IFALLWHY

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.131_00.000   **Instrument Variable Name:**   IFALLWHY   **QuestionnaireFileName:**   Family

QuestionText: (book) F8

* Ask or verify.

What caused [fill: you/ALIAS] to fall?

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
7   Refused
9   Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IPWHAT

Question ID: FIJ.140_00.000   **Instrument Variable Name:**   PPOIS   **QuestionnaireFileName:**   Family

QuestionText: (book) F9   ? [F1]

* Ask or verify.

What did [fill: your/ALIAS's] poisoning result from?

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, please specify
7   Refused
9   Don't know

UniverseText: All poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-5,R,D> [goto IPWHAT]
<6> [goto PPOISOS]

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.141_00.000   **Instrument Variable Name:**   PPOISOS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How did [fill: your/ALIAS's] poisoning occur?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

SkipInstructions: goto IPWHAT

Question ID: FIJ.150_00.000   **Instrument Variable Name:**   IPWHAT   **QuestionnaireFileName:**   Family

QuestionText: (book) F10   ? [F1]

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

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

01   Driving or riding in a motor vehicle
02   Working at a paid job
03   Working around the house or yard
04   Attending school
05   Unpaid work (such as volunteer work)
06   Sports and exercise
07   Leisure activity (excluding sports)
08   Sleeping, resting, eating, or drinking
09   Cooking
10   Being cared for (hands-on care from other person)
11   Other, please specify
97   Refused
99   Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID:	FIJ.151_00.000	**Instrument Variable Name:**	IPWHATOT	**QuestionnaireFileName:**	Family

QuestionText: * Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes that occurred in some "other" place

SkipInstructions: goto IPWHER

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.160_00.000   **Instrument Variable Name:**   IPWHER   **QuestionnaireFileName:**   Family

QuestionText: (book) F11   ? [F1]

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

* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

01	Home (inside)
02	Home (outside)
03	School (not residential)
04	Child care center or preschool
05	Residential institution (excluding hospital)
06	Health care facility (including hospital)
07	Street or highway
08	Sidewalk
09	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 (include bike or jog path)
14	River, lake, stream, or ocean
15	Industrial or construction area
16	Other public building
17	Other
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <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/next section;
Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.170_00.000   **Instrument Variable Name:** IPEMP   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

1	Full-time
2	Part-time
3	Not employed
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older

SkipInstructions: <1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]

Question ID: FIJ.171_00.000   **Instrument Variable Name:** IPWKLS   **QuestionnaireFileName:** Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode

SkipInstructions: goto IPSTU

2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.180_00.000   **Instrument Variable Name:**   IPSTU   **QuestionnaireFileName:**   Family

QuestionText: At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?

1	Full-time
2	Part-time
3	Not a student
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

SkipInstructions: <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 next section]

Question ID: FIJ.181_00.000   **Instrument Variable Name:**   IPSCLS   **QuestionnaireFileName:**   Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

SkipInstructions: <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 next section]

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.010_00.000   **Instrument Variable Name:**   FDMED12M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]
<2,R,D> [goto FNMED12M]

Question ID: FAU.020_00.000   **Instrument Variable Name:**   PDMED12M   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

For which family member was medical care delayed?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

SkipInstructions: goto FNMED12M

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.030_00.000   **Instrument Variable Name:**   FNMED12M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]

Question ID: FAU.040_00.000   **Instrument Variable Name:**   PNMED12M   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who didn't get needed care?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

SkipInstructions: goto FHOSPYR

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.050_00.000   **Instrument Variable Name:**   FHOSPYR   **QuestionnaireFileName:** Family

QuestionText: ?[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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]
<2,R,D> [goto FHCHM2W]

Question ID: FAU.060_00.000 **Instrument Variable Name:**   PHOSPYR   **QuestionnaireFileName:** Family

QuestionText: *Ask or verify. Enter applicable line number(s), separate with commas.

Who was in a hospital overnight?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)

SkipInstructions: goto HOSPNO

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.070_00.000   **Instrument Variable Name:**   HOSPNO   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

001-365	1-365 times
997	Refused
999	Don't know

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-10> [goto HPNITE]
<11-365> [goto ERR_HOSPNO]
<R,D> [goto HPNITE]

Soft Edit: ERR_HOSPNO
* [fill: HOSPNO] is unusually high.
* Verify entry.
* Make corrections if necessary.

Question ID: FAU.110_00.000   **Instrument Variable Name:**   HPNITE   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

001-365	1-365 nights
997	Refused
999	Don't know

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]
<51-365> [goto ERR1_HPNITE]

 if HOSPNO gt HPNITE, goto ERR2_HPNITE

Soft Edit: 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

2015 NHIS Questionnaire -   Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.120_00.000   **Instrument Variable Name:**   FHCHM2W   **QuestionnaireFileName:**   Family

QuestionText: ?[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?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]
<2,R,D> [goto FHCPH2W]

Question ID: FAU.130_00.000   **Instrument Variable Name:**   PHCHM2W   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care at home?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: goto PHCHMN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.140_00.000 **Instrument Variable Name:** PHCHMN2W **QuestionnaireFileName:** Family

QuestionText: How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50	1-50 home visits
97	Refused
99	Don't know

UniverseText: All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]
<15-50> [goto ERR_PHCHMN2W]

Soft Edit: ERR_PHCHMN2W
* [fill: PHCHMN2W] is unusually high.
* Verify entry.
* DO NOT PROBE. Make corrections if necessary.

Question ID: FAU.150_00.000 **Instrument Variable Name:** FHCPH2W **QuestionnaireFileName:** Family

QuestionText: 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]
<2,R,D> [goto FHCDV2W]

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.160_00.000   **Instrument Variable Name:**   PHCPH2W   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was the phone call about?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

SkipInstructions: goto PHCPHN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FAU.170_00.000   **Instrument Variable Name:**   PHCPHN2W   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-50	1-50 calls
97	Refused
99	Don't know

UniverseText: All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]
<15-50> [goto ERR_PHCPHN2W]

Soft Edit: ERR_PHCPHN2W
* [fill: PHCPHN2W] is unusually high.
* Verify that all calls were within the two week period.
* Make corrections if necessary.

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.180_00.000   **Instrument Variable Name:**   FHCDV2W   **QuestionnaireFileName:**   Family

QuestionText: 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.]

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]
<2,R,D> [goto F10DVYR]

Question ID: FAU.190_00.000   **Instrument Variable Name:**   PHCDV2W   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

SkipInstructions: goto PHCDVN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.200_00.000   **Instrument Variable Name:**   PHCDVN2W   **QuestionnaireFileName:**   Family

QuestionText: 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.

01-50	1-50 times
97	Refused
99	Don't know

UniverseText: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]
<15-50> [goto ERR_PHCDVN2W]

Soft Edit: ERR_PHCDVN2W
* [fill: PHCDVN2W] is unusually high.
* Verify that all visits were within the two week reference period.
* Make corrections if necessary.

Question ID: FAU.210_00.000   **Instrument Variable Name:**   F10DVYR   **QuestionnaireFileName:**   Family

QuestionText: 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]
<2,R,D> [goto FHICOV]

2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID: FAU.220_00.000   **Instrument Variable Name:**   P10DVYR   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care 10 or more times?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

SkipInstructions: goto FHICOV

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.050_00.000   **Instrument Variable Name:** FHICOV   **QuestionnaireFileName:** Family

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1,R,D> [goto HIKIND]
<2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.070_00.000   **Instrument Variable Name:**   HIKIND   **QuestionnaireFileName:**   Family

QuestionText: (book) F12 and (book) F14   ? [F1]

What kind of health insurance or health care coverage [fill: 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.

01	Private health insurance
02	Medicare
03	Medi-Gap
04	Medicaid
05	SCHIP (CHIP/Children's Health Insurance Program)
06	Military health care (TRICARE/VA/CHAMP-VA)
07	Indian Health Service
08	State-sponsored health plan
09	Other government program
10	Single service plan (e.g., dental, vision, prescriptions)
11	No coverage of any type
97	Refused
99	Don't know

UniverseText: All persons in families where FHICOV= yes, don't know, or refused

SkipInstructions: <R,D> [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 Edit: ERR_HIKIND:
* Cannot mark "No coverage of any kind" and another type.
* Please correct.

Question ID: FHI.072_00.000   **Instrument Variable Name:**   MCAREPRB   **QuestionnaireFileName:**   Family

QuestionText: (book) F13
People covered by Medicare have a card that looks like this.
[fill: Are you/Is ALIAS] covered by Medicare?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

SkipInstructions: if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.073_00.000   **Instrument Variable Name:** MCAIDPRB   **QuestionnaireFileName:** Family

QuestionText: (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 State name). [fill: Are you/Is ALIAS] covered by Medicaid?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons less than 65 years of age with no insurance coverage of any type

SkipInstructions: goto SINCOV

Question ID: FHI.074_00.000   **Instrument Variable Name:** SINCOV   **QuestionnaireFileName:** Family

QuestionText: [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?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND

SkipInstructions: goto HICHANGE

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.075_00.000   **Instrument Variable Name:**   HICHANGE   **QuestionnaireFileName:**   Family

QuestionText: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:

fill3: ^HIKIND] / not covered by health insurance.]

Is this correct?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons

SkipInstructions: <1,R,D> [repeat for all eligible persons, then goto MCPART]
<2> [goto ERR_HICHANGE]

Hard Edit: ERR_HICHANGE

*Press enter to go back to HIKIND and update coverage.

Question ID: FHI.090_00.000   **Instrument Variable Name:**   MCPART   **QuestionnaireFileName:**   Family

QuestionText: {if subject ne respondent}:
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS's Medicare card to determine the type of coverage?

{if subject eq respondent}:
* Read if necessary.

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

* Fill in appropriate coverage type below.

1	Part A - Hospital only
2	Part B - Medical only
3	Both Part A and Part B
7	Refused
9	Don't know

UniverseText: All persons with Medicare

SkipInstructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.092_00.000   **Instrument Variable Name:**   MCCARD   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

1	Yes
2	No

UniverseText: All persons with Part A Medicare coverage, Part B Medicare coverage, or both

SkipInstructions: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE

Question ID: FHI.095_00.000   **Instrument Variable Name:**   MCCHOICE   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

SkipInstructions: goto MCHMO

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.100_00.000 **Instrument Variable Name:** MCHMO **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill: 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).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

SkipInstructions: <1> [goto MCANAME]
<2,R,D> [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCREF]

Question ID: FHI.112_00.000 **Instrument Variable Name:** MCANAME **QuestionnaireFileName:** Family

QuestionText: ? [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?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons that had either a Medicare Advantage plan or a Medicare HMO plan

SkipInstructions: <allow 80,R,D> goto MCPREM

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2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.113_00.000   **Instrument Variable Name:**   MCPREM   **QuestionnaireFileName:**   Family

QuestionText: 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?

 1   Yes
 2   No
 7   Refused
 9   Don't know

 UniverseText: All persons that had either a Medicare Advantage plan or a Medicare HMO plan

 SkipInstructions: <1,2,R,D> goto MCREF

Question ID: FHI.114_00.000   **Instrument Variable Name:**   MCREF   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

 1   Yes
 2   No
 7   Refused
 9   Don't know

 UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

 SkipInstructions: <1,2,R,D> goto MCPARTD

Question ID: FHI.118_00.000   **Instrument Variable Name:**   MCPARTD   **QuestionnaireFileName:**   Family

QuestionText: [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

 1   Yes
 2   No
 7   Refused
 9   Don't know

 UniverseText: All persons with Medicare

 SkipInstructions: <1,2,7,9> [goto MCPART for next person with Medicare; else goto MACHMD]

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.120_00.000   **Instrument Variable Name:**   MACHMD   **QuestionnaireFileName:**   Family

QuestionText: (book F14)   ? [F1]

* Refer to flashcard F14 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (fill 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?

1   Any doctor
2   Select from list
3   Doctor is assigned
7   Refused
9   Don't know

UniverseText: All persons with Medicaid

SkipInstructions: 1,R,D [goto MXCHNG]
2 [goto MACHMD1]
3 [goto MACHMD2]

Question ID: FHI.130_00.000   **Instrument Variable Name:**   MACHMD1   **QuestionnaireFileName:**   Family

QuestionText: * 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?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All persons with Medicaid who must select a doctor from a list of doctors

SkipInstructions: goto MANAM

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.131_00.000   **Instrument Variable Name:**   MACHMD2   **QuestionnaireFileName:**   Family

QuestionText: * 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?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All persons with Medicaid for whom a doctor is assigned

SkipInstructions: goto MANAM

Question ID: FHI.132_00.000   **Instrument Variable Name:**   MANAM   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?

1   Yes
2   No

UniverseText: All persons with Medicaid who must select a doctor from a list or for whom a doctor is assigned

SkipInstructions: goto MXCHNG

Question ID: FHI.135_00.010   **Instrument Variable Name:**   MXCHNG   **QuestionnaireFileName:**   Family

QuestionText: Was [fill: your/ALIAS's] Medicaid obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons with Medicaid coverage

SkipInstructions: <1, 2, R, D> goto MEDPREM

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.135_00.020   **Instrument Variable Name:**   MEDPREM   **QuestionnaireFileName:**   Family

QuestionText: 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicaid coverage

SkipInstructions: <1> goto MDPRINC
<2,R,D> goto loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions

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Question ID: FHI.137_00.030   **Instrument Variable Name:**   MDPRINC   **QuestionnaireFileName:**   Family

QuestionText: Is the premium paid for this Medicaid plan based on income?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicaid coverage who pay a premium for their plan

SkipInstructions: loop through all persons in the family with Medicaid, when roster is finished, goto next
 appropriate group of questions

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.156_00.000   **Instrument Variable Name:** SSTYPE2   **QuestionnaireFileName:** Family

QuestionText: (book) F15

* Enter all that apply, separate with commas.

You mentioned that [fill1: 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 [fill2: your/ALIAS's] single service plan or plans pay for?

01	Accidents
02	AIDS care
03	Cancer treatment
04	Catastrophic care
05	Dental care
06	Disability insurance
07	Hospice care
08	Hospitalization only
09	Long-term care
10	Prescriptions
11	Vision care
12	Other (specify)
97	Refused
99	Don't know

UniverseText: All persons with single service plans

SkipInstructions: <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]
<12> [goto SSOTHER]

Question ID: FHI.157_00.000   **Instrument Variable Name:** SSOTHER   **QuestionnaireFileName:** Family

QuestionText: * Other type of single-service plan

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with an "other" single service plan

SkipInstructions: goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.158_00.000 **Instrument Variable Name:** FHICCI6 **QuestionnaireFileName:** Family

QuestionText: The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

* Read names.
(display roster of eligible persons)]

* Enter 1 to continue

1 Continue

UniverseText: All families with at least one person covered by private health insurance

SkipInstructions: goto HIPNAM1

Question ID: FHI.160_00.000 **Instrument Variable Name:** HIPNAM1 **QuestionnaireFileName:** Family

QuestionText: 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?

Verbatim Verbatim response
7 Refused
9 Don't know

UniverseText: All families with at least one person covered by private health insurance

SkipInstructions: <verbatim> [goto PCARD1]
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.160_01.000   **Instrument Variable Name:**   PCARD1   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM1

SkipInstructions: goto HIPNAM1B

Question ID: FHI.170_00.000   **Instrument Variable Name:**   HIPNAM1B   **QuestionnaireFileName:**   Family

QuestionText:

* 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

SkipInstructions: <R,D> [if HIPNAM1= R or D, goto STNAME]
goto MORPLAN

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.171_00.000   **Instrument Variable Name:**   MORPLAN   **QuestionnaireFileName:**   Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

SkipInstructions: <1> [goto HIPNAM2]
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

Question ID: FHI.172_00.000   **Instrument Variable Name:**   HIPNAM2   **QuestionnaireFileName:**   Family

QuestionText: 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?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All families with a second private health insurance plan

SkipInstructions: <verbatim> [goto PCARD2]
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]

Question ID: FHI.172_01.000   **Instrument Variable Name:**   PCARD2   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM2

SkipInstructions: goto HIPNAM2B

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.173_00.000 **Instrument Variable Name:** HIPNAM2B **QuestionnaireFileName:** Family

QuestionText: * 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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

SkipInstructions: <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

Question ID: FHI.174_00.000 **Instrument Variable Name:** MORPLAN2 **QuestionnaireFileName:** Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

SkipInstructions: <1> [goto HIPNAM3]
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.175_00.000   **Instrument Variable Name:**   HIPNAM3   **QuestionnaireFileName:**   Family

QuestionText: 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?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All families with a third private health insurance plan

SkipInstructions: <verbatim> [goto PCARD3]
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

Question ID: FHI.175_01.000   **Instrument Variable Name:**   PCARD3   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM3

SkipInstructions: goto HIPNAM3B

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.176_00.000   **Instrument Variable Name:**   HIPNAM3B   **QuestionnaireFileName:**   Family

QuestionText:

* 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

SkipInstructions: <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3

Question ID: FHI.177_00.000   **Instrument Variable Name:**   MORPLAN3   **QuestionnaireFileName:**   Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

SkipInstructions: <1> [goto HIPNAM4]
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.178_00.000   **Instrument Variable Name:**   HIPNAM4   **QuestionnaireFileName:**   Family

QuestionText: 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?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All families with a fourth private health insurance plan

SkipInstructions: <verbatim> [goto PCARD4]
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

Question ID: FHI.178_01.000   **Instrument Variable Name:**   PCARD4   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM4

SkipInstructions: goto HIPNAM4B

<div align="center">

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

</div>

Question ID: FHI.179_00.000 **Instrument Variable Name:** HIPNAM4B **QuestionnaireFileName:** Family

QuestionText:

* 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

SkipInstructions: <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]
goto FHICCI8

Question ID: FHI.180_00.000 **Instrument Variable Name:** HIVER1 **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1> [goto HIVER2]
<2,R,D> [goto ERR_HIVER1]

Hard Edit: ERR_HIVER1

*Press ENTER to go back to HIKIND to update health insurance coverage.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.190_00.000   **Instrument Variable Name:**   HIVER2   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

1   1st plan mentioned (^HIPNAM1)
2   2nd plan mentioned (^HIPNAM2)
3   3rd plan mentioned (^HIPNAM3)
4   4th plan mentioned (^HIPNAM4)
5   Some other plan not already mentioned
7   Refused
9   Don't know

UniverseText: All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]
<R,D> [goto FHICCI8]

Question ID: FHI.195_01.000   **Instrument Variable Name:**   FHICCI8   **QuestionnaireFileName:**   Family

QuestionText: [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

* Enter 1 to continue.

1   Continue

UniverseText: All families where a private health insurance plan was reported

SkipInstructions: goto FHI200

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.

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID:	FHI.200_01.000	**Instrument Variable Name:**	FHI200	**QuestionnaireFileName:**	Family

QuestionText: ? [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."

00	Policyholder not on family roster
01-25	Two-digit person number
97	Refused
99	Don't know

UniverseText: All private health insurance plans

SkipInstructions: if <00> [goto PRPOLH]
<01 to 25> [go to PRCOOH]
<R, D> [go to 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.

Question ID:	FHI.202_01.010	**Instrument Variable Name:**	PRPOLH	**QuestionnaireFileName:**	Family

QuestionText: 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…

1	Child (including stepchildren)
2	Spouse
3	Former spouse
4	Some other relationship
7	Refused
9	Don't know

UniverseText: All persons on each plan where the policyholder is outside of the family roster

SkipInstructions: <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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.204_01.010   **Instrument Variable Name:**   PRCOOH   **QuestionnaireFileName:**   Family

QuestionText: Does this plan cover anyone who does not live here?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All private health insurance plans with policyholder on family roster

SkipInstructions: <1,2,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.

Question ID: FHI.210_01.000   **Instrument Variable Name:**   PLNWRK   **QuestionnaireFileName:**   Family

QuestionText: (book) F16   ? [F1]

Which one of these categories best describes how this plan was obtained?

01	Through employer
02	Through union
03	Through workplace, but don't know if employer or union
04	Through workplace, self-employed or professional association
05	Purchased directly
06	Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
07	Through a state/local government or community program
08	Other, specify
97	Refused
99	Don't know

UniverseText: All private health insurance plans

SkipInstructions: <1-4,6> goto PLNPAY
<5,7,R,D> goto PLNEXCHG
<8> goto PLNWKSP

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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.211_01.000   **Instrument Variable Name:** PLNWKSP   **QuestionnaireFileName:** Family

QuestionText: *Read if necessary.

How was this plan obtained?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All private health insurance plans where the plan was obtained through an "other" source

SkipInstructions: Goto PLNEXCHG

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.

Question ID: FHI.215_01.010   **Instrument Variable Name:** PLNEXCHG   **QuestionnaireFileName:** Family

QuestionText: Was the plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All private health insurance plans that are not employer based, have not indicated through the exchange (or of unknown origins)

SkipInstructions: <1,2,R,D> goto PLNPAY

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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.220_10.000   **Instrument Variable Name:**   PLNPAY   **QuestionnaireFileName:**   Family

QuestionText: ? [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 SCHIP before entering code 7. If government is the employer, enter code 2.

01	Self or family (living in the household)
02	Employer or union
03	Someone outside the household
04	Medicare
05	Medicaid
06	Children's Health Insurance Program (CHIP/SCHIP)
07	State or local government or community program
97	Refused
99	Don't know

UniverseText: All private health insurance plans

SkipInstructions: <1-7,R,D> if includes '1' goto PLNPRE else goto PLNMGD

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.

Question ID: FHI.225_01.000   **Instrument Variable Name:**   PLNPRE   **QuestionnaireFileName:**   Family

QuestionText: Is the premium paid for this plan based on income?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Private plan paid for by self or family

SkipInstructions: <1,2,R,D> [goto HICOSTN]

NOTE: This is a new question beginning in Q4 2013. 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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.230_11.000   **Instrument Variable Name:**   HICOSTN   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2   ? [F1]

How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.

00001-99995	$1-$99,995
99997	Refused
99999	Don't know

UniverseText: All private health insurance plans paid for by self or family

SkipInstructions: <1-99995> [goto HICOSTT]
<R> [store "R" in HICOSTT and goto PLNMGD]
<D> [store "D" in HICOSTT and goto PLNMGD]

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.

Soft Edit: ERR_HICOSTN
* [fill # from HICOSTN] is unusually high. Please verify.
Make corrections if necessary.

Question ID: FHI.230_12.000   **Instrument Variable Name:**   HICOSTT   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2   ? [F1]

* Enter time period for premium payments.

01	Once a week
02	Once every 2 weeks
03	Once a month
04	Twice a month
05	Every 2 months
06	Quarterly (every 3 months)
07	Once a year
08	Twice a year
97	Refused
99	Don't know

UniverseText: All private health insurance plans with a valid response to HICOSTN

SkipInstructions: <1-8,R,D> [goto PLNMGD]

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.

Question ID:	FHI.240_01.000	**Instrument Variable Name:**	PLNMGD	**QuestionnaireFileName:**	Family

QuestionText: ? [F1]

Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1   HMO/IPA
2   PPO
3   POS
4   Fee-for-service/indemnity
5   Other
7   Refused
9   Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

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.

Question ID:	FHI.241_01.000	**Instrument Variable Name:**	HDHP	**QuestionnaireFileName:**	Family

QuestionText: ?[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.

1   Less than [$1,300/$2,600]
2   [$1,300/$2,600] or more
7   Refused
9   Don't know

UniverseText: All private health insurance plans

SkipInstructions: 1,R,D [goto MGCHMD]
2 [goto HSAHRA]

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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.242_01.000 **Instrument Variable Name:** HSAHRA **QuestionnaireFileName:** Family

QuestionText: ?[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.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All high deductible private health plans

SkipInstructions: 1,2,R,D [goto MGCHMD]

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.

Question ID: FHI.243_01.000 **Instrument Variable Name:** MGCHMD **QuestionnaireFileName:** Family

QuestionText: Under this plan, can [fill1: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?

1   Any doctor
2   Select from group/list
7   Refused
9   Don't know

UniverseText: All private health insurance plans

SkipInstructions: <1> [goto MGPRMD]
<2> [goto MGPYMD]
<R,D> [goto PCPREQ]

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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.244_01.000   **Instrument Variable Name:**   MGPRMD   **QuestionnaireFileName:**   Family

QuestionText: [fill: 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?

   1   Yes
   2   No
   7   Refused
   9   Don't know

UniverseText: All private health insurance plans where covered persons can choose any doctor

SkipInstructions: goto PCPREQ

Question ID: FHI.246_01.000   **Instrument Variable Name:**   MGPYMD   **QuestionnaireFileName:**   Family

QuestionText: If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

   1   Yes
   2   No
   7   Refused
   9   Don't know

UniverseText: All private health insurance plans where covered persons must select from a group or list of doctors

SkipInstructions: goto PCPREQ

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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

| **Question ID:** | FHI.248_05.000 | **Instrument Variable Name:** | PCPREQ | **QuestionnaireFileName:** | Family |

QuestionText: Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor who approves all your care?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Asked of all private health insurance plans

SkipInstructions: <1,2,R,D> [goto PRRXCOV]

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.

| **Question ID:** | FHI.249_01.010 | **Instrument Variable Name:** | PRRXCOV | **QuestionnaireFileName:** | Family |

QuestionText: Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

* Read if necessary: Does this plan have a drug benefit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto PRDNCOV

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.

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.249_02.010   **Instrument Variable Name:** PRDNCOV   **QuestionnaireFileName:** Family

QuestionText: 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?

   1   Yes
   2   No
   7   Refused
   9   Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto FHICCI8 for the next private health insurance plan; else, goto FCOVCONF

       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.

Question ID: FHI.249_03.000   **Instrument Variable Name:** FCOVCONF   **QuestionnaireFileName:** Family

QuestionText: 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.

   1   Very confident
   2   Somewhat confident
   3   Not too confident
   4   Not confident at all
   7   Refused
   9   Don't know

UniverseText: All families with an employer-based health plan

SkipInstructions: <1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.250_00.000   **Instrument Variable Name:**   STNAME1   **QuestionnaireFileName:**   Family

QuestionText: Earlier I recorded that [fill: 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?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All persons with SCHIP

SkipInstructions: goto CHXCHNG

Question ID: FHI.250_00.010   **Instrument Variable Name:**   CHXCHNG   **QuestionnaireFileName:**   Family

QuestionText: Was [fill 1: your/ALIAS's] CHIP plan obtained through Healthcare.gov or the [Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons with SCHIP

SkipInstructions: <1,2,R,D> goto STRFPRM1

Question ID: FHI.250_00.020   **Instrument Variable Name:**   STRFPRM1   **QuestionnaireFileName:**   Family

QuestionText: 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?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons with SCHIP

SkipInstructions: <1> goto CHPRINC
<2,R,D> goto STDOC1

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.250_00.030   **Instrument Variable Name:**   CHPRINC   **QuestionnaireFileName:**   Family

QuestionText: Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Those with SCHIP coverage who pay a premium for their plan

SkipInstructions: <1,2,R,D> goto STDOC1

Question ID: FHI.251_00.000   **Instrument Variable Name:**   STDOC1   **QuestionnaireFileName:**   Family

QuestionText: Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a list of doctors or is a doctor assigned?

1	Any doctor
2	Select from list
3	Doctor is assigned
7	Refused
9	Don't know

UniverseText: All persons with SCHIP

SkipInstructions: <1,2,R,D> goto next person in roster, else goto STNAME2

Question ID: FHI.257_00.000   **Instrument Variable Name:**   STNAME2   **QuestionnaireFileName:**   Family

QuestionText: Earlier I recorded that [fill: 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?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons covered by a state sponsored health plan

SkipInstructions: goto OPXCHNG

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.257_00.010   **Instrument Variable Name:** OPXCHNG   **QuestionnaireFileName:** Family

QuestionText: Was [fill 1: your/ALIAS's] state sponsored health plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with a state sponsored health plan

SkipInstructions: <1,2,R,D> goto STRFPRM2

Question ID: FHI.257_00.020   **Instrument Variable Name:** STRFPRM2   **QuestionnaireFileName:** Family

QuestionText: 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with a state sponsored health plan

SkipInstructions: <1> goto SSPRINC
<2,R,D> goto STDOC2

Question ID: FHI.257_00.030   **Instrument Variable Name:** SSPRINC   **QuestionnaireFileName:** Family

QuestionText: Is the premium paid for [fill 1: ^STNAME2/this state sponsored plan] based on income?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Those with state sponsored health plan who pay a premium for their plan

SkipInstructions: <1,2,R,D> goto STDOC2

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: **27-May-16**

Question ID: FHI.258_00.000 **Instrument Variable Name:** STDOC2 **QuestionnaireFileName:** Family

QuestionText: Under the [fill1:^STNAME2/state sponsored plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a list of doctors or is a doctor assigned?

1	Any doctor
2	Select from list
3	Doctor is assigned
7	Refused
9	Don't know

UniverseText: All persons covered by a state sponsored health plan

SkipInstructions: <1,2,R,D> goto STNAME3

Question ID: FHI.264_00.000 **Instrument Variable Name:** STNAME3 **QuestionnaireFileName:** Family

QuestionText: Earlier I recorded that [fill: 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?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons covered by an "other" government plan

SkipInstructions: goto OGXCHNG

Question ID: FHI.264_00.010 **Instrument Variable Name:** OGXCHNG **QuestionnaireFileName:** Family

QuestionText: Was [fill1: your/ALIAS's] other government program obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with an other government program

SkipInstructions: <1,2,R,D> goto STRFPRM3

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.264_00.020   **Instrument Variable Name:**   STRFPRM3   **QuestionnaireFileName:**   Family

QuestionText: 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with an other government program

SkipInstructions: <1> goto OGPRINC
<2,R,D> goto STDOC3

Question ID: FHI.264_00.030   **Instrument Variable Name:**   OGPRINC   **QuestionnaireFileName:**   Family

QuestionText: Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Those with other government health plan who pay a premium for their plan

SkipInstructions: <1,2,R,D> goto STDOC3

Question ID: FHI.265_00.000   **Instrument Variable Name:**   STDOC3   **QuestionnaireFileName:**   Family

QuestionText: Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3:you/he/she] choose from a list of doctors or is a doctor assigned?

1	Any doctor
2	Select from list
3	Doctor is assigned
7	Refused
9	Don't know

UniverseText: All persons covered by an "other" government plan

SkipInstructions: <1,2,R,D> goto MILSPC

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.270_00.000   **Instrument Variable Name:**   MILSPC   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

1	TRICARE
2	VA
3	CHAMP-VA
4	Other military coverage (specify)
7	Refused
9	Don't know

UniverseText: All persons with military health care

SkipInstructions: <1> [goto MILMAN]
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]
<4> [goto MILSPCOT]

Question ID: FHI.271_00.000   **Instrument Variable Name:**   MILSPCOT   **QuestionnaireFileName:**   Family

QuestionText: * Other military coverage

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with "other" military coverage

SkipInstructions: if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: **27-May-16**

Question ID: FHI.275_00.000   **Instrument Variable Name:** MILMAN   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

1	TRICARE Prime
2	TRICARE Extra
3	TRICARE Standard
4	TRICARE for Life
5	TRICARE other (specify)
7	Refused
9	Don't know

UniverseText: All persons with TRICARE coverage

SkipInstructions: <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]
<5> [goto MILMANOT]

Question ID: FHI.276_00.000   **Instrument Variable Name:** MILMANOT   **QuestionnaireFileName:** Family

QuestionText: * Other type of TRICARE coverage

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with "other" type of TRICARE coverage

SkipInstructions: goto MILSPC for the next person with military health care; else, goto HILAST

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.280_00.000 **Instrument Variable Name:** HILAST **QuestionnaireFileName:** Family

QuestionText: (book) F17 ? [F1]

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

1 6 months or less
2 More than 6 months, but not more than 1 year ago
3 More than 1 year, but not more than 3 years ago
4 More than 3 years
5 Never
7 Refused
9 Don't know

UniverseText: All persons without known health insurance or with only single service plans

SkipInstructions: goto HISTOP

Question ID: FHI.290_00.000 **Instrument Variable Name:** HISTOP **QuestionnaireFileName:** Family

QuestionText: (book) F18

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you do/ALIAS does] not have health insurance?]

* Enter up to 5 reasons, separate with commas.

01 Person in family with health insurance lost job or changed employers
02 Got divorced or separated/death of spouse or parent
03 Became ineligible because of age/left school
04 Employer does not offer coverage/or not eligible for coverage
05 Cost is too high
06 Insurance company refused coverage
07 Medicaid/Medical plan stopped after pregnancy
08 Lost Medicaid/Medical plan because of new job or increase in income
09 Lost Medicaid (other)
10 Other (specify)
97 Refused
99 Don't know

UniverseText: All persons without known health insurance or with only single service plans

SkipInstructions: <1-9,R,D> [goto FHIKDB]
<10> [goto HISTOPOT]

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.291_00.000   **Instrument Variable Name:**   HISTOPOT   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Other reason for not having coverage

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All persons without known health insurance and an "other" reason for stopping or not having coverage

SkipInstructions: goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto FHIKDB

Question ID: FHI.300_00.000   **Instrument Variable Name:**   HINOTYR   **QuestionnaireFileName:**   Family

QuestionText: In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons with known health insurance coverage except single service plans

SkipInstructions: <1> [goto HINOTMYR] <2,R,D> [goto FHICHNG]

Question ID: FHI.310_00.000   **Instrument Variable Name:**   HINOTMYR   **QuestionnaireFileName:**   Family

QuestionText: In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?

* If less than 1 month, enter '1'.

01-12   1-12 months
97   Refused
99   Don't know

UniverseText: All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

SkipInstructions: goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto FHIKDB

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.312_00.010   **Instrument Variable Name:**   FHICHNG   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons who are currently insured who were continuously covered in the past year

SkipInstructions: <1,R,D> [goto HCSPFYR]
<2> [goto FHIKDB]

2015 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.315_00.010   **Instrument Variable Name:**   FHIKDB   **QuestionnaireFileName:**   Family

QuestionText: (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.

01	Private health insurance
02	Medicare
03	Medi-Gap
04	Medicaid
05	SCHIP (CHIP/Children's Health Insurance Program)
06	Military health care (TRICARE/VA/CHAMP-VA)
07	Indian Health Service
08	State-sponsored health plan
09	Other government program
10	Single service plan (e.g., dental, vision, prescriptions)
11	No coverage of any type
97	Refused
99	Don't know

UniverseText: All persons except those with continuous coverage who are currently uninsured for more than 1 year with no changes

SkipInstructions: <1> [goto PWRKB]
<2-11,R,D> [goto HCSPFYR]

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.316_00.010   **Instrument Variable Name:**   PWRKB   **QuestionnaireFileName:**   Family

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

01	Through employer
02	Through union
03	Through workplace, but don't know if employer or union
04	Through workplace, self-employed or professional association
05	Purchased directly
06	Through a state/local government or community program
07	Other, specify
97	Refused
99	Don't know

UniverseText: All persons who had private health insurance previously

SkipInstructions: <1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP]

Question ID: FHI.317_00.010   **Instrument Variable Name:**   PWRKBSP   **QuestionnaireFileName:**   Family

QuestionText: *Enter how private health insurance was obtained.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons who had private health insurance obtained from other source previously

SkipInstructions: <Allow 75 characters> [goto HCSPFYR]

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Family Health Insurance

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Question ID: FHI.320_00.000   **Instrument Variable Name:** HCSPFYR   **QuestionnaireFileName:** Family

QuestionText: (book) F19

The next question is about money that [fill1: 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 [fill2: you/your family] spend for medical care and dental care?

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
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: goto MEDBILL

Question ID: FHI.325_00.010   **Instrument Variable Name:** MEDBILL   **QuestionnaireFileName:** Family

QuestionText: 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1,2,7,9> [goto MEDBPAY]

2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.327_00.010 **Instrument Variable Name:** MEDBPAY **QuestionnaireFileName:** Family

QuestionText: [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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]

Question ID: FHI.327_00.020 **Instrument Variable Name:** MEDBNOP **QuestionnaireFileName:** Family

QuestionText: [fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families but those who said they don't have problems paying their medical bills

SkipInstructions: <1,2,7,9> [goto FSA]

Question ID: FHI.330_00.000 **Instrument Variable Name:** FSA **QuestionnaireFileName:** Family

QuestionText: [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.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All Families

SkipInstructions: goto PLBORN

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Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.001_00.000   **Instrument Variable Name:**   PLBORN   **QuestionnaireFileName:**   Family

QuestionText: [fill: Were you/Was ALIAS] born in the United States?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons

SkipInstructions: <1> [store "1" in CITIZEN and goto PLBORN1]
<2> [goto PLBORN2]
<R,D> [goto CITIZEN]

2015 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.002_00.000   **Instrument Variable Name:**   PLBORN1   **QuestionnaireFileName:**   Family

QuestionText: In what state [fill: were you/was ALIAS] born?

01	Alabama
02	Alaska
03	Arizona
04	Arkansas
05	California
06	Colorado
07	Connecticut
08	Delaware
09	District of Columbia
10	Florida
11	Georgia
12	Hawaii
13	Idaho
14	Illinois
15	Indiana
16	Iowa
17	Kansas
18	Kentucky
19	Louisiana
20	Maine
21	Maryland
22	Massachusetts
23	Michigan
24	Minnesota
25	Mississippi
26	Missouri
27	Montana
28	Nebraska
29	Nevada
30	New Hampshire
31	New Jersey
32	New Mexico
33	New York
34	North Carolina
35	North Dakota
36	Ohio
37	Oklahoma
38	Oregon
39	Pennsylvania
40	Rhode Island
41	South Carolina
42	South Dakota
43	Tennessee
44	Texas
45	Utah
46	Vermont

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47	Virginia
48	Washington
49	West Virginia
50	Wisconsin
51	Wyoming
57	United States (state unknown)

UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]

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Family Socio-Demographic

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Question ID: FSD.003_00.000   **Instrument Variable Name:**   PLBORN2   **QuestionnaireFileName:**   Family

QuestionText: In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

060	AMERICAN SAMOA
061	AM SAMOA
062	BAKER ISLAND
063	GUAM
064	HOWLAND ISLAND
065	JARVIS ISLAND
066	JOHNSTON ATOLL
067	KINGMAN REEF
068	MANUA ISLANDS
069	MIDWAY ISLANDS
070	NAVASSA ISLAND
071	NORTHERN MARIANAS
072	PALMYRA ATOLL
073	PUERTO RICO
074	ROTA
075	SAIPAN
076	SAND ISLAND
077	ST CROIX
078	ST JOHN
079	ST THOMAS
080	TINIAN
081	US OUTLYING AREA
082	US VIRGIN ISLANDS
083	USVI
084	VIRGIN ISLANDS
085	WAKE ISLAND
100	ABROAD
101	ABU DHABI
102	ADEN
103	AFGHANISTAN
104	AFRICA
105	ALBANIA
106	ALBERTA
107	ALGERIA
108	ALGIERS
109	ALSACE-LORRAINE
110	AMSTERDAM
111	ANEGADA
112	ANGOLA
113	ANGUILLA
114	ANGUILLA BWI
115	ANOJOUAN
116	ANTARCTICA
117	ANTIGUA
118	ANTIGUA & BARBUDA

119	ANTIGUA WI
120	ANTILLES
121	ARAB PALESTINE
122	ARABIA
123	ARGENTINA
124	ARMENIA
125	ARUBA
126	ARUBA DWI
127	ARUBA NETHERLANDS
128	ASCENSION ISLAND
129	ASIA
130	ASIA MINOR
131	ASSAM
132	AT SEA
133	AUSTRALIA
134	AUSTRIA
135	AUSTRIA-HUNGARY
136	AZERBAIJAN
137	AZORES ISLANDS
138	BAHAMAS
139	BAHAMAS UK
140	BAHRAIN
141	BAJA CAL
142	BAJA CAL SUR
143	BALBOA
144	BANGLADESH
145	BARBADOS
146	BARBUDA
147	BAVARIA
148	BELARUS
149	BELFAST
150	BELGIAN CONGO
151	BELGIUM
152	BELIZE
153	BENIN
154	BERLIN
155	BERMUDA
156	BESSARABIA
157	BHUTAN
158	BOHEMIA
159	BOLIVIA
160	BONAIRE
161	BORNEO
162	BOSNIA
163	BOSNIA & HERZEGOVINA
164	BOTSWANA
165	BRASIL
166	BRAZIL
167	BRAZZAVILLE
168	BREMEN
169	BRITAIN

170	BRITISH COLUMBIA
171	BRITISH EAST AFRICA
172	BRITISH GUIANA
173	BRITISH GUYANA
174	BRITISH HONDURAS
175	BRITISH HONG KONG
176	BRITISH ISLES
177	BRITISH VI
178	BRITISH VIRGIN IS
179	BRITISH WEST INDIES
180	BRITISH WI
181	BRUNEI
182	BULGARIA
183	BURKINA FASO
184	BURMA
185	BURUNDI
186	BWI
187	BYELARUS
188	BYELORUSSIA
189	CAICOS ISLANDS
190	CAM PHA
191	CAM RANH
192	CAMBODIA
193	CAMEROON
194	CAN THO
195	CANADA
196	CANAL ZONE
197	CANARY ISLANDS
198	CANTON & ENDERBURY IS
199	CANTON ISLAND
200	CAPE VERDE
201	CARIBBEAN
202	CAYMAN ISLANDS
203	CENTRAL AFRICA
204	CENTRAL AFRICAN REP
205	CENTRAL AMERICA
206	CEYLON
207	CHAD
208	CHANNEL ISLANDS
209	CHIAPAS
210	CHIHUAHUA
211	CHILE
212	CHINA
213	CHINA HONG KONG
214	CHRISTMAS ISLAND
215	CHRISTMAS ISLAND, INDIAN OCEAN
216	COAHUILA
217	COLIMA
218	COLOMBIA
219	COMOROS
220	CONGO

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221	COOK ISLANDS
222	CORAL SEA ISLANDS
223	CORK
224	CORSICA
225	COSTA RICA
226	COTE D'IVORIE
227	CRETE
228	CRIMEA
229	CRISTOBAL
230	CROATIA
231	CUBA
232	CURACAO
233	CYPRUS
234	CZ
235	CZECH REPUBLIC
236	CZECHOSLOVAKIA
237	DA LAT
238	DA NANG
239	DAKAR
240	DANZIG
241	DELHI
242	DEMO PEOPLE'S REP OF KOREA
243	DEMO REP OF CONGO
244	DENMARK
245	DISTRITO FEDERAL
246	DJIBOUTI
247	DOM REP
248	DOMINICA
249	DOMINICA BWI
250	DOMINICA WI
251	DOMINICAN REPUBLIC
252	DUBAI
253	DUBLIN
254	DURANGO
255	DUTCH EAST INDIES
256	DUTCH GUIANA
257	DUTCH INDONESIA
258	DUTCH NEW GUINEA
259	EAST PAKISTAN
260	EAST PRUSSIA
261	EASTER ISLAND
262	EASTERN AFRICA
263	ECUADOR
264	EGYPT
265	EIRE
266	EL SALVADOR
267	ENGLAND
268	EQUATORIAL GUINEA
269	ERITREA
270	ESPANA
271	ESTONIA

272	ETHIOPIA
273	EUROPA ISLAND
274	EUROPE
275	FALKLAND ISLANDS
276	FAROE ISLANDS
277	FEDERAL DISTRICT
278	FEDERAL REPUBLIC OF YUGOSLAVIA
279	FEDERATED STATES OF MICRONESIA
280	FIJI
281	FILIPINES
282	FINLAND
283	FOREIGN COUNTRY
284	FORMOSA
285	FRANCE
286	FRANKFURT
287	FRENCH GUIANA
288	FRENCH MOROCCO
289	FRENCH POLYNESIA
290	GABON
291	GALAPAGOS ISLANDS
292	GALWAY
293	GAMBIA
294	GAZA STRIP
295	GEORGIA
296	GERMANY
297	GHANA
298	GIA DINH
299	GIBRALTER
300	GLORIOSO ISLANDS
301	GOA
302	GRAND BAHAMA
303	GRAND CAYMAN
304	GRAND TURK
305	GREAT BRITAIN
306	GREAT COMORE
307	GREECE
308	GREENLAND
309	GRENADA
310	GUADALAJARA
311	GUADELOUPE
312	GUANAJUATO
313	GUATEMALA
314	GUERNSEY
315	GUERRERO
316	GUIANA
317	GUINEA
318	GUINEA-BISSAU
319	GUYANA
320	HA DONG
321	HAI PHONG
322	HAITI

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323	HAMBURG
324	HANOI
325	HANOVER
326	HAVANA
327	HEARD & MCDONALD ISLANDS
328	HERZEGOVINA
329	HESSE
330	HIDALGO
331	HIGH SEAS
332	HOLLAND
333	HONDURAS
334	HONG KONG
335	HUNGARY
336	HYDERABAD
337	ICELAND
338	INDIA
339	INDONESIA
340	INTERNATIONAL WATERS
341	IRAN
342	IRAQ
343	IRELAND
344	IRIAN JAYA
345	IRISH REPUBLIC
346	ISLE OF MAN
347	ISRAEL
348	ITALY
349	IVORY COAST
350	JALISCO
351	JAMAICA
352	JAN MEYAN
353	JAPAN
354	JAVA
355	JERSEY
356	JIBUTI
357	JORDAN
358	JUAN DE NOVA ISLAND
359	JUGOSLAVIA
360	KALININGRAD
361	KAMPUCHEA
362	KASHMIR
363	KAZAKHSTAN
364	KENYA
365	KHANH HUNG
366	KINSHASA
367	KIRIBATI
368	KOREA
369	KORO ISLAND
370	KUWAIT
371	KWAJALEIN
372	KWANTUNG
373	KYRGYZSTAN

374	LABRADOR
375	LABUAN
376	LAOS
377	LATAKIA
378	LATIN AMERICA
379	LATVIA
380	LEBANON
381	LEEWARD ISLANDS
382	LESOTHO
383	LIBERIA
384	LIBYA
385	LIECHTENSTEIN
386	LITHUANIA
387	LOAS
388	LONDONDERRY
389	LONG XUYEN
390	LORRAINE
391	LUBECK
392	LUXEMBOURG
393	MACAO
394	MACAU
395	MACEDONIA
396	MADAGASCAR
397	MADEIRA ISLANDS
398	MAINLAND CHINA
399	MAJORCA
400	MALAGASY REPUBLIC
401	MALAWI
402	MALAYSIA
403	MALDIVES
404	MALI
405	MALLORCA
406	MALTA
407	MACHURIA
408	MANICA
409	MANILA
410	MANITOBA
411	MARSHALL ISLANDS
412	MARTINIQUE
413	MAURITANIA
414	MAURITIUS
415	MAYOTTE ISLAND
416	MELANESIA
417	MEXICO
418	MICHOACAN
419	MICRONESIA
420	MIDDLE EAST
421	MOLDAVIA
422	MOLDOVA
423	MONACO
424	MONAGAS

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425	MONGOLIA
426	MONTENEGRO
427	MONTSERRAT
428	MORELOS
429	MOROCCO
430	MOZAMBIQUE
431	MY THO
432	N. IRELAND
433	NAM DINH
434	NAMIBIA
435	NAURU
436	NAYARIT
437	NEPAL
438	NETHERLANDS
439	NETH. ANTILLES
440	NETH. EAST INDIES
441	NEVIS ISLAND
442	NEW BRUNSWICK
443	NEW CALEDONIA
444	NEW GUINEA
445	NEW HEBRIDES
446	NEW SOUTH WALES
447	NEW ZEALAND
448	NEWFOUNDLAND
449	NHA TRANG
450	NICARAGUA
451	NIGER
452	NIGERIA
453	NIUE ISLAND
454	NORFOLK ISLAND
455	NORTH AFRICA
456	NORTH AMERICA
457	NORTH KOREA
458	NORTH VIETNAM
459	NORTHERN IRELAND
460	NORTHERN TERRITORY
461	NORWAY
462	NOVA SCOTIA
463	NUEVO LEON
464	OAXACA
465	OCEANIA
466	OKINAWA
467	OMAN
468	ONTARIO
469	OVERSEAS
470	PAKISTAN
471	PALAU
472	PALESTINE
473	PANAMA
474	PANAMA CANAL ZONE
475	PAPUA NEW GUINEA

335

476	PARACEL ISLANDS
477	PARAGUAY
478	PELAGOSA
479	PEOPLE'S REP. OF CHINA
480	PEOPLE'S REP. OF CONGO
481	PERSIA
482	PERU
483	PHAN THIET
484	PHILIPPINES
485	PITCAIRN ISLAND
486	POLAND
487	POLYNESIA
488	PONAPE
489	PORTUGAL
490	PORTUGUESE INDIA
491	PRINCE EDWARD ISLAND
492	PRINCIPE ISLAND
494	PRUSSIA
495	PUEBLA
496	PUNJAB
497	PUNJAB, INDIA
498	PUNJAB, PAKISTAN
499	QATAR
500	QUANG LONG
501	QUEBEC
502	QUEENSLAND
503	QUERETARO
504	QUI NHON
505	RACH GIA
506	RAJASTHAN
507	RED CHINA
508	REPUBLIC OF CHINA
509	REPUBLIC OF CYPRUS
510	REPUBLIC OF IRELAND
511	REPUBLIC OF KOREA
512	REPUBLIC OF PANAMA
513	REP. OF PHILIPPINES
514	REP. OF SOUTH AFRICA
515	REPUBLICA DOMINICANA
516	REUNION ISLAND
517	RHODESIA
518	ROC
519	ROK
520	ROMANIA
521	ROTTERDAM
522	RUMANIA
523	RUSSIA
524	RUSSIAN FEDERATION
525	RWANDA
526	SAIGON
527	SALVADOR

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528	SAMOA
529	SAN ANDRES
530	SAN LUIS POTOSI
531	SAN MARINO
532	SAN SALVADOR
533	SAO TOME ISLAND
534	SAO TOME & PRINCIPE
535	SARAWAK
536	SASKATCHEWAN
537	SAUDI ARABIA
538	SAXONY
539	SCOTLAND
540	SENEGAL
541	SEOUL
542	SERBIA
543	SEYCHELLES
544	SHANGHAI
545	SHARJAH
546	SIBERIA
547	SICILY
548	SIERRA LEONE
549	SIKKIM
550	SINALOA
551	SINGAPORE
552	SLAVONIA
553	SLOVAK REPUBLIC
554	SLOVAKIA
555	SLOVENIA
556	SOLOMAN ISLANDS
557	SOMALIA
558	SONORA
559	SOUTH AFRICA
560	SOUTH AMERICA
561	SOUTH AUSTRALIA
562	SOUTH KOREA
563	SOUTH VIETNAM
564	SOUTH WALES
565	SOUTH YEMEN
566	SOUTHEAST ASIA
567	SOUTHERN AFRICA
568	SOUTHERN RHODESIA
569	SOVIET UNION
570	SPAIN
571	SPRATLEY ISLANDS
572	SRI LANKA
573	ST BARTHELEMY
574	ST BARTS
575	ST CHRISTOPHER
576	ST CHRISTOPHER-NEVIS
577	ST EUSTATIUS
578	ST HELENA

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579	ST KITTS
580	ST KITTS-NEVIS
581	ST LUCIA
582	ST MAARTEN
583	ST MARTIN
584	ST PIERRE & MIQUELON
585	ST VINCENT
586	ST VINCENT & THE GRENADINES
587	SUDAN
588	SUMATRA
589	SURINAM
590	SURINAME
591	SVALBARD
592	SWAZILAND
593	SWEDEN
594	SWITZERLAND
595	SYRIA
596	SYRIAN ARAB REP
597	TABASCO
598	TADZHIK
599	TAHITI
600	TAIWAN
601	TAIWAN ROC
602	TAJIKISTAN
603	TAMAULIPAS
604	TANGANYIKA
605	TANGIER
606	TANZANIA
607	TASMANIA
608	THAILAND
609	THANH HOA
610	THE GRENADINES
611	TIBET
612	TIJUANA
613	TLAXCALA
614	TOBAGO
615	TOGO
616	TOGOLAND
617	TOKELAU
618	TONGA
619	TORTOISE ISLANDS
620	TORTOLA
621	TRANSVAAL
622	TRANSYLVANIA
623	TRIESTE
624	TRINIDAD
625	TRINIDAD & TOBAGO
626	TRIPOLI
627	TROMELIN ISLAND
628	TRUK
629	TUNIS

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630	TUNISIA
631	TURKEY
632	TURKMENISTAN
633	TURKS & CAICOS IS
634	TURK ISLANDS
635	TUVALU
636	TUY HOA
637	UGANDA
638	UK
639	UKRAINE
640	UKRAINIA
641	UNION ISLANDS
642	UNION OF SOUTH AFRICA
643	UNION OF SOVIET SOCIALIST REPUBLICS
644	UNITED ARAB EMIRATES
645	UNITED KINGDOM
646	UPPER VOLTA
647	URUGUAY
648	USSR
649	USBEKISTAN
650	VANCOUVER
651	VANUATU
652	VATICAN CITY
653	VENEZUELA
654	VERACRUZ
655	VICTORIA
656	VIETNAM
657	VINH LONG
658	VUNG TAU
659	WALES
660	WALLIS & FUTUNA ISLANDS
661	WEST AFRICA
662	WEST BANK
663	WEST BENGAL
664	WEST INDIES
665	WEST PAKISTAN
666	WESTERN AUSTRALIA
667	WESTERN SAHARA
668	WESTERN SAMOA
669	WHITE RUSSIA
670	WINDWARD ISLANDS
671	WINNIPEG
672	WURZBERG
673	YAP
674	YAR
675	YEMEN
676	YEMEN ARAB REPUBLIC
677	YEREVAN
678	YUCATAN
679	YUGOSLAVIA
680	YUKON TERRITORY

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681	ZACATECAS
682	ZADAR
683	ZAIRE
684	ZAMBIA
685	ZANZIBAR
686	ZIMBABWE
687	ZURICH
688	ANDORRA
689	BRITISH INDIAN OCEAN TERRITORY
690	DEUTSCHLAND
691	FRENCH SOUTHERN AND ANTARCTIC LANDS
692	GRENADINES, THE
693	KOSOVO
694	MYANMAR
695	NORTHWEST TERRITORY
696	NUNAVUT TERRITORY
996	Country not listed
997	Refused
999	Don't know

UniverseText: All persons not born in the United States

SkipInstructions: <60-85> [store "2" in CITIZEN and goto USYR]
<100-696,996,R,D> [goto USYR]

2015 NHIS Questionnaire -   Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID:	FSD.004_00.000	**Instrument Variable Name:**	USYR	**QuestionnaireFileName:**	Family

QuestionText: * Read if necessary.

Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].

In what year did [fill3: you/ALIAS] come to the United States to stay?

1880-Current Year	1880-Current Year
9997	Refused
9999	Don't know

UniverseText: All persons not born in the United States

SkipInstructions: <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]
<R,D> [goto USLONG]

NOTE: The "*Read if necessary…Earlier I recorded…" portion of this question is included for persons with complete date of birth information.

Hard Edit: 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.

Question ID:	FSD.005_00.000	**Instrument Variable Name:**	USLONG	**QuestionnaireFileName:**	Family

QuestionText: About how long [fill1: have you/has ALIAS] been in the United States?

* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.

*Enter '95' for 95 or more years.

*If less than 1 year given as a response, code the answer as '0'.

00-94	00-94 years
95	95+ years
97	Refused
99	Don't know

UniverseText: All persons not born in the United States and refused or don't know was reported for USYR

SkipInstructions: <0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]
<R,D> [goto CITIZEN]

Hard Edit: ERR_LONG: * In US longer than alive!

* Please correct.

2015 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.006_00.000   **Instrument Variable Name:** CITIZEN   **QuestionnaireFileName:** Family

QuestionText: (book) F20   ?[F1]

[fill: Are you/Is ALIAS] a CITIZEN of the United States?

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
7	Refused
9	Don't know

UniverseText: All persons not born in the United States or a United States territory

SkipInstructions: <1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]
<R,D> [goto HEADST]

Hard Edit: ERR1_CITIZEN
*Already indicated birth outside the United States.
*Please correct.

ERR2_CITIZEN
*Already indicated birth outside United States territory.
*Please correct.

Soft Edit: ERR3_CITIZEN: Refused
Previously, you refused to say if [you/ALIAS] were/was born in the United States.
Would you like to change your answer to the question?

ERR4_CITIZEN: Don't Know
Previously, you didn't know if [you/ALIAS] were/was born in the United States.
Would you like to change your answer to the question?

Question ID: FSD.007_00.000   **Instrument Variable Name:** HEADST   **QuestionnaireFileName:** Family

QuestionText: ?[F1]

Is [fill: ALIAS] now attending Head Start?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 7 years of age

SkipInstructions: <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]
<2,R,D> [goto HEADSTEV]

2015 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.008_00.000   **Instrument Variable Name:**   HEADSTEV   **QuestionnaireFileName:**   Family

QuestionText: Has [fill: ALIAS] ever attended Head Start?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age and not currently enrolled in Head Start

SkipInstructions: if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person

2015 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.010_00.000 **Instrument Variable Name:** EDUC **QuestionnaireFileName:** Family

QuestionText: (book) F21 ?[F1]

What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

* Enter highest level of school completed.

00	Never attended/kindergarten only
01	1st grade
02	2nd grade
03	3rd grade
04	4th grade
05	5th grade
06	6th grade
07	7th grade
08	8th grade
09	9th grade
10	10th grade
11	11th grade
12	12th grade, no diploma
13	GED or equivalent
14	High School Graduate
15	Some college, no degree
16	Associate degree: occupational, technical, or vocational program
17	Associate degree: academic program
18	Bachelor's degree (Example: BA, AB, BS, BBA)
19	Master's degree (Example: MA, MS, MEng, MEd, MBA)
20	Professional School degree (Example: MD, DDS, DVM, JD)
21	Doctoral degree (Example: PhD, EdD)
96	Child under 5 years old
97	Refused
99	Don't know

UniverseText: All persons 5 years of age or older

SkipInstructions: repeat for all eligible persons, then goto ARMFVER

2015 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.020_00.000 **Instrument Variable Name:** ARMFVER **QuestionnaireFileName:** Family

QuestionText: 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <1> [goto ARMFFC] <2,R,D> [goto ARMFEV]

Question ID: FSD.021_00.000 **Instrument Variable Name:** ARMFEV **QuestionnaireFileName:** Family

QuestionText: [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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a person age 18 or older who is not currently on active duty or said R,D to active duty question

SkipInstructions: <1> [goto ARMFFC] <2,R,D> [goto DOINGLW]

2015 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.022_00.000   **Instrument Variable Name:** ARMFFC   **QuestionnaireFileName:** Family

QuestionText: 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a person age 18 or older who has ever served in the armed forces

SkipInstructions: <1,2,R,D> [goto ARMFTMP]

Question ID: FSD.023_00.000   **Instrument Variable Name:** ARMFTMP   **QuestionnaireFileName:** Family

QuestionText: 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.

01	Sept 2001 or later
02	August 1990 to August 2001 (including Persian Gulf War)
03	May 1975 to July 1990
04	Vietnam era (August 1964 to April 1975)
05	February 1955 to July 1964
06	Korean War (July 1950 to January 1955)
07	January 1947 to June 1950
08	December 1946 or earlier
97	Refused
99	Don't know

UniverseText: All families with a person age 18 or older who has ever served in the armed forces

SkipInstructions: <1,3-8,R,D> [goto DOINGLW] <2> [goto ARMFDS]

Hard Edit: If gray answer code is selected please display:
That selection is not valid at this time.
Please correct.

2015 NHIS Questionnaire -   Family

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.024_00.000 **Instrument Variable Name:** ARMFDS **QuestionnaireFileName:** Family

QuestionText: Did [fill1: you/alias] serve in the Persian Gulf during Operation Desert Shield or Operation Desert Storm between August 1990 and April 1991?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a person age 18 or older who served from August 1990 to August 2001

SkipInstructions: <1,2,R,D> [goto DOINGLW]

Question ID: FSD.050_00.000 **Instrument Variable Name:** DOINGLW **QuestionnaireFileName:** Family

QuestionText: (book) F22   ? [F1]

The next few questions are about employment status.

Which of the following [fill: were you/was ALIAS] doing last week?

* Read answer categories.

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
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older

SkipInstructions: <1,4> [goto WRKHRS]
<2,5> [goto WHYNOWRK]
<3,R,D> [goto WRKLYR]

NOTE: A flashcard was added to this question in quarter 3 of 2005.

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Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.060_00.000   **Instrument Variable Name:** WHYNOWRK   **QuestionnaireFileName:** Family

QuestionText: ?[F1]

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

01	Taking care of house or family
02	Going to school
03	Retired
04	On a planned vacation from work
05	On family or maternity leave
06	Temporarily unable to work for health reasons
07	Have job/contract and off-season
08	On layoff
09	Disabled
10	Other
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older 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

SkipInstructions: <1-3,8-10,R,D> [goto WRKLYR]
<4-7> [goto WRKHRS]

Question ID: FSD.070_00.000   **Instrument Variable Name:** WRKHRS1   **QuestionnaireFileName:** Family

QuestionText: ?[F1]

How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?

001-168	1-168 hours
997	Refused
999	Don't know

UniverseText: All persons 18 years of age or older 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 a job/contract and off-season

SkipInstructions: <1-34,R,D> [goto WRKFTALL]
<35-94> [goto WRKLYR]
<95-168> [goto ERR1_WRKHRS]

Soft Edit: * [Fill: WRKHRS] is an unusually high number.
* Please verify.

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Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.080_00.000   **Instrument Variable Name:**   WRKFTALL   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

SkipInstructions: [goto WRKLYR]

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

Question ID: FSD.100_00.000   **Instrument Variable Name:**   WRKLYR   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older

SkipInstructions: <1> [goto WRKMYR]
<2,R,D> [goto HIEMPOF]

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Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.110_00.000   **Instrument Variable Name:**   WRKMYR   **QuestionnaireFileName:**   Family

QuestionText: How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

* If less than one month, enter '1'.

01	1 month or less
02-12	2-12 months
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto ERNYR

Question ID: FSD.120_00.000   **Instrument Variable Name:**   ERNYR   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

Include hourly wages, salaries, tips and commissions.

* Enter '999,995' if the reported income is greater than $999,995.

000001- 999994	$1-$999,994
999995	$999,995+
999997	Refused
999999	Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto HIEMPOF

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Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.130_00.000 **Instrument Variable Name:** HIEMPOF **QuestionnaireFileName:** Family

QuestionText: Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who were 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

SkipInstructions: goto INTROINC

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.

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Family Income

Document Version Date: 27-May-16

Question ID: FIN.010_00.000   **Instrument Variable Name:**   FINCINT   **QuestionnaireFileName:**   Family

QuestionText: * 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.

1   Enter 1 to continue

UniverseText: All families

SkipInstructions: goto FSAL

Question ID: FIN.030_00.000   **Instrument Variable Name:**   FSAL   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: 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 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.040_00.000   **Instrument Variable Name:**   PSAL   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year

SkipInstructions: goto FSEINC

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.050_00.000   **Instrument Variable Name:**   FSEINC   **QuestionnaireFileName:**   Family

QuestionText: [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: 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 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]
<2,R,D> [goto FSSRR]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: **27-May-16**

Question ID: FIN.060_00.000   **Instrument Variable Name:** PSEINC   **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year

SkipInstructions: goto FSSRR

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.070_00.000   **Instrument Variable Name:** FSSRR   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?

* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PSSRR and goto FSSRRD; else, goto PSSRR]
<2,R,D> [goto FPENS]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.080_00.000   **Instrument Variable Name:**   PSSRR   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

SkipInstructions: goto FSSRRD

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data.

Question ID: FIN.082_00.000   **Instrument Variable Name:**   FSSRRD   **QuestionnaireFileName:**   Family

QuestionText: Was [fill: your/any family member's *Read names

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

SkipInstructions: <1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]
<2,R,D> [goto FPENS]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.084_00.000 **Instrument Variable Name:** PSSRRDB **QuestionnaireFileName:** Family

QuestionText: *Ask or verify. Enter applicable line number(s), separate with commas.

Was {person's} Social Security or Railroad Retirement income received as a disability benefit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit

SkipInstructions: goto PSSRRD

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.086_00.000 **Instrument Variable Name:** PSSRRD **QuestionnaireFileName:** Family

QuestionText: Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FPENS

2015 NHIS Questionnaire -   Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.090_00.000   **Instrument Variable Name:**   FPENS   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PPENS and goto FOPENS; else, goto PPENS]
<2,R,D> [goto FOPENS]

Question ID: FIN.100_00.000   **Instrument Variable Name:**   PPENS   **QuestionnaireFileName:**   Family

QuestionText: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

*Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

SkipInstructions: goto FOPENS

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.102_00.000   **Instrument Variable Name:**   FOPENS   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/any family members living here] receive income from any retirement or survivor pension other [fill2: than Social Security or Railroad Retirement/than a disability pension/than Social Security, Railroad Retirement, or a disability pension]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in POPENS and goto FSSI; else, goto POPENS]
<2,R,D> [goto FSSI]

Question ID: FIN.104_00.000   **Instrument Variable Name:**   POPENS   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from a retirement or survivor pension in the last calendar year

SkipInstructions: goto FSSI

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.110_00.000   **Instrument Variable Name:**   FSSI   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Did [fill: you/any family members] receive Supplemental Security Income (SSI)?

* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]
<2,R,D> [goto FTANF]

Question ID: FIN.120_00.000   **Instrument Variable Name:**   PSSI   **QuestionnaireFileName:**   Family

QuestionText: *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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

SkipInstructions: goto PSSID

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire -   Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.122_00.000   **Instrument Variable Name:**   PSSID   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons who received SSI in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FTANF

Question ID: FIN.150_00.000   **Instrument Variable Name:**   FTANF   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

At any time during [fill1: last calendar year in 4-digit format], even for one month, did [fill2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (* fill specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PTANF and goto FOWBEN; else, goto PTANF]
<2,R,D> [goto FOWBEN]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.160_00.000   **Instrument Variable Name:**   PTANF   **QuestionnaireFileName:**   Family

QuestionText: *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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year

SkipInstructions: goto FOWBEN

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.164_00.000   **Instrument Variable Name:**   FOWBEN   **QuestionnaireFileName:**   Family

QuestionText: At any time during [fill1: last calendar year in 4-digit format], did [fill2: you/any family members living here] 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]
<2,R,D> [goto FINTRST]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.166_00.000   **Instrument Variable Name:** POWBEN   **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

SkipInstructions: goto FINTRST

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.170_00.000   **Instrument Variable Name:** FINTRST   **QuestionnaireFileName:** Family

QuestionText: Did [fill: you/any family members living here] 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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PINTRST and goto FDIVD; else, goto PINTRST]
<2,R,D> [goto FDIVD]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.180_00.000   **Instrument Variable Name:**   PINTRST   **QuestionnaireFileName:**   Family

QuestionText: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received interest income in the last calendar year

SkipInstructions: goto FDIVD

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.190_00.000   **Instrument Variable Name:**   FDIVD   **QuestionnaireFileName:**   Family

QuestionText: Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD]
<2,R,D> [goto FCHLDSP]

2015 NHIS Questionnaire -   Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.200_00.000   **Instrument Variable Name:**   PDIVD   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s). Separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received dividend or net rental income in the last calendar year

SkipInstructions: goto FCHLDSP

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.210_00.000   **Instrument Variable Name:**   FCHLDSP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Did [fill: you/any family members living here] receive income from child support?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP]
<2,R,D> [goto FINCOT]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.220_00.000   **Instrument Variable Name:** PCHLDSP   **QuestionnaireFileName:** Family

QuestionText: *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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from child support in the last calendar year

SkipInstructions: goto FINCOT

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.230_00.000   **Instrument Variable Name:** FINCOT   **QuestionnaireFileName:** Family

QuestionText: Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PINCOT and goto FINCTOT; else, goto PINCOT]
<2,R,D> [goto FINCTOT]

2015 NHIS Questionnaire -   Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.240_00.000   **Instrument Variable Name:**   PINCOT   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received some "other" source of income in the last calendar year

SkipInstructions: goto FINCTOT

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.250_00.000   **Instrument Variable Name:**   FINCTOT   **QuestionnaireFileName:**   Family

QuestionText: [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.

000000-999994	$0-$999,994
999995	$999,995+
999997	Refused
999999	Don't know

UniverseText: All families

SkipInstructions: <0-999> goto ERR1_FINCTOT
<250001-999995> goto ERR2_FINCTOT
<1000-250000> goto HOUSEOWN
<D,R> goto FPOV250

Soft Edit: 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.

2015 NHIS Questionnaire -   Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.255_00.000   **Instrument Variable Name:**   FPOV250   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 250% of poverty threshold] or [fill2: 250% of poverty threshold] or more?

1	Less than [fill2: 250% of poverty threshold]
2	[fill2: 250% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: Respondents who don't know or refuse their total family income

SkipInstructions: <1> goto FPOV138
<2> if PCNT in('01','02') then goto FINC75;
else if PCNT in('04','07','08','09') then goto FPOV400;
else if PCNT in('03','05','06') then goto FINC100
<R,D> goto HOUSEOWN

Question ID: FIN.258_00.000   **Instrument Variable Name:**   FPOV138   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 138% of poverty threshold] or [fill2: 138% of poverty threshold] or more?

1	Less than [fill2: 138% of poverty threshold]
2	[fill2: 138% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: The respondent answered less than 250% of poverty at FPOV250

SkipInstructions: <1> goto FPOV100
<2> goto FPOV200
<R,D> goto HOUSEOWN

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.261_00.000   **Instrument Variable Name:**   FPOV100   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 100% poverty threshold] or [fill2: 100% poverty threshold] or more?

1	Less than [fill2: 100% of poverty threshold]
2	[fill2: 100% poverty threshold] or more
7	Refused
9	Don't know

UniverseText: The respondent answered less than 138% of poverty at FPOV138

SkipInstructions: <1,2,R,D> goto HOUSEOWN

Question ID: FIN.264_00.000   **Instrument Variable Name:**   FPOV200   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 200% of poverty threshold] or [fill2: 200% of poverty threshold] or more?

1	Less than [fill2: 200% of poverty threshold]
2	[fill2: 200% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: The respondent answered 138% of poverty or more at FPOV138

SkipInstructions: <1,2,R,D> goto HOUSEOWN

Question ID: FIN.267_00.000   **Instrument Variable Name:**   FINC75   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill: family] income from all sources less than $75,000 or $75,000 or more?

1	Less than $75,000
2	$75,000 or more
7	Refused
9	Don't know

UniverseText: The respondent answered 250% of poverty threshold or more at FPOV250 and he/she is from a 1 or 2 person family

SkipInstructions: <1> goto FPOV400
<2> goto FINC100
<R,D> goto HOUSEOWN

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.270_00.000   **Instrument Variable Name:** FINC100   **QuestionnaireFileName:** Family

QuestionText: Was your total [fill: family] income from all sources less than $100,000 or $100,000 or more?

1	Less than $100,000
2	$100,000 or more
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <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]

Question ID: FIN.273_00.000   **Instrument Variable Name:** FPOV400   **QuestionnaireFileName:** Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 400% of poverty threshold] or [fill2: 400% of poverty threshold] or more?

1	Less than [fill2: 400% of poverty threshold]
2	[fill2: 400% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: 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

SkipInstructions: <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

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.276_00.000   **Instrument Variable Name:**   FINC150   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill: family] income from all sources less than $150,000 or $150,000 or more?

1	Less than $150,000
2	$150,000 or more
7	Refused
9	Don't know

UniverseText: The respondent answered $100,000 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

SkipInstructions: <1,2,R,D> goto HOUSEOWN

Question ID: FIN.280_00.000   **Instrument Variable Name:**   HOUSEOWN   **QuestionnaireFileName:**   Family

QuestionText: Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?

1	Owned or being bought
2	Rented
3	Other arrangement
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1,3,R,D> [goto FSSAPL]
<2> [goto FGAH]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.282_00.000   **Instrument Variable Name:** FGAH   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families that rent their house/apartment

SkipInstructions: goto FSSAPL

Question ID: FIN.300_00.000   **Instrument Variable Name:** FSSAPL   **QuestionnaireFileName:** Family

QuestionText: [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.]

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]
<2,R,D> [goto FSDAPL]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.310_00.000 **Instrument Variable Name:** PSSAPL **QuestionnaireFileName:** Family

QuestionText: *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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one applied for SSI

SkipInstructions: goto FSDAPL

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.330_00.000 **Instrument Variable Name:** FSDAPL **QuestionnaireFileName:** Family

QuestionText: [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.]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All Families

SkipInstructions: <1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL]
<2,R,D> [goto TANFMYR]

2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.340_00.000   **Instrument Variable Name:** PSDAPL   **QuestionnaireFileName:** Family

QuestionText: * 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.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one applied for Social Security Disability benefits

SkipInstructions: goto TANFMYR

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.350_00.000   **Instrument Variable Name:** TANFMYR   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?

*Enter '1' if less than one month.

01-12	1-12 months
97	Refused
99	Don't know

UniverseText: All persons who received cash assistance from public assistance programs in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FSNAP

2015 NHIS Questionnaire -   Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.360_00.000   **Instrument Variable Name:**   FSNAP   **QuestionnaireFileName:**   Family

QuestionText: ?[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]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [goto FSNAPMYR]

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

Question ID: FIN.380_00.000   **Instrument Variable Name:**   FSNAPMYR   **QuestionnaireFileName:**   Family

QuestionText: ?[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

01-12	Months
97	Refused
99	Don't know

UniverseText: Family received food stamp/SNAP benefits in previous calendar year

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

2015 NHIS Questionnaire -   Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.384_00.000   **Instrument Variable Name:**   FINWIC   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with females 12-55 years of age or children 0-5 years of age

SkipInstructions: <1> [if a single-person family, store the person number in PWIC and goto FMSSN; else, goto PWIC]
<2,R,D> [goto FMSSN]

Question ID: FIN.385_00.000   **Instrument Variable Name:**   PWIC   **QuestionnaireFileName:**   Family

QuestionText: * 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.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

SkipInstructions: goto FMSSN

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

2015 NHIS Questionnaire - Person

English Language Proficiency

Document Version Date: 27-May-16

Question ID: FLG.010_00.000 **Instrument Variable Name:**   ENGLANG   **QuestionnaireFileName:**   Person

QuestionText: How well [fill: do you/ does ALIAS] speak English? Would you say…

*Read categories below.

1	Very well
2	Well
3	Not well
4	Not at all
7	Refused
9	Don't know

UniverseText: All persons age 5 and older

SkipInstructions: <1-4> goto next section

2015 NHIS Questionnaire - Family

Family Disability: Version 2

Document Version Date: 31-May-16

Question ID: FDB.020_00.000 **Instrument Variable Name:** P2DFHEAR **QuestionnaireFileName:** Family

QuestionText: 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?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons age 1 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFSEE

Question ID: FDB.040_00.000 **Instrument Variable Name:** P2DFSEE **QuestionnaireFileName:** Family

QuestionText: [fill 1: Are you/Is ALIAS] blind or [fill 2: do you/does ALIAS] have serious difficulty seeing even when wearing glasses?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons age 1 or older

SkipInstructions: <1,2,D,R> if no more persons age 5 or older, goto next section;
else goto P2DFCON

Question ID: FDB.060_00.000 **Instrument Variable Name:** P2DFCON **QuestionnaireFileName:** Family

QuestionText: Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have serious difficulty concentrating, remembering, or making decisions?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons age 5 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFWALK

2015 NHIS Questionnaire - Family

Family Disability: Version 2

Document Version Date: 31-May-16

Question ID: FDB.080_00.000   **Instrument Variable Name:** P2DFWALK   **QuestionnaireFileName:** Family

QuestionText: [fill 1: Do you/Does ALIAS] have serious difficulty walking or climbing stairs?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons age 5 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFDRES

Question ID: FDB.100_00.000   **Instrument Variable Name:** P2DFDRES   **QuestionnaireFileName:** Family

QuestionText: [fill 1: Do you/Does ALIAS] have difficulty dressing or bathing?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 5 or older

SkipInstructions: <1,2,D,R> if no more persons age 15 or older, goto next section;
else goto P2DFERR

Question ID: FDB.120_00.000   **Instrument Variable Name:** P2DFERR   **QuestionnaireFileName:** Family

QuestionText: 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?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 15 or older

SkipInstructions: <1,2,D,R> if no more persons age 1 or older, goto next section;
else return to P2DFHEAR for next person age 1 or older

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

Question ID: AID.005_00.000   **Instrument Variable Name:**   SADULT   **QuestionnaireFileName:**   Sample Adult

QuestionText: * The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

1   Physical or mental condition prohibits responding
2   Sample adult is able to respond
3   Unknown

UniverseText: This is the Sample Adult and (the Sample Adult section has not been started or completed).

SkipInstructions: <1> if Sample Adult = demographics.hhc.RELRESP_A
    goto beginning of adult.asd
  elseif Sample Adult = demographics.hhc.HHRESP
    goto beginning of adult.asd
  else
    goto AIDVERF_S
  endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
  if recontact.RCIFLAG ne '1'
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif

Question ID: AID.010_00.000   **Instrument Variable Name:**   PROX1   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

1   Yes
2   No

UniverseText: The Sample Adult's physical or mental condition prohibits responding.

SkipInstructions: <1> goto PROX2
<2> goto PROX3

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

Question ID:	AID.015_00.000	Instrument Variable Name:	PROX2	QuestionnaireFileName:	Sample Adult

QuestionText: * Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?

1	Relative who lives in household
2	Relative who doesn't live in household
3	Other caregiver
4	Other
7	Refused
9	Don't know

UniverseText: Knowledgeable proxy is available.

SkipInstructions: <1-4> goto AIDVERF_S

Question ID:	AID.020_00.000	Instrument Variable Name:	PROX3	QuestionnaireFileName:	Sample Adult

QuestionText: *Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?

1	Yes
2	No

UniverseText: Knowledgeable proxy is not available.

SkipInstructions:
```
<1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
    if recontact.RCIFLAG ne '1'
      goto recontact.RCI_BEGIN procedure
    else
      goto back.OUTCOMEB1 procedure
    endif
```

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

Question ID: AID.030_00.000 **Instrument Variable Name:** AIDVERF_S **QuestionnaireFileName:** Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

  1   Yes
  2   No

UniverseText: Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

SkipInstructions: <1> goto AIDVERF_A
<2> goto AIDSEX

Question ID: AID.040_00.000 **Instrument Variable Name:** AIDSEX **QuestionnaireFileName:** Sample Adult

QuestionText: Are you Male or Female?

* If don't know or refused enter your best guess of the person's sex.

  1   Male
  2   Female

UniverseText: Respondent said his/her sex is not correct.

SkipInstructions: <1,2> store AIDSEX in SEX
goto ERR_AIDSEX
reset AIDVERF_S
goto AIDVERF_S

Hard Edit: ERR_AIDSEX

*The gender will now be changed to [fill: AIDSEX].

goto AIDVERF_S (as the default goto)

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

Question ID: AID.045_00.000   **Instrument Variable Name:**   AIDVERF_A   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1	Yes
2	No

UniverseText: Sample Adult said his/her sex is correct.

SkipInstructions: <1> goto AIDVERF_D
<2> goto AIDAGE

Question ID: AID.050_00.000   **Instrument Variable Name:**   AIDAGE   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old are you?

000-120	Age in years
997	Refused
999	Don't know

UniverseText: Respondent said his/her age is not correct

SkipInstructions: <0-120, Refused, Don't know>
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
  reset AIDVERF_A
  goto ERR_AIDAGE
else
  store AIDAGE in AGE
  goto AIDDOB_M

Soft Edit: ERR_AIDAGE

*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.

goto AIDVERF_A (whether suppressed or not)

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

Question ID: AID.055_00.000 **Instrument Variable Name:** AIDVERF_D **QuestionnaireFileName:** Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1	Yes
2	No

UniverseText: Sample Adult said his/her age is correct.

SkipInstructions: <1> if AGE of Sample Adult le '17'
goto NO_MORE
else
goto beginning of adult.asd
endif
<2> goto AIDDOB_M

Question ID: AID.060_01.000 **Instrument Variable Name:** AIDDOB_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

Question ID: AID.060_02.000 **Instrument Variable Name:** AIDDOB_D **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 3

*Enter day of birth.

01-31	Day of the month
97	Refused
99	Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-31,Refused,Don't know> goto AIDDOB_Y

If days not valid, goto ERR_AIDDOB_D

Hard Edit: ERR_AIDDOB_D

*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M].
*Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

Question ID: AID.060_03.000   **Instrument Variable Name:** AIDDOB_Y   **QuestionnaireFileName:** Sample Adult

QuestionText: 3 of 3

*Enter year of birth.

1880-2020   Year of birth

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
                                                        goto AIDVERF_A
                                                     elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
                                                       goto AIDVERF_D
                                                     endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
  goto ERR1_AIDDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
  goto ERR2_AIDDOB_Y
endif

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Re'f or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')
  goto ERR3_AIDDOB_Y
else
  store AIDDOB_M in DOBM
  store AIDDOB_D in DOBD
  store AIDDOB_Y in DOBY
  if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
    goto AIDVERF_A
  elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
    goto AIDVERF_D
  endif
endif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
  reset AIDVERF_A or AIDVERF_D.
  goto ERR4_AIDDOB_Y
endif

Hard Edit: ERR1_AIDDOB_Y

*Future date invalid: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.

goto AIDDOB_M (whether suppressed or not)

ERR2_AIDDOB_Y

*Not a valid day: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.

goto AIDDOB_M (whether suppressed or not)

ERR3_AIDDOB_Y

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

goto AIDVERF_A (whether suppressed or not)

ERR4_AIDDOB_Y

* Data mismatched. Please fix Age or Birthday.   386

2015 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 10-May-16

* If still cannot reconcile, enter 'Don't know' for year of birth.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.050_00.000 **Instrument Variable Name:** WRKVER **QuestionnaireFileName:** Sample Adult

QuestionText: Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working or not working last week

SkipInstructions: <1>if DOINGLW2 = 1,2,4 [goto WHOWRK]
    else if DOINGLW2 = 3,5 [goto EVERWRK]
<2> [go to WRKCOR]
<R,D> [go to EVERWRK]

Question ID: ASD.060_00.000 **Instrument Variable Name:** WRKCOR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A1   ? [F1]

What is your correct working status?

* Read answer categories.

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
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.

SkipInstructions: <1,4> [goto to WHOWRK]
<2,5> [goto WHYNOWK2]
<3,R,D> [goto EVERWRK]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.062_00.000   **Instrument Variable Name:**   DOINGLW2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Corrected Employment Status Last Week: (not displayed)

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
7	Refused
9	Don't know

UniverseText: Sample Adults 18+ and also the family section respondent and said Refused or Don't know to the working last week status question in the family section

SkipInstructions: if DOINGLW2 = Refused or Don't know then
  [goto EVERWRK]
  endif

Question ID: ASD.065_00.000   **Instrument Variable Name:**   WHYNOWK2   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

(Fill1: What is the main reason you did not work last week?)

(Fill2: What is the main reason you did not have a job or business last week?)

01	Taking care of house or family
02	Going to school
03	Retired
04	On a planned vacation from work
05	On family or maternity leave
06	Temporarily unable to work for health reasons
07	Have job or contract and off-season
08	On layoff
09	Disabled
10	Other
97	Refused
99	Don't know

UniverseText: Sample Adults 18+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work

SkipInstructions: <1-10,D,R> if WRKCOR = 2 then
              [goto WHOWRK]
              else [goto EVERWRK]

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2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.066_00.000   **Instrument Variable Name:** EVERWRK   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever held a job or worked at a business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn't know or refused to provide their employment status last week

SkipInstructions: <1> [goto WHOWRK]
<2,D,R> [goto SCHOOLYR]

Question ID: ASD.070_00.000   **Instrument Variable Name:** WHOWRK   **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

(Fill1:For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))

(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))

(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer))

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto KINDIND]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.080_00.000   **Instrument Variable Name:**   KINDIND   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto KINDWRK]

Question ID: ASD.090_00.000   **Instrument Variable Name:**   KINDWRK   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto IMPACT]

Question ID: ASD.100_00.000   **Instrument Variable Name:**   IMPACT   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto SUPERVIS]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.105_00.010   **Instrument Variable Name:**   SUPERVIS   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did you supervise other employees as part of your job?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,R,D> [goto WRKCAT]

Question ID: ASD.110_00.000   **Instrument Variable Name:**   WRKCAT   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A2   ? [F1]

[If DOINGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently?
* Read answer choices if necessary.

1	Employee of a PRIVATE company for wages
2	A FEDERAL government employee
3	A STATE government employee
4	A LOCAL government employee
5	Self-employed in OWN business, professional practice or farm
6	Working WITHOUT PAY in a family-owned business or farm
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-4,6,D,R>[goto LOCALLNO]
<5> [goto BUSINC]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: **10-May-16**

Question ID: ASD.112_00.000   **Instrument Variable Name:**   BUSINC   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is this business incorporated?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are self-employed

SkipInstructions: <1,2,D,R> [goto LOCALLNO]

Question ID: ASD.120_00.000   **Instrument Variable Name:**   LOCALLNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A3

Thinking about
(Fill1: this MAIN job or business)
(Fill2: your last week at the job you held the longest)
(Fill3: your last week at the job you held most recently)

how many people (Fill4:work/Fill5: worked) at this location? Please include yourself.

* "People" includes both FULL- and PART-time employees.
* "Location" refers to the street address of the workplace.

01	1 employee
02	2-9 employees
03	10-24 employees
04	25-49 employees
05	50-99 employees
06	100-249 employees
07	250-499 employees
08	500-999 employees
09	1000 employees or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-9, R,D> [goto WRKLONGN]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.140_01.000 **Instrument Variable Name:** WRKLONGN **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

1 of 2

About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

001-365	1-365
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-365> [goto WRKLONGT]
<D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65)
[goto HOURPD] ;

Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)
[goto WRKLONGH]

Question ID: ASD.140_02.000 **Instrument Variable Name:** WRKLONGT **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN

SkipInstructions: <4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]

<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]
else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)
[goto WRKLONGH]

Hard Edit: ERR_WRKLONGT

* Number of years is greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.146_00.000   **Instrument Variable Name:** WRKLONGH   **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

SkipInstructions: <1,2,R,D> [goto HOURPD]

Question ID: ASD.150_00.000   **Instrument Variable Name:** HOURPD   **QuestionnaireFileName:** Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,D,R> [goto PDSICK]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.160_00.000 **Instrument Variable Name:** PDSICK **QuestionnaireFileName:** Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?

1　　Yes
2　　No
7　　Refused
9　　Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,D,R>
if DOINGLW2 = 1,2,4 then [goto ONEJOB];
else if DOINGLW2=3,5 then [goto WRKLYR2];
else if DOINGLW2=D, R then [goto next section]

Question ID: ASD.170_00.000 **Instrument Variable Name:** ONEJOB **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have more than one job or business?

1　　Yes
2　　No
7　　Refused
9　　Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business

SkipInstructions: <1,2,R,D> if WRKLONGH=2, then [goto WHOWRKLH];
else [goto WRKARRNG / ASD.220_00.080]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.210_00.000   **Instrument Variable Name:**   WRKLYR2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

0	Had job last week
1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week

SkipInstructions: <1,2,D,R> [goto next section]

Question ID: ASD.220_00.010   **Instrument Variable Name:**   WHOWRKLH   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Thinking of ALL the jobs or businesses you have ever had, including work done in the Armed Forces, for whom did you work the longest? (Name of company, business, organization or employer)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose current, MAIN job is NOT the job they held the longest

SkipInstructions: <allow 90,R,D> [goto KINDINLH]

Question ID: ASD.220_00.020   **Instrument Variable Name:**   KINDINLH   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose current, MAIN job is NOT the job they held the longest

SkipInstructions: <allow 90,R,D> [goto KINDWKLH]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: **10-May-16**

Question ID: ASD.220_00.030 **Instrument Variable Name:** KINDWKLH **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose current, MAIN job is NOT the job they held the longest

SkipInstructions: <allow 90,R,D> [goto IMPACTLH]

Question ID: ASD.220_00.040 **Instrument Variable Name:** IMPACTLH **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

What were your most important activities on this job or business? (For example: sell cars, keeps account books, operates printing press)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose current, MAIN job is NOT the job they held the longest

SkipInstructions: <allow 90,R,D> [goto WRKCATLH]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.050   **Instrument Variable Name:**   WRKCATLH   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A2   ? [F1]

Looking at the card, which of these best describes the job or business you held for the longest time?

1	An employee of a PRIVATE company, business, or individual for wages, salary, or commission
2	A FEDERAL government employee
3	A STATE government employee
4	A LOCAL government employee
5	Self-employed in OWN business, professional practice or farm
6	Working WITHOUT PAY in family-owned business or farm
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose current, MAIN job is NOT the job they held the longest

SkipInstructions: <1-6,R,D> [goto WRKLGLHN]

Question ID: ASD.220_00.060   **Instrument Variable Name:**   WRKLGLHN   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

About how long did you work at the job or business you held the longest?

* Enter number.

001-365	1-365
997	Refused
999	Don't know

UniverseText: Sample adults 18+ whose current, MAIN job is NOT the job they held the longest

SkipInstructions: <1-365> [goto WRKLGLHT]
<R,D> [goto WRKARRNG]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.070 **Instrument Variable Name:** WRKLGLHT   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose current, MAIN job is NOT the job they held the longest and who gave a number at WRKLGLHN

SkipInstructions: <1-4,R,D> [goto WRKARRNG]

Question ID: ASD.220_00.080 **Instrument Variable Name:** WRKARRNG   **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

The next set of questions refers to your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]. Which of the following best describes your work arrangement?

* Read categories below.

1	You work as an independent contractor, independent consultant, or freelance worker
2	You are paid by a temporary agency
3	You work for a contractor who provides workers and services to others under contract
4	You are a regular, permanent employee (standard work arrangement)
5	Some other work arrangement
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1-5,R,D> [goto WRKSCHED]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.090   **Instrument Variable Name:**   WRKSCHED   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Which of the following best describes the hours you usually work?

* Read categories below.

1	A regular daytime schedule
2	A regular evening shift
3	A regular night shift
4	A rotating shift
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1-4,R,D> [goto NIGHTWK]

Question ID: ASD.220_00.100   **Instrument Variable Name:**   NIGHTWK   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

DURING THE PAST 30 DAYS, did you work ANY amount of time between 1:00 AM and 5:00 AM?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1> [goto NIGHTFRQ]
<2,R,D> [goto WORKWFAM]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.105   **Instrument Variable Name:**   NIGHTFRQ   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

DURING THE PAST 30 DAYS, on how many days did you work ANY amount of time between 1:00 AM and 5:00 AM?

01-30	1-30
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are currently employed and worked between the hours of 1:00 AM and 5:00 AM during the past 30 days

SkipInstructions: <1-30,R,D> [goto WORKWFAM]

Question ID: ASD.220_00.110   **Instrument Variable Name:**   WORKWFAM   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

These next four questions ask about your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each of these statements.

"The demands of my job interfere with my personal or family life."

1	Strongly agree
2	Agree
3	Disagree
4	Strongly disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1-4,R,D> [goto JOBDMAND]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.120   **Instrument Variable Name:**   JOBDMAND   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

* Read if necessary: Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

"I have enough time to get the job done."

1	Strongly agree
2	Agree
3	Disagree
4	Strongly disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1-4,R,D> [goto JOBCNTRL]

Question ID: ASD.220_00.130   **Instrument Variable Name:**   JOBCNTRL   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

* Read if necessary: Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

"My job allows me to make a lot of decisions on my own."

1	Strongly agree
2	Agree
3	Disagree
4	Strongly disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1-4,R,D> [if WRKCAT=5, then goto WORUNEMP;
else goto JOBSPPRT]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.140 **Instrument Variable Name:** JOBSPPRT **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

* Read if necessary: Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

"I can count on my supervisor or manager for support when I need it."

1	Strongly agree
2	Agree
3	Disagree
4	Strongly disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed but not self-employed

SkipInstructions: <1-4,R,D> [goto WORUNEMP]

Question ID: ASD.220_00.150 **Instrument Variable Name:** WORUNEMP **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

Are you worried about losing your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1,2,R,D> [goto SAFETY]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.160   **Instrument Variable Name:**   SAFETY   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

The next [fill 1: question is/two questions are] about workplace safety and health. Please answer for your [fill 2: job as a (KINDWRK) with (WHOWRK)/current, MAIN job].

Overall, how safe do you think your workplace is? Would you say…

* Read categories below.

1   Very safe
2   Safe
3   Unsafe
4   Very unsafe
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1-4,R,D> [if WRKCAT=5 goto HARASSED;
          else goto SAFCLIMT]

Question ID: ASD.220_00.170   **Instrument Variable Name:**   SAFCLIMT   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement. "The health and safety of workers is a high priority with management where I work."

1   Strongly agree
2   Agree
3   Disagree
4   Strongly disagree
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who are currently employed but not self-employed

SkipInstructions: <1-4,R,D> [goto HARASSED]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.180   **Instrument Variable Name:**   HARASSED   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Again, think about your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job].

DURING THE PAST 12 MONTHS, were you threatened, bullied, or harassed by anyone while you were on the job?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <1> [goto HARASFRQ]
<2,R,D> [goto EXERTION]

Question ID: ASD.220_00.185   **Instrument Variable Name:**   HARASFRQ   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, how often were you threatened, bullied, or harassed by anyone while you were on the job? Would you say...

* Read categories below.

1	Once
2	A few times
3	Monthly
4	Weekly
5	Daily
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed and were threatened, bullied, or harassed while on the job in the past 12 months

SkipInstructions: <1-4,R,D> [goto EXERTION]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.190   **Instrument Variable Name:**   EXERTION   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Again, continue thinking about your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]. How often does your job involve repeated lifting, pushing, pulling, or bending? Would you say...

* Read categories below.

0	Never
1	Seldom
2	Sometimes
3	Often
4	Always
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <0-4,R,D> [goto STAND]

Question ID: ASD.220_00.200   **Instrument Variable Name:**   STAND   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

How often does your job involve standing or walking around? Would you say...

* Read categories below.

0	Never
1	Seldom
2	Sometimes
3	Often
4	Always
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <0-4,R,D> [goto SMOKEXP]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.210   **Instrument Variable Name:**   SMOKEXP   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, while at work, how often were you exposed to tobacco smoke from other people? Would you say...

* Read categories below.

0	Never
1	Less than twice a week
2	Twice a week or more, but not every day
3	Every day
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed

SkipInstructions: <0-3,R,D> [if WRKCAT=5, then goto ACN.HYPEV; else goto HLTHPROM]

Question ID: ASD.220_00.230   **Instrument Variable Name:**   HLTHPROM   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

In the past year, were health promotion programs made available to you by your employer? Examples of health promotion programs include education about weight management, smoking cessation, screening for high blood pressure, high cholesterol, or other health risks, and onsite fitness facilities or discounted gym memberships.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed but not self-employed

SkipInstructions: <1> [goto HPROMPAR]
<2,R,D> [goto ACN.HYPEV]

2015 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 10-May-16

Question ID: ASD.220_00.240   **Instrument Variable Name:**   HPROMPAR   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

How often did you participate in any of these activities in the past year? Would you say...

* Read categories below.

0	Never
1	Once
2	A few times
3	Monthly
4	Weekly
5	Daily
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed but not self-employed and their employers offer health promotion programs

SkipInstructions: <0-5,R,D> [goto ACN.HYPEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.010_00.000   **Instrument Variable Name:** HYPEV   **QuestionnaireFileName:** Sample Adult

QuestionText: Now I am going to ask you about certain medical conditions.
Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto HYPDIFV]
<2,R,D> [goto CHLEV]

Question ID: ACN.020_00.000   **Instrument Variable Name:** HYPDIFV   **QuestionnaireFileName:** Sample Adult

QuestionText: Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were told they had hypertension

SkipInstructions: <1> [goto HYPYR]
<2,R,D> [goto HYPMDEV2]

Question ID: ACN.020_00.010   **Instrument Variable Name:** HYPYR   **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

*Enter '1' if respondent is taking medication to control his/her high blood pressure.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were ever told they had hypertension (2+ visits)

SkipInstructions: <1,2,R,D> [goto HYPMDEV2]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.022_02.020   **Instrument Variable Name:**   HYPMDEV2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was any medicine EVER prescribed by a doctor for your high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they had high blood pressure

SkipInstructions: <1> [goto HYPMED2]
<2,R,D> [goto CHLEV]

Question ID: ACN.022_03.030   **Instrument Variable Name:**   HYPMED2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever prescribed medicine for high blood pressure

SkipInstructions: <1,2,R,D> [goto CHLEV]

Question ID: ACN.023_00.010   **Instrument Variable Name:**   CHLEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had high cholesterol?

*Enter '1' if respondent is taking medication to control his/her high cholesterol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CHLYR]
<2,R,D> [goto CHDEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.023_00.020   **Instrument Variable Name:**   CHLYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had high cholesterol?

*Enter '1' if respondent is taking medication to control his/her high cholesterol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had high cholesterol

SkipInstructions: <1,2,R,D> [goto CHLMDEV2]

Question ID: ACN.023_03.030   **Instrument Variable Name:**   CHLMDEV2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was any medication EVER prescribed by a doctor to help lower your cholesterol?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they had high cholesterol

SkipInstructions: <1> [goto CHLMDNW2]
<2,R,D> [goto CHDEV]

Question ID: ACN.023_04.040   **Instrument Variable Name:**   CHLMDNW2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever prescribed medicine for high cholesterol

SkipInstructions: <1,2,R,D> [goto CHDEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.031_01.000   **Instrument Variable Name:** CHDEV   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

... Coronary heart disease?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto ANGEV]

Question ID: ACN.031_02.000   **Instrument Variable Name:** ANGEV   **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

... Angina, also called angina pectoris?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MIEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.031_03.000   **Instrument Variable Name:**   MIEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A heart attack (also called myocardial infarction)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HRTEV]

Question ID: ACN.031_04.000   **Instrument Variable Name:**   HRTEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto STREV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.031_05.000   **Instrument Variable Name:**   STREV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A stroke?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto EPHEV]

Question ID: ACN.031_06.000   **Instrument Variable Name:**   EPHEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Emphysema?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto COPDEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.035_00.000   **Instrument Variable Name:**   COPDEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [if AGE GE 40, goto ASPMEDEV
else goto AASMEV]

Question ID: ACN.040_00.010   **Instrument Variable Name:**   ASPMEDEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they have been told to take an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto ASPMEDAD]
<2,R,D> [goto ASPONOWN]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.040_00.020   **Instrument Variable Name:**   ASPMEDAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW following this advice?

* If the respondent provides an answer such as "sometimes," "occasionally," or "from time to time," enter 1 for "yes."

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease

SkipInstructions: <1,R,D> [goto AASMEV]
<2> [goto ASPMDMED]

Question ID: ACN.040_00.030   **Instrument Variable Name:**   ASPMDMED   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

SkipInstructions: <1,2,R,D> [goto AASMEV]

Question ID: ACN.040_00.040   **Instrument Variable Name:**   ASPONOWN   **QuestionnaireFileName:**   Sample Adult

QuestionText: On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they are taking an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised to take aspirin every day

SkipInstructions: <1,2,R,D> [goto AASMEV]

Question ID: ACN.080_00.000   **Instrument Variable Name:**   AASMEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Have you EVER been told by a doctor or other health professional that you had asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AASSTILL]
<2,R,D> [goto ULCEV]

Question ID: ACN.085_00.000   **Instrument Variable Name:**   AASSTILL   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Do you still have asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they have asthma

SkipInstructions: <1,2,R,D> [go to AASMYR]

Question ID: ACN.090_00.000   **Instrument Variable Name:**   AASMYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had asthma

SkipInstructions: <1,2,R,D> [goto AASMERYR]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.100_00.000 **Instrument Variable Name:** AASMERYR **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had asthma

SkipInstructions: <1,2,R,D> [go to ULCEV]

Question ID: ACN.110_00.000 **Instrument Variable Name:** ULCEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...An ulcer

This could be a stomach, duodenal or peptic ulcer.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ULCYR]
<2,R,D> [goto ULCCOLEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.120_00.000   **Instrument Variable Name:**   ULCYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

... An ulcer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had an ulcer

SkipInstructions: <1,2,R,D> [goto ULCCOLEV]

Question ID: ACN.120_00.010   **Instrument Variable Name:**   ULCCOLEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had Crohn's disease or ulcerative colitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto CANEV]

Question ID: ACN.130_00.000   **Instrument Variable Name:**   CANEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Cancer or a malignancy of any kind?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CANKIND]
<2,R,D> [goto DIBEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.140_00.001   **Instrument Variable Name:**   CANKIND_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: What kind of cancer was it?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-30,R,D> [goto CANAGE_1]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_1]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_1]

Hard Edit: ERR1_CANKIND_1

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

ERR2_CANKIND_1

* Code 20 or 26 is unavailable for females.

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: **12-May-16**

Question ID: ACN.140_00.002 **Instrument Variable Name:** CANKIND_2 **QuestionnaireFileName:** Sample Adult

QuestionText:

* Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

UniverseText:	Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.
SkipInstructions:	<1-30,R,D>[goto CANAGE_2] <96> [goto DIBEV] IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_2] IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_2]
Hard Edit:	ERR1_CANKIND_2 * Code 6 or 18 or 29 is unavailable for males. ERR2_CANKIND_2 * Code 20 or 26 is unavailable for females.

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.140_00.003   **Instrument Variable Name:**   CANKIND_3   **QuestionnaireFileName:**   Sample Adult

QuestionText:

* Enter code for the third kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

UniverseText:	Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.
SkipInstructions:	<1-30,R,D>[goto CANAGE_3] <96> [goto DIBEV]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_3]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_3]

Hard Edit: ERR1_CANKIND_3

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

ERR2_CANKIND_3

* Code 20 or 26 is unavailable for females.

Question ID:	ACN.140_00.004	**Instrument Variable Name:**	CANKIND_4	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

95	More than three kinds
96	No more

UniverseText:	Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3
SkipInstructions:	<95,96> [goto DIBEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.150_00.001 **Instrument Variable Name:** CANAGE_1 **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> goto CANKIND_2
<R> and <R> at CANKIND_1 [goto DIBEV]
<R> and CANKIND_1 NE <R> [goto CANKIND_2]

If number in CANAGE_1 greater than person years old (AGE) [goto ERR_ CANAGE_1]

Hard Edit: ERR_ CANAGE_1

* [Fill2: CANAGE_1] years old is older than age[fill3: AGE].
* Please correct.

Question ID: ACN.150_00.002 **Instrument Variable Name:** CANAGE_2 **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> [goto CANKIND_3]
<R> and <R> at CANKIND_2 [goto DIBEV]
<R> and CANKIND_2 NE <R> [goto CANKIND_3]

If number in CANAGE_2 greater than person years old (AGE) [goto ERR_ CANAGE_2]

Hard Edit: ERR_ CANAGE_2

* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE].
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID:	ACN.150_00.003	**Instrument Variable Name:**	CANAGE_3	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_3/Fill2: this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions:
<1-100, D> [goto CANKIND_4]
<R> and <R> at CANKIND_3 [goto DIBEV]
<R> and CANKIND_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) [goto ERR_ CANAGE_3]

Hard Edit: ERR_ CANAGE_3

* [Fill2: CANAGE_3] years old is older than your age[fill3: AGE].
* Please correct.

Question ID:	ACN.160_00.000	**Instrument Variable Name:**	DIBEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

[Fill1:Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/[Fill2:Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]

1	Yes
2	No
3	Borderline
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions:
<1> [goto DIBAGE]
<2,R,D> [goto DIBPRE1]
<3> [goto INSLN]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

| **Question ID:** | ACN.165_00.000 | **Instrument Variable Name:** | DIBPRE1 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were never told they had diabetes, or who refused or said don't know to having been told they had diabetes

SkipInstructions: <1> [goto INSLN]
<2,R,D> [goto EPILEP1]

| **Question ID:** | ACN.170_00.000 | **Instrument Variable Name:** | DIBAGE | **QuestionnaireFileName:** | Sample Adult |

QuestionText: ? [F1]

How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?

01-84	1-84 years
85	85+ years
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

SkipInstructions: <1-100 R,D> [goto INSLN]

If number in DIBAGE greater than person years old (AGE) [goto ERR_ DIBAGE]

Hard Edit: ERR_ DIBAGE

* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.180_00.000   **Instrument Variable Name:**   INSLN   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking insulin?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

SkipInstructions: <1,2,R,D> [goto DIBPILL]

Question ID: ACN.190_00.000   **Instrument Variable Name:**   DIBPILL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

SkipInstructions: <1,2,R,D> [goto EPILEP1]

Question ID: ACN.192_00.010   **Instrument Variable Name:**   EPILEP1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto EPILEP2]
<2,R,D> [goto AHAYFYR]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.192_00.020   **Instrument Variable Name:**   EPILEP2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you currently taking any medicine to control your seizure disorder or epilepsy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP3]

Question ID: ACN.192_00.030   **Instrument Variable Name:**   EPILEP3   **QuestionnaireFileName:**   Sample Adult

QuestionText: 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?

*Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch."

*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.

0	None
1	One
2	Two or three
3	Between four and ten
4	More than 10
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <0-4,R,D> [goto EPILEP4]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID:	ACN.192_00.040	Instrument Variable Name:	EPILEP4	QuestionnaireFileName:	Sample Adult

QuestionText: In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP5]

Question ID:	ACN.192_00.050	Instrument Variable Name:	EPILEP5	QuestionnaireFileName:	Sample Adult

QuestionText: 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.

1	Not at all
2	Slightly
3	Moderately
4	Quite a bit
5	Extremely
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1-5,R,D> [goto AHAYFYR]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.201_01.000 **Instrument Variable Name:** AHAYFYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Hay fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SINYR]

Question ID: ACN.201_02.000 **Instrument Variable Name:** SINYR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Sinusitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto CBRCHYR]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.201_03.000   **Instrument Variable Name:**   CBRCHYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Chronic bronchitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto KIDWKYR]

Question ID: ACN.201_04.000   **Instrument Variable Name:**   KIDWKYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto LIVYR]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.201_05.000   **Instrument Variable Name:**   LIVYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Any kind of liver condition?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto JNTSYMP]

Question ID: ACN.250_00.000   **Instrument Variable Name:**   JNTSYMP   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto JMTHP]
<2,R,D> [goto ARTH]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID:	ACN.260_00.000	**Instrument Variable Name:**	JMTHP	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A5

Which joints are affected?

* Enter all that apply, separate with commas.

01	Shoulder-right
02	Shoulder-left
03	Elbow-right
04	Elbow-left
05	Hip-right
06	Hip-left
07	Wrist-right
08	Wrist-left
09	Knee-right
10	Knee-left
11	Ankle-right
12	Ankle-left
13	Toes-right
14	Toes-left
15	Fingers/thumb-right
16	Fingers/thumb-left
17	Other joint not listed
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days

SkipInstructions: <1-17,R,D> [goto JNTCHR]

Question ID:	ACN.270_00.000	**Instrument Variable Name:**	JNTCHR	**QuestionnaireFileName:**	Sample Adult

QuestionText: Did your joint symptoms FIRST begin more than 3 months ago?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days

SkipInstructions: <1,2,R,D> [goto JNTHP]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.280_00.000   **Instrument Variable Name:**   JNTHP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER seen a doctor or other health professional for these joint symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days

SkipInstructions: <1,2,R,D> [goto ARTH]

Question ID: ACN.290_00.000   **Instrument Variable Name:**   ARTH   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARTHLMT]
<2,R,D> if JNTSYMP = 1 [goto ARTHLMT];
            elseif JNTSYMP ne 1 [goto CTSEVER]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.295_00.000   **Instrument Variable Name:**   ARTHLMT   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> [goto CTSEVER]

Question ID: ACN.296_00.010   **Instrument Variable Name:**   CTSEVER   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you have a condition affecting the wrist and hand called carpal tunnel syndrome?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CTSYR]
<2,R,D> [goto PAINECK]

Question ID: ACN.296_00.020   **Instrument Variable Name:**   CTSYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had carpal tunnel syndrome?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor or other health professional that they have carpal tunnel syndrome

SkipInstructions: <1> [if DOINGLW2 IN(1,2,4), then goto CTSWKREL;
    else goto PAINECK]
<2,R,D> [goto PAINECK]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID:	ACN.297_00.010	**Instrument Variable Name:**	CTSWKREL	**QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever been told by a doctor or other health professional that your carpal tunnel syndrome was probably work-related?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who are currently employed and had carpal tunnel syndrome in the past 12 months

SkipInstructions: <1,R,D> [goto PAINECK]
<2> [goto CTSWKRL2]

Question ID:	ACN.297_00.020	**Instrument Variable Name:**	CTSWKRL2	**QuestionnaireFileName:** Sample Adult

QuestionText: Did YOU ever discuss with a doctor or other health professional whether your carpal tunnel syndrome was probably caused by your work?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who are currently employed, had carpal tunnel syndrome in the past 12 months, and were not told by a doctor or other health professional that their carpal tunnel syndrome was probably work-related

SkipInstructions: <1,2,R,D> [goto PAINECK]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.300_00.000   **Instrument Variable Name:**   PAINECK   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have

... Neck pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PAINLB]

Question ID: ACN.310_00.000   **Instrument Variable Name:**   PAINLB   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

* Read if necessary.

DURING THE PAST THREE MONTHS, did you have

... Low back pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PAINLEG]
<2,R,D> [goto PAINFACE]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.320_00.000   **Instrument Variable Name:**   PAINLEG   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Did this pain spread down either leg to areas below the knees?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ with low back pain in the past 3 months

SkipInstructions: <1,2,R,D> [goto LBPFREQ]

Question ID: ACN.325_00.010   **Instrument Variable Name:**   LBPFREQ   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST THREE MONTHS, how often did you have low back pain? Would you say...

* Read categories below.

1   Some days
2   Most days
3   Every day
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who had low back pain in the past 3 months

SkipInstructions: <1-3,R,D> [goto LBPSEV]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.325_00.020   **Instrument Variable Name:**   LBPSEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking about the last time you had pain, how much pain did you have? Would you say…

* Read categories below.

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had low back pain in the past 3 months

SkipInstructions: <1-3,R,D> if DOINGLW IN(1,2,4), [goto LBPWKREL];
else goto PAINFACE

Question ID: ACN.325_00.030   **Instrument Variable Name:**   LBPWKREL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever been told by a doctor or other health professional that your low back pain was probably work-related?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed and had low back pain in the past 3 months

SkipInstructions: <1,R,D> [goto LBPWCCLM]
<2> [goto LBPWKRL2]

Question ID: ACN.325_00.040   **Instrument Variable Name:**   LBPWKRL2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did YOU ever discuss with a doctor or other health professional whether your low back pain was probably caused by your work?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed and had low back pain in the past 3 months and a doctor or other health did not say that the low back pain was probably work-related

SkipInstructions: <1,2,R,D> [goto LBPWCCLM]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.325_00.050   **Instrument Variable Name:**   LBPWCCLM   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Have you ever filed a workers' compensation claim for your low back pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed and had low back pain in the past 3 months

SkipInstructions: <1> [goto LBPWCBEN]
<2,R,D> [goto LBPWKDAY]

Question ID: ACN.325_00.060   **Instrument Variable Name:**   LBPWCBEN   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Have you ever received workers' compensation benefits for your low back pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed and had low back pain in the past 3 months and a workers' compensation claim was filed for the low back pain

SkipInstructions: <1,2,R,D> [goto LBPWKDAY]

Question ID: ACN.325_00.070   **Instrument Variable Name:**   LBPWKDAY   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST THREE MONTHS, how many full days did you miss from work because of your low back pain?

* Enter '0' for None.

00-92	0-92
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are currently employed and had low back pain in the past 3 months

SkipInstructions: <0-92,R,D> [goto LBPCHJOB]

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2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.325_00.080 **Instrument Variable Name:** LBPCHJOB **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST THREE MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your low back pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are currently employed and had low back pain in the past 3 months

SkipInstructions: <1,2,R,D> [goto PAINFACE]

Question ID: ACN.331_01.000 **Instrument Variable Name:** PAINFACE **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST THREE MONTHS, did you have

... Facial ache or pain in the jaw muscles or the joint in front of the ear?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AMIGR]

Question ID: ACN.331_02.000 **Instrument Variable Name:** AMIGR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST THREE MONTHS, did you have

...Severe headache or migraine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ACOLD2W]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.350_00.000   **Instrument Variable Name:**   ACOLD2W   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions are about your recent health DURING THE LAST 2 WEEKS.

Did you have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]

Question ID: ACN.360_00.000   **Instrument Variable Name:**   AINTIL2W   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=2 and AGE 18-49 [goto PREGNOW];
else if SEX=1 or AGE >49 [goto HRAIDNOW]

Question ID: ACN.370_00.000   **Instrument Variable Name:**   PREGNOW   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you currently pregnant?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 years of age

SkipInstructions: <1> if INTERVIEW_MONTH=4,5,6,7 (April-July) [goto PREGFLYR];
else [goto HRAIDNOW]
<R> [goto HRAIDNOW]
<2,D> [goto PREGFLYR]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.370_00.010 **Instrument Variable Name:** PREGFLYR **QuestionnaireFileName:** Sample Adult

QuestionText: [fill1: Were you pregnant any time since August 1st, [fill: LAST YEAR]?/Were you pregnant any time from August [fill: LAST YEAR] through March [fill: CURYEAR]?/Were you pregnant any time since August 1st, [fill: CURYEAR]?]

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female sample adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and interviewed April - July

SkipInstructions: <1,2,R,D> [goto HRAIDNOW]

Question ID: ACN.400_00.000 **Instrument Variable Name:** HRAIDNOW **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEARST1]
<2,R,D> [goto HRAIDEV]

Question ID: ACN.410_00.000 **Instrument Variable Name:** HRAIDEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever used a hearing aid(s) in the past?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid

SkipInstructions: <1,2,R,D> [goto AHEARST1]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID: ACN.420_00.000   **Instrument Variable Name:**   AHEARST1   **QuestionnaireFileName:**   Sample Adult

QuestionText: WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1	Excellent
2	Good
3	A little trouble hearing
4	Moderate trouble
5	A lot of trouble
6	Deaf
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto AVISION]

Question ID: ACN.430_00.000 **Instrument Variable Name:**   AVISION   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have any trouble seeing, even when wearing glasses or contact lenses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ABLIND]
<2,R,D> [goto LUPPRT]

2015 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-May-16

Question ID:	ACN.440_00.000 **Instrument Variable Name:**	ABLIND	**QuestionnaireFileName:**	Sample Adult

QuestionText: Are you blind or unable to see at all?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

SkipInstructions: <1,2,R,D> [goto LUPPRT]

Question ID:	ACN.451_00.000 **Instrument Variable Name:**	LUPPRT	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you lost all of your upper and lower natural (permanent) teeth?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto next section]

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2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.040_00.000 **Instrument Variable Name:** WKDAYR **QuestionnaireFileName:** Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

* Enter '0' for None.

000	None
001-366	1-366 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months

SkipInstructions: <0-366,R,D> [goto BEDDAYR]
<120-366> [goto ERR_WKDAYR]

Soft Edit: ERR_WKDAYR

* [Fill: WKDAYR] is an unusually large number.
* Please verify.

Question ID: AHS.050_00.000 **Instrument Variable Name:** BEDDAYR **QuestionnaireFileName:** Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?

* Enter '0' for None.

000	None
001-366	1-366 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-366,R,D> [goto AHSTATYR]
<120-366> [goto ERR_BEDDAYR]

Soft Edit: ERR_BEDDAYR

* [Fill: BEDDAYR] is an unusually large number.
* Please verify.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.060_00.000 **Instrument Variable Name:** AHSTATYR **QuestionnaireFileName:** Sample Adult

QuestionText: Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

1	Better
2	Worse
3	About the same
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D> [goto SPECEQ]

Question ID: AHS.070_00.000 **Instrument Variable Name:** SPECEQ **QuestionnaireFileName:** Sample Adult

QuestionText: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto FLWALK]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.091_01.000	Instrument Variable Name:	FLWALK	QuestionnaireFileName:	Sample Adult

QuestionText: (book) A6

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk a quarter of a mile - about 3 city blocks?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCLIMB]

Question ID:	AHS.091_02.000	Instrument Variable Name:	FLCLIMB	QuestionnaireFileName:	Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk up 10 steps without resting?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTAND]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

| **Question ID:** | AHS.091_03.000 | **Instrument Variable Name:** | FLSTAND | **QuestionnaireFileName:** | Sample Adult |

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stand or be on your feet for about 2 hours?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSIT]

| **Question ID:** | AHS.091_04.000 | **Instrument Variable Name:** | FLSIT | **QuestionnaireFileName:** | Sample Adult |

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Sit for about 2 hours?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTOOP]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.091_05.000   **Instrument Variable Name:**   FLSTOOP   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stoop, bend, or kneel?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLREACH]

Question ID: AHS.091_06.000   **Instrument Variable Name:**   FLREACH   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Reach up over your head?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLGRASP]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.141_01.000   **Instrument Variable Name:**   FLGRASP   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Use your fingers to grasp or handle small objects?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCARRY]

Question ID: AHS.141_02.000   **Instrument Variable Name:**   FLCARRY   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Lift or carry something as heavy as 10 pounds such as a full bag of groceries?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLPUSH]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.141_03.000   **Instrument Variable Name:** FLPUSH   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Push or pull large objects like a living room chair?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSHOP]

Question ID: AHS.171_01.000   **Instrument Variable Name:** FLSHOP   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Go out to things like shopping, movies, or sporting events?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSOCL]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.171_02.000   **Instrument Variable Name:**   FLSOCL   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLRELAX]

Question ID: AHS.171_03.000   **Instrument Variable Name:**   FLRELAX   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4 or FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4>[goto AFLHCA]

Else goto SMKEV (next section)

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.200_00.000 **Instrument Variable Name:** AFLHCA **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A7

What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)][fill2: these activities]?

* Enter condition number for all that apply, separate with commas.

* Do not probe, except to clarify answer.

01	Vision/problem seeing
02	Hearing problem
03	Arthritis/rheumatism
04	Back or neck problem
05	Fracture, bone/joint injury
06	Other injury
07	Heart problem
08	Stroke problem
09	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 (Specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/Not sure

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

UniverseText:	Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).
SkipInstructions:	[1- 12, 14 - 35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order <13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV] <90> [goto AFLHCA_S1] <91> [goto AFLHCA_S2] Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section) < R,D> [goto SMKEV (next section)]

Question ID:	AHS.201_90.000	**Instrument Variable Name:**	AFLHCA_S1	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText:	Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA
SkipInstructions:	<50 chars>[goto AHCL90N] >ENTER< only with no description [goto ERR1_AFLHCA_S1] Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA
Hard Edit:	$ You should enter something specific.

Question ID:	AHS.201_91.000	**Instrument Variable Name:**	AFLHCA_S2	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText:	Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA
SkipInstructions:	<50 chars>[goto AHCL91N] >ENTER< only with no description [goto ERR1_AFLHCA_S1]
Hard Edit:	$ You should enter something specific.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.300_01.000   **Instrument Variable Name:**   AHCL01N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a vision problem or problem seeing?

* Enter number for time with your vision problem or problem seeing..

* Enter '95' for 95 or more.

* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a vision problem or problem seeing

SkipInstructions: <1-95,D>[goto AHCL01T]
<R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.300_02.000 **Instrument Variable Name:** AHCL01T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with vision problem or problem seeing.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL01T
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T

Hard Edit: ERR1_AHCL01T

*Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL01T

* "6" not selectable.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.301_01.000   **Instrument Variable Name:**   AHCL02N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a hearing problem

SkipInstructions: <1-95,D>[goto AHCL02T]
<R>[store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.301_02.000   **Instrument Variable Name:**   AHCL02T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL02T
[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T

Hard Edit: ERR1_AHCL02T

* Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL02T

* "6" not selectable.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.302_01.000	Instrument Variable Name:	AHCL03N	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to arthritis or rheumatism

SkipInstructions: <1-95,D>[goto AHCL03T]
<R>[store "R" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.302_02.000	Instrument Variable Name:	AHCL03T	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL03T
[if [AHCL03N = Number greater than person years old and AHCL03T= 4]] goto ERR1_AHCL03T

Hard Edit: ERR_AHCL03T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.303_01.000	**Instrument Variable Name:**	AHCL04N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a back or neck problem

SkipInstructions: <1-95,D>[goto AHCL04T]
<R>[store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.303_02.000	**Instrument Variable Name:**	AHCL04T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with back or neck problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL04T
[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T

Hard Edit: ERR_AHCL04T
* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.304_01.000   **Instrument Variable Name:**   AHCL05N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint injury?

* Enter number for time with a fracture, bone, or joint injury.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL05T]
<R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.304_02.000   **Instrument Variable Name:**   AHCL05T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL05T
[if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

Hard Edit: ERR_AHCL05T
* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.305_01.000   **Instrument Variable Name:**   AHCL06N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had the (fill: other) injury that caused your limitation?

* Enter number for time with injury that caused your limitation.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL06T]
<R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.305_02.000   **Instrument Variable Name:**   AHCL06T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with (fill: other) injury.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL06T
[if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T

Hard Edit: ERR_AHCL06T
 * Time with condition cannot be greater than age.
 * Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.306_01.000 **Instrument Variable Name:** AHCL07N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a heart problem

SkipInstructions: <1-95,D>[goto AHCL07T]
<R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.306_02.000 **Instrument Variable Name:** AHCL07T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with heart problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL07T
[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T

Hard Edit: ERR_AHCL07T
 * Time with condition cannot be greater than age.
 * Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

| **Question ID:** | AHS.307_01.000 | **Instrument Variable Name:** | AHCL08N | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 1 of 2

How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a stroke problem

SkipInstructions: <1-95,D>[goto AHCL08T]
<R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

| **Question ID:** | AHS.307_02.000 | **Instrument Variable Name:** | AHCL08T | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL08T
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T

Hard Edit: ERR_AHCL08T
* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.308_01.000 **Instrument Variable Name:** AHCL09N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had hypertension or high blood pressure?

* Enter number for time with hypertension or high blood pressure.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to hypertension or high blood pressure

SkipInstructions: <1-95,D>[goto AHCL09T]
<R>[store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.308_02.000 **Instrument Variable Name:** AHCL09T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hypertension or high blood pressure.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL09T
[if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T

Hard Edit: ERR_AHCL09T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.309_01.000 **Instrument Variable Name:** AHCL10N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to diabetes

SkipInstructions: <1-95,D>[goto AHCL10T]
<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.309_02.000 **Instrument Variable Name:** AHCL10T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with diabetes.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL10T
[if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T

Hard Edit: ERR_AHCL10T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.310_01.000 **Instrument Variable Name:** AHCL11N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a lung or breathing problem

SkipInstructions: <1-95,D>[goto AHCL11T]
<R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000 **Instrument Variable Name:** AHCL11T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with lung or breathing problem (e.g. asthma and emphysema).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL11T
[if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T

Hard Edit: ERR_AHCL11T
* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.311_01.000   **Instrument Variable Name:**   AHCL12N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had cancer?

* Enter number for time with cancer.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to cancer

SkipInstructions: <1-95,D>[goto AHCL12T]
<R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.311_02.000   **Instrument Variable Name:**   AHCL12T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with cancer.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL12T
[if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T

Hard Edit: ERR_AHCL12T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.313_01.000   **Instrument Variable Name:**   AHCL14N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had intellectual disability, also known as mental retardation?

* Enter number for time with intellectual disability/mental retardation.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to intellectual disability/mental retardation

SkipInstructions: <1-95,D>[goto AHCL14T]
<R>[store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.313_02.000   **Instrument Variable Name:**   AHCL14T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with intellectual disability/mental retardation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL14T
[if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T

Hard Edit: ERR_AHCL14T
 * Time with condition cannot be greater than age.
 * Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.314_01.000	**Instrument Variable Name:**	AHCL15N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a developmental problem (e.g., cerebral palsy)?

* Enter number for time with a developmental problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a developmental problem

SkipInstructions: <1-95,D>[goto AHCL15T]
<R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.314_02.000	**Instrument Variable Name:**	AHCL15T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL15T
[if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T

Hard Edit: ERR_AHCL15T
* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.315_01.000   **Instrument Variable Name:** AHCL16N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had senility?

* Enter number for time with senility.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to senility

SkipInstructions: <1-95,D>[goto AHCL16T]
<R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.315_02.000   **Instrument Variable Name:** AHCL16T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with senility.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL16T
[if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1_AHCL16T

Hard Edit: ERR_AHCL16T
 * Time with condition cannot be greater than age.
 * Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.316_01.000   **Instrument Variable Name:**   AHCL17N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety, or an emotional problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

SkipInstructions: <1-95,D>[goto AHCL17T]
<R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.316_02.000   **Instrument Variable Name:**   AHCL17T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with depression, anxiety, or emotional problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL17T
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T

Hard Edit: ERR_AHCL17T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.317_01.000	**Instrument Variable Name:**	AHCL18N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a weight problem

SkipInstructions: <1-95,D>[goto AHCL18T]
<R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.317_02.000	**Instrument Variable Name:**	AHCL18T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with weight problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL18T
[if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T

Hard Edit: ERR_AHCL18T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.318_01.000	**Instrument Variable Name:**	AHCL19N	**QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a missing limb

SkipInstructions: <1-95,D>[goto AHCL19T]
<R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.318_02.000	**Instrument Variable Name:**	AHCL19T	**QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with missing limb.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL19T
[if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1_AHCL19T

Hard Edit: ERR_AHCL19T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.319_01.000   **Instrument Variable Name:**   AHCL20N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a kidney, bladder or renal problem?

* Enter number for time with a kidney, bladder or renal problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

SkipInstructions: <1-95,D>[goto AHCL20T]
<R>[store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.319_02.000   **Instrument Variable Name:**   AHCL20T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with kidney, bladder or renal problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL20T
[if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T

Hard Edit: ERR_AHCL20T
 * Time with condition cannot be greater than age.
 * Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.320_01.000 **Instrument Variable Name:** AHCL21N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a circulation problem

SkipInstructions: <1-95,D>[goto AHCL21T]
<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.320_02.000 **Instrument Variable Name:** AHCL21T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with circulation problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL21T
[if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T

Hard Edit: ERR_AHCL21T
* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

| **Question ID:** | AHS.321_01.000 | **Instrument Variable Name:** | AHCL22N | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to benign tumors or cysts

SkipInstructions: <1-95,D>[goto AHCL22T]
<R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

| **Question ID:** | AHS.321_02.000 | **Instrument Variable Name:** | AHCL22T | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 2 of 2

* Enter time period for time with benign tumors or cysts.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL22T
[if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

Hard Edit: ERR_AHCL22T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.322_01.000   **Instrument Variable Name:**   AHCL23N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to fibromyalgia or lupus

SkipInstructions: <1-95,D>[goto AHCL23T]
<R>[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.322_02.000   **Instrument Variable Name:**   AHCL23T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL23T
[if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T

Hard Edit: ERR_AHCL23T
 * Time with condition cannot be greater than age.
 * Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.323_01.000   **Instrument Variable Name:**   AHCL24N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

SkipInstructions: <1-95,D>[goto AHCL24T]
<R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.323_02.000   **Instrument Variable Name:**   AHCL24T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL24T
[if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T

Hard Edit: ERR_AHCL24T
 * Time with condition cannot be greater than age.
 * Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.324_01.000   **Instrument Variable Name:**   AHCL25N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to epilepsy or seizures

SkipInstructions: <1-95,D>[goto AHCL25T]
<R>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.324_02.000   **Instrument Variable Name:**   AHCL25T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL25T
[if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T

Hard Edit: ERR_AHCL25T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.325_01.000 **Instrument Variable Name:** AHCL26N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD).

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

SkipInstructions: <1-95,D>[goto AHCL26T]
<R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.325_02.000 **Instrument Variable Name:** AHCL26T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with multiple sclerosis or muscular dystrophy.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL26T
[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T

Hard Edit: ERR_AHCL26T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.326_01.000   **Instrument Variable Name:**   AHCL27N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had polio(myelitis), paralysis or para/quadriplegia?

* Enter number for time with polio (myelitis), paralysis or para/quadriplegia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadriplegia

SkipInstructions: <1-95,D>[goto AHCL27T]
<R>[store "R" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.326_02.000   **Instrument Variable Name:**   AHCL27T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL27T
[if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto ERR1_AHCL27T

Hard Edit: ERR_AHCL27T
* Time with condition cannot be greater than age.
* Please correct.

Question ID: AHS.327_01.000 **Instrument Variable Name:** AHCL28N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had Parkinson's disease or tremors?

* Enter number for time with Parkinson's disease or tremors.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

SkipInstructions: <1-95,D>[goto AHCL28T]
<R>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.327_02.000 **Instrument Variable Name:** AHCL28T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with Parkinson's disease or tremors.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL28T
[if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T

Hard Edit: ERR_AHCL28T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

| Question ID: | AHS.328_01.000 | Instrument Variable Name: | AHCL29N | QuestionnaireFileName: | Sample Adult |

QuestionText: 1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to nerve damage

SkipInstructions: <1-95,D>[goto AHCL29T]
<R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

| Question ID: | AHS.328_02.000 | Instrument Variable Name: | AHCL29T | QuestionnaireFileName: | Sample Adult |

QuestionText: 2 of 2

* Enter time period for time with nerve damage.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL29T
[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

Hard Edit: ERR_AHCL29T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.329_01.000	**Instrument Variable Name:**	AHCL30N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a hernia

SkipInstructions: <1-95,D>[goto AHCL30T]
<R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.329_02.000	**Instrument Variable Name:**	AHCL30T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hernia.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL30T
[if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T

Hard Edit: ERR_AHCL30T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.330_01.000   **Instrument Variable Name:**   AHCL31N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to an ulcer

SkipInstructions: <1-95,D>[goto AHCL31T]
<R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.330_02.000   **Instrument Variable Name:**   AHCL31T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with ulcer.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL31T
[if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T

Hard Edit: ERR_AHCL31T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.331_01.000 **Instrument Variable Name:** AHCL32N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

SkipInstructions: <1-95,D>[goto AHCL32T]
<R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.331_02.000 **Instrument Variable Name:** AHCL32T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with varicose veins or hemorrhoids.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL32T
[if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1_AHCL32T

Hard Edit: ERR_AHCL32T

* Time with condition cannot be greater than age.
* Please correct.

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2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID:	AHS.332_01.000	**Instrument Variable Name:**	AHCL33N	**QuestionnaireFileName:**	Sample Adult

QuestionText:　　　1 of 2

How long have you had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText:　　　Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

SkipInstructions:　　　<1-95,D>[goto AHCL33T]
<R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.332_02.000	**Instrument Variable Name:**	AHCL33T	**QuestionnaireFileName:**	Sample Adult

QuestionText:　　　2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText:　　　Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:　　　<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL33T
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T

Hard Edit:　　　ERR_AHCL33T
* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.333_01.000 **Instrument Variable Name:** AHCL34N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a knee problem

SkipInstructions: <1-95,D>[goto AHCL34T]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.333_02.000 **Instrument Variable Name:** AHCL34T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with knee problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL34T
[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T

Hard Edit: ERR1_AHCL34T

* Time with condition cannot be greater than age.
* Please correct.

Question ID: AHS.334_01.000   **Instrument Variable Name:**   AHCL35N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to migraine headaches

SkipInstructions: <1-95,D>[goto AHCL35T]
<R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.334_02.000   **Instrument Variable Name:**   AHCL35T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL35T
[if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T

Hard Edit: ERR1_AHCL35T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 12-May-16

Question ID: AHS.335_01.000   **Instrument Variable Name:**   AHCL90N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?

* Enter number for time with {problem in AFLHCA90}.
* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D>[goto AHCL90T]
<R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000   **Instrument Variable Name:**   AHCL90T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL90T
[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T

Hard Edit: ERR_AHCL90T

* Time with condition cannot be greater than age.
* Please correct.

Question ID:	AHS.336_01.000	**Instrument Variable Name:**	AHCL91N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

SkipInstructions: <1-95,D>[goto AHCL91T]
<R>[store "R" in AHCL91T] [goto SMKEV (next section)]
<96>[store "6" in AHCL91T] [goto SMKEV (next section)]

Question ID:	AHS.336_02.000	**Instrument Variable Name:**	AHCL91T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA91}.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL91T
[if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T

Hard Edit: ERR_AHCL91T

* Time with condition cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.010_00.000   **Instrument Variable Name:**   SMKEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKREG]
<2 [goto SMKANY]
<R> [goto VIGNO]
<D[goto SMKANY]

Question ID: AHB.020_00.000   **Instrument Variable Name:**   SMKREG   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old were you when you FIRST started to smoke fairly regularly?

* Enter '6' if less than 6 years old.

* Enter '95' if 95 years old or older.

* Enter '96' if never smoked regularly.

06-84	6 - 84 years
85	85 years or older
96	Never smoked regularly
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <6-95,96,R,D> [goto SMKNOW]
    If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG

Hard Edit: ERR_SMKREG

* Starting age exceeded current age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.030_00.000   **Instrument Variable Name:** SMKNOW   **QuestionnaireFileName:** Sample Adult

QuestionText: Do you NOW smoke cigarettes every day, some days or not at all?

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <1>[goto CIGSDA1]
<2>[goto CIGDAMO]
<3>[goto SMKQTNO]
<R,D>[goto VIGNO]

Question ID: AHB.040_01.000   **Instrument Variable Name:** SMKQTNO   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

* Enter '95' for 95 years old or older.

01-94	1 - 94
95	95+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-95> [goto SMKQTTP]
<R,D> [goto VIGNO]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: **12-May-16**

Question ID: AHB.040_02.000 **Instrument Variable Name:** SMKQTTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time since quit smoking.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-4,R,D> [goto VIGNO]
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.

Hard Edit: ERR2_SMKQTTP

* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).
* Please correct.

Soft Edit: ERR1_SMKQTTP

* Respondent quit smoking before age 15?
* Please verify.

Question ID: AHB.050_00.000 **Instrument Variable Name:** CIGSDA1 **QuestionnaireFileName:** Sample Adult

QuestionText: On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

01-94	1 - 94 cigarettes
95	95+ cigarettes
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current every day smokers

SkipInstructions: <1-95,R,D> [goto CIGQTYR]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID:	AHB.060_00.000	**Instrument Variable Name:**	CIGDAMO	**QuestionnaireFileName:**	Sample Adult

QuestionText: On how many of the PAST 30 DAYS did you smoke a cigarette?

*Enter '0' for None.

00	None
01-30	1-30 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <0>[goto CIGQTYR]
<1-30,R,D> [goto CIGSDA2]

Question ID:	AHB.070_00.000	**Instrument Variable Name:**	CIGSDA2	**QuestionnaireFileName:**	Sample Adult

QuestionText: On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

01-94	1-94 cigarettes
95	95+ cigarettes
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <1-95,D,R> [goto CIGQTYR]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.080_00.000   **Instrument Variable Name:**   CIGQTYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are every day or someday smokers

SkipInstructions: <1,2,D,R> [goto VIGNO]

Question ID: AHB.081_00.000   **Instrument Variable Name:**   SMKANY   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever smoked a cigarette EVEN ONE TIME?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have not smoked or don't know if smoked 100+ cigarettes in lifetime

SkipInstructions: <1> [goto SMKAGEX]
<2,R,D>[goto VIGNO]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.082_00.000 **Instrument Variable Name:**   SMKAGEX   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old were you the FIRST TIME you smoked a cigarette?

* Enter '6' if less than 6 years old.

* Enter '95' if 95 years old or older.

06-95	6-95
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have not smoked or don't know if smoked 100+ cigarettes in lifetime but have smoked at least one cigarette

SkipInstructions: <6-95> if SMKAGEX GT AGE [goto ERR_SMKAGEX]; else [goto SMKNOWX]
<R,D> [goto VIGNO]

Hard Edit: ERR_SMKAGEX

* [Fill1: SMKAGEX] years old is older than age[fill2: AGE].
* Please correct.

Question ID: AHB.083_00.000 **Instrument Variable Name:**   SMKNOWX   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you NOW smoke cigarettes every day, some days or not at all?

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have not smoked or don't know if smoked 100+ cigarettes in lifetime but have smoked at least one cigarette and gave an age in SMKAGEX question

SkipInstructions: <R,D> [goto VIGNO]
<1,2> [goto CIGDAMOX]
<3> [goto SMKNONOX]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID:	AHB.084_01.000	Instrument Variable Name:	SMKNONOX	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

How long has it been since you smoked a cigarette?

* Enter number for time since smoked.

* Enter '95' for 95 or more.

01-95   1 - 95
97   Refused
99   Don't know

UniverseText: Sample adults 18+ who have not smoked 100 cigarettes in lifetime but have smoked a cigarette at least once in lifetime and are currently not smoking at all

SkipInstructions: <1-95> [goto SMKNOTPX]
<R,D> [goto VIGNO

Question ID:	AHB.084_02.000	Instrument Variable Name:	SMKNOTPX	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

* Enter time period for time since smoked a cigarette

1   Day(s)
2   Week(s)
3   Month(s)
4   Year(s)
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have not smoked 100 cigarettes in lifetime but have smoked a cigarette at least once in lifetime and are currently not smoking at all and answered 1-95 to the number part of this question

SkipInstructions: <1-4,R,D> [goto VIGNO]
<4> [if SMKNONOX gt (AGE - <15>), goto ERR1_SMKNOTPX
if (SMKAGEX + SMKNONOX gt AGE), goto ERR2_SMKNOTPX

Hard Edit: ERR2_SMKNOTPX

* Age started ([Fill1: SMKAGEX]) + years since last cigarette ([Fill2: SMKNONOX]) exceeds current age ([Fill3: AGE]).

Soft Edit: ERR1_SMKNOTPX

* Respondent LAST SMOKED before age 15?
* Please verify.

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.085_00.000   **Instrument Variable Name:** CIGDAMOX   **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS did you smoke a cigarette?

*Enter '0' for None.

00-30	0-30
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have not smoked or don't know if smoked 100+ cigarettes in lifetime and are current every day or some day smokers

SkipInstructions: <0-30,R,D> [goto VIGNO]

Question ID: AHB.090_01.000   **Instrument Variable Name:** VIGNO   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]
<1-995>[goto VIGTP]

Question ID: AHB.090_02.000 **Instrument Variable Name:** VIGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for vigorous leisure-time physical activities.

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions:
<1-4> goto VIGLNGNO
[if (VIGNO gt <4> and VIGTP eq <1>) or
(VIGNO gt <28> and VIGTP eq <2>) or
(VIGNO gt <31> and VIGTP eq <3>) or
(VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

Soft Edit: ERR1_VIGTP

* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high.
* Please verify.

Question ID: AHB.100_01.000 **Instrument Variable Name:** VIGLNGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions:
<1-995>[goto VIGLNGTP]
<R,D>[goto MODNO]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.100_02.000 **Instrument Variable Name:**   VIGLNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for length of vigorous leisure-time physical activities.

1	Minutes
2	Hours
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1,2>goto MODNO

if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP;

if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP

Hard Edit: ERR1_VIGLNGTP

* Question asked for activities lasting at least 10 minutes.
* Please correct.

Soft Edit: ERR2_VIGLNGTP

* [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.
* Please verify.

Question ID: AHB.110_01.000 **Instrument Variable Name:**   MODNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]
<0, 996, R,D>[goto STRNGNO]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.110_02.000   **Instrument Variable Name:**   MODTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for light or moderate leisure-time physical activities

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or
(MODNO gt <28> and MODTP eq <2>) or
(MODNO gt <31> and MODTP eq <3>) or
(MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO

Soft Edit: ERR_MODNO

* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.
* Please verify.

Question ID: AHB.120_01.000   **Instrument Variable Name:**   MODLNGNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID:	AHB.120_02.000	Instrument Variable Name:	MODLNGTP	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

1	Minutes
2	Hours
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2>goto ERR2_MODLNGTP

Hard Edit: ERR1_MODLNGTP

* Question asked for activities lasting at least 10 minutes.
* Please correct.

Soft Edit: ERR2_MODLNGTP

* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.
* Please verify.

Question ID:	AHB.130_01.000	Instrument Variable Name:	STRNGNO	QuestionnaireFileName:	Sample Adult

QuestionText: How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]

Question ID: AHB.130_02.000   **Instrument Variable Name:**   STRNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for strengthening activities

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do strengthening activities

SkipInstructions: <1-4> [goto ALC1YR]
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or
  (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto
ERR_STRNGTP]

Soft Edit: ERR_STRNGTP

* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.
* Please verify.

Question ID: AHB.140_00.000   **Instrument Variable Name:**   ALC1YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto ALCLIFE]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.150_00.000 **Instrument Variable Name:** ALCLIFE **QuestionnaireFileName:** Sample Adult

QuestionText: In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto AHGT_FT]

Question ID: AHB.160_01.000 **Instrument Variable Name:** ALC12MNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000	Never
001-365	1-365 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life

SkipInstructions: <1-365>[goto ALC12MTP]
<0,D,R>[goto AHGT_FT]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.160_02.000 **Instrument Variable Name:** ALC12MTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0	Never/None
1	Week
2	Month
3	Year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank at least once in the past year

SkipInstructions: <1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

Hard Edit: ERR_ALC12MTP

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.
* Please correct.

Question ID: AHB.170_00.000 **Instrument Variable Name:** ALCAMT **QuestionnaireFileName:** Sample Adult

QuestionText: In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter '1' if less than 1 drink.

* Enter '95' if 95 or more drinks.

01-94	1-94 drinks
95	95+ drinks
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,D,R>[goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]

Soft Edit: ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.
* Please verify.
* Do not probe

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID:	AHB.180_01.000	**Instrument Variable Name:**	ALC5UPNO	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

1 of 2

In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have [fill: 5 or more/4 or more] drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000	Never/None
001-365	1-365 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-365>[goto ALC5UPTP]
<0,R,D>[goto AHGT_FT]

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

| Question ID: | AHB.180_02.000 | Instrument Variable Name: | ALC5UPTP | QuestionnaireFileName: | Sample Adult |

QuestionText: 2 of 2

* Enter time period for days per week, per month or per year.

0	Never/None
1	Per week
2	Per month
3	Per year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

SkipInstructions: <1-3> [goto BINGE1]
[If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or
 (ALC5UPNO gt <31> & ALC5UPTP = <2>) or
 (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP
[if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) lt number of days per year with 5 or more (for males)/4+ (females) drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]

Hard Edit: ERR1_ALC5UPTP
* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.
* Please correct
ERR2_ALC5UPTP
* Number of days had [fill: 5 or more/4 or more] drinks exceeds number of days drank.
* Please correct.
* Do not probe.

| Question ID: | AHB.181_00.000 | Instrument Variable Name: | BINGE1 | QuestionnaireFileName: | Sample Adult |

QuestionText: ? [F1]

Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?

* Enter '0' if none.

* Enter '60' if 60 or more times.

00-60	0-60
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

SkipInstructions: <0-60,R,D> [goto AHGT_FT]

Question ID:	AHB.190_01.000	**Instrument Variable Name:**	AHGT_FT	**QuestionnaireFileName:**	Sample Adult

QuestionText: How tall are you without shoes?

      * Enter "M" to record metric measurements

  02-07   2-7 feet
    97   Refused
    99   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <2-7> [goto AHGT_IN]
                  <R.D> [goto AWGT_LB]
                  <M> [goto AHGT_M]
                  [if AHGT_FT NE<2-7,R,D,M> goto ERR1_AHGT_FT]
                  [if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Hard Edit: ERR1_AHGT_FT

      * Only 2-7, Don't Know/Refused or M allowed in this field.
      * Please correct.

Soft Edit: ERR2_AHGT_FT

      * Respondent's height in feet is [fill: AHGT_FT]?
      * Please verify.

Question ID:	AHB.190_02.000	**Instrument Variable Name:**	AHGT_IN	**QuestionnaireFileName:**	Sample Adult

QuestionText: How tall are you without shoes?

      * Enter '0' if exactly [fill1: AHGT_FT] feet tall.

  00-11   0-11 inches
    97   Refused
    99   Don't know

UniverseText: Sample adults 18+ who answered their height in feet

SkipInstructions: <empty> goto ERR_AHGT_IN
                  <0-11,R,D> if (SEX = '1' and (AHTINCH lt '61' or AHTINCH gt '75')) or
                              (SEX = '2' and (AHTINCH lt '56' or AHTINCH gt '69'))
                        goto ERR2_AHGT_IN
                    else
                      goto AWGT_LB

Hard Edit: ERR1_AHGT_IN

      * If [fill: AHGT_FT] feet exactly, enter "0"; otherwise enter number of inches.

Soft Edit: ERR2_AHGT_IN

      * Please verify that the height was entered correctly. Probe only if necessary.

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.190_03.000   **Instrument Variable Name:**   AHGT_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: How tall are you without shoes?

* Enter height in metric.

0-2	0-2 meters
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who choose to give their height in metric measurements

SkipInstructions: <empty> goto ERR_AHGT_M
<0-2> goto AHGT_CM
<R,D> goto AWGT_LB

Hard Edit: ERR_AHGT_M

* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

Question ID: AHB.190_04.000   **Instrument Variable Name:**   AHGT_CM   **QuestionnaireFileName:**   Sample Adult

QuestionText:

*Enter centimeters.

000-241	0-241 centimeters
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who answered their height in meters

SkipInstructions: <empty> goto ERR2_AHGT_CM
<0-241,R,D> if (AHGT_M eq '2' and AHGT_CM gt '41') or (AHGT_M eq '1' and AHGT_CM gt '141')
            goto ERR1_AHGT_CM
        elseif (SEX = '1' and (AHTCM lt '156' or AHTCM gt '192')) or
            (SEX = '2' and (AHTCM lt '143' or AHTCM gt '176'))
        goto ERR3_AHGT_CM
    else
        goto AWGT_LB

Hard Edit: ERR1_AHGT_CM

* Total height exceeds maximum allowed.
* Please correct.

ERR2_AHGT_CM

* If [fill: AHGT_M] meters exactly, enter "0"; otherwise enter number of centimeters.

Soft Edit: ERR3_AHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.

2015 NHIS Questionnaire -   Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID:	AHB.200_01.000	Instrument Variable Name:	AWGT_LB	QuestionnaireFileName:	Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter "M" to record metric measurements

* Enter '500' for 500 pounds or more

050-500	50-500 pounds
997	Refused
999	Don't know
M	Metric

UniverseText: Sample adults 18+

SkipInstructions: <50-500> if AWGT_LB lt '50' or AWGT_LB gt '500'
       goto ERR1_AWGT_LB
     elseif ((SEX = '1' and (AWGT_LB lt '113' or AWGT_LB gt '316')) or
        ((SEX = '2' and (AWGT_LB lt '96' or AWGT_LB gt '293'))
       goto ERR2_AWGT_LB
     elseif AHGT_FLG = '1' and AWGT_FLG = '1'
      [goto next section]
     else
      calculate the BMI (Body Mass Index) - See BMI spec page
   <R,D> [goto next section]

Hard Edit: ERR1_AWGT_LB

* Weight is out of range (50-500).
* Please correct.

Soft Edit: ERR2_AWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.

2015 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-May-16

Question ID: AHB.200_02.000   **Instrument Variable Name:**   AWGT_KG   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter weight in kilograms

023-226	23-226 kilograms
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who choose to give their weight in metric measurements

SkipInstructions: <23-226> if AWGT_KG lt '23' or AWGT_KG gt '226'
            goto ERR1_AWGT_KG
        elseif ((SEX = '1' and (AWGT_KG lt '51' or AWGT_KG gt '143')) or
            ((SEX = '2' and (AWGT_KG lt '43' or AWGT_KG gt '133'))
         goto ERR2_AWGT_KG
        elseif AHGT_FLG = '1' and AWGT_FLG = '1'
          goto next section
        else
          calculate the BMI (Body Mass Index) - See BMI spec page
    <R,D> goto next section

Hard Edit: ERR1_AWGT_KG

*Weight is out of range (23-226).
* Please correct.

Soft Edit: ERR2_AWGT_KG

* Please verify that the weight was entered correctly. Probe only if necessary.

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.020_00.000 **Instrument Variable Name:**   AUSUALPL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is there a place that you USUALLY go to when you are sick or need advice about your health?

1	Yes
2	There is NO place
3	There is MORE THAN ONE place
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3> [goto APLKIND]
<2,R,D> [goto AHCPLKND]

Question ID: AAU.030_00.000 **Instrument Variable Name:**   APLKIND   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

1	Clinic or health center
2	Doctor's office or HMO
3	Hospital emergency room
4	Hospital outpatient department
5	Some other place
6	Doesn't go to one place most often
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

SkipInstructions: <1-5> [go to AHCPLROU]
<6,R,D> [go to AHCPLKND]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.035_00.000 **Instrument Variable Name:** AHCPLROU **QuestionnaireFileName:** Sample Adult

QuestionText: Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health

SkipInstructions: <1> [goto AHCCHGYR]
<2,R,D> [go to AHCPLKND]

Question ID: AAU.037_00.000 **Instrument Variable Name:** AHCPLKND **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

0	Doesn't get preventive care anywhere
1	Clinic or health center
2	Doctor's office or HMO
3	Hospital emergency room
4	Hospital outpatient department
5	Some other place
6	Doesn't go to one place most often
7	Refused
9	Don't know

UniverseText: Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

SkipInstructions: <0-6,R,D> if AUSUALPL=2,R,D [goto APRVTRYR]; ELSE [goto AHCCHGYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.040_00.000 **Instrument Variable Name:**   AHCCHGYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

SkipInstructions: <1>[goto AHCCHGHI]
<2,R,D>[goto APRVTRYR]

Question ID: AAU.050_00.000 **Instrument Variable Name:**   AHCCHGHI   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was this change for a reason related to health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

SkipInstructions: <1,2,R,D>[goto APRVTRYR]

Question ID: AAU.051_00.010 **Instrument Variable Name:**   APRVTRYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,>[goto APRVTRFD]
<2,R,D>[goto ADRNANP]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.053_00.010   **Instrument Variable Name:**   APRVTRFD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Were you able to find a general doctor or provider who could see you?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had trouble finding a provider

SkipInstructions: <1,2,R,D>[goto ADRNANP]

Question ID: AAU.057_00.010   **Instrument Variable Name:**   ADRNANP   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ADRNAI]

Question ID: AAU.059_00.010   **Instrument Variable Name:**   ADRNAI   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care coverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.061_01.000   **Instrument Variable Name:**   AHCDLY_1   **QuestionnaireFileName:**   Sample Adult

QuestionText:

There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

Question ID: AAU.061_02.000 **Instrument Variable Name:**   AHCDLY_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.061_03.000 **Instrument Variable Name:** AHCDLY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]

Question ID: AAU.061_04.000 **Instrument Variable Name:** AHCDLY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.061_05.000   **Instrument Variable Name:**   AHCDLY_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_1]

Question ID: AAU.111_01.000   **Instrument Variable Name:**   AHCAFY_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_2]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.111_02.000   **Instrument Variable Name:**   AHCAFY_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000   **Instrument Variable Name:**   AHCAFY_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

| **Question ID:** | AAU.111_04.000 | **Instrument Variable Name:** | AHCAFY_4 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_5]

| **Question ID:** | AAU.111_05.010 | **Instrument Variable Name:** | AHCAFY_5 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...To see a specialist.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_6]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.111_06.010 **Instrument Variable Name:** AHCAFY_6 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Follow-up care.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AWORPAY]

Question ID: AAU.113_00.010 **Instrument Variable Name:** AWORPAY **QuestionnaireFileName:** Sample Adult

QuestionText: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

1	Very worried
2	Somewhat worried
3	Not at all worried
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto AHICOMP]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.113_00.020 **Instrument Variable Name:**   AHICOMP   **QuestionnaireFileName:** Sample Adult

QuestionText: In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

1	Better
2	Worse
3	About the same
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,3,R,D>[goto ARX12MO]

Question ID: AAU.126_01.010 **Instrument Variable Name:**   ARX12MO   **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARX12_1]
<2,R,D> [goto ARX12_5]

Question ID: AAU.127_01.010 **Instrument Variable Name:**   ARX12_1   **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

…You skipped medication doses to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_2]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.127_02.010   **Instrument Variable Name:**   ARX12_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You took less medicine to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_3]

Question ID: AAU.127_03.010   **Instrument Variable Name:**   ARX12_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You delayed filling a prescription to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_4]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.127_04.010 **Instrument Variable Name:**   ARX12_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You asked your doctor for a lower cost medication to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_5]

Question ID: AAU.127_05.010 **Instrument Variable Name:**   ARX12_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

…You bought prescription drugs from another country to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARX12_6]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID:	AAU.127_06.010	**Instrument Variable Name:**	ARX12_6	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You used alternative therapies to save money.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ADENLONG]

Question ID:	AAU.135_00.000	**Instrument Variable Name:**	ADENLONG	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A8

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0	Never
1	6 months or less
2	More than 6 mos, but not more than 1 yr ago
3	More than 1 yr, but not more than 2 yrs ago
4	More than 2 yrs, but not more than 5 yrs ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[goto AHCSY1_1]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.141_01.000 **Instrument Variable Name:**   AHCSY1_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_2]

Question ID: AAU.141_02.000 **Instrument Variable Name:**   AHCSY1_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_3]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.141_03.000   **Instrument Variable Name:**   AHCSY1_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_4]

Question ID: AAU.141_04.000   **Instrument Variable Name:**   AHCSY1_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_5]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.141_05.000 **Instrument Variable Name:**   AHCSY1_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_6]

Question ID: AAU.141_06.000 **Instrument Variable Name:**   AHCSY1_6   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[if SEX=1goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.200_00.000   **Instrument Variable Name:**   AHCSYR7   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample female adults aged 18+ years

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 8]

Question ID: AAU.211_01.000   **Instrument Variable Name:**   AHCSY8_8   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 9]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.211_02.000   **Instrument Variable Name:**   AHCSY8_9   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHCSYR10]
<2,R,D> [goto AHERNOYR]

Question ID: AAU.230_00.000   **Instrument Variable Name:**   AHCSYR10   **QuestionnaireFileName:**   Sample Adult

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

SkipInstructions: <1,2,R,D> [go to AHERNOYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.240_00.000   **Instrument Variable Name:**   AHERNOYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]

Question ID: AAU.243_00.010   **Instrument Variable Name:**   AERVISND   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERHOS]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.245_00.010   **Instrument Variable Name:**   AERHOS   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did this emergency room visit result in a hospital admission?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERREAS1]

Question ID: AAU.248_01.010   **Instrument Variable Name:**   AERREAS1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

… You didn't have another place to go

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS2]

Question ID: AAU.248_02.020   **Instrument Variable Name:**   AERREAS2   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… Your doctor's office or clinic was not open

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS3]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.248_03.030 **Instrument Variable Name:**   AERREAS3   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… Your health provider advised you to go

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS4]

Question ID: AAU.248_04.040 **Instrument Variable Name:**   AERREAS4   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… The problem was too serious for the doctor's office or clinic

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS5]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.248_05.050 **Instrument Variable Name:** AERREAS5 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… Only a hospital could help you

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS6]

Question ID: AAU.248_06.060 **Instrument Variable Name:** AERREAS6 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… the emergency room is your closest provider

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS7]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.248_07.070 **Instrument Variable Name:**   AERREAS7   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you get most of your care at the emergency room

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS8]

Question ID: AAU.248_08.080 **Instrument Variable Name:**   AERREAS8   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you arrived by ambulance or other emergency vehicle

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AHCHYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.250_00.000   **Instrument Variable Name:**   AHCHYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto AHCHMOYR]
<2,R,D>[goto AHCNOYR]

Question ID: AAU.260_00.000   **Instrument Variable Name:**   AHCHMOYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12	01-12 months
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-12,R,D>[goto AHCHNOYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.270_00.000 **Instrument Variable Name:**   AHCHNOYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A10

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-8,R,D>[goto AHCNOYR]

Question ID: AAU.280_00.000 **Instrument Variable Name:**   AHCNOYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID:	AAU.290_00.000	**Instrument Variable Name:**	ASRGYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto ASRGNOYR]
<2,R,D> [goto AMDLONG]

Question ID:	AAU.300_00.000	**Instrument Variable Name:**	ASRGNOYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

01-94	1-94 times
95	95+ times
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG]
<11-95> [goto ERR_ASGYR]

Soft Edit: * {ASRGYR} is an unusually large number.

* Please verify.

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.305_00.000 **Instrument Variable Name:** AMDLONG **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8 ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0	Never
1	6 months or less
2	More than 6 mos, but not more than 1 yr ago
3	More than 1 yr, but not more than 2 yrs ago
4	More than 2 yrs, but not more than 5 yrs ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto HIT1A]

Question ID: AAU.309_00.010 **Instrument Variable Name:** HIT1A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Look up health information on the Internet.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT2A]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.309_00.020 **Instrument Variable Name:**   HIT2A   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Fill a prescription.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]

Question ID: AAU.309_00.030 **Instrument Variable Name:**   HIT3A   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Schedule an appointment with a health care provider.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT4A]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.309_00.040 **Instrument Variable Name:** HIT4A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Communicate with a health care provider by email.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT5A]

Question ID: AAU.309_00.050 **Instrument Variable Name:** HIT5A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Use online chat groups to learn about health topics.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SHTFLUYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.310_00.000   **Instrument Variable Name:**   SHTFLUYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASHFLU_M]
<2,R,D> [goto SPRFLUYR]

Question ID: AAU.312_01.000   **Instrument Variable Name:**   ASHFLU_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu shot?

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a flu shot

SkipInstructions: <1-12,D> [goto ASHFLU_Y] <R> [goto SPRFLUYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.312_02.000 **Instrument Variable Name:** ASHFLU_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their last flu shot or who didn't know the month

SkipInstructions: <valid year,R,D> [goto SPRFLUYR]
[If ASHFLU_M and ASHFLU_Y = a future date [goto ERR1_ASHFLU_Y]
[If ASHFLU_M and ASHFLU_Y = a date prior to birth [goto ERR2_ASHFLU_Y]
[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago [goto ERR3_ASHFLU_Y]

Hard Edit: ERR1_ASHFLU_Y

*Future date invalid

ERR2_ASHFLU_Y

*Date before birth

ERR3_ASHFLU_Y

*Date more than 12 months ago

Question ID: AAU.313_00.000 **Instrument Variable Name:** FLUSHPG1 **QuestionnaireFileName:** Sample Adult

QuestionText: Did you get a flu shot before or during your current pregnancy?

1	Before this pregnancy
2	During this pregnancy
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December

SkipInstructions: <1,2,R,D> [goto SPRFLUYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.314_00.000 **Instrument Variable Name:**   FLUSHPG2   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Fill1: Earlier you said you were pregnant sometime since August 1st, [last year]. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/

1	Before this pregnancy
2	During this pregnancy
3	After this pregnancy
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been determined to be pregnant at a specific point in the past year

SkipInstructions: <1-3,R,D> [goto SPRFLUYR]

Question ID: AAU.315_00.000 **Instrument Variable Name:**   SPRFLUYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPFLU_M]
[if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR
[if AGE GE 50] goto ERR2_SPRFLUYR
<2,D,R> [goto SHTPNUYR]

Soft Edit: ERR1_SPRFLUYR

*Respondent says they have received both a flu shot and flu nasal vaccine.
*Please verify.

ERR2_SPRFLUYR

*Respondent says they have received a nasal vaccine to PREVENT the flu, not to TREAT symptoms of the flu.

*Please verify.

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.318_01.000 **Instrument Variable Name:**   ASPFLU_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu nasal spray?

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [goto ASPFLU_Y]
<R> [goto SHTPNUYR]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID:	AAU.318_02.000	Instrument Variable Name:	ASPFLU_Y	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn't know the month

SkipInstructions: <valid year, R, D> [goto SHTPNUYR]
[If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

Hard Edit: ERR1_ASPFLU_Y

*Future date invalid

ERR2_ASPFLU_Y

*Date before birth

ERR3_ASPFLU_Y

*Date more than 12 months ago

Question ID:	AAU.320_00.000	Instrument Variable Name:	SHTPNUYR	QuestionnaireFileName:	Sample Adult

QuestionText: Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APOX]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.330_00.000 **Instrument Variable Name:** APOX **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had chickenpox?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APOX12MO]
<2,R,D> [goto AHEP]

Question ID: AAU.340_00.000 **Instrument Variable Name:** APOX12MO **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had chickenpox

SkipInstructions: <1,2,R,D> [goto AHEP]

Question ID: AAU.350_00.000 **Instrument Variable Name:** AHEP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had hepatitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPBTST]
<2,R,D> [goto AHEPLIV]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.360_00.000 **Instrument Variable Name:**   AHEPLIV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

SkipInstructions: <1,2,R,D> [goto AHEPBTST]

Question ID: AAU.365_00.010 **Instrument Variable Name:**   AHEPBTST   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever had a blood test for hepatitis B?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SHTHEPB]

Question ID: AAU.370_00.000 **Instrument Variable Name:**   SHTHEPB   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SHEPDOS]
                         <2,R,D> [goto SHTHEPA]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.380_00.000 **Instrument Variable Name:** SHEPDOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1	Received at least 3 doses
2	Received less than 3 doses
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

SkipInstructions: <1,2,R,D> [goto SHTHEPA]

Question ID: AAU.390_00.010 **Instrument Variable Name:** SHTHEPA **QuestionnaireFileName:** Sample Adult

QuestionText: The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHEPANUM
<2,R,D> [goto AHEPCTST]

Question ID: AAU.400_00.010 **Instrument Variable Name:** SHEPANUM **QuestionnaireFileName:** Sample Adult

QuestionText: How many hepatitis A shots did you receive?

*Enter '96' if all shots were received

01-95	01-95 shots
96	Received all shots
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> [goto AHEPCTST]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.405_00.010 **Instrument Variable Name:** AHEPCTST **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever had a blood test for hepatitis C?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPCRES]
<2,R,D> if AGE GE 50 goto SHINGLES
    elseif AGE LT 50 goto SHTTD

Question ID: AAU.405_00.020 **Instrument Variable Name:** AHEPCRES **QuestionnaireFileName:** Sample Adult

QuestionText: What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.

1	You or your doctor thought you were at risk of having hepatitis C because a blood test or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease
2	You were born from 1945 through 1965
3	You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992
4	Some other reason
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a blood test for hepatitis C

SkipInstructions: <1-4,R,D> if AGE GE 50 [goto SHINGLES];
    elseif AGE LT 50 goto SHTTD

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.410_00.010 **Instrument Variable Name:** SHINGLES **QuestionnaireFileName:** Sample Adult

QuestionText: Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 50+

SkipInstructions: <1,2,R,D> [goto SHTTD]

Question ID: AAU.420_00.010 **Instrument Variable Name:** SHTTD **QuestionnaireFileName:** Sample Adult

QuestionText: Have you received a tetanus shot in the past 10 years?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHTTD05
<2,R,D> and AGE >64 [goto LIVEV]
Else if <2,R,D> and AGE<65 [goto SHTHPV2]

Question ID: AAU.430_00.010 **Instrument Variable Name:** SHTTD05 **QuestionnaireFileName:** Sample Adult

QuestionText: Was your most recent tetanus shot given in 2005 or later?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in the past 10 years

SkipInstructions: <1,R> [goto SHTTDAP]
<2,D> if AGE le 64 [goto SHTHPV2]
        elseif AGE gt 64 goto LIVEV

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.440_00.010 **Instrument Variable Name:**   SHTTDAP   **QuestionnaireFileName:**   Sample Adult

QuestionText: There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

1   Yes-included pertussis
2   No-did not include pertussis
3   Doctor did not say
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond

SkipInstructions: <1-3,R,D> if age le 64 [goto SHTHPV2];
        else [goto LIVEV]

Question ID: AAU.446_00.010 **Instrument Variable Name:**   SHTHPV2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever received an HPV shot or vaccine?

*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

1   Yes
2   No
3   Doctor refused when asked
7   Refused
9   Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1> [goto SHHPVDOS]
        <2,3,R,D> [goto LIVEV]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.448_00.010 **Instrument Variable Name:** SHHPVDOS **QuestionnaireFileName:** Sample Adult

QuestionText: How many HPV shots did you receive?
* Enter '50' if 50 or more shots
* Enter '96' for all shots

01-49	1-49 shots
50+	50+
96	All shots
97	Refused
99	Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <1-50,96,R,D> [goto AHPVAGE]
<51-95> [goto ERR_SHHPVDOS]

Hard Edit: ERR_SHHPVDOS

* Shots should be in the range 1-50 or 96 for all shots.

* Please correct.

Question ID: AAU.449_00.010 **Instrument Variable Name:** AHPVAGE **QuestionnaireFileName:** Sample Adult

QuestionText: How old were you when you received your first HPV shot?

008-064	8-64 years
997	Refused
999	Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <8-120,R,D> [goto LIVEV]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.450_00.010 **Instrument Variable Name:** LIVEV **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto TRAVEL]

Question ID: AAU.460_00.010 **Instrument Variable Name:** TRAVEL **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto WRKHLTH]

Question ID: AAU.465_00.010 **Instrument Variable Name:** WRKHLTH **QuestionnaireFileName:** Sample Adult

QuestionText: Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto WRKDIR] <2,R,D> [goto APSBPCHK]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.470_00.010 **Instrument Variable Name:** WRKDIR **QuestionnaireFileName:** Sample Adult

QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we MEAN PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who work or volunteer in a health-care setting

SkipInstructions: <1,2,R,D> [goto APSBPCHK]

Question ID: AAU.500_00.010 **Instrument Variable Name:** APSBPCHK **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APSCHCHK]

Question ID: AAU.510_00.010 **Instrument Variable Name:** APSCHCHK **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APSBSCHK]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.520_00.010   **Instrument Variable Name:**   APSBSCHK   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> and SEX=1 and AGE GE 40 [goto APSCOL]
     If <1,2,R,D> and SEX=1 and AGE < 40 [goto APSDIET]
     Else <1,2,R,D> and SEX=2 [goto APSPAP]

Question ID: AAU.530_00.010   **Instrument Variable Name:**   APSPAP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE GE 30 [goto APSMAM];
     else <1,2,R,D and AGE<30 [goto APSDIET]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.540_00.010   **Instrument Variable Name:**   APSMAM   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1,2,R,D> if AGE GE 40 [gotoAPSCOL];
else <1,2,R,D and AGE<40> [goto APSDIET]

Question ID: AAU.550_00.010   **Instrument Variable Name:**   APSCOL   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto APSDIET]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.560_00.010   **Instrument Variable Name:**   APSDIET   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SMKNOW in ('1','2') [goto APSSMKC];
else [goto AINDINS]

Question ID: AAU.570_00.010   **Instrument Variable Name:**   APSSMKC   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ currently who smoke every day or some days

SkipInstructions: <1,2,R,D> [goto AINDINS]

Question ID: AAU.600_00.010   **Instrument Variable Name:**   AINDINS   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AINDPRCH]
<2,R,D> if age LT 65 [goto AEXCHNG];
else age GE 65 [goto next section]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.600_00.020   **Instrument Variable Name:**   AINDPRCH   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was a plan purchased?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

SkipInstructions: <1> [goto AINDWHO]
<2,R,D> if age LT 65 [goto AEXCHNG];
    else [goto next section]

Question ID: AAU.600_00.030   **Instrument Variable Name:**   AINDWHO   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was this plan for yourself, someone else in your family, or both?

1	Self
2	Someone else in family
3	Both
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF1]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: **12-May-16**

Question ID: AAU.600_00.040 **Instrument Variable Name:** AINDDIF1 **QuestionnaireFileName:** Sample Adult

QuestionText: How difficult was it to find a plan with the type of coverage you needed? Would you say…

*Read categories below.

1	Very difficult
2	Somewhat difficult
3	Not at all difficult
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF2]

Question ID: AAU.600_00.050 **Instrument Variable Name:** AINDDIF2 **QuestionnaireFileName:** Sample Adult

QuestionText: How difficult was it to find a plan you could afford? Would you say…

*Read categories below.

1	Very difficult
2	Somewhat difficult
3	Not at all difficult
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> if age LT 65 [goto AEXCHNG];
else [goto next section]

2015 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 12-May-16

Question ID: AAU.605_00.010   **Instrument Variable Name:**   AEXCHNG   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you looked into purchasing health insurance coverage through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults LT 65 years

SkipInstructions: <1,2,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.005_00.000   **Instrument Variable Name:**   ASIINTRO   **QuestionnaireFileName:**   Sample Adult

QuestionText: *You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer use, the respondent's neighborhood, sexual identity, financial worries, mental health, and HIV testing.

*Enter 1 to Continue.

1   Continue

UniverseText: Sample adults 18+

SkipInstructions: <1> goto ACICPUSE

Question ID: ASI.130_00.000   **Instrument Variable Name:**   ACICPUSE   **QuestionnaireFileName:**   Sample Adult

QuestionText: These questions are about you and your neighborhood.

How often do you use a computer?

*Read answer categories.

1   Never or almost never
2   Some days
3   Most days
4   Every day
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACISATHC]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: **12-May-16**

Question ID: ASI.140_00.000 **Instrument Variable Name:** ACISATHC **QuestionnaireFileName:** Sample Adult

QuestionText: In general, how satisfied are you with the health care you received in the past 12 months?

*Read answer categories.

1	Very satisfied
2	Somewhat satisfied
3	Somewhat dissatisfied
4	Very dissatisfied
5	You haven't had health care in the past 12 months
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACITENUR]

Question ID: ASI.150_00.000 **Instrument Variable Name:** ACITENUR **QuestionnaireFileName:** Sample Adult

QuestionText: About how long have you lived in your present neighborhood?

1	Less than 1 year
2	1-3 years
3	4-10 years
4	11-20 years
5	More than 20 years
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINHELP]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.160_00.000   **Instrument Variable Name:**   ACINHELP   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood help each other out.

Would you say…

*Read answer categories.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACINCNTO]

Question ID: ASI.170_00.000   **Instrument Variable Name:**   ACINCNTO   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

There are people I can count on in this neighborhood.

Would you say…

*Read answer categories if necessary.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACINTRU]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.180_00.000   **Instrument Variable Name:**   ACINTRU   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood can be trusted.

Would you say…

*Read answer categories if necessary.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACINKNT]

Question ID: ASI.190_00.000   **Instrument Variable Name:**   ACINKNT   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

This is a close-knit neighborhood.

Would you say…

*Read answer categories if necessary.

1	Definitely agree
2	Somewhat agree
3	Somewhat disagree
4	Definitely disagree
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>
[if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.220_00.000   **Instrument Variable Name:**   ACISIM   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) ASI1

Which of the following best represents how you think of yourself?

1	Gay
2	Straight, that is, not gay
3	Bisexual
4	Something else
5	I don't know the answer
7	Refused

UniverseText: Male sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]

Question ID: ASI.240_00.000   **Instrument Variable Name:**   ACISIF   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) ASI2

Which of the following best represents how you think of yourself?

1	Lesbian or gay
2	Straight, that is, not lesbian or gay
3	Bisexual
4	Something else
5	I don't know the answer
7	Refused

UniverseText: Female sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.260_00.000   **Instrument Variable Name:**   ACIRETR   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you…

*Read answer categories.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACIMEDC]

Question ID: ASI.270_00.000   **Instrument Variable Name:**   ACIMEDC   **QuestionnaireFileName:**   Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACISTLV]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.280_00.000   **Instrument Variable Name:**   ACISTLV   **QuestionnaireFileName:**   Sample Adult

QuestionText: How worried are you right now about not being able to maintain the standard of living you enjoy? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICNHC]

Question ID: ASI.290_00.000   **Instrument Variable Name:**   ACICNHC   **QuestionnaireFileName:**   Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs for normal healthcare? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICCOLL]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.300_00.000   **Instrument Variable Name:** ACICCOLL   **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not having enough money to pay for your children's college? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
5	This does not apply to me
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINBILL]

Question ID: ASI.310_00.000   **Instrument Variable Name:** ACINBILL   **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not having enough to pay your normal monthly bills? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACIHCST]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.320_00.000   **Instrument Variable Name:**   ACIHCST   **QuestionnaireFileName:**   Sample Adult

QuestionText: How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICCMP]

Question ID: ASI.330_00.000   **Instrument Variable Name:**   ACICCMP   **QuestionnaireFileName:**   Sample Adult

QuestionText: How worried are you right now about not being able to make the minimum payments on your credit cards? Are you…

*Read answer categories if necessary.

1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
5	I don't have credit cards
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACISLEEP]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.340_00.000   **Instrument Variable Name:**   ACISLEEP   **QuestionnaireFileName:**   Sample Adult

QuestionText: On average, how many hours of sleep do you get in a 24-hour period?

*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

01-24	1-24 hours
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5>[goto ERR_SLEEP];
<1-24, R,D>[goto ACISLPFL]

Soft Edit: ERR_SLEEP

*Average number of hours of sleep is [ACISLEEP].
* Please verify.

Question ID: ASI.350_00.000   **Instrument Variable Name:**   ACISLPFL   **QuestionnaireFileName:**   Sample Adult

QuestionText: In the past week, how many times did you have trouble falling asleep?

*Enter '0' if respondent did not have trouble falling asleep in the past week.

*Enter '7' for 7 or more times.

00	Did not have trouble falling asleep in the past week
01-06	1-6 times
07	7 or more times
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPST]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.360_00.000 **Instrument Variable Name:** ACISLPST **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you have trouble staying asleep?

*Enter '0' if respondent did not have trouble staying asleep in the past week.

*Enter '7' for 7 or more times.

00	Did not have trouble staying asleep in the past week
01-06	1-6 times
07	7 or more times
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPMD]

Question ID: ASI.370_00.000 **Instrument Variable Name:** ACISLPMD **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you take medication to help you fall asleep or stay asleep?

*Enter '0' if respondent did not take medication to help sleep in the past week.

*Enter '7' for 7 or more times.

00	Did not take medication to help sleep in the past week
01-06	1-6 times
07	7 or more times
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACIREST]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID:	ASI.380_00.000	Instrument Variable Name:	ACIREST	QuestionnaireFileName:	Sample Adult

QuestionText: In the past week, on how many days did you wake up feeling well rested?

*Enter '0' if respondent never felt well rested in the past week.

00	Never felt rested in the past week
01-07	1-7 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto MHSAD_CK]

Question ID:	ASI.390_00.000	Instrument Variable Name:	MHSAD_CK	QuestionnaireFileName:	Sample Adult

QuestionText: Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

1	Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACISAD]

Question ID:	ASI.390_01.000	Instrument Variable Name:	ACISAD	QuestionnaireFileName:	Sample Adult

QuestionText: (book) ASI5

DURING THE PAST 30 DAYS, how often did you feel

...So sad that nothing could cheer you up?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINERV]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID:	ASI.390_02.000	**Instrument Variable Name:**	ACINERV	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Nervous?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIRSTLS]

Question ID:	ASI.390_03.000	**Instrument Variable Name:**	ACIRSTLS	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Restless or fidgety?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIHOPLS]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.390_04.000   **Instrument Variable Name:** ACIHOPLS   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Hopeless?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIEFFRT]

Question ID: ASI.390_05.000   **Instrument Variable Name:** ACIEFFRT   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIWTHLS]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.390_06.000   **Instrument Variable Name:** ACIWTHLS   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto ACIMUCH];
     else [goto ACIHIVT]

Question ID: ASI.400_00.000   **Instrument Variable Name:** ACIMUCH   **QuestionnaireFileName:** Sample Adult

QuestionText: We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

1	A lot
2	Some
3	A little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

SkipInstructions: <1-4,R,D> [goto ACIHIVT]

2015 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 12-May-16

Question ID: ASI.410_00.000   **Instrument Variable Name:**   ACIHIVT   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,R,D> [goto next section]
<2> [goto ACIHIVWN]

Question ID: ASI.420_00.000   **Instrument Variable Name:**   ACIHIVWN   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) ASI6

I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

01	It's unlikely you've been exposed to HIV
02	You were afraid to find out if you were HIV positive (that you had HIV)
03	You didn't want to think about HIV or about being HIV positive
04	You were worried your name would be reported to the government if you tested positive
05	You didn't know where to get tested
06	You don't like needles
07	You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08	Some other reason
09	No particular reason
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have never been tested for HIV

SkipInstructions: <1-9,R,D> [goto next section]

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.090_00.000	**Instrument Variable Name:**	VIS_0	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Now I am going to ask you some questions about your ability to do different activities, and how you have been feeling. Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all.

Do you wear glasses?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1,2,R,D> goto VIS_SS

Question ID:	AFD.100_00.000	**Instrument Variable Name:**	VIS_SS	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Do you have difficulty seeing, even when wearing glasses? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do at all/unable to do
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-4,R,D>[goto HEAR_1]

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.140_00.000	Instrument Variable Name:	HEAR_1	QuestionnaireFileName:	Functioning And Disability

QuestionText: Do you use a hearing aid?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1> [goto HEAR_2]
<2,R,D> [goto HEAR_SS]

Question ID:	AFD.145_00.000	Instrument Variable Name:	HEAR_2	QuestionnaireFileName:	Functioning And Disability

QuestionText: How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?

1	All of the time
2	Some of the time
3	Rarely
4	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use a hearing aid

SkipInstructions: <1,2,R,D> goto HEAR_SS

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.150_00.000	Instrument Variable Name:	HEAR_SS	QuestionnaireFileName:	Functioning And Disability

QuestionText: Do you have difficulty hearing [fill: , even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do at all/unable to do
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-3,R,D>[goto HEAR_3]
<4> [goto MOB_SS]

Question ID:	AFD.170_00.000	Instrument Variable Name:	HEAR_3	QuestionnaireFileName:	Functioning And Disability

QuestionText: Do you have difficulty hearing what is said in a conversation with one other person in a quiet room [fill: even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1   No difficulty
2   Some difficulty
3   A lot of difficulty
4   Cannot do at all/unable to do
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty hearing, even when using a hearing aid

SkipInstructions: <1-3,R,D>[goto HEAR_4]
<4>[goto MOB_SS]

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.170_00.001	**Instrument Variable Name:**	HEAR_4	**QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty hearing what is said in a conversation with one other person in a noisier room [fill: even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))

SkipInstructions: <1-4,R,D>[goto MOB_SS]

Question ID:	AFD.180_00.000	**Instrument Variable Name:**	MOB_SS	**QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-4,R,D> goto MOB_2

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.200_00.000	**Instrument Variable Name:**	MOB_2	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Do you use any equipment or receive help for getting around?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1>[goto MOB_3A]
<2,R,D>[goto MOB_4]

Question ID:	AFD.200_00.001	**Instrument Variable Name:**	MOB_3A	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Do you use any of the following…

Cane or walking stick?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

SkipInstructions: <1,2,R,D> goto MOB_3B

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

| Question ID: | AFD.200_00.002 | Instrument Variable Name: | MOB_3B | QuestionnaireFileName: | Functioning And Disability |

QuestionText: *Read if necessary.

Do you use any of the following…

Walker or Zimmer frame?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

SkipInstructions: <1,2,R,D> goto MOB_3C

| Question ID: | AFD.200_00.003 | Instrument Variable Name: | MOB_3C | QuestionnaireFileName: | Functioning And Disability |

QuestionText: *Read if necessary.

Do you use any of the following…

Crutches?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

SkipInstructions: <1,2,R,D> goto MOB_3D

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

| **Question ID:** | AFD.200_00.004 | **Instrument Variable Name:** | MOB_3D | **QuestionnaireFileName:** | Functioning And Disability |

QuestionText: *Read if necessary.

Do you use any of the following…

Wheelchair or scooter?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

SkipInstructions: <1,2,R,D> goto MOB_3E

| **Question ID:** | AFD.200_00.005 | **Instrument Variable Name:** | MOB_3E | **QuestionnaireFileName:** | Functioning And Disability |

QuestionText: *Read if necessary.

Do you use any of the following…

Artificial limb (leg/foot)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

SkipInstructions: <1,2,R,D> goto MOB_3F

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

| **Question ID:** AFD.200_00.006 | **Instrument Variable Name:** MOB_3F | **QuestionnaireFileName:** | Functioning And Disability |

QuestionText: *Read if necessary.

Do you use any of the following…

Someone's assistance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

SkipInstructions: <1,2,R,D> goto MOB_3G

| **Question ID:** AFD.200_00.007 | **Instrument Variable Name:** MOB_3G | **QuestionnaireFileName:** | Functioning And Disability |

QuestionText: *Read if necessary.

Do you use any of the following…

Other type of equipment or help?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

SkipInstructions: <1,2,R,D> if MOB_3D=1, [goto COM_SS];
else if MOB_3D=2,R,D [goto MOB_4]

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.210_00.000	**Instrument Variable Name:**	MOB_4	**QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block [fill: without the use of your aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do at all/unable to do
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and do not use a wheelchair or scooter

SkipInstructions: <1-3,R,D>[goto MOB_5]
<4>[goto MOB_6]

Question ID:	AFD.220_00.000	**Instrument Variable Name:**	MOB_5	**QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks [fill: without the use of your aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do at all/unable to do
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, do not use a wheelchair or scooter, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground (without the use of their aid)

SkipInstructions: <1,2,R,D> goto MOB_6

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.230_00.000 **Instrument Variable Name:** MOB_6 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty walking up or down 12 steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and did not use any equipment or receive help with getting around or did not use a wheelchair or scooter

SkipInstructions: <1-4,R,D> if MOB_2 IN (2,R,D) [goto COM_SS];
else if MOB_2=1 [goto MOB_7]

Question ID: AFD.240_00.000 **Instrument Variable Name:** MOB_7 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block, when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around but do not use a wheelchair or scooter

SkipInstructions: <1-3,R,D>[goto MOB_8]
<4>[goto COM_SS]

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.250_00.000   **Instrument Variable Name:** MOB_8   **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks, when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, use equipment or receive help for getting around but do not use a wheelchair or scooter, and who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground, when using their aid

SkipInstructions: <1-4,R,D> goto COM_SS

Question ID: AFD.270_00.000   **Instrument Variable Name:** COM_SS   **QuestionnaireFileName:** Functioning And Disability

QuestionText: Using your usual language, do you have difficulty communicating, for example, understanding or being understood? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-4,R,D> goto COM_2

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.290_00.000 **Instrument Variable Name:** COM_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you use sign language?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1,2,R,D> goto COG_SS

Question ID: AFD.300_00.000 **Instrument Variable Name:** COG_SS **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1>[goto UB_SS]
<2-4,R,D>[goto COG_1]

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.310_00.000   **Instrument Variable Name:**   COG_1   **QuestionnaireFileName:**   Functioning And Disability

QuestionText: Do you have difficulty remembering, concentrating, or both?

1	Difficulty remembering only
2	Difficulty concentrating only
3	Difficulty with both remembering and concentrating
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have some difficulty, a lot of difficulty, or are unable to remember or concentrate, or don't know or refused if they are able to remember or concentrate

SkipInstructions: <1,3,R,D>[goto COG_2]
<2>[goto UB_SS]

Question ID: AFD.320_00.000   **Instrument Variable Name:**   COG_2   **QuestionnaireFileName:**   Functioning And Disability

QuestionText: How often do you have difficulty remembering? Would you say sometimes, often or all of the time?

1	Sometimes
2	Often
3	All of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and had some difficulty, a lot of difficulty, or were unable to remember or concentrate, or refused to answer or didn't know if they had difficulty remembering or concentrating AND they had difficulty remembering only, difficulty both remembering and concentrating, or refused to answer or didn't know if they had difficulty remembering, concentrating, or both

SkipInstructions: <1-3,R,D> goto COG_3

Question ID:	AFD.330_00.000	**Instrument Variable Name:**	COG_3	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Do you have difficulty remembering a few things, a lot of things, or almost everything?

1	A few things
2	A lot of things
3	Almost everything
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and had some difficulty, a lot of difficulty, or were unable to remember or concentrate, or refused to answer or didn't know if they had difficulty remembering or concentrating AND they had difficulty remembering only, difficulty both remembering and concentrating, or refused to answer or didn't know if they had difficulty remembering, concentrating, or both

SkipInstructions: <1-3,R,D> goto UB_SS

Question ID:	AFD.360_00.000	**Instrument Variable Name:**	UB_SS	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-4,R,D> goto UB_1

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.370_00.000 **Instrument Variable Name:** UB_1 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-4,R,D> goto UB_2

Question ID: AFD.380_00.000 **Instrument Variable Name:** UB_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-4,R,D> goto ANX_1

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.410_00.000 **Instrument Variable Name:** ANX_1 **QuestionnaireFileName:** Functioning And Disability

QuestionText: How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-5,R,D> goto ANX_2

Question ID: AFD.420_00.000 **Instrument Variable Name:** ANX_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you take medication for these feelings?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1,R,D> [goto ANX_3]
<2> if ANX_1=5 [goto DEP_1];
else [goto ANX_3]

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.430_00.000	**Instrument Variable Name:**	ANX_3	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

SkipInstructions: <1-3,R,D> goto DEP_1

Question ID:	AFD.450_00.000	**Instrument Variable Name:**	DEP_1	**QuestionnaireFileName:**	Functioning And Disability

QuestionText: How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1-5,R,D> goto DEP_2

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.460_00.000   **Instrument Variable Name:** DEP_2   **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you take medication for depression?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1,R,D> [goto DEP_3]
<2> if DEP_1=5 [goto PAIN_2];
else [goto DEP_3]

Question ID: AFD.470_00.000   **Instrument Variable Name:** DEP_3   **QuestionnaireFileName:** Functioning And Disability

QuestionText: Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

SkipInstructions: <1-3,R,D> goto PAIN_2

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.500_00.000 **Instrument Variable Name:** PAIN_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1> [goto TIRED_1]
<2,3,4,R,D> [goto PAIN_4]

Question ID: AFD.520_00.000 **Instrument Variable Name:** PAIN_4 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

SkipInstructions: <1-3,R,D> goto TIRED_1

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.540_00.000   **Instrument Variable Name:** TIRED_1   **QuestionnaireFileName:** Functioning And Disability

QuestionText: In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

SkipInstructions: <1>[goto next section]
<2-4,R,D>[goto TIRED_2]

Question ID: AFD.550_00.000   **Instrument Variable Name:** TIRED_2   **QuestionnaireFileName:** Functioning And Disability

QuestionText: Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?

1	Some of the day
2	Most of the day
3	All of the day
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

SkipInstructions: <1-3,R,D> goto TIRED_3

2015 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID: AFD.560_00.000   **Instrument Variable Name:**   TIRED_3   **QuestionnaireFileName:**   Functioning And Disability

QuestionText: Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say a little, a lot, or somewhere in between?

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

SkipInstructions: <1-3,R,D> goto next section

2015 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 12-May-16

Question ID: AWB.010_00.000 **Instrument Variable Name:**   AWEBUSE   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions are about your Internet and email use.

Do you use the Internet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBOFNO] <2,R,D> [goto AWEBEML]

Question ID: AWB.020_01.000 **Instrument Variable Name:**   AWEBOFNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How often do you use the Internet?

*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?

*Enter number.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who use the Internet

SkipInstructions: <1-995> [goto AWEBOFTP]
<R,D> [goto AWEBORP]

2015 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 12-May-16

Question ID: AWB.020_02.000 **Instrument Variable Name:**   AWEBOFTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for how often Internet is used.

1	Per day
2	Per week
3	Per month
4	Per year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

SkipInstructions: <1-4,R,D> [goto AWEBORP]

Question ID: AWB.025_00.000 **Instrument Variable Name:**   AWEBORP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Research companies invite people to become members of online research panels where they regularly respond to surveys online. Are you currently a member of an online research panel?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use the Internet

SkipInstructions: <1,2,R,D> [goto AWEBEML]

Question ID: AWB.030_00.000 **Instrument Variable Name:**   AWEBEML   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you send or receive emails?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBEMAD] <2,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 12-May-16

Question ID: AWB.040_00.000 **Instrument Variable Name:**   AWEBEMAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: We may want to contact you to obtain additional health-related information.

May I have your email address?

*Enter email address.

*Enter 'N' for none.

allow 75
97   Refused
99   Don't Know

UniverseText: Sample adults 18+ who send or receive email

SkipInstructions: <address> [goto AWBEMNO] <N,R,D> [goto next section]

Question ID: AWB.050_01.000 **Instrument Variable Name:**   AWEBMNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How often do you check this email account?

*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?

*Enter number.

001-995   1-995
997   Refused
999   Don't know

UniverseText: Sample adults 18+ who gave an email address

SkipInstructions: <1-995> [goto AWBEMTP] <R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 12-May-16

Question ID: AWB.050_02.000 **Instrument Variable Name:**   AWEBMTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for how often email is checked.

1	Per day
2	Per week
3	Per month
4	Per year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question

SkipInstructions: <1-4,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID:	NAC.005_00.000 **Instrument Variable Name:**	SPSPEAK	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) CAN1

Next, I would like to ask about the language you use most often. In general, what language do you speak?

1	Only Spanish
2	Mostly Spanish
3	Spanish and English about the same
4	Mostly English
5	Only English
6	Only other, mostly other, or other and English about the same
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto CEREALNO];
<6> [goto OTHLANG]

Question ID:	NAC.006_00.000 **Instrument Variable Name:**	OTHLANG	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Specify the language used most often.

Verbatim	Verbatim response
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who gave other language used most often

SkipInstructions: <allow 20,R,D> [goto CEREALNO]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.010_01.000 **Instrument Variable Name:** CEREALNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

These questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

During the past month, how often did you eat HOT or COLD cereals? You can tell me per day, per week, or per month.

*Read if necessary: Include cereals eaten at any time of the day.

* Enter number.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto MILKNO];
<1-995>[[goto CEREALTP]

Question ID: NAC.010_02.000 **Instrument Variable Name:** CEREALTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate cereal in the past month

SkipInstructions: [if (CEREALNO gt <10> and CEREALTP eq <1>) or
(CEREALNO gt <70> and CEREALTP eq <2>) or
(CEREALNO gt <310> and CEREALTP eq <3>) [goto ERR1_CEREALTP])

Else <1-3,R,D> [goto CERTYP]

Soft Edit: * [Fill1:CEREALNO] times per [Fill2: CEREALTP] is unusually high.
* Please verify.

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.015_00.000   **Instrument Variable Name:** CERTYP   **QuestionnaireFileName:** Sample Adult

QuestionText: During the past month, what kinds of cereal did you USUALLY eat? You may choose up to two.

* Enter the name of the cereal to locate in the lookup table.

* If second cereal is mentioned, enter 'Yes' at next screen and enter cereal name at the following screen.

* If cereal is not found, type ZZ

Verbatim	Verbatim response
97	Refused
99	Don't know
ZZ	Other specify

UniverseText: Sample adults 18+ who ate cereal in the past month

SkipInstructions: <ZZ> [goto CERTPSP];
else goto CERTYP2

Question ID: NAC.015_00.010   **Instrument Variable Name:** CERTPSP   **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter the other cereal as reported by the respondent.

Verbatim	Verbatim response

UniverseText: Selection in data base not found, go here to input actual response

SkipInstructions: <allow 30> [goto CERTYP2]

Question ID: NAC.015_01.000   **Instrument Variable Name:** CERTYP2   **QuestionnaireFileName:** Sample Adult

QuestionText: During the past month, was there another cereal that you usually ate?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate cereal in the past month

SkipInstructions: <1> [goto CERTYP3]
<2, D, R> [goto MILKNO]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.015_02.000   **Instrument Variable Name:**   CERTYP3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter the name of the cereal to locate in the lookup table.

* If cereal is not found, type ZZ

Verbatim   Verbatim response
97   Refused
99   Don't know
ZZ   Other specify

UniverseText: Sample adults 18+ who ate another cereal in the past month

SkipInstructions: <ZZ> [goto CERTP3SP];
   else goto MILKNO

Question ID: NAC.015_02.010   **Instrument Variable Name:**   CERTP3SP   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter the other cereal as reported by the respondent.

Verbatim   Verbatim response

UniverseText: Selection in data base not found, go here to input actual response

SkipInstructions: <allow 30> [goto MILKNO]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.020_01.000   **Instrument Variable Name:**   MILKNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you have MILK, either to drink or on cereal? Do NOT include soy milk or small amounts of milk in coffee or tea.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto SODANO];
<1-995> [goto MILKTP]

Question ID: NAC.020_02.000   **Instrument Variable Name:**   MILKTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank milk in past month

SkipInstructions: [if (MILKNO gt <10> and MILKTP eq <1>) or
         (MILKNO gt <70> and MILKTP eq <2>) or
         (MILKNO gt <310> and MILKTP eq <3>) [goto ERR1_MILKTP])
Else <1-3,R,D> [goto MILKTYP]

Soft Edit: * [Fill1:MILKNO] times per [Fill2: MILKTP] is unusually high.
* Please verify.

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.025_00.000 **Instrument Variable Name:** MILKTYP **QuestionnaireFileName:** Sample Adult

QuestionText: What type of milk was it? Was it usually…

* Read categories below.

* If respondent drinks soy milk only, go back and change MILKNO to '0'.

1	Whole or regular milk
2	2% fat or reduced-fat milk
3	1% fat or low-fat milk (includes 0.5% fat milk or "low-fat" milk not further specified)
4	Fat-free, skim or nonfat milk
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank milk in past month

SkipInstructions: <1-6,R,D> [goto SODANO]

Question ID: NAC.030_01.000 **Instrument Variable Name:** SODANO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

During the past month, how often did you drink REGULAR SODA or pop that contains sugar?

Do NOT include diet soda. You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FRJUICNO];
<1-995>[goto SODATP]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.030_02.000   **Instrument Variable Name:**   SODATP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank soda in past month

SkipInstructions: [if (SODANO gt <10> and SODATP eq <1>) or
     (SODANO gt <70> and SODATP eq <2>) or
     (SODANO gt <310> and SODATP eq <3>) [goto ERR1_SODATP])
Else <1-3,R,D> [goto FRTJUICNO]

Soft Edit: * [Fill1:SODANO] times per [Fill2: SODATP] is unusually high.
* Please verify.

Question ID: NAC.040_01.000   **Instrument Variable Name:**   FRJUICNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you drink 100% PURE fruit juice such as orange, mango, apple, grape and pineapple juices?

Do NOT include fruit flavored drinks with added sugar or fruit juice you made at home and added sugar to.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto COFFEEN1];
<1-995>[goto FRJUICTP]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.040_02.000 **Instrument Variable Name:** FRJUICTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank fruit juice in past month

SkipInstructions: [if (FRJUICNO gt <10> and FRJUICTP eq <1>) or
(FRJUICNO gt <70> and FRJUICTP eq <2>) or
(FRJUICNO gt <310> and FRJUICTP eq <3>) [goto ERR1_FRJUICTP])
Else <1-3,R,D>[goto COFFEEN1]

Soft Edit: * [Fill1:FRJUICNO] times per [Fill2: FRJUICTP] is unusually high.
* Please verify.

Question ID: NAC.042_01.000 **Instrument Variable Name:** COFFEEN1 **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month...

How often did you drink COFFEE or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto SPORDRNO];
<1-995> [goto COFFEET1]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.042_02.000 **Instrument Variable Name:** COFFEET1 **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank coffee in past month

SkipInstructions: [if (COFFEEN1 gt <10> and COFFEET1 eq <1>) or
(COFFEEN1 gt <70> and COFFEET1 eq <2>) or
(COFFEEN1 gt <310> and COFFEET1 eq <3>) [goto ERR1_COFFEET1])
Else <1-3,R,D> [goto SPORDRNO]

Soft Edit: * [Fill1:COFFEEN1] times per [Fill2: COFFEET1] is unusually high.
* Please verify.

Question ID: NAC.045_01.000 **Instrument Variable Name:** SPORDRNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you drink SPORTS and ENERGY drinks such as Gatorade, Red Bull, and Vitamin water?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FRTDRNO];
<1-995> [goto SPORDRTP]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID:	NAC.045_02.000	**Instrument Variable Name:**	SPORDRTP	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank sports drink in past month

SkipInstructions: [if (SPORDRNO gt <10> and SPORDRTP eq <1>) or
   (SPORDRNO gt <70> and SPORDRTP eq <2>) or
   (SPORDRNO gt <310> and SPORDRTP eq <3>) [goto ERR1_SPORDRTP])
Else <1-3,R,D> [goto FRTDRNO]

Soft Edit: * [Fill1:SPORDRNO] times per [Fill2: SPORDRTP] is unusually high.
* Please verify.

Question ID:	NAC.060_01.000	**Instrument Variable Name:**	FRTDRNO	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you drink sweetened fruit drinks, such as Kool-aid, cranberry and lemonade?

Include fruit drinks you made at home and added sugar to.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FRUITNO];
<1-995> [goto FRTDRTP]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.060_02.000 **Instrument Variable Name:** FRTDRTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank fruit drinks in past month

SkipInstructions: [if (FRTDRNO gt <10> and FRTDRTP eq <1>) or
(FRTDRNO gt <70> and FRTDRTP eq <2>) or
(FRTDRNO gt <310> and FRTDRTP eq <3>) [goto ERR1_FRTDRTP])
Else <1-3,R,D> [goto FRUITNO]

Soft Edit: * [Fill1:FRTDRNO] times per [Fill2: FRTDRTP] is unusually high.
* Please verify.

Question ID: NAC.070_01.000 **Instrument Variable Name:** FRUITNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat FRUIT? Include fresh, frozen, or canned fruit. Do NOT include juices.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto SALADNO];
<1-995> [goto FRUITTP]

<div align="center">

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</div>

Question ID: NAC.070_02.000   **Instrument Variable Name:**   FRUITTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate fruit in past month

SkipInstructions: [if (FRUITNO gt <10> and FRUITTP eq <1>) or
           (FRUITNO gt <70> and FRUITTP eq <2>) or
           (FRUITNO gt <310> and FRUITTP eq <3>) [goto ERR1_FRUITTP])
   Else <1-3,R,D> [goto SALADNO]

Soft Edit: * [Fill1:FRUITNO] times per [Fill2: FRUITTP] is unusually high.
   * Please verify.

Question ID: NAC.090_01.000   **Instrument Variable Name:**   SALADNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . .

How often did you eat a green leafy or lettuce SALAD, with or without other vegetables?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FRIESNO];
   <1-995> [goto SALADTP]

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Question ID: NAC.090_02.000   **Instrument Variable Name:**   SALADTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate salad in past month

SkipInstructions: [if (SALADNO gt <10> and SALADTP eq <1>) or
              (SALADNO gt <70> and SALADTP eq <2>) or
              (SALADNO gt <310> and SALADTP eq <3>) [goto ERR1_SALADTP])
            Else <1-3,R,D> [goto FRIESNO]

Soft Edit: * [Fill1:SALADNO] times per [Fill2: SALADTP] is unusually high.
            * Please verify.

Question ID: NAC.100_01.000   **Instrument Variable Name:**   FRIESNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat any kind of FRIED POTATOES, including French fries, home fries, or hash brown potatoes?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto POTATONO];
            <1-995> [goto FRIESTP]

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Question ID: NAC.100_02.000 **Instrument Variable Name:** FRIESTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate fried potatoes in past month

SkipInstructions: [if (FRIESNO gt <10> and FRIESTP eq <1>) or
(FRIESNO gt <70> and FRIESTP eq <2>) or
(FRIESNO gt <310> and FRIESTP eq <3>) [goto ERR1_FRIESTP])
Else <1-3,R,D> [goto POTATONO]

Soft Edit: * [Fill1:FRIESNO] times per [Fill2: FRIESTP] is unusually high.
* Please verify.

Question ID: NAC.110_01.000 **Instrument Variable Name:** POTATONO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat any OTHER KIND OF POTATOES, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

*Read if necessary: You can tell me per day, per week, or per month.

*Read if necessary: INCLUDE red-skinned and Yukon Gold potatoes.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto BEANSNO];
<1-995> [goto POTATOTP]

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Question ID: NAC.110_02.000 **Instrument Variable Name:**   POTATOTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

   *Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate other potatoes in the past month

SkipInstructions: [if (POTATONO gt <10> and POTATOTP eq <1>) or
             (POTATONO gt <70> and POTATOTP eq <2>) or
             (POTATONO gt <310> and POTATOTP eq <3>) [goto ERR1_POTATOTP])
        Else <1-3,R,D> [goto BEANSNO]

Soft Edit: * [Fill1:POTATONO] times per [Fill2: POTATOTP] is unusually high.
        * Please verify.

Question ID: NAC.120_01.000 **Instrument Variable Name:**   BEANSNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

   *Read if necessary: During the past month . . .

   How often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans?
   Do NOT include green beans.

   *Read if necessary: You can tell me per day, per week, or per month.

   * Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto BRRICENO];
        <1-995> [goto BEANSTP]

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Question ID: NAC.120_02.000 **Instrument Variable Name:** BEANSTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate beans in past month

SkipInstructions: [if (BEANSNO gt <10> and BEANSTP eq <1>) or
(BEANSNO gt <70> and BEANSTP eq <2>) or
(BEANSNO gt <310> and BEANSTP eq <3>) [goto ERR1_BEANSTP])
Else <1-3,R,D> [goto BRRICENO]

Soft Edit: * [Fill1:BEANSNO] times per [Fill2: BEANSNO] is unusually high.
* Please verify.

Question ID: NAC.125_01.000 **Instrument Variable Name:** BRRICENO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat BROWN RICE or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do NOT include white rice.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto OVEGNO];
<1-995> [goto BRRICETP]

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Document Version Date: 27-May-16

Question ID: NAC.125_02.000   **Instrument Variable Name:**   BRRICETP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate brown rice in past month

SkipInstructions: [if (BRRICENO gt <10> and BRRICETP eq <1>) or
(BRRICENO gt <70> and BRRICETP eq <2>) or
(BRRICENO gt <310> and BRRICETP eq <3>) [goto ERR1_BRRICETP])
Else <1-3,R,D> [goto OVEGNO]

Soft Edit: * [Fill1:BRRICENO] times per [Fill2: BRRICETP] is unusually high.
* Please verify.

Question ID: NAC.130_01.000   **Instrument Variable Name:**   OVEGNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1] 1 of 2

*Read if necessary: During the past month . . .

Not including what you just told me about (lettuce salads, potatoes, cooked dried beans), how often did you eat OTHER VEGETABLES?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto SALSANO];
<1-995> [goto OVEGTP]

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Question ID: NAC.130_02.000 **Instrument Variable Name:** OVEGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate other vegetables in past month

SkipInstructions: [if (OVEGNO gt <10> and OVEGTP eq <1>) or
  (OVEGNO gt <70> and OVEGTP eq <2>) or
  (OVEGNO gt <310> and OVEGTP eq <3>) [goto ERR1_OVEGTP])
Else <1-3,R,D> [goto SALSANO]

Soft Edit: * [Fill1:OVEGNO] times per [Fill2: OVEGTP] is unusually high.
* Please verify.

Question ID: NAC.131_01.000 **Instrument Variable Name:** SALSANO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you have Mexican-type SALSA made with tomato?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto PIZZANO];
<1-995> [goto SALSATP]

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Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.131_02.000   **Instrument Variable Name:**   SALSATP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate salsa in past month

SkipInstructions: [if (SALSANO gt <10> and SALSATP eq <1>) or
   (SALSANO gt <70> and SALSATP eq <2>) or
   (SALSANO gt <310> and SALSATP eq <3>) [goto ERR1_SALSATP])
Else <1-3,R,D> [goto PIZZANO]

Soft Edit: * [Fill1:SALSANO] times per [Fill2: SALSATP] is unusually high.
* Please verify.

Question ID: NAC.132_01.000   **Instrument Variable Name:**   PIZZANO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat PIZZA? Include frozen pizza, fast food pizza, and homemade pizza.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto TOMSAUNO];
<1-995> [goto PIZZATP]

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Question ID: NAC.132_02.000   **Instrument Variable Name:**   PIZZATP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate pizza in past month

SkipInstructions: [if (PIZZANO gt <10> and PIZZATP eq <1>) or
　　　　　(PIZZANO gt <70> and PIZZATP eq <2>) or
　　　　　(PIZZANO gt <310> and PIZZATP eq <3>) [goto ERR1_PIZZATP])
　　　Else <1-3,R,D> [goto TOMSAUNO]

Soft Edit: * [Fill1:PIZZANO] times per [Fill2: PIZZATP] is unusually high.
　　　* Please verify.

Question ID: NAC.133_01.000   **Instrument Variable Name:**   TOMSAUNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you have TOMATO SAUCES such as with spaghetti or noodles or mixed into foods such as lasagna? Do not include tomato sauce on pizza.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto CHEESENO];
　　　<1-995> [goto TOMSAUTP]

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Question ID: NAC.133_02.000   **Instrument Variable Name:**   TOMSAUTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate tomoto sauces in past month

SkipInstructions: [if (TOMSAUNO gt <10> and TOMSAUTP eq <1>) or
                (TOMSAUNO gt <70> and TOMSAUTP eq <2>) or
                (TOMSAUNO gt <310> and TOMSAUTP eq <3>) [goto ERR1_TOMSAUTP])
        Else <1-3,R,D> [goto CHEESENO]

Soft Edit: * [Fill1:TOMSAUNO] times per [Fill2: TOMSAUTP] is unusually high.
        * Please verify.

Question ID: NAC.134_01.000   **Instrument Variable Name:**   CHEESENO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat any kind of CHEESE? Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do not include cheese on pizza.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto REDMETNO];
        <1-995> [goto CHEESETP]

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Question ID: NAC.134_02.000   **Instrument Variable Name:** CHEESETP   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate cheese in past month

SkipInstructions: [if (CHEESENO gt <10> and CHEESETP eq <1>) or
(CHEESENO gt <70> and CHEESETP eq <2>) or
(CHEESENO gt <310> and CHEESETP eq <3>) [goto ERR1_CHEESETP])
Else <1-3,R,D> [goto REDMETNO]

Soft Edit: * [Fill1:CHEESENO] times per [Fill2: CHEESETP] is unusually high.
* Please verify.

Question ID: NAC.136_01.000   **Instrument Variable Name:** REDMETNO   **QuestionnaireFileName:** Sample Adult

QuestionText: (book) CAN2

1 of 2

*Read if necessary: During the past month . . .

Looking at this card, how often did you eat RED MEAT, such as beef, pork, ham, or sausage? Do NOT include chicken, turkey, or seafood.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto PROMETNO];
<1-995> [goto REDMETTP]

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Question ID: NAC.136_02.000   **Instrument Variable Name:**   REDMETTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate red meat in past month

SkipInstructions: [if (REDMETNO gt <10> and REDMETTP eq <1>) or
      (REDMETNO gt <70> and REDMETTP eq <2>) or
      (REDMETNO gt <310> and REDMETTP eq <3>) [goto ERR1_REDMETTP])
   Else <1-3,R,D> [goto PROMETNO]

Soft Edit: * [Fill1:REDMETNO] times per [Fill2: REDMETTP] is unusually high.
   * Please verify.

Question ID: NAC.137_01.000   **Instrument Variable Name:**   PROMETNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

(book) CAN3

*Read if necessary: During the past month . . .

Looking at this card, how often did you eat PROCESSED MEAT, such as bacon, lunch meats, or hot dogs?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto BREADNO];
   <1-995> [goto PROMETTP]

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Question ID: NAC.137_02.000   **Instrument Variable Name:**   PROMETTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate processed meat in past month

SkipInstructions: [if (PROMETNO gt <10> and PROMETTP eq <1>) or
(PROMETNO gt <70> and PROMETTP eq <2>) or
(PROMETNO gt <310> and PROMETTP eq <3>) [goto ERR1_PROMETTP])
Else <1-3,R,D> [goto BREADNO]

Soft Edit: * [Fill1:PROMETNO] times per [Fill2: PROMETTP] is unusually high.
* Please verify.

Question ID: NAC.138_01.000   **Instrument Variable Name:**   BREADNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat WHOLE GRAIN BREAD including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do NOT include white bread.

*Read if necessary: You can tell me per day, per week, or per month.

*Read if necessary: INCLUDE cracked wheat, multi-grain and bran breads.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto CANDYNO];
<1-995> [goto BREADTP]

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Question ID: NAC.138_02.000   **Instrument Variable Name:** BREADTP   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate whole grain bread in past month

SkipInstructions: [if (BREADNO gt <10> and BREADTP eq <1>) or
(BREADNO gt <70> and BREADTP eq <2>) or
(BREADNO gt <310> and BREADTP eq <3>) [goto ERR1_BREADTP])
Else <1-3,R,D> [goto CANDYNO]

Soft Edit: * [Fill1:BREADNO] times per [Fill2: BREADTP] is unusually high.
* Please verify.

Question ID: NAC.139_01.000   **Instrument Variable Name:** CANDYNO   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat CHOCOLATE, or any other types of CANDY? Do NOT include SUGAR-FREE CANDY.

*Read if necessary: You can tell me per day, per week or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto DONUTNO];
<1-995> [goto CANDYTP]

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Question ID:	NAC.139_02.000	**Instrument Variable Name:**	CANDYTP	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate candy in past month

SkipInstructions: [if (CANDYNO gt <10> and CANDYTP eq <1>) or
        (CANDYNO gt <70> and CANDYTP eq <2>) or
        (CANDYNO gt <310> and CANDYTP eq <3>) [goto ERR1_CANDYTP])
        Else <1-3,R,D> [goto DONUTNO]

Soft Edit: * [Fill1:CANDYNO] times per [Fill2: CANDYTP] is unusually high.
        * Please verify.

Question ID:	NAC.140_01.000	**Instrument Variable Name:**	DONUTNO	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat DOUGHNUTS, sweet rolls, Danish, muffins, (pan dulce) or pop-tarts?   Do NOT include sugar-free items.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto COOKIENO];
        <1-995> [goto DONUTTP]

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Question ID: NAC.140_02.000   **Instrument Variable Name:**   DONUTTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate donuts in past month

SkipInstructions: [if (DONUTNO gt <10> and DONUTTP eq <1>) or
    (DONUTNO gt <70> and DONUTTP eq <2>) or
    (DONUTNO gt <310> and DONUTTP eq <3>) [goto ERR1_DONUTTP])
Else <1-3,R,D> [goto COOKIENO]

Soft Edit: * [Fill1:DONUTNO] times per [Fill2: DONUTTP] is unusually high.
* Please verify.

Question ID: NAC.141_01.000   **Instrument Variable Name:**   COOKIENO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat COOKIES, CAKE, PIE, or BROWNIES? Do NOT include sugar-free kinds.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto ICECRNO];
<1-995> [goto COOKIETP]

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Question ID: NAC.141_02.000 **Instrument Variable Name:** COOKIETP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate cookies in past month

SkipInstructions: [if (COOKIENO gt <10> and COOKIETP eq <1>) or
(COOKIENO gt <70> and COOKIETP eq <2>) or
(COOKIENO gt <310> and COOKIETP eq <3>) [goto ERR1_COOKIETP])
Else <1-3,R,D> [goto ICECRNO]

Soft Edit: * [Fill1:COOKIENO] times per [Fill2: COOKIETP] is unusually high.
* Please verify.

Question ID: NAC.145_01.000 **Instrument Variable Name:** ICECRNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat ICE CREAM OR OTHER FROZEN DESSERTS? Do NOT include sugar-free kinds.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto POPCNNO];
<1-995> [goto ICECRTP]

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Question ID: NAC.145_02.000   **Instrument Variable Name:**   ICECRTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period.

0	Never
1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ate ice cream in past month

SkipInstructions: [if (ICECRNO gt <10> and ICECRTP eq <1>) or
  (ICECRNO gt <70> and ICECRTP eq <2>) or
  (ICECRNO gt <310> and ICECRTP eq <3>) [goto ERR1_ICECRTP])
Else <1-3,R,D> [goto POPCNNO]

Soft Edit: * [Fill1:ICECRNO] times per [Fill2: ICECRTP] is unusually high.
* Please verify.

Question ID: NAC.150_01.000   **Instrument Variable Name:**   POPCNNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: During the past month . . .

How often did you eat POPCORN?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000	Never
001-995	1-995 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto VITMIN];
<1-995> [goto POPCNTP]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID:	NAC.150_02.000	**Instrument Variable Name:**	POPCNTP	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter time period.

0 Never
1 Day
2 Week
3 Month
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who ate popcorn in past month

SkipInstructions: [if (POPCNNO gt <10> and POPCNTP eq <1>) or
      (POPCNNO gt <70> and POPCNTP eq <2>) or
      (POPCNNOO gt <310> and POPCNTP eq <3>) [goto ERR1_POPCNTP])
Else <1-3,R,D> [goto VITMIN]

Soft Edit: * [Fill1:POPCNNO] times per [Fill2: POPCNTP] is unusually high.
* Please verify.

Question ID:	NAC.170_00.000	**Instrument Variable Name:**	VITMIN	**QuestionnaireFileName:**	Sample Adult

QuestionText: These next questions are about vitamins and minerals you may have taken during the past month, that is, the past 30 days.

DURING THE PAST MONTH, did you take any vitamin or mineral pills or supplements of ANY kind?

*Read if necessary: INCLUDE vitamin or mineral pills or liquids. Do NOT include vitamin-fortified foods.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto VITMULT]
<2,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID:	NAC.180_00.000	**Instrument Variable Name:**	VITMULT	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST MONTH, did you take any MULTI-vitamins such as One-A-Day, Theragran, or Centrum?

*Read if necessary: Include combinations of three or more vitamins and minerals, such as those labeled "stress" or "anti-oxidant." Do not include combinations of herbal or plant substances, or combinations of just two, like calcium and vitamin D.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have taken vitamins or mineral supplements in the past month

SkipInstructions: <1> [goto VITMULD]
<2,R,D> [goto CALCA]

Question ID:	NAC.200_01.000	**Instrument Variable Name:**	VITMULD	**QuestionnaireFileName:**	Sample Adult

QuestionText: On how many DAYS during the past month did you take a MULTI-vitamin?

*Enter number of days taking multi-vitamins.

*Enter '30' for all days in the month.

01-30	1-30 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have taken a multi-vitamin in the past month

SkipInstructions: <1-30, R, D> [goto CALCA]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID:	NAC.210_00.000	Instrument Variable Name:	CALCA	QuestionnaireFileName:	Sample Adult

QuestionText: DURING THE PAST MONTH, did you take any CALCIUM SUPPLEMENTS, including Tums or calcium chews? [Fill1: Do NOT include any calcium in the MULTI-vitamins you told me about.]

*Read if necessary: Do NOT include milk or calcium-fortified orange juice.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have taken vitamins or mineral supplements in the past month

SkipInstructions: <1> [goto CALCD]
<2,R,D> [goto VITD]

Question ID:	NAC.215_01.000	Instrument Variable Name:	CALCD	QuestionnaireFileName:	Sample Adult

QuestionText: On how many DAYS during the past month did you take calcium supplements?

*Enter number of days taking calcium.

*Enter '30' for all days in the month.

01-30	1-30 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have taken calcium in the past month

SkipInstructions: <1-30, R, D> [goto VITD]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.270_00.000   **Instrument Variable Name:** VITD   **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST MONTH, did you take any VITAMIN D PILLS OR SUPPLEMENTS?

Fill1: [Do NOT include any vitamin D in the MULTI-vitamins you told me about.]
Fill2: [Do NOT include calcium supplements that contain vitamin D.]
Fill3: [Do not include calcium supplements that contain vitamin D or MULTI-vitamins you told me about.]

*Read if necessary: Do NOT include vitamin D fortified milk or other foods such as cereals and bread.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have taken vitamin or mineral supplements in the past month

SkipInstructions: <1> [goto VITDM]
<2,R,D> [goto next section]

Question ID: NAC.280_00.000   **Instrument Variable Name:** VITDM   **QuestionnaireFileName:** Sample Adult

QuestionText: On how many DAYS during the past month did you take vitamin D?

*Enter '30' for all days in the month.

01-30	1-30 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have taken vitamin D in the past month

SkipInstructions: <1-30, R, D> [goto VITDWHY]

2015 NHIS Questionnaire - Sample Adult

Diet and Nutrition

Document Version Date: 27-May-16

Question ID: NAC.290_01.000   **Instrument Variable Name:** VITDWHY   **QuestionnaireFileName:** Sample Adult

QuestionText: Which of these is the MAIN reason you took vitamin D…?

*Read categories below.

1	For OVERALL health
2	For BONE health
3	To prevent CANCER
4	For some other reason
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have taken vitamin D in the past month

SkipInstructions: <1-3, R,D>[goto NAC module]
<4> [goto VITDSPEC]

Question ID: NAC.300_00.000   **Instrument Variable Name:** VITDSPEC   **QuestionnaireFileName:** Sample Adult

QuestionText: *Specify the reason took vitamin D.

Verbatim	Verbatim response
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who gave other reason for taking vitamin D

SkipInstructions: <allow 20,R,D> [goto NAC module]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.010_00.000 **Instrument Variable Name:** AD11A **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about walking for transportation. I will ask you separately about walking for other reasons like relaxation or exercise.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?

1	Yes
2	No
3	Unable to walk
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AD12A]
<2,R,D> [goto AD14A]
<3> [goto PAHOME]

Question ID: NAD.011_00.000 **Instrument Variable Name:** AD12A **QuestionnaireFileName:** Sample Adult

QuestionText: In the past 7 days, how many times did you do that?

*Read if necessary: Walk for at least 10 minutes to get some place.

01-94	1-94
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have walked for transportation in the past 7 days

SkipInstructions: <1-94> [goto AD13ANO]
<R,D> [goto AD14A]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.012_01.000   **Instrument Variable Name:**   AD13ANO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

[Fill1: How long did that walk take?/ Fill2: On average, how long did those walks take?]

* Enter number for length of walk for transportation.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have walked for transportation at least once in the past week

SkipInstructions: <1-995>[goto AD13ATP]
    [If AD13ANO= 'R', 'D' store 'R', 'D' in AD13ATP]
<R,D>[goto AD14A]

Question ID: NAD.012_02.000   **Instrument Variable Name:**   AD13ATP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for length of walking for transportation.

1	Minute(s)
2	Hour(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have walked for transportation at least once in the past week and gave a number for the first part of this two-part question

SkipInstructions: If AD13ANO gt <24> and AD13ATP eq <2> [goto ERR1_ AD13ATP]

(IF AD13ANO gt <90> and AD13ATP eq <1>) or (if AD13ANO gt <2> and AD13ATP eq <2>) [goto ERR2_ AD13ATP]

<1,2,R,D> [goto AD14A] and
    If AD13ANO= 'R', 'D' store 'R', 'D' in AD13ATP

Hard Edit: ERR1_ AD13ATP

*Number of hours given for walking for transportation in a day are out of bounds.
*Please correct.

Soft Edit: ERR2_ AD13ATP
* [Fill1: AD13ANO] [Fill2: AD13ATP] per day is unusually high.
* Please verify.

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.013_00.000   **Instrument Variable Name:**   AD14A   **QuestionnaireFileName:**   Sample Adult

QuestionText: Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are able to walk

SkipInstructions: <1> [goto AD15A]
<2,R,D> [goto PAHOME]

Question ID: NAD.014_00.000   **Instrument Variable Name:**   AD15A   **QuestionnaireFileName:**   Sample Adult

QuestionText: In the past 7 days, how many times did you do that?

01-94	1-94 times
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have walked for leisure in the past 7 days

SkipInstructions: <1-94> [goto AD16ANO]
<R,D> [goto PAHOME]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

| Question ID: | NAD.015_01.000 | Instrument Variable Name: | AD16ANO | QuestionnaireFileName: | Sample Adult |

QuestionText: 1 of 2

[Fill1: How long did that walk take?/ Fill2: On average, how long did those walks take?]

* Enter number for length of walk for fun, relaxation, or exercise.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample Adults 18+ who have walked for leisure at least once in the past week.

SkipInstructions: <1-995>[goto AD16ATP]
<R,D>[goto PAHOME] and [If AD16ANO= 'R', 'D' store 'R', 'D' in AD16ATP]

Hard Edit: ERR1_AD16ATP

  *Number of hours given for walking for fun, relaxation, or exercise in a day are out of bounds.

  *Please correct.

Soft Edit: ERR2_AD16ATP

  * [Fill1: AD16ANO] [Fill2: AD16ATP] is unusually high.

  *Please verify.

| Question ID: | NAD.015_02.000 | Instrument Variable Name: | AD16ATP | QuestionnaireFileName: | Sample Adult |

QuestionText: 2 of 2

* Enter time period for length of walking for fun, relaxation, or exercise.

1	Minute(s)
2	Hour(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have walked for leisure at least once in the past week and gave a number for the first part of this two-part question

SkipInstructions: If AD16ANO gt <24> and AD16ATP eq <2> [goto ERR1_ AD16ATP]

(IF AD16ANO gt <90> and AD16ATP eq <1>) or (if AD16ANO gt <2> and AD16ATP eq <2>) [goto ERR2_ AD16ATP]

<1,2,R,D>[goto PAHOME]; [If AD16ANO= 'R', 'D' store 'R', 'D' in AD16ATP]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.020_00.000 **Instrument Variable Name:** PAHOME **QuestionnaireFileName:** Sample Adult

QuestionText: How often are there people walking within sight of your home? Would you say…

*Read categories below.

1	Every day
2	Every 2-3 days
3	About once a week
4	Less than once a week
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto PAWTHR]

Question ID: NAD.025_00.000 **Instrument Variable Name:** PAWTHR **QuestionnaireFileName:** Sample Adult

QuestionText: How often does the weather make you less likely to walk? Would you say…

*Read if necessary: We mean any kind of bad weather that makes you less likely to walk, such as hot, cold, rainy, snowy, and windy.

*Read answer categories.

1	Almost always
2	Most of the time
3	Some of the time
4	A little of the time
5	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto PAROAD]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.030_00.000 **Instrument Variable Name:**   PAROAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions are about where you live.

*Read if necessary: These questions are about your walking or places you can walk, not walking by other people.

Where you live, are there roads, sidewalks, paths or trails where you can walk?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PASHOPS]

Question ID: NAD.035_00.000 **Instrument Variable Name:**   PASHOPS   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Where you live…

Are there shops, stores, or markets that you can walk to?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PATRANS]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.040_00.000   **Instrument Variable Name:**   PATRANS   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Where you live…

Are there bus or transit stops that you can walk to?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PAMOVIE]

Question ID: NAD.045_00.000   **Instrument Variable Name:**   PAMOVIE   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Where you live…

Are there places like movies, libraries, or churches that you can walk to?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PARELAX]

Question ID: NAD.050_00.000   **Instrument Variable Name:**   PARELAX   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Where you live…

Are there places that you can walk to that help you relax, clear your mind, and reduce stress?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PASIDEW]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID:	NAD.055_00.000	**Instrument Variable Name:**	PASIDEW	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary: Where you live…

Do most streets have sidewalks?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PATRAFF]

Question ID:	NAD.060_00.000	**Instrument Variable Name:**	PATRAFF	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary: Where you live…

Does traffic make it unsafe for you to walk?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PACRIME]

Question ID:	NAD.065_00.000	**Instrument Variable Name:**	PACRIME	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary: Where you live…

Does crime make it unsafe for you to walk?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PAANIMAL]

2015 NHIS Questionnaire - Sample Adult

Physical Activity

Document Version Date: 27-May-16

Question ID: NAD.070_00.000 **Instrument Variable Name:**   PAANIMAL   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Where you live…

Do dogs or other animals make it unsafe for you to walk?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.010_00.000 **Instrument Variable Name:** MENTHOLF **QuestionnaireFileName:** Sample Adult

QuestionText: Earlier you said you used to smoke cigarettes. Think back to the 12 months BEFORE you quit smoking. During that time, was your usual cigarette brand menthol or non-menthol?

1	Menthol
2	Non-menthol
3	No usual type
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers

SkipInstructions: <1-3,R,D> if SMKREG ne '96' [goto NUMCIGA];
else if ((SMKQTNO(e) LE '95' and SMKQTTP(e)='1') or
(SMKQTNO(e) LE '95' and SMKQTTP(e)='2') or
(SMKQTNO(e) LE '24' and SMKQTTP(e)='3') or
(SMKQTNO(e) LE '02' and SMKQTTP(e)='4')) [goto FQUITA_1];
else [goto ECIGEV1]

Question ID: NAE.015_00.000 **Instrument Variable Name:** NUMCIGA **QuestionnaireFileName:** Sample Adult

QuestionText: When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day?

*Enter '95' if varied.

*Enter '96' if never smoked cigarettes regularly.

01-94	1-94 cigarettes
95	Varied
96	Never smoked regularly
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are former smokers and had smoked regularly in the past

SkipInstructions: <1-94,96,R,D> if ((SMKQTNO(e) LE '95' and SMKQTTP(e)='1') or
(SMKQTNO(e) LE '95' and SMKQTTP(e)='2') or
(SMKQTNO(e) LE '24' and SMKQTTP(e)='3') or
(SMKQTNO(e) LE '02' and SMKQTTP(e)='4')) [goto FQUITA_1];
else [goto ECIGEV1]

<95> [goto NUMCVAR]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID:	NAE.017_00.000	**Instrument Variable Name:**	NUMCVAR	**QuestionnaireFileName:**	Sample Adult

QuestionText: What is the average number of cigarettes that you smoked daily during the longest period that you smoked?

*Read if necessary: 1 pack equals 20 cigarettes.

*Enter '95' if 95 or more.

01-94	1-94 cigarettes
95	95 or more cigarettes
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who said number of cigarettes smoked daily varied

SkipInstructions: <1-95,R,D> if ((SMKQTNO(e) LE '95' and SMKQTTP(e)='1') or
(SMKQTNO(e) LE '95' and SMKQTTP(e)='2') or
(SMKQTNO(e) LE '24' and SMKQTTP(e)='3') or
(SMKQTNO(e) LE '02' and SMKQTTP(e)='4')) [goto FQUITA_1];
else [goto ECIGEV1]

Question ID:	NAE.020_01.000	**Instrument Variable Name:**	FQUITA_1	**QuestionnaireFileName:**	Sample Adult

QuestionText: Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine patch?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_2]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.020_02.000   **Instrument Variable Name:**   FQUITA_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine gum or lozenge (LA-zenj)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_3]

Question ID: NAE.020_03.000   **Instrument Variable Name:**   FQUITA_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine containing nasal spray or inhaler?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_4]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.020_04.000   **Instrument Variable Name:**   FQUITA_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A prescription pill called Chantix (CHAN-tix) or Varenicline (vuh-REN-ih-klin)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITA_5]

Question ID: NAE.020_05.000   **Instrument Variable Name:**   FQUITA_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A prescription pill called Zyban (ZI-ban), Bupropion (byoo-PRO-pee-on), or Wellbutrin (well-BYOO-trin)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITB_1]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: **27-May-16**

Question ID: NAE.025_01.000   **Instrument Variable Name:**   FQUITB_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking back to when you stopped smoking completely, did you use ANY of the following:

A telephone help line or quit line?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITB_2]

Question ID: NAE.025_02.000   **Instrument Variable Name:**   FQUITB_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following:

One-on-one counseling?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto FQUITB_3]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.025_03.000 **Instrument Variable Name:** FQUITB_3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following:

A stop smoking clinic, class or support group?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

SkipInstructions: <1,2,R,D> [goto ECIGEV1]

Question ID: NAE.060_00.000 **Instrument Variable Name:** MENTHOL **QuestionnaireFileName:** Sample Adult

QuestionText: Earlier you said you smoke cigarettes. Is your usual cigarette brand menthol or non-menthol?

1	Menthol
2	Non-menthol
3	No usual type
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers

SkipInstructions: <1-3,R,D> if CIGQTYR=1 [store '1' in CSQEV] and [goto CQUITA_1];
else [goto CSQEV]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.075_00.000 **Instrument Variable Name:** CSQEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers that have not already said they tried to quit smoking

SkipInstructions: <1,2,R,D> [goto QWANT]

Question ID: NAE.080_01.000 **Instrument Variable Name:** CQUITA_1 **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A nicotine patch?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_2]

Question ID: NAE.080_02.000 **Instrument Variable Name:**   CQUITA_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A nicotine gum or lozenge (LA-zenj)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_3]

Question ID: NAE.080_03.000 **Instrument Variable Name:**   CQUITA_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A nicotine containing nasal spray or inhaler?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_4]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.080_04.000   **Instrument Variable Name:**   CQUITA_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A prescription pill called Chantix (CHAN-tix) or Varenicline (vuh-REN-ih-klin)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITA_5]

Question ID: NAE.080_05.000   **Instrument Variable Name:**   CQUITA_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A prescription pill called Zyban (ZI-ban), Bupropion (byoo-PRO-pee-on), or Wellbutrin (well-BYOO-trin)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITB_1]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.085_01.000   **Instrument Variable Name:**   CQUITB_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

A telephone help line or quit line?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITB_2]

Question ID: NAE.085_02.000   **Instrument Variable Name:**   CQUITB_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

One-on-one counseling?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto CQUITB_3]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.085_03.000   **Instrument Variable Name:**   CQUITB_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

A stop smoking clinic, class or support group?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

SkipInstructions: <1,2,R,D> [goto QWANT]

Question ID: NAE.100_00.000   **Instrument Variable Name:**   QWANT   **QuestionnaireFileName:**   Sample Adult

QuestionText: Would you like to completely quit smoking cigarettes?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are current smokers

SkipInstructions: <1,2,R,D> [goto ECIGEV1]

<div align="center">

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

</div>

Question ID: NAE.105_00.000 **Instrument Variable Name:** ECIGEV1 **QuestionnaireFileName:** Sample Adult

QuestionText: The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands include NJOY, BLU, LOGIC, and VUSE.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ECIGCUR1]
<2,R,D> [goto CIGAREV]

Question ID: NAE.110_00.000 **Instrument Variable Name:** ECIGCUR1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you now use e-cigarettes every day, some days, or not at all?

1 Every day
2 Some days
3 Not at all
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever used e-cigarettes

SkipInstructions: <1> [goto CIGAREV]
<2,3,R,D> [goto ECIG30D]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.115_00.000 **Instrument Variable Name:** ECIG30D **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you used e-cigarettes?

00-30	0-30
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who now use e-cigarettes some days, not at all, or refused, or don't know current e-cigarette status

SkipInstructions: <0-30,R,D> [goto CIGAREV]

Question ID: NAE.145_00.000 **Instrument Variable Name:** CIGAREV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

*Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

*Read if necessary: Do not include electronic cigars or e-cigars.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CIGEV501]
<2,R,D> [goto PIPEV1]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.148_00.000 **Instrument Variable Name:** CIGEV501 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you smoked at least 50 cigars, cigarillos, or little filtered cigars in your entire life?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

SkipInstructions: <1,2,R,D> [goto CIGCUR1]

Question ID: NAE.150_00.000 **Instrument Variable Name:** CIGCUR1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

SkipInstructions: <1> [goto PIPEV1]
<2,3,R,D> [goto CIG30D1]

Question ID: NAE.151_00.000 **Instrument Variable Name:** CIG30D1 **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

00-30	0-30
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days, not at all, or refused, or don't know current cigar smoking status

SkipInstructions: <0-30,R,D> [goto PIPEV1]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.152_00.000   **Instrument Variable Name:**   PIPEV1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER smoked a pipe filled with tobacco-either a regular pipe, water pipe, or hookah EVEN ONE TIME?

*Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

*Read if necessary: Do not include electronic pipes or e-pipes.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PIPECUR1]
<2,R,D> [goto SMKLSTOB]

Question ID: NAE.153_00.000   **Instrument Variable Name:**   PIPECUR1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

*Read if necessary: Do not include pipes filled with substances other than tobacco.

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

SkipInstructions: <1-3,R,D> [goto SMKLSTOB]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.155_00.000 **Instrument Variable Name:** SMKLSTOB **QuestionnaireFileName:** Sample Adult

QuestionText: Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

*Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKLS20]
<2,R,D>
if (AAU.AMDLONG=1,2,R,D or AAU.ADENLONG=1,2,R,D) and
((CIGCUR1=1,2 or PIPECUR1=1,2 or ECIGCUR1=1,2) or (SMKEV=1 and
(SMKNOW=1,2 or (SMKNOW=3 and
((SMKQTNO LE 95 and SMKQTTP=1) or
(SMKQTNO LE 52 and SMKQTTP=2) or
(SMKQTNO LE 12 and SMKQTTP=3) or
(SMKQTNO LE 1 and SMKQTTP=4)))))) [goto MDTOB3];
else if SEX=2 and AGE=18-49 [goto LIVEBTH];
else [goto next section]

Question ID: NAE.157_00.000 **Instrument Variable Name:** SMKLS20 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you used smokeless tobacco products at least 20 times in your entire life?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

SkipInstructions: <1,2,R,D> [goto SMKLSCUR]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.159_00.000 **Instrument Variable Name:** SMKLSCUR **QuestionnaireFileName:** Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, or not at all?

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

SkipInstructions: <1> [goto SMKLBRND]
<2,3,R,D> [goto SMKLS30D]

Question ID: NAE.161_00.000 **Instrument Variable Name:** SMKLS30D **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you used chewing tobacco, snuff, dip, snus, or dissolvable tobacco?

00-30	0-30
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who use smokeless tobacco products some days, not at all, or refused or don't know current smokeless using status

SkipInstructions: <0,R,D>
    if AAU.AMDLONG=1,2,R,D or AAU.ADENLONG=1,2,R,D and
    ((CIGCUR1=1,2 or PIPECUR1=1,2 or ECIGCUR1=1,2 or SMKLSCUR=1,2)
    or
    (SMKEV=1 and
    (SMKNOW=1,2 or (SMKNOW=3 and
    ((SMKQTNO LE 95 and SMKQTTP=1) or
    (SMKQTNO LE 52 and SMKQTTP=2) or
    (SMKQTNO LE 12 and SMKQTTP=3) or
    (SMKQTNO LE 1 and SMKQTTP=4)))))) [goto MDTOB3];
    else if SEX=2 and AGE=18-49 [goto LIVEBTH];
    else [goto next section]
<1-30> [goto SMKLBRND]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.163_00.000   **Instrument Variable Name:**   SMKLBRND   **QuestionnaireFileName:** Sample Adult

QuestionText: During the past 30 days, what brand of smokeless tobacco product did you use MOST OFTEN?

*Do not read categories

01	Beech-Nut
02	Camel Snus
03	Cope
04	Copenhagen
05	General Snus
06	Grizzly
07	Husky
08	Kayak
09	Kodiak
10	Levi Garrett
11	Longhorn
12	Marlboro Snus
13	Red Man
14	Red Man Golden Blend
15	Red Seal
16	Skoal
17	Skoal Snus
18	Skoal X-tra
19	Stoker's
20	Timber Wolf
21	Other (Specify)
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who use smokeless tobacco products at least once in the past 30 days.

SkipInstructions: <1-20,R,D>
if AAU.AMDLONG=1,2,R,D or AAU.ADENLONG=1,2,R,D and
((CIGCUR1=1,2 or PIPECUR1=1,2 or ECIGCUR1=1,2 or SMKLSCUR=1,2)
or
(SMKEV=1 and
(SMKNOW=1,2 or (SMKNOW=3 and
((SMKQTNO LE 95 and SMKQTTP=1) or
(SMKQTNO LE 52 and SMKQTTP=2) or
(SMKQTNO LE 12 and SMKQTTP=3) or
(SMKQTNO LE 1 and SMKQTTP=4)))))) [goto MDTOB3];
else if SEX=2 and AGE=18-49 [goto LIVEBTH];
else [goto next section]
 <21> [goto SMKLBRSP]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.165_00.000 **Instrument Variable Name:** SMKLBRSP **QuestionnaireFileName:** Sample Adult

QuestionText: *Specify the other brand of smokeless tobacco product used most often.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who use other brand of smokeless tobacco most often

SkipInstructions: <Allow 30,R,D>
if AAU.AMDLONG=1,2,R,D or AAU.ADENLONG=1,2,R,D and
((CIGCUR1=1,2 or PIPECUR1=1,2 or ECIGCUR1=1,2 or SMKLSCUR=1,2)
or
(SMKEV=1 and
(SMKNOW=1,2 or (SMKNOW=3 and
((SMKQTNO LE 95 and SMKQTTP=1) or
(SMKQTNO LE 52 and SMKQTTP=2) or
(SMKQTNO LE 12 and SMKQTTP=3) or
(SMKQTNO LE 1 and SMKQTTP=4)))))) [goto MDTOB3];
else if SEX=2 and AGE=18-49 [goto LIVEBTH];
else [goto next section]

Question ID: NAE.170_00.000 **Instrument Variable Name:** MDTOB3 **QuestionnaireFileName:** Sample Adult

QuestionText: In the PAST 12 MONTHS, has a medical doctor, dentist, or other health professional ADVISED you to quit smoking, or to quit using other kinds of tobacco?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have seen a doctor or other health professional in the past year and are current cigarette smokers or former cigarette smokers who have quit in the past 12 months, or who currently smoke cigars, or pipes, or use smokeless tobacco every day or some days

SkipInstructions: <1> [goto HPTOB3]
<2,R,D> if SEX=2 and AGE=18-49 [goto LIVEBTH];
else [goto next section]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.171_00.000 **Instrument Variable Name:** HPTOB3 **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

In the PAST 12 MONTHS, which of the following health professionals advised you to quit smoking or quit using other kinds of tobacco?

*Read answer categories below.

*Enter all that apply, separate with commas.

1	Medical doctor
2	Dentist
3	Nurse
4	Dental Hygienist
5	Other health professional
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose doctor or other health professional advised them to quit smoking or using other kinds of tobacco in the past 12 months

SkipInstructions: <1-4,R,D>
if SEX=2 and AGE=18-49 [goto LIVEBTH];
else [goto next section]
<5> [goto HPTOTH1]

Question ID: NAE.172_00.000 **Instrument Variable Name:** HPTOTH1 **QuestionnaireFileName:** Sample Adult

QuestionText: *Enter other health professional.

Verbatim Verbatim response

UniverseText: Sample adults 18+ who were advised to quit using tobacco by other health professional

SkipInstructions: <Allow 30,R,D> if SEX=2 and AGE=18-49[goto LIVEBTH];
else [goto next section]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.190_00.000 **Instrument Variable Name:** LIVEBTH **QuestionnaireFileName:** Sample Adult

QuestionText: Have you given birth to a live born infant within the past 5 years?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 18-49

SkipInstructions: <1> if SMKEV=1 [goto SMKPREG];
    else [goto next section]
<2,R,D> [goto next section]

Question ID: NAE.200_00.000 **Instrument Variable Name:** SMKPREG **QuestionnaireFileName:** Sample Adult

QuestionText: Were you smoking cigarettes when you became pregnant with your last child?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and have had a live birth in the past 5 years

SkipInstructions: <1,2,R,D> [goto SMKLST]

Question ID: NAE.210_00.000 **Instrument Variable Name:** SMKLST **QuestionnaireFileName:** Sample Adult

QuestionText: Did you smoke cigarettes at any time during your pregnancy with your last child?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and have had a live birth in the past 5 years

SkipInstructions: <1> [goto QUTWK]
<2,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.220_00.000 **Instrument Variable Name:** QUTWK **QuestionnaireFileName:** Sample Adult

QuestionText: Did you quit smoking for 7 days or longer during your pregnancy with your last child?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last pregnancy

SkipInstructions: <1> [goto MTHQUIT]
<2,R,D> [goto next section]

Question ID: NAE.230_00.000 **Instrument Variable Name:** MTHQUIT **QuestionnaireFileName:** Sample Adult

QuestionText: In what month of your pregnancy did you quit for 7 days or longer?

01	First
02	Second
03	Third
04	Fourth
05	Fifth
06	Sixth
07	Seventh
08	Eighth
09	Ninth
97	Refused
99	Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last pregnancy, but quit for 7 days or longer

SkipInstructions: <1-9,R,D> [goto STSMOK]

2015 NHIS Questionnaire - Sample Adult

Tobacco

Document Version Date: 27-May-16

Question ID: NAE.240_00.000   **Instrument Variable Name:**   STSMOK   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did you start smoking again during the pregnancy or did you stay off cigarettes for the rest of the pregnancy?

1	Stayed off rest of pregnancy
2	Started again
3	Never started again
7	Refused
9	Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last pregnancy, but quit for 7 days or longer

SkipInstructions: <1-3,R,D> [goto NAF module]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.010_00.000   **Instrument Variable Name:**   SUN1HR   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Now, we are going to ask you about your skin's reaction to the sun. After several months of not being in the sun very much, if you went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to your skin? (*Read choices 1-5 only)

*Read if necessary: Even if you did not go out in the sun, what would happen if you did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

01	Get a severe sunburn with blisters
02	Have a moderate sunburn with peeling
03	Burn mildly with some or no darkening/tanning
04	Turn darker without sunburn
05	Nothing would happen to my skin
06	Do not go out in the sun
07	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-7,R,D> [goto SUNTAN]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.001_00.000 **Instrument Variable Name:**   GCEVER   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions refer to genetic COUNSELING for cancer risk. We will ask about genetic TESTING for cancer risk in a few minutes. Genetic counseling involves a discussion with a specially trained health care provider about your family history of cancer and how likely you are to develop cancer. It may also include a discussion about whether genetic testing is right for you.

Have you ever received genetic counseling for cancer risk?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GCMREAS]
<2,R,D> [goto GTPOSS1]

Question ID: NAG.002_00.000 **Instrument Variable Name:**   GCMREAS   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had genetic counseling?

*Read answer categories.

1	Your doctor recommended it
2	You requested it
3	Family member suggested it
4	You heard or read about it in the news
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1-5,R,D> [goto GCBREAST]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.003_00.000 **Instrument Variable Name:** GCBREAST **QuestionnaireFileName:** Sample Adult

QuestionText: Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for breast cancer?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> if SEX=2 [goto GCOVRN];
else [goto GCCOLON]

Question ID: NAG.004_00.000 **Instrument Variable Name:** GCOVRN **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for ovarian cancer?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> [goto GCCOLON]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.005_00.000 **Instrument Variable Name:**   GCCOLON   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for colon or rectal cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> [goto GCANOTH]

Question ID: NAG.006_00.000 **Instrument Variable Name:**   GCANOTH   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for another type of cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1> [goto GCSPEC]
<2,R,D> [goto GTPOSS1]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.007_00.000 **Instrument Variable Name:** GCSPEC **QuestionnaireFileName:** Sample Adult

QuestionText: *Specify other cancer for which genetic counseling was received.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling for another type of cancer

SkipInstructions: <allow 30,R,D> [goto GTPOSS1]

Question ID: NAG.015_00.000 **Instrument Variable Name:** GTPOSS1 **QuestionnaireFileName:** Sample Adult

QuestionText: The following questions refer to genetic TESTING for cancer risk. That is, testing your blood to see if you carry genes which may predict a greater chance of developing cancer at some point in your life. This does NOT include tests to determine if you have cancer now. Do NOT include self-testing kits administered at home.

Have you EVER DISCUSSED the possibility of getting a genetic test for cancer risk with a doctor or other health professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GTADVIS1]
<2,R,D> [goto GTGRISK]

Question ID: NAG.025_00.000 **Instrument Variable Name:** GTADVIS1 **QuestionnaireFileName:** Sample Adult

QuestionText: Did a doctor or other health professional ADVISE you to have such a test?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have discussed the possibility of getting a genetic test with a doctor or other health professional

SkipInstructions: <1,2,R,D> [goto GTGRISK]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.030_00.000   **Instrument Variable Name:** GTGRISK   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER HAD a genetic test to determine if you are at greater risk of developing cancer in the FUTURE?

*Read if necessary: This does not include any test to see whether you had cancer in the PAST or have cancer NOW.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GTBRE];
<2,R,D> [goto GTCCLOM]

Question ID: NAG.040_01.000   **Instrument Variable Name:** GTBRE   **QuestionnaireFileName:** Sample Adult

QuestionText: Please think about your MOST RECENT genetic test for cancer risk. Was it for breast cancer?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> if SEX=2 [goto GTOVA];
else SEX=1 [goto GTCOL]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.040_02.000 **Instrument Variable Name:** GTOVA **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for ovarian cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> [goto GTCOL]

Question ID: NAG.040_03.000 **Instrument Variable Name:** GTCOL **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for colon or rectal cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> [goto GTOTH]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: **27-May-16**

Question ID: NAG.040_04.000 **Instrument Variable Name:** GTOTH **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for another type of cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1> goto [GTRSKOTH]
<2,R,D> goto [GTRSK_MT]

Question ID: NAG.044_00.000 **Instrument Variable Name:** GTRSKOTH **QuestionnaireFileName:** Sample Adult

QuestionText: *Specify other test for genetic risk of cancer.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a genetic test for another type of cancer

SkipInstructions: <allow 30,R,D> goto [GTRSK_MT]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.050_01.000 **Instrument Variable Name:** GTRSK_MT **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

When did you have this genetic test done?

*Enter month of genetic test.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a genetic test for cancer

SkipInstructions: <1-12,D> goto GTRSK_YR
<R> store "R' in GTRSK_YR then [goto GTRSK2]
<96> store "9996" in GTRSK_YR then [goto GTRSKN]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID:	NAG.050_02.000	**Instrument Variable Name:**	GTRSK_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of genetic test.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their genetic test date or who didn't know the month

SkipInstructions: <valid year>
if GTRSK_YR gt current year or (GTRSK_YR =current year and GTRSK_MT gt current month)
  goto ERR1_ GTRSK_YR (future date)
elseif GTRSK_YR lt DOBY or (GTRSK_YR =DOBY and GTRSK_MT lt DOBM)
  goto ERR2_ GTRSK_YR _YR (prior to birth date)
elseif GTRSK_MT =D and GTRSK_YR < current year-5
  set GTRSK2=5
  goto GTCCLOM
elseif GTRSK_MT =D and GTRSK_YR = current year-4
  set GTRSK2=4
  goto GTCCLOM
elseif GTRSK_MT =D and GTRSK_YR = current year
  set GTRSK2=1
  goto GTCCLOM
elseif GTRSK_MT =D and (GTRSK_YR = current year-1 or GTRSK_YR = current year-2 or GTRSK_YR = current year-3 or GTRSK_YR = current year-5)
  goto GTRSK2
elseif GTRSK_MT =1-12
  goto GTCCLOM
<R,D> goto GTRSK2

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.055_01.000 **Instrument Variable Name:** GTRSKN **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have this genetic test done?

*Enter number for time since genetic test.

*Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who requested the time period format at GTRSK_MT

SkipInstructions: <1-95> [goto GTRSKT]
<R,D> store 'R,D' in GTRSKT then [goto GTRSK2]

Question ID: NAG.055_02.000 **Instrument Variable Name:** GTRSKT **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since genetic test.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95 for the number part of this 2-part question

SkipInstructions: <1-3> goto GTCCLOM
<4> if GTRSKN=4, set GTRSK2=4, [goto GTCCLOM]
    elseif GTRSKN gt 5 and GTRSKN gt AGE, [goto ERR_GTRSKT (greater than persons age)]
    elseif GTRSKN gt 5 and GTRSKN le AGE, set GTRSK2=5, [goto GTCCLOM]
    elseif GTRSKN=1,2,3,5, goto GTRSK2
<R,D> goto GTRSK2

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.060_00.000 **Instrument Variable Name:** GTRSK2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last genetic test was over 5 years ago)

SkipInstructions: <1-5,R,D>
      if answer code is grayed out [goto ERR_GTRSK2]
      else [goto GTCCLOM]

Hard Edit: ERR_GTRSK2
   *That is not a valid response.
   *Please correct.

Question ID: NAG.080_00.000 **Instrument Variable Name:** GTCCLOM **QuestionnaireFileName:** Sample Adult

QuestionText: Compared to the average {fill1: man/woman} your age, would you say that you are more likely to get colon or rectal cancer, less likely, or about as likely?

*Read if necessary.

For a colon or rectal cancer survivor, this means getting colon or rectal cancer again in the future.

1	More likely
2	Less likely
3	About as likely
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a genetic test for another type of cancer

SkipInstructions: <1-3,R,D> [if SEX = 1, goto next section; else if SEX = 2, goto GTCBOM]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.090_00.000 **Instrument Variable Name:**   GTCBOM   **QuestionnaireFileName:**   Sample Adult

QuestionText: Compared to the average woman your age, would you say that you are more likely to get breast cancer, less likely, or about as likely?

*Read if necessary.

For a breast cancer survivor, this means getting breast cancer again in the future.

1	More likely
2	Less likely
3	About as likely
7	Refused
9	Don't know

UniverseText: Female sample adults age 18+

SkipInstructions: <1-3,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.015_00.000   **Instrument Variable Name:**   SUNTAN   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Next, consider that you were out in the sun repeatedly, such as every day for two weeks, without sunscreen, a hat, or protective clothing . Which one of these best describes what your skin would LOOK like? (*Read choices 1-5 only)

*Read if necessary: Even if you did not go out in the sun, what would happen if you did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

01	Very dark or deeply tanned
02	Dark/Moderately tanned
03	A little dark/Mildly tanned
04	Freckled but still light skinned
05	Burned repeatedly with little or no darkening or tanning---still light skinned
06	Don't go out in the sun
07	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-7,R,D> [goto SUN1_SHA]

Question ID: NAF.020_00.000   **Instrument Variable Name:**   SUN1_SHA   **QuestionnaireFileName:**   Sample Adult

QuestionText: When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Stay in the shade? Would you say (*Read categories 1-5). . .

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN1_CAP]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.022_00.000 **Instrument Variable Name:** SUN1_CAP **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a baseball cap or sun visor? Would you say (*Read categories 1-5). . .

1   Always
2   Most of the time
3   Sometimes
4   Rarely
5   Never
6   Don't go out in the sun
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN_HAT1]

Question ID: NAF.023_00.000 **Instrument Variable Name:** SUN_HAT1 **QuestionnaireFileName:** Sample Adult

QuestionText: (book) CAN4

*Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a hat that shades your face, ears AND neck such as a hat with a wide brim all around? Would you say (*Read categories 1-5). . .

*Read if necessary: Do not include visors, baseball caps, or hats that do not shade the face, ears and neck. Include legionnaire hats.

1   Always
2   Most of the time
3   Sometimes
4   Rarely
5   Never
6   Don't go out in the sun
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_LGS]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.024_00.000   **Instrument Variable Name:** SUN2_LGS   **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a long sleeved shirt? Would you say (*Read categories 1-5). . .

1   Always
2   Most of the time
3   Sometimes
4   Rarely
5   Never
6   Don't go out in the sun
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_LGP]

Question ID: NAF.025_00.000   **Instrument Variable Name:** SUN2_LGP   **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear long pants or other clothing that reaches your ankles? Would you say (*Read categories 1-5). . .

1   Always
2   Most of the time
3   Sometimes
4   Rarely
5   Never
6   Don't go out in the sun
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_SCR]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

| Question ID: | NAF.026_00.000 | Instrument Variable Name: | SUN2_SCR | QuestionnaireFileName: | Sample Adult |

QuestionText: *Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Use sunscreen? Would you say (*Read categories 1-5). . .

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4> [goto SPF]
<5,6,R,D> [goto NBURN]

| Question ID: | NAF.027_00.000 | Instrument Variable Name: | SPF | QuestionnaireFileName: | Sample Adult |

QuestionText: ? [F1]

What is the SPF number of the sunscreen you use MOST often?

*Read if necessary: If you use more than one or different ones, pick the one used most often.

*Enter '96' if unable to pick the one used most often.

*Enter '50' if 50 or higher SPF.

01-49	1-49
50	50+
96	More than one, different ones, other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who use sunscreen at least rarely

SkipInstructions: <1-50> [goto NBURN]
<96,R,D> [goto SPFSCALE]
<51-95> [goto ERR_SPF]

Hard Edit: ERR_SPF

*51-95 not allowed in this field.
*Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.028_00.000	**Instrument Variable Name:**	SPFSCALE	**QuestionnaireFileName:**	Sample Adult

QuestionText: Is the SPF usually 1-14 or 15-50?

*Enter '2' if 50 or higher SPF.

1	1-14
2	15+
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered more than one, different ones, or other to SPF number, or did not know or refused to say the SPF

SkipInstructions: <1,2,R,D> [goto NBURN]

Question ID:	NAF.030_00.000	**Instrument Variable Name:**	NBURN	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you had a sunburn?

*Read if necessary: By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more. Also include burns from sunlamps and other indoor tanning devices.

*Enter '0' for none.

000	None
001-365	1-365 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-365,R,D> [goto SNEVER]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.031_00.000 **Instrument Variable Name:** SNEVER **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do NOT include times you have gotten a spray-on tan.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SNONCE]
<2,R,D> [goto STP12M]

Question ID: NAF.032_00.000 **Instrument Variable Name:** SNONCE **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever used an indoor tanning device

SkipInstructions: <1> [goto SNNUM1]
<2,R,D> [goto STP12M]

Question ID: NAF.033_00.000 **Instrument Variable Name:** SNNUM1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you used an indoor tanning device such as a sunlamp, sunbed or tanning booth? Do NOT include times you have gotten a spray-on tan.

001-365	1-365
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in the past year

SkipInstructions: <1-365,R,D> [goto SNPROB]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.035_00.000   **Instrument Variable Name:**   SNPROB   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a problem such as a burn, rash, or skin infection caused by using an indoor tanning device such as a sunlamp, sunbed, or tanning booth?

*Read if necessary: Do NOT include problems you have experienced from getting a spray-on tan.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in the past year

SkipInstructions: <1> [goto SNPRTYP]
<2,R,D> [goto STP12M]

Question ID: NAF.037_00.000   **Instrument Variable Name:**   SNPRTYP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which of the following problem or problems did you have?

*Read categories below.

*Read if necessary: By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

* Enter all that apply, separate with commas.

1	Got a sunburn
2	Got a rash
3	Got a skin infection
4	Experienced another problem
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a problem using an indoor tanning device in past year

SkipInstructions: <1-4,R,D> [goto STP12M]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.038_00.000   **Instrument Variable Name:**   STP12M   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you used self-applied sunless tanning products, also known as self-tanning or fake tanning?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SPR12M]

Question ID: NAF.039_00.000   **Instrument Variable Name:**   SPR12M   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you gotten a spray-on or mist tan AT A TANNING SALON or other business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SKNX]

Question ID: NAF.040_00.000   **Instrument Variable Name:**   SKNX   **QuestionnaireFileName:**   Sample Adult

QuestionText: Now we are going to ask you about medical tests and exams that check for cancer. Have you EVER had all of your skin from head to toe checked for cancer either by a dermatologist or some other kind of doctor?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto RSKX1_MT]
<2,R,D> if SEX=2 [goto MENSTAGE];
    else if SEX=1 and AGE le 64 [goto HPVHRD]
    else if SEX=1 and AGE ge 65 [goto CHESTX]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.050_01.000   **Instrument Variable Name:**   RSKX1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT skin exam to check for cancer?

*Enter month of last skin exam.

* Enter '96' to go to the number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a skin exam

SkipInstructions: <1-12,D> [goto RSKX1_YR]
<R> store "R' in RSKX1_YR [goto RSKX2]
<96> store "9996" in RSKX1_YR [goto RSKX1N]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.050_02.000	Instrument Variable Name:	RSKX1_YR	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

*Enter year of last skin exam.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 18+ who answered month of last skin exam or didn't know month of last skin exam

SkipInstructions: <valid year>
if RSKX1_YR gt current year or (RSKX1_YR=current year and RSKX1_MT gt current month)
  goto ERR1_ RSKX1_YR (future date)
elseif RSKX1_YR lt DOBY or (RSKX1_YR=DOBY and RSKX1_MT lt DOBM)
  goto ERR2_ RSKX1_YR (prior to birth date)
elseif RSKX1_MT=D and RSKX1_YR < current year-5
  set RSKX2=5
  goto SKINREAS
elseif RSKX1_MT=D and RSKX1_YR = current year-4
  set RSKX2=4
  goto SKINREAS
elseif RSKX1_MT=D and RSKX1_YR = current year
  set RSKX2=1
  goto SKINREAS
elseif RSKX1_MT=D and (RSKX1_YR = current year-1 or RSKX1_YR = current year-2 or RSKX1_YR = current year-3 or RSKX1_YR = current year-5)
  goto RSKX2
elseif RSKX1_MT=1-12
  goto SKINREAS
<R,D> goto RSKX2

Hard Edit: ERR1_ RSKX1_YR

* Future date invalid. Please correct.

ERR2_ RSKX1_YR

* Date before birth. Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.055_01.000	**Instrument Variable Name:**	RSKX1N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT skin exam?

*Enter number for time since last skin exam.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who selected number and time period format for most recent skin exam

SkipInstructions: <1-95> [goto RSKX1T]
<R,D> store "R,D" in RSKX1T [goto RSKX2]

Question ID:	NAF.055_02.000	**Instrument Variable Name:**	RSKX1T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent skin exam.

1	Day(s) ago
2	Week(s) ago
3	Month(s) ago
4	Year(s) ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto SKINREAS
<4> if RSKX1N=4, set RSKX2=4, [goto SKINREAS]
    elseif RSKX1N gt 5 and RSKX1N gt AGE, [goto ERR_RSKX1T (greater than persons age)]
    elseif RSKX1N gt 5 and RSKX1N le AGE, set RSKX2=5, [goto SKINREAS]
    elseif RSKX1N=1,2,3,5, goto RSKX2
<R,D> goto RSKX2

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.060_00.000 **Instrument Variable Name:** RSKX2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last skin exam was over 5 years ago)

SkipInstructions: <1-5,R,D>
   if answer code is grayed out [goto ERR_RSKX2]
   else [goto SKINREAS]

Hard Edit: ERR_RSKX2

*That is not a valid response.
*Please correct.

Question ID: NAF.070_00.000 **Instrument Variable Name:** SKINREAS **QuestionnaireFileName:** Sample Adult

QuestionText: What was the MAIN reason you had this skin exam -- was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a skin exam

SkipInstructions: <1-3,R,D>
   if SEX=2 [goto MENSTAGE]
   else if SEX=1 and AGE le 64 [goto HPVHRD]
   else if SEX=1 and AGE ge 65 [goto CHESTX]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.080_00.000	**Instrument Variable Name:**	MENSTAGE	**QuestionnaireFileName:**	Sample Adult

QuestionText: The following questions are about women's health. How old were you when your periods or menstrual cycles started?

*Enter '0' for haven't started.

00	Haven't started
06-60	6-60 years
97	Refused
99	Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <6-60,R,D>
 if MENSTAGE gt AGE [goto ERR1_MENSTAGE]
 elseif AGE ge 39 [goto MENSTILL]
 else if AGE le 38 and nae.LIVEBTH ne '1' [goto BIRTHEV]
 elseif AGE le 38 and nae.LIVEBTH = '1' [goto BIRTHNUM]
<0> if nae.LIVEBTH ne '1' goto BIRTHEV
 else goto BIRTHNUM
<1-5> [goto ERR2_MENSTAGE]

Hard Edit: ERR1_MENSTAGE

* Entry cannot be greater than age.
* Please correct.

ERR2_MENSTAGE

* Not a valid code.
* Please correct.

Question ID:	NAF.090_00.000	**Instrument Variable Name:**	MENSTILL	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you still have periods or menstrual cycles?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 39+ who have started menstrual cycles

SkipInstructions: <1,R,D> if nae.LIVEBTH ne '1' [goto BIRTHEV]
 elseif nae.LIVEBTH = '1' [goto BIRTHNUM]
<2> [goto MENLAST]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.100_00.000 **Instrument Variable Name:** MENLAST **QuestionnaireFileName:** Sample Adult

QuestionText: When did you have your last period or menstrual cycle? Was it…

* Read categories below.

1   1 year ago or less
2   More than 1 year ago but less than 2 years ago
3   2 years ago or more
7   Refused
9   Don't know

UniverseText: Female sample adults 39+ who do not have periods any more

SkipInstructions: <1-3,R,D>
    if nae.LIVEBTH ne '1' [goto BIRTHEV]
    elseif nae.LIVEBTH = '1' [goto BIRTHNUM]

Question ID: NAF.110_00.000 **Instrument Variable Name:** BIRTHEV **QuestionnaireFileName:** Sample Adult

QuestionText: *If you remember that the respondent mentioned having a biological child in the core, verify the information and enter '1' for yes (and don't ask question).

Have you EVER given birth to a live born infant?

*Read if necessary.

A live born infant is an infant born alive.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Female sample adults 18+ who did not already answer they had a live birth

SkipInstructions: <1> [goto BIRTHNUM]
    <2,R,D> [goto PAPHAD1]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.111_00.000   **Instrument Variable Name:**   BIRTHNUM   **QuestionnaireFileName:**   Sample Adult

QuestionText: What is the total number of live births (live born children) you have had?

*Enter '25' for 25 or more.

01-24	1-24
25	25+
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a live born infant

SkipInstructions: <1-25,R,D> [goto BIRTHAGE]

Question ID: NAF.120_00.000   **Instrument Variable Name:**   BIRTHAGE   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old were you when your [fill1: child/first child] was born?

06-60	6-60
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a live born infant

SkipInstructions: <6-60,R>
   if BIRTHAGE GT AGE [goto ERR_BIRTHAGE]
   else [goto PAPHAD1]
<D> [goto BIRTHAG2]

Hard Edit: ERR_BIRTHAGE

* Entry cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.121_00.000 **Instrument Variable Name:** BIRTHAG2 **QuestionnaireFileName:** Sample Adult

QuestionText: What year was your [fill1: child/first child] born?

1880-2016	1880-2016
9997	Refused
9999	Don't know

UniverseText: Female sample adults 18+ who didn't know their age at first's child's birth

SkipInstructions: <1880-2016,R,D>
   if BIRTHAG2 gt current year [goto ERR1_BIRTHAG2]
   elseif BIRTHAG2 gt year of birth (DOBY) [goto ERR2_BIRTHAG2]

   else [goto PAPHAD1]

Hard Edit: ERR1_BIRTHAG2

* Entry must be current year or earlier.
* Please correct.

ERR2_BIRTHAG2

* Entry cannot be earlier than sample adult's year of birth.
* Please correct.

Question ID: NAF.130_00.000 **Instrument Variable Name:** PAPHAD1 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER HAD a Pap smear or Pap test?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1>
   if AGE 18-30 [goto PAPFRST1]
   else [goto PAP6YR1]
   <2> if AGE LE 64 [goto HPVHRD]; else [goto PAPNOT2]
   <R,D> if AGE le 64 [goto HPVHRD];
   else [goto HYST]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.135_00.000   **Instrument Variable Name:**   PAPFRST1   **QuestionnaireFileName:**   Sample Adult

QuestionText: At what age did you have your first Pap test?

06-30	6-30
97	Refused
99	Don't know

UniverseText: Female sample adults 18-30 who have ever had a Pap test

SkipInstructions: <6-30,R,D> if PAPFRST1 gt AGE(HHSTAT4='S') [goto ERR_PAPFRST1]
　　　　　　　　　　　　else [goto PAP6YR1]

Hard Edit: ERR_PAPFRST1

* Age at first Pap test cannot be greater than age.

* Please correct.

Question ID: NAF.140_00.000   **Instrument Variable Name:**   PAP6YR1   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many Pap tests have you had in the LAST 6 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more exams.

00-95	0-95
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap test

SkipInstructions: <0-95,R,D> [goto RPAP1_M1]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.150_01.000   **Instrument Variable Name:**   RPAP1_M1   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT Pap test?

*Enter month of last Pap test.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap test

SkipInstructions: <1-12,D> [goto RPAP1_Y1]
<R> store "R' in RPAP1_Y1 [goto RPAP21]
<96> store "9996" in RPAP1_Y1 [goto RPAP1N1]

2015 NHIS Questionnaire -   Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.150_02.000   **Instrument Variable Name:**   RPAP1_Y1   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter year of last Pap test.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 18+ who answered month of last Pap test test or didn't know month of last Pap test test

SkipInstructions: \<valid year\> if RPAP1_Y1 gt current year or (RPAP1_Y1=current year and RPAP1_M1 gt current month)
    [goto ERR1_ RPAP1_Y1 (future date)]
  elseif RPAP1_Y1 lt DOBY or (RPAP1_Y1=DOBY and RPAP1_M1 lt DOBM)
    [goto ERR2_ RPAP1_Y1 (prior to birth date)]
  elseif RPAP1_M1=D
    [goto RPAP21]
  elseif RPAP1_M1=1-12 and AGE LT 65 [goto HPVHRD];
  else [goto PAPREA2]

  \<R,D\> [goto RPAP21]

Hard Edit: ERR1_ RPAP1_Y1

  * Future date invalid. Please correct.

  ERR2_ RPAP1_Y1

  * Date before birth. Please correct.

Question ID: NAF.160_01.000   **Instrument Variable Name:**   RPAP1N1   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT Pap test?

*Enter number for time since last Pap test.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who selected number and time period format for most recent Pap test test from the initial month screen

SkipInstructions: \<1-95\> [goto RPAP1T1]
  \<R,D\> store "R,D" in RPAP1T1 [goto RPAP21]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.160_02.000   **Instrument Variable Name:**   RPAP1T1   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent Pap test.

1	Day(s) ago
2	Week(s) ago
3	Month(s) ago
4	Year(s) ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> if AGE LT 65 [goto HPVHRD];
  else [goto PAPREA2]
<4> (if RPAP1N1=4, set RPAP21=4; and if AGE LT 65 [goto HPVHRD];
      else [goto PAPREA2])
  elseif RPAP1N1 gt 5 and RPAP1N1 gt AGE, [goto ERR_RPAP1T1 (greater than persons age)]
  elseif RPAP1N1 gt 5 and RPAP1N1 le AGE, set RPAP21=5
    if AGE LT 65 [goto HPVHRD]; else [goto PAPREA2]
  elseif RPAP1N1=1,2,3,5, [goto RPAP21]
<R,D> [goto RPAP21]

Hard Edit: ERR_RPAP1T1

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.165_00.000   **Instrument Variable Name:**   RPAP21   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years ago
3	More than 2 years but not more than 3 years ago
4	More than 3 years but not more than 5 years ago
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last Pap test test was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RPAP21]
     else if AGE LT 65 [goto HPVHRD];
     else [goto PAPREA2]

Hard Edit: ERR_RPAP21

*That is not a valid response.
*Please correct.

Question ID: NAF.167_00.000   **Instrument Variable Name:**   HPVHRD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever heard of HPV? HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1,2,R,D> If SEX=1 and AGE GE 40 [goto CHESTX];
     else if SEX=1 and AGE LT 40 [goto ASPIRIN];
     else if SEX=2 and PAPHAD1=2 [goto PAPNOT2];
       else SEX=2 and PAPHAD1 ne 2 [goto HPVPAP]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.168_00.000   **Instrument Variable Name:**   HPVPAP   **QuestionnaireFileName:**   Sample Adult

QuestionText: An HPV test is sometimes given with the Pap test for cervical cancer screening. Did you have an HPV test with your most recent Pap?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Female sample adult who have ever had a Pap test

SkipInstructions: <1,2,R,D> [goto PAPREA2]

Question ID: NAF.170_00.000   **Instrument Variable Name:**   PAPREA2   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this [fill1: Pap/Pap or HPV] test - was it part of a routine exam, because of a problem, or some other reason?

1   Part of a routine exam
2   Because of a problem
3   Other reason
7   Refused
9   Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap or HPV test

SkipInstructions: <1-3,R,D>
if (RPAP21 = 1,2,3) or (RPAP1T1 = 1,2) or (RPAP1_Y1 = (current year – 3) and RPAP1_M1 ge current month) or (RPAP1_Y1 gt (current year – 3)) or (RPAP1T1 = 3 and RPAP1N1 le 36) [goto PAPABN3]

elseif (RPAP21 = 5) or (RPAP1_Y1 = (current year – 5) and RPAP1_M1 lt current month) or (RPAP1_Y1 lt (current year – 5)) or (RPAP1T1 = 3 and RPAP1N1 gt 60) [goto PAPNOT2]
elseif RPAP21 = R,D [goto MDRECP1]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.180_00.000   **Instrument Variable Name:**   PAPABN3   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a [fill1: Pap/Pap or HPV] test in the LAST 3 YEARS where the results were NOT normal?

1	Yes, Pap test not normal
2	Yes, HPV test not normal
3	Yes, both were not normal
4	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have had a Pap test in the past 3 years

SkipInstructions: <1-4,R,D> [goto MDRECP1]

Question ID: NAF.210_00.000   **Instrument Variable Name:**   PAPNOT2   **QuestionnaireFileName:**   Sample Adult

QuestionText: What is the most important reason you have
[Fill1: NEVER had a Pap test/NEVER had a Pap or HPV test/
NOT had a Pap test in the LAST 5 YEARS/
NOT had a Pap or HPV test in the LAST 5 YEARS]?

*Put response into correct category below.

01	No reason/never thought about it
02	Didn't need it/didn't know I needed this type of test
03	Doctor didn't order it/didn't say I needed it
04	Haven't had any problems
05	Put it off/didn't get around to it
06	Too expensive/no insurance/cost
07	Too painful, unpleasant, or embarrassing
08	Had hysterectomy
09	Don't have doctor
10	Had HPV vaccine
11	Other
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have never had a Pap test, or who have not had a Pap test in the last 5 years

SkipInstructions: <1,2,4-7,10-11,R,D> [goto MDRECP1]
<3,8,9> [goto PAPHPVPY]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.215_00.000   **Instrument Variable Name:**   MDRECP1   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill1: Was your most recent Pap test recommended by a doctor or other health professional?/Was your most recent Pap or HPV test recommended by a doctor or other health professional?"

[fill2: In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a PAP test?/In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a PAP or HPV test?]

1   Yes
2   No
3   Did not see a doctor in the last 12 months
7   Refused
9   Don't know

UniverseText: Female sample adults 18+ who had a doctor, who didn't answer that her doctor didn't recommend a Pap test, who haven't had a hysterectomy, and gave a reason for not having Pap test ever/in the last 5 years

SkipInstructions: <1,2,3,R,D> [goto PAPHPVPY]

Question ID: NAF.217_00.000   **Instrument Variable Name:**   PAPHPVPY   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much did you pay out of pocket for this [fill1: Pap/Pap or HPV] test-Was it NONE, PART, or ALL of the cost?

1   None of the cost
2   Part of the cost
3   All of the cost
7   Refused
9   Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap or HPV test

SkipInstructions: <1-3,R,D> if PAPNOT2=8 [goto RHYS1_MT];
         else [goto HYST]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.220_00.000   **Instrument Variable Name:**   HYST   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had a hysterectomy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have not already indicated they have had a hysterectomy

SkipInstructions: <1> [goto RHYS1_MT]
<2,R,D> [goto OVARIES]

Question ID: NAF.221_01.000   **Instrument Variable Name:**   RHYS1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When was your hysterectomy?

*Enter month of hysterectomy.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a hysterectomy

SkipInstructions: <1-12,D> [goto RHYS1_YR]
<R> store "R" in RHYS1_YR [goto RHYS2]
<96> store "9996" in RHYS1_YR [goto RHYS1N]

Question ID:	NAF.221_02.000	**Instrument Variable Name:**	RHYS1_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of hysterectomy.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 18+ who answered month of hysterectomy or didn't know month of hysterectomy

SkipInstructions: <valid year> if RHYS1_YR gt current year or (RHYS1_YR=current year and RHYS1_MT gt current month)
   goto ERR1_ RHYS1_YR (future date)
elseif RHYS1_YR lt DOBY or (RHYS1_YR=DOBY and RHYS1_MT lt DOBM)
   goto ERR2_ RHYS1_YR (prior to birth date)
elseif RHYS1_MT=D
   goto RHYS2
elseif RHYS1_MT=1-12
   goto OVARIES
<R,D> goto RHYS2

Hard Edit: ERR1_ RHYS1_YR

* Future date invalid. Please correct.

ERR2_ RHYS1_YR

* Date before birth. Please correct

Question ID:	NAF.222_01.000	**Instrument Variable Name:**	RHYS1N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When was your hysterectomy?

*Enter number for time since hysterectomy.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who selected number and time period format for hysterectomy from the initial month screen

SkipInstructions: <1-95> [goto RHYS1T]
<R,D> store "R,D" in RHYS1T [goto RHYS2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.222_02.000   **Instrument Variable Name:**   RHYS1T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since hysterectomy.

1	Day(s) ago
2	Week(s) ago
3	Month(s) ago
4	Year(s) ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> [goto OVARIES]
<4> if RHYS1N=4
       set RHYS2=4
       [goto OVARIES]
    elseif RHYS1N gt 5 and RHYS1N gt AGE
       [goto ERR_RHYS1T (greater than persons age)]
    elseif RHYS1N gt 5 and RHYS1N le AGE
       set RHYS2=5
       [goto OVARIES]
    elseif RHYS1N=1,2,3,5
       [goto RHYS2]
<R,D> [goto RHYS2]

Hard Edit: ERR_RHYS1T

* Time since last exam cannot be greater than age.
* Please correct

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.225_00.000   **Instrument Variable Name:** RHYS2   **QuestionnaireFileName:** Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose hysterectomy was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RHYS2]
    else [goto OVARIES]

Hard Edit: ERR_RHYS2

*That is not a valid response.
*Please correct.

Question ID: NAF.226_00.000   **Instrument Variable Name:** OVARIES   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had BOTH ovaries removed, either as part of a hysterectomy or as one or more separate surgeries?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 18+

SkipInstructions: <1> [goto OVARAGE]
<2,R,D> if age GE 30 [goto CBEHAD];
    else [goto ASPIRIN]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.227_00.000	**Instrument Variable Name:**	OVARAGE	**QuestionnaireFileName:**	Sample Adult

QuestionText: How old were you when you had BOTH of your ovaries removed?

001-120	1-120 years
997	Refused
999	Don't know

UniverseText: Female sample adults age 18+ who have had BOTH ovaries removed

SkipInstructions: <1-120,R,D> if OVARAGE GT AGE [goto ERR_OVARAGE]
   elseif age GE 30 [goto CBEHAD];
   elseIF age lt 30 [goto ASPIRIN]

Hard Edit: ERR_OVARAGE

* Entry is greater than sample adult's age.

* Please correct.

Question ID:	NAF.228_00.000	**Instrument Variable Name:**	CBEHAD	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER HAD a breast exam done by a doctor or other health professional to check for lumps or other signs of breast cancer?

*Read if necessary. A breast exam is when the breasts are felt by a doctor or other health professional to check for lumps or other signs of breast cancer.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto RCBE1_MT]
<2,R,D> [goto MAMHAD]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.229_01.000   **Instrument Variable Name:**   RCBE1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT breast exam?

*Enter month of last breast exam.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who have ever had a breast exam

SkipInstructions: <1-12,D> [goto RCBE1_YR]
<R> store "R' in RCBE1_YR [goto RCBE2]
<96> store "9996" in RCBE1_YR [goto RCBE1N]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.229_02.000	Instrument Variable Name:	RCBE1_YR	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

*Enter year of most recent breast exam.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 30+ who answered month of breast exam didn't know month of breast exam

SkipInstructions: <valid year> if RCBE1_YR gt current year or (RCBE1_YR=current year and RCBE1_MT gt current month)
  goto ERR1_ RCBE1_YR (future date)
elseif RCBE1_YR lt DOBY or (RCBE1_YR=DOBY and RCBE1_MT lt DOBM)
  goto ERR2_ RCBE1_YR (prior to birth date)
elseif RCBE1_MT=D
  goto RCBE2
elseif RCBE1_MT=1-12
  [goto MAMHAD]
<R,D> [goto RCBE2]

Question ID:	NAF.229_03.000	Instrument Variable Name:	RCBE1N	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT breast exam?

*Enter number for time since last breast exam.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who selected number and time period format for breast exam from the initial month screen

SkipInstructions: <1-95> [goto RCBE1T]
<R,D> store "R,D" in RCBE1T [goto RCBE2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.229_04.000   **Instrument Variable Name:**   RCBE1T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent breast exam.

1	Day(s) ago
2	Week(s) ago
3	Month(s) ago
4	Year(s) ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who answered 1-95 for number part of this 2 part question

SkipInstructions:
<1-3> [goto MAMHAD]
<4> if RCBE1N=4
    set RCBE2=4
    [goto MAMHAD]
  elseif RCBE1N gt 5 and RCBE1N gt AGE
    [goto ERR_RCBE1T (greater than persons age)]
  elseif RCBE1N gt 5 and RCBE1N le AGE
    set RCBE2=5
    [goto MAMHAD]
  elseif RCBE1N=1,2,3,5
    [goto RCBE2]
<R,D> goto RCBE2

Hard Edit:
ERR_RCBE1T
* Time since last exam cannot be greater than age.
* Please correct.

Question ID: NAF.229_05.000   **Instrument Variable Name:**   RCBE2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose breast exam was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RCBE2]
    else [goto MAMHAD]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.230_00.000   **Instrument Variable Name:**   MAMHAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER HAD a mammogram?

*Read if necessary.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 30+

SkipInstructions: <1> [goto MAM6YR]
<2> [goto MDRECMAM]
<R,D> if AGE GE 40 [goto CHESTX];
    else [goto ASPIRIN]

Question ID: NAF.250_00.000   **Instrument Variable Name:**   MAM6YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many mammograms have you had in the LAST 6 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more mammograms.

00-95	0-95
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <0-95,R,D> [goto RMAM1_MT]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.260_01.000	**Instrument Variable Name:**	RMAM1_MT	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT mammogram?

*Enter month of last mammogram.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1-12,D> [goto RMAM1_YR]
<R> store "R' in RMAM1_YR [goto RMAM2]
<96> store "9996" in RMAM1_YR [goto RMAM1N]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.260_02.000   **Instrument Variable Name:**   RMAM1_YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter year of last mammogram.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 30+ who answered month of last mammogram or didn't know month of last mammogram

SkipInstructions: <valid year> if RMAM1_YR gt current year or (RMAM1_YR=current year and RMAM1_MT gt current month)
   goto ERR1_ RMAM1_YR (future date)
elseif RMAM1_YR lt DOBY or (RMAM1_YR=DOBY and RMAM1_MT lt DOBM)
   goto ERR2_ RMAM1_YR (prior to birth date)
elseif RMAM1_MT=D
   goto RMAM2
elseif RMAM1_MT=1-12
   goto MAMPAY
<R,D> goto RMAM2

Hard Edit: ERR1_ RMAM1_YR

* Future date invalid. Please correct.

ERR2_ RMAM1_YR

* Date before birth. Please correct.

Question ID: NAF.270_01.000   **Instrument Variable Name:**   RMAM1N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT mammogram?

*Enter number for time since last mammogram.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who selected number and time period format for most recent mammogram from the initial month screen

SkipInstructions: <1-95> [goto RMAM1T]
<R,D> store "R,D" in RMAM1T [goto RMAM2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.270_02.000 **Instrument Variable Name:** RMAM1T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent mammogram.

1	Day(s) ago
2	Week(s) ago
3	Month(s) ago
4	Year(s) ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto MAMPAY
<4> if RMAM1N=4
    set RMAM2=4
    goto MAMPAY
  elseif RMAM1N gt 5 and RMAM1N gt AGE
    goto ERR_RMAM1T (greater than persons age)
  elseif RMAM1N gt 5 and RMAM1N le AGE
    set RMAM2=5
    goto MAMPAY
  elseif RMAM1N=1,2,3,5
    goto RMAM2
<R,D> goto RMAM2

Hard Edit: ERR_RMAM1T

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.275_00.000   **Instrument Variable Name:**   RMAM2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last mammogram was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RMAM2]
else [goto MAMPAY]

Hard Edit: ERR_RMAM2

*That is not a valid response.
*Please correct.

Question ID: NAF.280_00.000   **Instrument Variable Name:**   MAMPAY   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much did you pay out of pocket for this mammogram -- was it NONE, PART, or ALL of the cost?

1	None of the cost
2	Part of the cost
3	All of the cost
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who who have ever had a mammogram

SkipInstructions: <1-3,R,D> [goto MAMREAS]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.310_00.000	**Instrument Variable Name:**	MAMREAS	**QuestionnaireFileName:**	Sample Adult

QuestionText: What was the MAIN reason you had this mammogram -- was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1-3,R,D> [goto MDRECMAM]

Question ID:	NAF.315_00.000	**Instrument Variable Name:**	MDRECMAM	**QuestionnaireFileName:**	Sample Adult

QuestionText: Fill1 (IF MAMHAD=1 and most recent screening exam LE 2 years from system date)
[Was your most recent mammogram recommended by a doctor or other health professional?]

Else (IF MAMHAD=2, or MAMHAD GT 2 years from system date or RMAM2=R,D)
[In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a mammogram?]

1	Yes
2	No
3	Did not see a doctor in the last 12 months
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have not answered Refused or Don't know to ever having a mammogram

SkipInstructions: <1-3,R,D> if MAMHAD=1 [goto MAMDNBR];
else if AGE GE 40 [goto CHESTX];
else IF AGE LT 40 [goto ASPIRIN]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.317_00.000   **Instrument Variable Name:**   MAMDNBR   **QuestionnaireFileName:**   Sample Adult

QuestionText: Were you informed that your mammogram showed that you have dense breast tissue?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who who have ever had a mammogram

SkipInstructions: <1,2,R,D> [goto MAMABN1]

Question ID: NAF.320_00.000   **Instrument Variable Name:**   MAMABN1   **QuestionnaireFileName:**   Sample Adult

QuestionText: After your MOST RECENT mammogram, were you advised to have more tests?

*Read if necessary: More tests may include another mammogram, a sonogram, an MRI, a biopsy, or something else to check for problems in your breast.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1> [goto MFOLLOW1]
<2,R,D> [goto LUMPEV2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.325_00.000 **Instrument Variable Name:** MFOLLOW1 **QuestionnaireFileName:** Sample Adult

QuestionText: Which tests did you actually have?

*Enter all that apply, separate with commas.

0	None
1	Ultrasound
2	Breast MRI
3	Additional mammogram(s)
4	Biopsy
5	Other
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram and was recommended to have more tests

SkipInstructions: <0> [goto MNOTFOL1]
<1-5,R,D> [goto MAMCAN]

Question ID: NAF.330_00.000 **Instrument Variable Name:** MNOTFOL1 **QuestionnaireFileName:** Sample Adult

QuestionText: What is the most important reason why you DID NOT follow the recommendation to have more tests?

*Put response into correct category below.

01	No reason/never thought about it
02	Put it off/didn't get around to it
03	Too expensive/no insurance/cost
04	Too painful, unpleasant, or embarrassing
05	I'm too young
06	Don't have doctor
07	Fear
08	Other reason
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram and did not follow recommendation to have more tests

SkipInstructions: <1-8,R,D> [goto MAMMODE]

2015 NHIS Questionnaire -   Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.335_00.000	**Instrument Variable Name:**	MAMMODE	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Record mode of previous question.

1	In person
2	Over the telephone

UniverseText: Female sample adults 30+ who have ever had a mammogram and did not follow recommendation to have more tests

SkipInstructions: <1,2> [goto LUMPEV2]

Question ID:	NAF.340_00.000	**Instrument Variable Name:**	MAMCAN	**QuestionnaireFileName:**	Sample Adult

QuestionText: As a result of these additional tests after your mammogram(s), were you diagnosed with cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who followed recommendation for follow-up after a mammogram

SkipInstructions: <1,2,R,D> [goto LUMPEV2]

Question ID:	NAF.350_00.000	**Instrument Variable Name:**	LUMPEV2	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER HAD a biopsy to test or remove a lump from your breast that was found NOT to be cancer?

*Read if necessary: A biopsy is the removal of a sample of tissue to see whether cancer cells are present.

1	Yes
2	No
3	Lump removed was cancerous
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1> [goto LUMPNUM2]
<2,3,R,D> if age ge 40 [goto CHESTX];
     else if age lt 40 [goto ASPIRIN]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.351_00.000 **Instrument Variable Name:** LUMPNUM2 **QuestionnaireFileName:** Sample Adult

QuestionText: How many of these biopsies have you had?

*Enter '95' if 95 or more biopsies

*Read if necessary: A biopsy is the removal of a sample of tissue to see whether cancer cells are present.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who have had a lump removed that was not cancerous

SkipInstructions: <1-95,R,D> if age ge 40 [goto CHESTX];
else if age lt 40 [goto ASPIRIN]

Question ID: NAF.423_01.000 **Instrument Variable Name:** CHESTX **QuestionnaireFileName:** Sample Adult

QuestionText: The next set of questions is about tests of your chest area. These questions ask about chest x-rays and CT scans, but not mammograms.

In the last 12 months, did you have a chest x-ray?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto CHESTREA]
<2,D,R> [goto CATEVER]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.423_02.000	Instrument Variable Name:	CHESTREA	QuestionnaireFileName:	Sample Adult

QuestionText: Were any of the chest x-rays you had in the last 12 months done to check for lung cancer, rather than for some other reason?

1   Yes, to check for lung cancer
2   No, for some other reason
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who have had a chest xray in the past 12 months

SkipInstructions: <1,2,D,R> [goto CATEVER]

Question ID:	NAF.423_03.000	Instrument Variable Name:	CATEVER	QuestionnaireFileName:	Sample Adult

QuestionText: The following questions are about CT scans, also called CAT scans. During this test, you are lying down and moved through a donut shaped x-ray machine while holding your breath.

Have you EVER HAD a CT or CAT scan?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto CATCHST1]
        <2,D,R> [goto ASPIRIN]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.423_04.000   **Instrument Variable Name:**   CATCHST1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Were any of the CT or CAT scans you had done of your chest area?

1	Yes
2	No
3	Several areas of upper body region
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have ever had a CAT scan or CT scan

SkipInstructions: <1,3> [goto CATLUNG1]
<2,R,D> [goto ASPIRIN]

Question ID: NAF.423_05.000   **Instrument Variable Name:**   CATLUNG1   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions are only about CT or CAT scans to check or screen for lung cancer. Do not include any CT or CAT scans of your chest area that were done for other reasons.

Were any of the CAT scans of your chest area done to check for lung cancer, rather than for some other reason?

1	Yes, to check for lung cancer
2	No, for some other reason
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area in the past 12 months

SkipInstructions: <1> [goto CATWHEN]
<2,R,D> [goto ASPIRIN]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.423_06.000   **Instrument Variable Name:**   CATWHEN   **QuestionnaireFileName:**   Sample Adult

QuestionText: When did you have your MOST RECENT CT or CAT scan of your chest area to check or screen for lung cancer?

1	A year ago or less
2	More than 1 year but not more than 2 years ago
3	More than 2 years but not more than 3 years ago
4	More than 3 years but not more than 5 years ago
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

SkipInstructions: <1-5,R,D> [goto CATNUM]

Question ID: NAF.423_07.000   **Instrument Variable Name:**   CATNUM   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many CT or CAT scans to check or screen for lung cancer have you had in the LAST 3 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more CT scans.

00-95	0-95
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

SkipInstructions: <0-95,R,D> [goto CATNEXT]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.423_08.000   **Instrument Variable Name:**   CATNEXT   **QuestionnaireFileName:**   Sample Adult

QuestionText: When do you expect to have your next CT scan of your chest area to check or screen for lung cancer?

1	Less than a year from now
2	One year from now
3	More than one year from now
4	When doctor recommends it
5	Never
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

SkipInstructions: <1-5,R,D> [goto ASPIRIN]

Question ID: NAF.424_02.000   **Instrument Variable Name:**   ASPIRIN   **QuestionnaireFileName:**   Sample Adult

QuestionText: ? [F1]

Do you now take any of the following medications regularly, that is, at least 3 times a week?

Aspirin, Bayer, Bufferin, or Excedrin?

*Read if necessary: Do NOT include Tylenol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPIR3M]
<2,R,D> [goto ADVIL]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.424_03.000	**Instrument Variable Name:** ASPIR3M	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who now take Aspirin etc.

SkipInstructions: <1,2,R,D> [goto ADVIL]

Question ID:	NAF.424_04.000	**Instrument Variable Name:** ADVIL	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you now take any of the following medications regularly, that is, at least 3 times a week?

Advil, Ibuprofen, Motrin, Nuprin, Aleve, Naprosyn, Naproxen, or Celebrex?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ADVIL3M]
<2,R,D> [goto ACETOCT]

Question ID:	NAF.424_05.000	**Instrument Variable Name:** ADVIL3M	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who now take Advil etc.

SkipInstructions: <1,2,R,D> [goto ACETOCT]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.424_05.010 **Instrument Variable Name:** ACETOCT **QuestionnaireFileName:** Sample Adult

QuestionText: Do you now take any OVER-THE-COUNTER MEDICATIONS that contain acetaminophen regularly, that is, at least 3 times a week? Acetaminophen is contained in many products such as Tylenol, Tylenol PM, Nyquil, Theraflu, Excedrin, Alka Seltzer Plus, and Midol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACETOC3M]
<2,R,D> [goto ACETPR]

Question ID: NAF.424_05.020 **Instrument Variable Name:** ACETOC3M **QuestionnaireFileName:** Sample Adult

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who take over the counter acetaminophen

SkipInstructions: <1,2,R,D> [goto ACETPR]

| **Question ID:** | NAF.424_05.030 | **Instrument Variable Name:** | ACETPR | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Do you now take any of the following PRESCRIPTION PAIN MEDICATIONS that contain acetaminophen regularly, that is, at least 3 times a week? Acetaminophen is contained in many prescription pain products such as Vicodin, Percocet, Endocet, Tylenol with Codeine, and Fioricet.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACETPR3M]
<2,R,D> if SEX=1 [goto PROPECIA]
    elseif SEX =2 & AGE GE 30 [goto MEDHRT]
    elseif SEX=2 & AGE = 18-29 [goto MEDBC]

| **Question ID:** | NAF.424_05.040 | **Instrument Variable Name:** | ACETPR3M | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Have you taken any of these kinds of medications regularly for the last 3 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who take prescription acetaminophen

SkipInstructions: <1,2,R,D> if SEX=1 [goto PROPECIA]
    elseif SEX=2 & AGE GE 30 [goto MEDHRT]
    elseif SEX=2 & AGE = 18-29 [goto MEDBC]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.424_06.000   **Instrument Variable Name:** PROPECIA   **QuestionnaireFileName:** Sample Adult

QuestionText: Some men take medications such as Propecia (pro-PEE-she-ah), Proscar (PRAHS-car) or Finasteride (fin-AS-tur-eyed) for hair loss or for problems with their prostate gland. Do you now take any of these medications regularly, that is, at least 3 times a week?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 18+

SkipInstructions: <1> [goto PROPMTHS]
<2,R,D> if AGE ge 40 [goto PSAHAD]
   elseif AGE = 18-39 [goto genetic testing (NAG)]

Question ID: NAF.424_07.000   **Instrument Variable Name:** PROPMTHS   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you taken Propecia, Proscar or Finasteride regularly for the last 3 months?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 18+ who take Propecia regularly

SkipInstructions: <1> [goto PROPREAS]
<2,R,D> if AGE ge 40 [goto PSAHAD]
   elseif AGE = 18-39 [goto genetic testing (NAG)]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.424_08.000	**Instrument Variable Name:**	PROPREAS	**QuestionnaireFileName:**	Sample Adult

QuestionText: What is the main reason you are taking Propecia, Proscar or Finasteride?

*Read categories below.

1	For problems related to your prostate
2	For male pattern baldness
3	To reduce the chance that you may develop prostate cancer
4	Other reason
7	Refused
9	Don't know

UniverseText: Male sample adults 18+ who have taken Propecia regularly for last 3 months

SkipInstructions: <1-4,R,D> if AGE ge 40 [goto PSAHAD]
                         elseif AGE = 18-39 [goto genetic testing (NAG)]

Question ID:	NAF.425_01.000	**Instrument Variable Name:**	MEDHRT	**QuestionnaireFileName:**	Sample Adult

QuestionText: Are you currently taking Hormone Replacement Therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto MEDTAMX]
                         <2,R,D> [goto HRTEVER]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.425_02.000	**Instrument Variable Name:**	HRTEVER	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever taken Hormone Replacement Therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who are not currently taking HRT

SkipInstructions: <1> [goto HRTSTOP]
<2,R,D> [goto MEDTAMX]

Question ID:	NAF.425_03.000	**Instrument Variable Name:**	HRTSTOP	**QuestionnaireFileName:**	Sample Adult

QuestionText: About how long ago did you stop using Hormone Replacement Therapy -- was it 2 years ago or less, more than 2 years ago but not more than 5 years ago, or more than 5 years ago?

1	2 years ago or less
2	more than 2 years ago but not more than 5 years ago
3	more than 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have ever taken HRT but not currently

SkipInstructions: <1-3,R,D> goto MEDTAMX

Question ID:	NAF.425_04.000	**Instrument Variable Name:**	MEDTAMX	**QuestionnaireFileName:**	Sample Adult

QuestionText: Are you currently taking Tamoxifen, also known as Nolvadex?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto TAMMAIN]
<2,R,D> [goto MEDRALX]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.425_05.000 **Instrument Variable Name:** TAMMAIN **QuestionnaireFileName:** Sample Adult

QuestionText: What is the main reason you are taking tamoxifen?

*Put response into correct category below.

1	As part of your treatment for breast cancer
2	To reduce the chance that you may develop breast cancer
3	Both
4	Other reason
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who are currently taking tamoxifen

SkipInstructions: <1-3,R,D> [goto MEDRALX]
<4> [goto TAMOXSP]

Question ID: NAF.425_05.010 **Instrument Variable Name:** TAMOXSP **QuestionnaireFileName:** Sample Adult

QuestionText: *Enter other reason for taking tamoxifen.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who are currently taking tamoxifen for other reason

SkipInstructions: <Allow 30,R,D> [goto MEDRALX]

Question ID: NAF.425_06.000 **Instrument Variable Name:** MEDRALX **QuestionnaireFileName:** Sample Adult

QuestionText: Are you currently taking Raloxifene (rah-LOX-ih-fen), also known as Evista?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1> [goto RALXREAS]
<2,R,D> [goto MEDBC]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.425_07.000	**Instrument Variable Name:**	RALXREAS	**QuestionnaireFileName:**	Sample Adult

QuestionText: What is the main reason you are taking raloxifene?

*Put response into correct category below.

1   As part of your treatment for osteoporosis
2   To reduce the chance that you may develop breast cancer
3   Both
4   Other reason
7   Refused
9   Don't know

UniverseText: Female sample adults 30+ who are currently taking raloxifene

SkipInstructions: <1-3,R,D> [goto MEDBC]
<4> [goto RALOXSP]

Question ID:	NAF.425_07.010	**Instrument Variable Name:**	RALOXSP	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Enter other reason for taking raloxifen.

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: Female sample adults 30+ who are currently taking raloxifen for other reason

SkipInstructions: <Allow 30,R,D> [goto MEDBC]

Question ID:	NAF.425_08.000	**Instrument Variable Name:**	MEDBC	**QuestionnaireFileName:**	Sample Adult

QuestionText: Are you currently taking birth control pills, birth control implants, birth control shots or have a birth control patch?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE ge 40 [goto COLDIS];
elseif AGE=18-39 [goto genetic testing, #31 NAG]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.430_00.000   **Instrument Variable Name:**   PSAHAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER HAD a PSA test?

*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1> [goto RPSA1_MT]
<2,R,D> [goto PSAADV]

Question ID: NAF.440_00.000   **Instrument Variable Name:**   RPSA1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT PSA test?

* Enter month of last PSA test.

* Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <1-12,D> [goto RPSA1_YR]
<R> store "R" in RPSA1_YR [goto RPSA2]
<96> store "9996" in RPSA1_YR [goto RPSA1N]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.440_01.000	**Instrument Variable Name:**	RPSA1_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter year of last PSA test.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: \<valid year\> if RPSA1_YR gt current year or (RPSA1_YR=current year and RPSA1_MT gt current month)
  goto ERR1_ RPSA1_YR (future date)
elseif RPSA1_YR lt DOBY or (RPSA1_YR=DOBY and RPSA1_MT lt DOBM)
  goto ERR2_ RPSA1_YR (prior to birth date)
elseif RPSA1_MT=D
  goto RPSA2
elseif RPSA1_MT=1-12
  goto PSAREAS
\<R,D\> goto RPSA2

Hard Edit: ERR1_ RPSA1_YR

* Future date invalid. Please correct.

ERR2_ RPSA1_YR

* Date before birth. Please correct.

Question ID:	NAF.440_02.000	**Instrument Variable Name:**	RPSA1N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT PSA test?

* Enter number for time since last PSA test.

* Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Male sample adults 40+ who have selected number and time period format for most recent PSA test from the initial month screen

SkipInstructions: \<1-95\> [goto RPSA1T]
\<R,D\> store "R,D" in RPSA1T [goto RPSA2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.440_03.000   **Instrument Variable Name:**   RPSA1T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent PSA test.

1	Day(s) ago
2	Week(s) ago
3	Month(s) ago
4	Year(s) ago
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto PSAREAS
<4> if RPSA1N=4
    set RPSA2=4
    goto PSAREAS
  elseif RPSA1N gt 5 and RPSA1N gt AGE
    goto ERR_RPSA1T (greater than persons age)
  elseif RPSA1N gt 5 and RPSA1N le AGE
    set RPSA2=5
    goto PSAREAS
  elseif RPSA1N=1,2,3,5
    goto RPSA2
<R,D> goto RPSA2

Hard Edit: ERR_RPSA1T

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.440_04.000 **Instrument Variable Name:** RPSA2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last PSA test was over 5 years ago)

SkipInstructions: <1-5,R,D> if answer code is grayed out [goto ERR_RPSA2]
   else [goto PSAREAS]

Hard Edit: ERR_RPSA2

*That is not a valid response.
*Please correct.

Question ID: NAF.441_00.000 **Instrument Variable Name:** PSAREAS **QuestionnaireFileName:** Sample Adult

QuestionText: What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <1-3,R,D> [goto PSASUGG]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.445_00.000   **Instrument Variable Name:**   PSASUGG   **QuestionnaireFileName:**   Sample Adult

QuestionText: Who first suggested the PSA test: you, your doctor, or someone else?

1	Self
2	Doctor
3	Someone else
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <1-3,R,D> [goto PSA5YR]

Question ID: NAF.450_00.000   **Instrument Variable Name:**   PSA5YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many PSA tests have you had in the LAST 5 years?

*Enter '0' for none.

*Enter '95" for 95 or more PSA tests.

00-95	0-95
97	Refused
99	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

SkipInstructions: <0-95,R,D> [goto PSAADV]

Question ID: NAF.455_00.000   **Instrument Variable Name:**   PSAADV   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill 1: Before you had the PSA test did/Did] a doctor EVER talk with you about the advantages of [fill 2: it/the PSA test]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1,2,R,D> [goto PSADISAV]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.460_00.000   **Instrument Variable Name:**   PSADISAV   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill 1: Before you had the PSA test did/Did] a doctor EVER talk with you about the disadvantages of [fill 2: it/the PSA test]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1,2,R,D> [goto PSAEXP]

Question ID: NAF.470_00.000   **Instrument Variable Name:**   PSAEXP   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill 1: Before you had the PSA test did/Did] a doctor EVER tell you that some experts disagree about whether men should have PSA tests?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1,2,R,D> [goto COLDIS]

Question ID: NAF.500_00.000   **Instrument Variable Name:**   COLDIS   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you and your doctor or other health professional ever DISCUSSED getting a test to check for colon cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto COLHAD]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.540_00.000   **Instrument Variable Name:**   COLHAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a Sigmoidoscopy, the doctor checks only part of the colon and you are fully awake.

Have you EVER HAD a colonoscopy?

*Read if necessary:

A polyp is a small growth that develops on the inside of the colon or rectum.

Before these tests, you are asked to take a medication that causes diarrhea.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto COL_MT]
                             <2,R,D> [goto SIGHAD]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.560_01.000 **Instrument Variable Name:** COL_MT **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT colonoscopy?

*Enter month of last exam.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a colonoscopy

SkipInstructions: <1-12,D> [goto COL_YR]
<R> store "R" in COL_YR [goto COL2]
<96> store "9996" in COL_YR [goto COLN]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.560_02.000	Instrument Variable Name:	COL_YR	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

*Enter year of last colonoscopy.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last colonoscopy or didn't know month of last colonoscopy

SkipInstructions: <valid year> if COL_YR gt current year or (COL_YR=current year and COL_MT gt current month)
　　goto ERR1_ COL_YR (future date)
elseif COL_YR lt DOBY or (COL_YR=DOBY and COL_MT lt DOBM)
　　goto ERR2_ COL_YR (prior to birth date)
elseif COL_MT=D
　　goto COL2
elseif COL_MT=1-12
　　goto COLREAS
<R,D> goto COL2

Hard Edit: ERR1_ COL_YR

* Future date invalid. Please correct.

ERR2_ COL_YR

* Date before birth. Please correct.

Question ID:	NAF.570_01.000	Instrument Variable Name:	COLN	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT colonoscopy?

*Enter number for time since last colonoscopy.

*Enter '95' for 95 or more.

01-95	01-95
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent colonoscopy from the initial month screen

SkipInstructions: <1-95> [goto COLT]
<R,D> store "R,D" in COLT [goto COL2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.570_02.000 **Instrument Variable Name:** COLT **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent colonoscopy.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto COLREAS
<4> if COLN=4
    set COL2=4
    goto COLREAS
   elseif COLN=6,7,8,9
    set COL2=5
    goto COLREAS
   elseif COLN gt 10 and COLN gt AGE
    goto ERR_COLT (greater than persons age)
   elseif COLN gt 10 and COLN le AGE
    set COL2=6
    goto COLREAS
   elseif COLN=1,2,3,5,10
    goto COL2
<R,D> goto COL2

Hard Edit: ERR_COLT

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.575_00.000   **Instrument Variable Name:** COL2   **QuestionnaireFileName:** Sample Adult

QuestionText: Was it:

*Read answer categories.

1   A year ago or less
2   More than 1 year but not more than 2 years
3   More than 2 years but not more than 3 years
4   More than 3 years but not more than 5 years
5   More than 5 years but not more than 10 years
6   Over 10 years ago
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last colonoscopy was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out [goto ERR_COL2]
        else [goto COLREAS]

Hard Edit: ERR_COL2

*That is not a valid response.
*Please correct.

Question ID: NAF.590_00.000   **Instrument Variable Name:** COLREAS   **QuestionnaireFileName:** Sample Adult

QuestionText: What was the MAIN reason you had this colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1   Part of a routine exam
2   Because of a problem
3   Follow-up test of an earlier test or screening exam
4   Other reason
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who have had a colonoscopy

SkipInstructions: <1-4,R,D> [goto COLPAY]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.590_00.010   **Instrument Variable Name:** COLPAY   **QuestionnaireFileName:** Sample Adult

QuestionText: How much did you pay out of pocket for your most recent colonoscopy -- was it NONE, PART, or ALL of the cost?

1	None of the cost
2	Part of the cost
3	All of the cost
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who who have ever had a colonoscopy

SkipInstructions: <1-3,R,D> [goto SIGHAD]

Question ID: NAF.591_00.000   **Instrument Variable Name:** SIGHAD   **QuestionnaireFileName:** Sample Adult

QuestionText: Recall that a sigmoidoscopy is similar to a colonoscopy but the doctor checks only part of the colon and you are fully awake. Have you EVER HAD a sigmoidoscopy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto SIG_MT]
<2,R,D> [goto CTHEARD]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.592_01.000   **Instrument Variable Name:** SIG_MT   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT sigmoidoscopy?

*Enter month of last exam.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a sigmoidoscopy

SkipInstructions: <1-12,D> [goto SIG_YR]
<R> store "R' in SIG_YR [goto SIG2]
<96> store "9996" in SIG_YR [goto SIGN]

Question ID:	NAF.593_02.000	**Instrument Variable Name:**	SIG_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of last sigmoidoscopy.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last sigmoidoscopy or didn't know month of last sigmoidoscopy

SkipInstructions: <valid year> if SIG_YR gt current year or (SIG_YR=current year and SIG_MT gt current month)
   goto ERR1_ SIG_YR (future date)
elseif SIG_YR lt DOBY or (SIG_YR=DOBY and SIG_MT lt DOBM)
   goto ERR2_ SIG_YR (prior to birth date)
elseif SIG_MT=D
   goto SIG2
elseif SIG_MT=1-12
   goto SIGREAS
<R,D> goto SIG2

Hard Edit: ERR1_ SIG_YR

* Future date invalid. Please correct.

ERR2_ SIG_YR

* Date before birth. Please correct.

Question ID:	NAF.594_01.000	**Instrument Variable Name:**	SIGN	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT sigmoidoscopy?

*Enter number for time since last sigmoidoscopy.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent sigmoidoscopy from the initial month screen

SkipInstructions: <1-95> [goto SIGT]
<R,D> store "R,D" in SIGT [goto SIG2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.595_02.000   **Instrument Variable Name:**   SIGT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent sigmoidoscopy.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto SIGREAS
<4> if SIGN=4
    set SIG2=4
    goto SIGREAS
  elseif SIGN=6,7,8,9
    set SIG2=5
    goto SIGREAS
  elseif SIGN gt 10 and SIGN gt AGE
    goto ERR_SIGT (greater than persons age)
  elseif SIGN gt 10 and SIGN le AGE
    set SIG2=6
    goto SIGREAS
  elseif SIGN=1,2,3,5,10
    goto SIG2
<R,D> goto SIG2

Hard Edit: ERR_SIGT

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.596_00.000   **Instrument Variable Name:**   SIG2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1   A year ago or less
2   More than 1 year but not more than 2 years
3   More than 2 years but not more than 3 years
4   More than 3 years but not more than 5 years
5   More than 5 years but not more than 10 years
6   Over 10 years ago
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last sigmoidoscopy was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out {goto ERR_SIG2]
    else [goto SIGREAS]

Hard Edit: ERR_SIG2

*That is not a valid response.
*Please correct.

Question ID: NAF.597_00.000   **Instrument Variable Name:**   SIGREAS   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this sigmoidoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1   Part of a routine exam
2   Because of a problem
3   Follow-up test of an earlier test or screening exam
4   Other reason
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who have had a sigmoidoscopy

SkipInstructions: <1-4,R,D> [goto CTHEARD]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.611_00.000 **Instrument Variable Name:** CTHEARD **QuestionnaireFileName:** Sample Adult

QuestionText: CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

Before today, HAD YOU EVER HEARD of CT colonography or virtual colonoscopy?

*Read if necessary:

This is not the same as a colonoscopy or a sigmoidoscopy.

Unlike CT tests for other purposes, you DO take laxatives to clean out your colon for this test.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto CTHADEV]
<2,R,D> [goto POLYP]

Question ID: NAF.612_00.000 **Instrument Variable Name:** CTHADEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER HAD a CT colonography or virtual colonoscopy?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who have ever heard of a CT colonography or a virtual colonoscopy

SkipInstructions: <1> [goto CT_MT]
<2,R,D> [goto POLYP]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.613_01.000   **Instrument Variable Name:**   CT_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT CT colonography or virtual colonoscopy?

*Enter month of last CT colonography or virtual colonoscopy.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a CT colonography or virtual colonoscopy

SkipInstructions: <1-12,D> [goto CT_YR]
<R> store "R' in CT_YR [goto CT2]
<96> store "9996" in CT_YR [goto CTN]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.614_02.000	**Instrument Variable Name:**	CT_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of last CT colonography or virtual colonoscopy.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last CT colonography or virtual colonoscopy or didn't know month of last CT colonography or virtual colonoscopy

SkipInstructions: <valid year> if CT_YR gt current year or (CT_YR=current year and CT_MT gt current month)
   goto ERR1_ CT_YR (future date)
elseif CT_YR lt DOBY or (CT_YR=DOBY and CT_MT lt DOBM)
   goto ERR2_ CT_YR (prior to birth date)
elseif CT_MT=D
   goto CT2
elseif CT_MT=1-12
   goto CTREAS
<R,D> goto CT2

Hard Edit: ERR1_ CT_YR

* Future date invalid. Please correct.

ERR2_ CT_YR

* Date before birth. Please correct.

Question ID:	NAF.615_01.000	**Instrument Variable Name:**	CTN	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT CT colonography or virtual colonoscopy?

*Enter number for time since last CT colonography or virtual colonoscopy.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent CT colonography or virtual colonoscopy from the initial month screen

SkipInstructions: <1-95> [goto CTT]
<R,D> store "R,D" in CTT [goto CT2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.616_02.000   **Instrument Variable Name:**   CTT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent CT colonography or virtual colonoscopy.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto CTREAS
<4> if CTN=4
     set CT2=4
     goto CTREAS
    elseif CTN=6,7,8,9
      set CT2=5
      goto CTREAS
    elseif CTN gt 10 and CTN gt AGE
      goto ERR_CTT (greater than persons age)
    elseif CTN gt 10 and CTN le AGE
      set CT2=6
      goto CTREAS
    elseif CTN=1,2,3,5,10
      goto CT2
<R,D> goto CT2

Hard Edit: ERR_CTT

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.617_00.000 **Instrument Variable Name:**   CT2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last CT colonography or virtual colonoscopy was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out [goto ERR_CT2]
    else [goto CTREAS]

Hard Edit: ERR_CT2

*That is not a valid response.
*Please correct.

Question ID: NAF.618_00.000 **Instrument Variable Name:**   CTREAS   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this CT colonography or virtual colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Follow-up test of an earlier test or screening exam
4	Other reason
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a CT colonography or virtual colonoscopy

SkipInstructions: <1-4,R,D> [goto POLYP]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.619_00.000   **Instrument Variable Name:**   POLYP   **QuestionnaireFileName:**   Sample Adult

QuestionText: A polyp is a small growth that develops on the inside of the colon or rectum. During the past 10 years did a doctor tell you that you had a polyp in your colon or rectum?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto COLTOLD]

Question ID: NAF.619_00.010   **Instrument Variable Name:**   COLTOLD   **QuestionnaireFileName:**   Sample Adult

QuestionText: The following questions are about another type of test to check for colon cancer - the blood stool or occult blood test, or fecal immunochemical or FIT test, tests to determine whether you have blood in your stool or bowel movement. These tests can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

Has your doctor or other health professional EVER told you about these tests for blood in the stool to check for colon cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto COLGOOD]
<2,R,D] [goto HFOBHAD1]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.619_00.020   **Instrument Variable Name:** COLGOOD   **QuestionnaireFileName:** Sample Adult

QuestionText: Did your doctor or other health professional say that these tests for blood in the stool are a GOOD way to check for colon cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have been told by a doctor about blood stool, occult blood, and FIT tests

SkipInstructions: <1,2,R,D> [goto HFOBHAD1]

Question ID: NAF.620_00.000   **Instrument Variable Name:** HFOBHAD1   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER HAD a blood stool or FIT test, using a HOME test kit?

*Read if necessary: Do not include tests done at the doctor's office.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> goto RHFO2_MT
<2,R,D> goto FOBHAD1

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.640_01.000   **Instrument Variable Name:**   RHFO2_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT blood stool or FIT test using a kit at home?

*Enter month of last home blood stool or FIT test.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a home blood stool or FIT test

SkipInstructions: <1-12,D> goto RHFO2_YR
<R> store "R" in RHFO2_YR and goto RHFO2
<96> store "9996" in RHFO2_YR and goto RHFO2N

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.640_02.000	Instrument Variable Name:	RHFO2_YR	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

*Enter year of last home blood stool or FIT test.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last home blood stool or FIT test or didn't know month of last test

SkipInstructions: <valid year> if RHFO2_YR gt current year or (RHFO2_YR=current year and RHRO1_MT gt current month)
     goto ERR1_RHFO2_YR (future date)
   elseif RHFO2_YR lt DOBY or (RHFO2_YR=DOBY and RHFO2_MT lt DOBM)
    goto ERR2_RHFO2_YR (prior to birth date)
  elseif RHFO2_MT=D
   goto RHFO2
  elseif RHFO2_MT=1-12
   goto HFOBREA2
<R,D> goto RHFO2

Hard Edit: ERR1_ RHFO2_YR

* Future date invalid. Please correct.

ERR2_ RHFO2_YR

* Date before birth. Please correct.

Question ID:	NAF.650_01.000	Instrument Variable Name:	RHFO2N	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST RECENT blood stool or FIT test using a kit at home?

*Enter number for time since last home blood stool or FIT test.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent home blood stool or FIT test from the initial month screen

SkipInstructions: <1-95> [goto RHFO2T]
<R,D> store "R,D" in RHFO2T [goto RHFO2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.650_02.000   **Instrument Variable Name:**   RHFO2T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent home blood stool or FIT test.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto HFOBREA2
<4> if RHFO2N=4
        set RHFO2=4
        goto HFOBREA2
     elseif RHFO2N=6,7,8,9
        set RHFO2=5
        goto HFOBREA2
     elseif RHFO2N gt 10 and RHFO2N gt AGE
        goto ERR_RHFO2T (greater than persons age)
     elseif RHFO2N gt 10 and RHFO2N le AGE
        set RHFO2=6
        goto HFOBREA2
     elseif RHFO2N=1,2,3,5,10
        goto RHFO2
<R,D> goto RHFO2

Hard Edit: ERR_RHFO2T

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.655_00.000	**Instrument Variable Name:**	RHFO2	**QuestionnaireFileName:**	Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last home blood stool or FIT test was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out [goto ERR_RHFO2]
       else [goto HFOBREA2]

Hard Edit: ERR_RHFO2

*That is not a valid response.
*Please correct.

Question ID:	NAF.660_00.000	**Instrument Variable Name:**	HFOBREA2	**QuestionnaireFileName:**	Sample Adult

QuestionText: What was the MAIN reason you had this home blood stool or FIT test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had a home blood stool or FIT test

SkipInstructions: <1-3,R,D> [goto FOBHAD1]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.710_00.000   **Instrument Variable Name:**   FOBHAD1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER HAD a blood stool or FIT test in which your doctor or other health care professional collected a stool sample during an office visit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto RFOB2_MT]
<2, R, D> if ((COLHAD = 2,R,D) or (COL2 = 6) or (COL_YR = (current year – 10) and COL_MT lt current month) or (COL_YR lt (current year – 10))) and ((SIGHAD = 2,R,D) or (SIG2 = 5,6) or (SIG_YR = (current year – 5) and SIG_MT lt current month) or (SIG_YR lt (current year – 5))) and ((CTHEARD = 2,R,D) or (CTHADEV = 2,R,D) or (CT2 = 5,6) or (CT_YR = (current year – 5) and CT_MT lt current month) or (CT_YR lt (current year – 5))) and ((HFOBHAD = 2,R,D) or (RHFO2 = 2-6) or (RHFO2_YR = (current year – 1) and RHFO2_MT lt current month) or (RHFO2_YR lt (current year – 1)) or (RHFO2T = 2 and RHFO2N gt 52) or (RHFO2T = 3 and RHFO2N gt 12)) [goto COLPROB1]
else [goto genetic testing]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.720_01.000	**Instrument Variable Name:**	RFOB2_MT	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

When did you have your MOST recent OFFICE blood stool or FIT test?

*Enter month of last office blood stool/FIT test.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a office blood stool/FIT test

SkipInstructions: <1-12,D> [goto RFOB2_YR]
<R> store "R' in RFOB2_YR [goto RFOB2]
<96> store "9996" in RFOB2_YR [goto RFOB2N]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.720_02.000	**Instrument Variable Name:**	RFOB2_YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter year of last office blood stool/FIT test.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults 40+ who answered month of last office blood stool/FIT test or didn't know month of last office blood stool test

SkipInstructions: <valid year> if RFOB2_YR gt current year or (RFOB2_YR=current year and RFOB2_MT gt current month)
   goto ERR1_ RFOB2_YR (future date)
elseif RFOB2_YR lt DOBY or (RFOB2_YR=DOBY and RFOB2_MT lt DOBM)
   goto ERR2_ RFOB2_YR (prior to birth date)
elseif RFOB2_MT=D
   goto RFOB2
elseif RFOB2_MT=1-12
   goto RFOBRES1
<R,D> goto RFOB2

Hard Edit: ERR1_ RFOB2_YR

* Future date invalid. Please correct.

ERR2_ RFOB2_YR

* Date before birth. Please correct.

Question ID:	NAF.730_01.000	**Instrument Variable Name:**	RFOB2N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have your MOST recent OFFICE blood stool or FIT test?

*Enter number for time since last office blood stool/FIT test.

*Enter '95' for 95 or more.

01-95	1-95
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent office blood stool/FIT test from the initial month screen

SkipInstructions: <1-95> [goto RFOB2T] <R,D> store "R,D" in RFOB2T [goto RFOB2]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.730_02.000	**Instrument Variable Name:**	RFOB2T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent office blood stool/FIT test.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions:
<1-3> goto RFOBRES1
<4> if RFOB2N=4
    set RFOB2=4
    goto RFOBRES1
  elseif RFOB2N=6,7,8,9
    set RFOB2=5
    goto RFOBRES1
  elseif RFOB2N gt 10 and RFOB2N gt AGE
    goto ERR_RFOB2T (greater than persons age)
  elseif RFOB2N gt 10 and RFOB2N le AGE
    set RFOB2=6
    goto RFOBRES1
  elseif RFOB2N=1,2,3,5,10
    goto RFOB2
<R,D> goto RFOB2

Hard Edit: ERR_RFOB2T

* Time since last exam cannot be greater than age.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID: NAF.735_00.000 **Instrument Variable Name:** RFOB2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last office blood stool test/FIT was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out [goto ERR_RFOB2] else [goto RFOBRES1]

Hard Edit: ERR_RFOB2

*That is not a valid response.
*Please correct.

Question ID: NAF.740_00.000 **Instrument Variable Name:** RFOBRES1 **QuestionnaireFileName:** Sample Adult

QuestionText: What was the MAIN reason you had this office blood stool or FIT test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had an office blood stool/FIT test

SkipInstructions: <1-3,R,D> if ((COLHAD = 2) or (COL2 = 6) or (COL_YR = (current year – 10) and COL_MT lt current month) or (COL_YR lt (current year – 10))) and ((SIGHAD = 2) or (SIG2 = 5,6) or (SIG_YR = (current year – 5) and SIG_MT lt current month) or (SIG_YR lt (current year – 5))) and ((CTHEARD = 2) or (CTHADEV = 2) or (CT2 = 5,6) or (CT_YR = (current year – 5) and CT_MT lt current month) or (CT_YR lt (currentyear – 5))) and ((HFOBHAD = 2) or (RHFO2 = 2-6) or (RHFO2_YR = (current year – 1) and RHFO2_MT lt current month) or (RHFO2_YR lt (current year – 1)) or (RHFO2T = 2 and RHFO2N gt 52) or (RHFO2T = 3 and RHFO2N gt 12)) [goto COLPROB1]
else [goto genetic testing]

2015 NHIS Questionnaire - Sample Adult

Cancer Screening

Document Version Date: 27-May-16

Question ID:	NAF.750_00.000	**Instrument Variable Name:**	COLPROB1	**QuestionnaireFileName:**	Sample Adult

QuestionText: In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have NOT had a colonoscopy in the past 10 years, sigmoidoscopy in the past 5 years, CT colonography in the past 5 years, or home blood stool/FIT test in the last year

SkipInstructions: <1> [goto COLKIND1]
<2,R,D> [goto genetic testing]

Question ID:	NAF.770_00.000	**Instrument Variable Name:**	COLKIND1	**QuestionnaireFileName:**	Sample Adult

QuestionText: Which tests to check for colon cancer did the doctor or other health professional recommend to you? Possible tests include stool blood or fecal occult blood or FIT test; sigmoidoscopy; colonoscopy; CT colonography or virtual colonoscopy; or other.

*Enter all that apply, separate with commas.

1	Stool blood test/fecal occult blood/FIT test
2	Sigmoidoscopy
3	Colonoscopy
4	CT colonography/virtual colonoscopy
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have had particular tests recommended to look for problems in the colon and who have NOT had a colonoscopy in the past 10 years, sigmoidoscopy in the past 5 years, CT colonography in the past 5 years, or home blood stool/FIT test in the last year and who had another type of test recommended

SkipInstructions: <1-5,R,D> [goto genetic testing]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: **27-May-16**

Question ID:	NAG.001_00.000	**Instrument Variable Name:**	GCEVER	**QuestionnaireFileName:**	Sample Adult

QuestionText: These next questions refer to genetic COUNSELING for cancer risk. We will ask about genetic TESTING for cancer risk in a few minutes. Genetic counseling involves a discussion with a specially trained health care provider about your family history of cancer and how likely you are to develop cancer. It may also include a discussion about whether genetic testing is right for you.

Have you ever received genetic counseling for cancer risk?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GCMREAS]
<2,R,D> [goto GTPOSS1]

Question ID:	NAG.002_00.000	**Instrument Variable Name:**	GCMREAS	**QuestionnaireFileName:**	Sample Adult

QuestionText: What was the MAIN reason you had genetic counseling?

*Read answer categories.

1	Your doctor recommended it
2	You requested it
3	Family member suggested it
4	You heard or read about it in the news
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1-5,R,D> [goto GCBREAST]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.003_00.000 **Instrument Variable Name:**   GCBREAST **QuestionnaireFileName:**   Sample Adult

QuestionText: Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for breast cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> if SEX=2 [goto GCOVRN];
else [goto GCCOLON]

Question ID: NAG.004_00.000 **Instrument Variable Name:**   GCOVRN **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for ovarian cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> [goto GCCOLON]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.005_00.000 **Instrument Variable Name:** GCCOLON **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for colon or rectal cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1,2,R,D> [goto GCANOTH]

Question ID: NAG.006_00.000 **Instrument Variable Name:** GCANOTH **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic counseling session for cancer risk.

Was it for another type of cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling

SkipInstructions: <1> [goto GCSPEC]
<2,R,D> [goto GTPOSS1]

2015 NHIS Questionnaire -   Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.007_00.000   **Instrument Variable Name:**   GCSPEC   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Specify other cancer for which genetic counseling was received.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received genetic counseling for another type of cancer

SkipInstructions: <allow 30,R,D> [goto GTPOSS1]

Question ID: NAG.015_00.000   **Instrument Variable Name:**   GTPOSS1   **QuestionnaireFileName:**   Sample Adult

QuestionText: The following questions refer to genetic TESTING for cancer risk. That is, testing your blood to see if you carry genes which may predict a greater chance of developing cancer at some point in your life. This does NOT include tests to determine if you have cancer now. Do NOT include self-testing kits administered at home.

Have you EVER DISCUSSED the possibility of getting a genetic test for cancer risk with a doctor or other health professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GTADVIS1]
<2,R,D> [goto GTGRISK]

Question ID: NAG.025_00.000   **Instrument Variable Name:**   GTADVIS1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did a doctor or other health professional ADVISE you to have such a test?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have discussed the possibility of getting a genetic test with a doctor or other health professional

SkipInstructions: <1,2,R,D> [goto GTGRISK]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: **27-May-16**

| **Question ID:** | NAG.030_00.000 | **Instrument Variable Name:** | GTGRISK | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Have you EVER HAD a genetic test to determine if you are at greater risk of developing cancer in the FUTURE?

*Read if necessary: This does not include any test to see whether you had cancer in the PAST or have cancer NOW.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto GTBRE];
<2,R,D> [goto GTCCLOM]

| **Question ID:** | NAG.040_01.000 | **Instrument Variable Name:** | GTBRE | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Please think about your MOST RECENT genetic test for cancer risk. Was it for breast cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> if SEX=2 [goto GTOVA];
else SEX=1 [goto GTCOL]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.040_02.000 **Instrument Variable Name:**   GTOVA   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for ovarian cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> [goto GTCOL]

Question ID: NAG.040_03.000 **Instrument Variable Name:**   GTCOL   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for colon or rectal cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1,2,R,D> [goto GTOTH]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.040_04.000   **Instrument Variable Name:**   GTOTH   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for another type of cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

SkipInstructions: <1> goto [GTRSKOTH]
<2,R,D> goto [GTRSK_MT]

Question ID: NAG.044_00.000   **Instrument Variable Name:**   GTRSKOTH   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Specify other test for genetic risk of cancer.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a genetic test for another type of cancer

SkipInstructions: <allow 30,R,D> goto [GTRSK_MT]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.050_01.000 **Instrument Variable Name:**   GTRSK_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have this genetic test done?

*Enter month of genetic test.

*Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a genetic test for cancer

SkipInstructions: <1-12,D> goto GTRSK_YR
<R> store "R' in GTRSK_YR then [goto GTRSK2]
<96> store "9996" in GTRSK_YR then [goto GTRSKN]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.050_02.000 **Instrument Variable Name:** GTRSK_YR **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of genetic test.

1880-2016	1880-2016
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their genetic test date or who didn't know the month

SkipInstructions: <valid year>
if GTRSK_YR gt current year or (GTRSK_YR =current year and GTRSK_MT gt current month)
  goto ERR1_ GTRSK_YR (future date)
elseif GTRSK_YR lt DOBY or (GTRSK_YR =DOBY and GTRSK_MT lt DOBM)
  goto ERR2_ GTRSK_YR _YR (prior to birth date)
elseif GTRSK_MT =D and GTRSK_YR < current year-5
  set GTRSK2=5
  goto GTCCLOM
elseif GTRSK_MT =D and GTRSK_YR = current year-4
  set GTRSK2=4
  goto GTCCLOM
elseif GTRSK_MT =D and GTRSK_YR = current year
  set GTRSK2=1
  goto GTCCLOM
elseif GTRSK_MT =D and (GTRSK_YR = current year-1 or GTRSK_YR = current year-2 or GTRSK_YR = current year-3 or GTRSK_YR = current year-5)
  goto GTRSK2
elseif GTRSK_MT =1-12
  goto GTCCLOM
<R,D> goto GTRSK2

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.055_01.000   **Instrument Variable Name:**   GTRSKN   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

*Read if necessary: When did you have this genetic test done?

*Enter number for time since genetic test.

*Enter '95' for 95 or more.

01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who requested the time period format at GTRSK_MT

SkipInstructions: <1-95> [goto GTRSKT]
<R,D> store 'R,D' in GTRSKT then [goto GTRSK2]

Question ID: NAG.055_02.000   **Instrument Variable Name:**   GTRSKT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since genetic test.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered 1-95 for the number part of this 2-part question

SkipInstructions: <1-3> goto GTCCLOM
<4> if GTRSKN=4, set GTRSK2=4, [goto GTCCLOM]
    elseif GTRSKN gt 5 and GTRSKN gt AGE, [goto ERR_GTRSKT (greater than persons age)]
    elseif GTRSKN gt 5 and GTRSKN le AGE, set GTRSK2=5, [goto GTCCLOM]
    elseif GTRSKN=1,2,3,5, goto GTRSK2
<R,D> goto GTRSK2

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.060_00.000   **Instrument Variable Name:**   GTRSK2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

*Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last genetic test was over 5 years ago)

SkipInstructions: <1-5,R,D>
     if answer code is grayed out [goto ERR_GTRSK2]
     else [goto GTCCLOM]

Hard Edit: ERR_GTRSK2
     *That is not a valid response.
     *Please correct.

Question ID: NAG.080_00.000   **Instrument Variable Name:**   GTCCLOM   **QuestionnaireFileName:**   Sample Adult

QuestionText: Compared to the average {fill1: man/woman} your age, would you say that you are more likely to get colon or rectal cancer, less likely, or about as likely?

*Read if necessary.

For a colon or rectal cancer survivor, this means getting colon or rectal cancer again in the future.

1	More likely
2	Less likely
3	About as likely
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a genetic test for another type of cancer

SkipInstructions: <1-3,R,D> [if SEX = 1, goto next section; else if SEX = 2, goto GTCBOM]

2015 NHIS Questionnaire - Sample Adult

Genetic Testing

Document Version Date: 27-May-16

Question ID: NAG.090_00.000	**Instrument Variable Name:** GTCBOM	**QuestionnaireFileName:**	Sample Adult

QuestionText: Compared to the average woman your age, would you say that you are more likely to get breast cancer, less likely, or about as likely?

*Read if necessary.

For a breast cancer survivor, this means getting breast cancer again in the future.

1   More likely
2   Less likely
3   About as likely
7   Refused
9   Don't know

UniverseText: Female sample adults age 18+

SkipInstructions: <1-3,R,D> [goto next section]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.010_00.000 **Instrument Variable Name:**   FHFCAN   **QuestionnaireFileName:**   Sample Adult

QuestionText: We would like to ask you a few questions about your family history of cancer. Did your BIOLOGICAL FATHER EVER have cancer of any kind?

1	Yes
2	No
3	Adopted or don't know biological father
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto FHFTYP_1]
<2,3,R,D> [goto FHMCAN]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.020_00.001 **Instrument Variable Name:** FHFTYP_1 **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of cancer did your father have?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose father ever had cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> [goto FHFAGE1]
<6,18,29> [goto ERR_FHFTYP_1]

Hard Edit: ERR_FHFTYP_1

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

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.020_00.002 **Instrument Variable Name:**   FHFTYP_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who either provided an age range for a first kind of cancer or didn't know how old father was when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to give first kind of cancer
SkipInstructions:	<1-5,7-17,19-28,30,R,D> if FHFTYP_2 = FHFTYP_1 [goto ERR2_FHFTYP_2] else [goto FHFAGE2] <96> [goto FHMCAN] <6,18,29> goto ERR1_FHFTYP_2
Hard Edit:	ERR1_FHFTYP_2 * Code 6 or 18 or 29 is unavailable for males. ERR2_FHFTYP_2 * Cannot select pre-selected answer. Default should go to FHFTYP_2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.020_00.003   **Instrument Variable Name:**   FHFTYP_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter code for the third kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who either provided an age range for a second kind of cancer or didn't know how old father was when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to give a second type of cancer
SkipInstructions:	<1-5,7-17,19-28,30,R,D> if FHFTYP_3 = (FHFTYP_1 or FHFTYP_2), goto ERR2_FHFTYP_3 else [goto FHFAGE3] <96> [goto FHMCAN] <6,18,29> [goto ERR1_FHFTYP_3]
Hard Edit:	ERR1_FHFTYP_3 * Code 6 or 18 or 29 is unavailable for males. ERR2_FHFTYP_3 * Cannot select pre-selected answer. Default should go to FHFTYP_3

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.020_00.004   **Instrument Variable Name:**   FHFTYP_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
95	More than 3 kinds of cancer
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who either provided an age range for a third kind of cancer or didn't know how old father was when first diagnosed that kind of cancer or else refused to provide an age range but had not refused to give a third kind of cancer

SkipInstructions: <R,D,95,96> [goto FHMCAN]
<1-30> [goto ERR_FHFTYP_4]

Hard Edit: ERR_FHFTYP_4

* The only valid answers are '95' and '96' for this screen.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.030_00.001   **Instrument Variable Name:**   FHFAGE1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was your biological father under 50 years of age when [Fill: FHFTYP_1] was first diagnosed?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who selected a first kind of cancer for father or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> [goto FHFTYP_2]
<R> IF FHFTYP_1=R [goto FHMCAN]
else if FHFTYP_1 ne R [goto FHFTYP_2]

Question ID: NAH.030_00.002   **Instrument Variable Name:**   FHFAGE2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was your biological father under 50 years of age when [Fill: FHFTYP_2] was first diagnosed?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who selected a second kind of cancer for father or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> [goto FHFTYP_3]
<R> IF FHFTYP_2=R [goto FHMCAN]
else if FHFTYP ne R [goto FHFTYP_3]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.030_00.003   **Instrument Variable Name:**   FHFAGE3   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was your biological father under 50 years of age when [Fill: FHFTYP_3] was first diagnosed?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who selected a third kind of cancer for father or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> goto FHFTYP_4
<R> IF FHFTYP_3=R [goto FHMCAN]
            else if FHFTYP_3 ne R [goto FHFTYP_4]

Question ID: NAH.040_00.000   **Instrument Variable Name:**   FHMCAN   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did your BIOLOGICAL MOTHER EVER have cancer of any kind?

1	Yes
2	No
3	Adopted or don't know biological mother
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto FHMTYP_1]
<2,3,R,D> [goto FHBNUM]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.050_00.001 **Instrument Variable Name:** FHMTYP_1 **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of cancer did your mother have?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose mother ever had cancer

SkipInstructions: <1-19,21-25,27-30,R,D> [goto FHMAGE1]
<20,26> [goto ERR_FHMTYP_1]

Hard Edit: ERR_FHMTYP_1

* Code 20 or 26 is unavailable for females.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.050_00.002 **Instrument Variable Name:**   FHMTYP_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who either provided an age range for a first kind of cancer or didn't know how old mother was when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer a first kind of cancer

SkipInstructions: <1-19,21-25,27-30,R,D> if FHMTYP_2 = FHMTYP_1 [goto ERR2_FHMTYP_2]
        else [goto FHMAGE2]
<96> [goto FHBNUM]
<20,26> [goto ERR1_FHMTYP_2]

Hard Edit: ERR1_FHMTYP_2

* Code 20 or 26 is unavailable for females.

ERR2_FHMTYP_2

* Cannot select pre-selected answer.

Default should go to FHMTYP_2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID:	NAH.050_00.003	**Instrument Variable Name:**	FHMTYP_3	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter code for the third kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who either provided an age range for a second kind of cancer or didn't know how old mother was when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer a second kind of cancer
SkipInstructions:	<1-19,21-25,27-30,R,D> if FHMTYP_3 = FHMTYP_1 or FHMTYP_2 [goto ERR2_FHMTYP_3] else [goto FHMAGE3] <96> [goto FHBNUM] <20,26> goto ERR1_FHMTYP_3
Hard Edit:	ERR_FHMTYP_3 * Code 20 or 26 is unavailable for females. ERR2_FHMTYP_3 * Cannot select pre-selected answer. Default should go to FHMTYP_3

<div align="center">

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

</div>

Question ID: NAH.050_00.004   **Instrument Variable Name:**   FHMTYP_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
95	More than 3 kinds of cancer
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who either provided an age range for a third kind of cancer or didn't know how old mother was when first diagnosed with that kind of cancer or else refused to provide an age range but had not refused to answer a third kind of cancer

SkipInstructions: <R,D,95,96> goto FHBNUM
<1-30> ERR_FHMTYP_4

Hard Edit: ERR_FHMTYP_4

* The only valid answers are '95' and '96' for this screen.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.060_00.001 **Instrument Variable Name:** FHMAGE1 **QuestionnaireFileName:** Sample Adult

QuestionText: Was your biological mother under 50 years of age when [Fill: FHMTYP_1] was first diagnosed?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who selected a first kind of cancer for mother or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> [goto FHMTYP_2]
<R> IF FHMTYP_1=R [goto FHBNUM]
    else if FHMTYP_1 ne R [goto FHMTYP_2]

Question ID: NAH.060_00.002 **Instrument Variable Name:** FHMAGE2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was your biological mother under 50 years of age when [Fill: FHMTYP_2] was first diagnosed?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who selected a second kind of cancer for mother or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> [goto FHMTYP_3]
<R> IF FHMTYP_2=RF [goto FHBCAN]
    else if FHMTYP_2 ne R [goto FHMTYP_3]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.060_00.003 **Instrument Variable Name:**   FHMAGE3   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was your biological mother under 50 years of age when [Fill: FHMTYP_3] was first diagnosed?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who selected a third kind of cancer for mother or refused to answer or didn't know kind of cancer

SkipInstructions: <1,2,D> [goto FHMTYP_4]
<R> IF FHMTYP_3=R [goto FHBNUM]
    else if FHMTYP_3 ne R [goto FHMTYP_4]

Question ID: NAH.070_00.000 **Instrument Variable Name:**   FHBNUM   **QuestionnaireFileName:**   Sample Adult

QuestionText: FULL BROTHERS have the same biological mother and father as you. How many FULL BROTHERS do you have?
Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more brothers.

00	None
01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHSNUM]
<1-21>[goto FHBCAN]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.080_00.000 **Instrument Variable Name:** FHBCAN **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Did your BROTHER EVER have cancer of any kind?

*Enter '0' if brother has not had any kind of cancer.

*Enter '1' if brother has had cancer.]

[Fill2: How many of your BROTHERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more brothers.]

00	None
01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have at least one full brother

SkipInstructions: <0,R,D> goto FHSNUM
<1-21> if FHBCAN GT FHBNUM, [goto ERR_FHBCAN]
else [goto FHBTYP_1]

Hard Edit: ERR_FHBCAN

* Number is greater than number of brothers.
* Please correct.

Default should go to FHBCAN

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.090_00.001 **Instrument Variable Name:**   FHBTYP_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: What kinds of cancer did your [Fill1: brother/Fill2: brothers] have?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose brother(s) ever had cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHBCAN = '1' [goto FHBAGE1]
  else [goto FHBMAN1]
<6,18,29> [goto ERR_FHBTYP_1]

Hard Edit: ERR_FHBTYP_1

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

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.090_00.002 **Instrument Variable Name:**   FHBTYP_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who provided age range for brother(s) diagnosed with the first kind of cancer or didn't know how old brother(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the first kind of cancer

SkipInstructions:

<1-5,7-17,19-28,30,R,D> if FHBTYP_2 = FHBTYP_1 [goto ERR2_FHBTYP_2]
   elseif FHBCAN = '1' [goto FHBAGE2]
   else [goto FHBMAN2]
<96> [goto FHSNUM]
<6,18,29> [goto ERR1_FHBTYP_2]

Hard Edit:

ERR1_FHBTYP_2

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

ERR2_FHBTYP_2

* Cannot select pre-selected answer.

Default should go to FHBTYP_2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.090_00.003 **Instrument Variable Name:** FHBTYP_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter code for the third kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who provided age range for brother(s) diagnosed with the second kind of cancer or didn't know how old brother(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the second kind of cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHBTYP_3 = FHBTYP_1 or FHBTYP_2 [goto ERR2_FHBTYP_3]
    elseif FHBCAN = '1' [goto FHBAGE3]
    else [goto FHBMAN3]
<96> [goto FHSNUM]
<6,18,29> [goto ERR1_FHBTYP_3]

Hard Edit: ERR1_FHBTYP_3

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

ERR2_FHBTYP_3

  * Cannot select pre-selected answer.

Default should go to FHBTYP_3

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID:	NAH.090_00.004	**Instrument Variable Name:**	FHBTYP_4	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
95	More than 3 kinds of cancer
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who provided age range for brother(s) diagnosed with the third kind of cancer or didn't know how old brother(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the third kind of cancer

SkipInstructions: <95,96> [goto FHSNUM]
<1-30> [goto ERR_FHBTYP_4]

Hard Edit: ERR_FHBTYP_4

* The only valid answers are '95' and '96' for this screen.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.091_00.000   **Instrument Variable Name:**   FHBMAN1   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many brothers have had [Fill: FHBTYP_1]?

*Enter '21' for 21 or more brothers.

01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have brothers with a first kind of cancer

SkipInstructions: <1-21> if FHBMAN1 GT FHBCAN [goto ERR_FHBMAN1]
     else [goto FHBAGE1]
<R,D> [goto FHBAGE1]

Hard Edit: ERR_FHBMAN1

* Number is greater than number of brothers with cancer.
* Please correct.

Default should go to FHBMAN1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.092_00.000 **Instrument Variable Name:** FHBAGE1 **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Was your brother under 50 years of age when [Fill3: FHBTYP_1] was first diagnosed?

*Enter '0' if brother was 50 or over.

*Enter '1' if brother was under 50.]

[Fill2: How many of these brothers were under 50 years of age when [Fill3: FHBTYP_1] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more brothers.]

00	None
01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose brother(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

SkipInstructions: <0-21> if FHBMAN1 ne 'Refused' and FHBMAN1 NE 'Don't know' and FHBAGE1 GT FHBMAN1
    [goto ERR1_FHBAGE1]
  elseif (FHBMAN1 = 'Refused' or FHBMAN1 = 'Don't know') and FHBAGE1 GT FHBCAN
    [goto ERR2_FHBAGE1]
  else
    [goto FHBTYP_2]
<D> [goto FHBTYP_2]
<R> IF FHBTYP_1=RF goto FHSNUM
    else if FHBTYP_1 ne RF [goto FHBTYP_2]

Hard Edit: ERR1_FHBAGE1

* Number is greater than number of brothers with this kind of cancer.
* Please correct.

Default should go to FHBAGE1

ERR2_FHBAGE1

* Number is greater than number of brothers with cancer.
* Please correct.

Default should go to FHBAGE1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.093_00.000   **Instrument Variable Name:**   FHBMAN2   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many brothers have had [Fill: FHBTYP_2]?

*Enter '21' for 21 or more brothers.

01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have brothers with a second kind of cancer

SkipInstructions: <1-21> if FHBMAN2 GT FHBCAN
        [goto ERR_FHBMAN2]
     else
        [goto FHBAGE2]
<R,D> [goto FHBAGE2]

Hard Edit: ERR_FHBMAN2

*Number is greater than number of brothers with cancer.   *Please correct.

Default should go to FHBMAN2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID:	NAH.094_00.000	**Instrument Variable Name:**	FHBAGE2	**QuestionnaireFileName:**	Sample Adult

QuestionText: [Fill1: Was your brother under 50 years of age when [Fill3: FHBTYP_2] was first diagnosed?

*Enter '0' if brother was 50 or over.

*Enter '1' if brother was under 50.]

[Fill2: How many of these brothers were under 50 years of age when [Fill3: FHBTYP_2] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more brothers.]

00	None
01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose brother(s) had a second kind of cancer or refused or didn't know name of second kind of cancer

SkipInstructions: <0-21> if FHBMAN2 NE 'Refused' and FHBMAN2 ne 'Don't know' and FHBAGE2 GT FHBMAN2
     [goto ERR1_FHBAGE2]
   elseif (FHBMAN2 = 'Refused' or FHBMAN2 = 'Don't know') and FHBAGE2 GT FHBCAN
     [goto ERR2_FHBAGE2]
   else
     [goto FHBTYP_3]
<D> [goto FHBTYP_3]
<R> and <R> at FHBTYP_2 [goto FHSNUM]
<R> and FHBTYP_2 NE <R> [goto FHBTYP_3]

Hard Edit: ERR1_FHBAGE2

* Number is greater than number of brothers with this kind of cancer.
* Please correct.

Default should go to FHBAGE2

ERR2_FHBAGE2

* Number is greater than number of brothers with cancer.
* Please correct.

Default should go to FHBAGE2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.095_00.000   **Instrument Variable Name:** FHBMAN3   **QuestionnaireFileName:** Sample Adult

QuestionText: How many brothers have had [Fill: FHBTYP_3]?

*Enter '21' for 21 or more brothers.

01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have brothers with a third kind of cancer

SkipInstructions:
<1-21> if FHBMAN3 GT FHBCAN
    [goto ERR_FHBMAN3]
  else
    [goto FHBAGE3]
<R,D> [goto FHBAGE3]

Hard Edit: ERR_FHBMAN3

* Number is greater than number of brothers with cancer.
* Please correct.

Default should go to FHBMAN3

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.096_00.000 **Instrument Variable Name:** FHBAGE3 **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Was your brother under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed?

*Enter '0' if brother was 50 or over.

*Enter '1' if brother was under 50.]

[Fill2: How many of these brothers were under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more brothers.]

00	None
01-20	1-20 brothers
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose brother(s) had a third kind of cancer or refused or didn't know name of third kind of cancer

SkipInstructions: <0-21> if FHBMAN3 NE 'Refused' and FHBMAN3 NE 'Don't know' and FHBAGE3 GT FHBMAN3
  [goto ERR1_FHBAGE3]
 elseif (FHBMAN3 = 'Refused' or FHBMAN3 = 'Don't know') and FHBAGE3 GT FHBCAN
  [goto ERR2_FHBAGE3]
 else
  [goto FHBTYP_4]
<D> [goto FHBTYP_4]
<R> and <R> at FHBTYP_3 [goto FHSNUM]
<R> and FHBTYP_3 NE <R> [goto FHBTYP_4]

Hard Edit: ERR1_FHBAGE3

* Number is greater than number of brothers with this kind of cancer.
* Please correct.

Default should go to FHBAGE3

ERR2_FHBAGE3

* Number is greater than number of brothers with cancer.
* Please correct.

Default should go to FHBAGE3

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.100_00.000 **Instrument Variable Name:**   FHSNUM   **QuestionnaireFileName:**   Sample Adult

QuestionText: FULL SISTERS have the same biological mother and father as you. How many FULL SISTERS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more sisters.

00	None
01-20	1-20 sisters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHNNUM]
<1-21> [goto FHSCAN]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID:	NAH.110_00.000	**Instrument Variable Name:**	FHSCAN	**QuestionnaireFileName:**	Sample Adult

QuestionText: [Fill1: Did your SISTER EVER have cancer of any kind?

*Enter '0' if sister has not had any kind of cancer.

*Enter '1' if sister has had cancer.]

[Fill2: How many of your SISTERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more sisters.]

00	None
01-20	1-20 sisters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have at least one full sister

SkipInstructions: <0,R,D> [goto FHNNUM]
<1-21> if FHSCAN gt FHSNUM
         [goto ERR_FHSCAN]
      else
         [goto FHSTYP_1]

Hard Edit: ERR_FHSCAN

* Number is greater than number of sisters.
* Please correct.

Default should go to FHSCAN

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.120_00.001 **Instrument Variable Name:** FHSTYP_1 **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of cancer did your [Fill1: sister/Fill2: sisters] have?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose sister(s) ever had cancer

SkipInstructions: <1-19,21-25,27-30,R,D> if FHSCAN = '1'
      [goto FHSAGE1]
    else
      [goto FHSMAN1]
<20,26> [goto ERR_FHSTYP_1]

Hard Edit: ERR_FHSTYP_1

*Code 20 or 26 is unavailable for females.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.120_00.002 **Instrument Variable Name:**   FHSTYP_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter code for the second kind of cancer.

*Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who provided age range for sister(s) diagnosed with the first kind of cancer or didn't know how old sister(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the first kind of cancer

SkipInstructions:

<1-19,21-25,27-30,R,D>
   if FHSTYP_2 = FHSTYP_1, [goto ERR2_FHSTYP_2]
   elseif FHSCAN = '1', [goto FHSAGE2]
   else [goto FHSMAN2]
<96> [goto FHNNUM]
<20,26> [goto ERR1_FHSTYP_2]

Hard Edit:

ERR1_FHSTYP_2

*Code 20 or 26 is unavailable for females.

ERR2_FHSTYP_2

* Cannot select pre-selected answer.

Default should go to FHSTYP_2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.120_00.003 **Instrument Variable Name:** FHSTYP_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter code for the third kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who provided age range for sister(s) diagnosed with the second kind of cancer or didn't know how old sister(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the second kind of cancer

SkipInstructions:

<1-19,21-25,27-30,R,D>
   if FHSTYP_2 = FHSTYP_1 or FHSTYP_2 [goto ERR2_FHSTYP_3]
   elseif FHSCAN = '1' [goto FHSAGE3]
   else [goto FHSMAN3]
<96> [goto FHNNUM]
<20,26> [goto ERR1_FHSTYP_3]

Hard Edit:

ERR1_FHSTYP_3

*Code 20 or 26 is unavailable for

females.

ERR2_FHSTYP_3

* Cannot select pre-selected answer.

Default should be FHSTYP_3

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: **27-May-16**

Question ID: NAH.120_00.004 **Instrument Variable Name:** FHSTYP_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
95	More than 3 kinds of cancer
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who provided age range for sister(s) diagnosed with the third kind of cancer or didn't know how old sister(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the third kind of cancer

SkipInstructions: <95,96> goto FHNNUM
<1-30> goto ERR_FHSTYP_4

Hard Edit: ERR_FHSTYP_4

* The only valid answers are '95' and '96' for this screen.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.121_00.000   **Instrument Variable Name:**   FHSMAN1   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many sisters have had [Fill: FHSTYP_1]?

* Enter '21' for 21 or more sisters.

01-20   1-20 sisters
21   21+
97   Refused
99   Don't know

UniverseText: Sample adults 18+ who have sisters with a first kind of cancer

SkipInstructions: <1-21> if FHSMAN1 GT FHSCAN
                [goto ERR_FHSMAN1]
            else
                [goto FHSAGE1]
        <R,D> [goto FHSAGE1]

Hard Edit: ERR_FHSMAN1

* Number is greater than number of sisters with cancer.
* Please correct.

Default should be FHSMAN1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.122_00.000   **Instrument Variable Name:** FHSAGE1   **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Was your sister under 50 years of age when [Fill3: FHSTYP_1] was first diagnosed?

* Enter '0' if sister was 50 or over.

* Enter '1' if sister was under 50.]

[Fill2: How many of these sisters were under 50 years of age when [Fill3: FHSTYP_1] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more sisters.]

00	None
01-20	1-20 sisters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose sister(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

SkipInstructions: <0-21> if FHSMAN1 NE 'Refused' and FHSMAN1 NE 'Don't know' and FHSAGE1 GT FHSMAN1
　　　　[goto ERR1_FHSAGE1]
　　　　elseif (FHSMAN1 = 'Refused' or FHSMAN1 = 'Don't know') and FHSAGE1 GT FHSCAN
　　　　[goto ERR2_FHSAGE1]
　　　　else
　　　　[goto FHSTYP_2]
<D> goto FHSTYP_2
<R> and <R> at FHSTYP_1 [goto FHNNUM]
<R> and FHSTYP_1 ne <RF> [goto FHSTYP_2]

Hard Edit: ERR1_FHSAGE1

* Number is greater than number of sisters with this kind of cancer.
* Please correct.

Default should go to FHSAGE1

ERR2_FHSAGE1

* Number is greater than number of sisters with cancer.
* Please correct.

Default should go to FHSAGE1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.123_00.000 **Instrument Variable Name:** FHSMAN2 **QuestionnaireFileName:** Sample Adult

QuestionText: How many sisters have had [Fill: FHSTYP_2]?

* Enter '21' for 21 or more sisters.

01-20	1-20 sisters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have sisters with a second kind of cancer

SkipInstructions: <1-21> if FHSMAN2 GT FHSCAN
      [goto ERR_FHSMAN2]
    else
      [goto FHSAGE2]
<R,D> [goto FHSAGE2]

Hard Edit: ERR_FHSMAN2

* Number is greater than number of sisters with cancer.
* Please correct.

Default should be FHSMAN2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.124_00.000   **Instrument Variable Name:**   FHSAGE2   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Fill1: Was your sister under 50 years of age when [Fill3: FHSTYP_2] was first diagnosed?

* Enter '0' if sister was 50 or over.

* Enter '1' if sister was under 50.]

[Fill2: How many of these sisters were under 50 years of age when [Fill3: FHSTYP_2] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more sisters.]

00	None
01-20	1-20 sisters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose sister(s) had a second kind of cancer or refused or didn't know name of second kind of cancer

SkipInstructions: <0-21> if FHSMAN2 NE 'Refused' and FHSMAN2 NE 'Don't know' and FHSAGE2 GT FHSMAN2
     [goto ERR1_FHSAGE2]
   elseif (FHSMAN2 = 'Refused' or FHSMAN2 = 'Don't know') and FHSAGE2 GT FHSCAN
    [goto ERR2_FHSAGE2]
   else
    [goto FHSTYP_3]
<D> [goto FHSTYP_3]
<R> and <R> at FHSTYP_2[goto FHNNUM]
<R> and FHSTYP_2 ne R [goto FHSTYP_3]

Hard Edit: ERR1_FHSAGE2

* Number is greater than number of sisters with this kind of cancer.
* Please correct.

Default should go to FHSAGE2

ERR2_FHSAGE2

* Number is greater than number of sisters with cancer.
* Please correct.

Default should go to FHSAGE2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.125_00.000 **Instrument Variable Name:** FHSMAN3 **QuestionnaireFileName:** Sample Adult

QuestionText: How many sisters have had [Fill1: FHSTYP_3]?

* Enter '21' for 21 or more sisters.

01-20	1-20 sisters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have sisters with a third kind of cancer

SkipInstructions: <1-21> if FHSMAN3 GT FHSCAN
       [goto ERR_FHSMAN3]
    else
       [goto FHSAGE3]
<R,D> [goto FHSAGE3]

Hard Edit: ERR_FHSMAN3

* Number is greater than number of sisters with cancer.
* Please correct.

Default should be FHSMAN3

829

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.126_00.000 **Instrument Variable Name:** FHSAGE3 **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Was your sister under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed?

*Enter '0' if sister was 50 or over.

*Enter '1' if sister was under 50.]

[Fill2: How many of these sisters were under 50 years of age when [Fill3: FHBTYP_3] was first diagnosed?

* Enter '0' for none.

* Enter '21' for 21 or more sisters.]

00	None
01-20	1-20 sisters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose sister(s) had a third kind of cancer or refused or didn't know name of third kind of cancer

SkipInstructions: <0-21> if FHSAGE3 GT FHSMAN3
          [goto ERR_FHSAGE3]
        elseif (FHSMAN3 = 'Refused' or FHSMAN3 = 'Don't know') and FHSAGE3 GT FHSCAN
         [goto ERR2_FHSAGE3]
        else
          [goto FHSTYP_4]
     <D> [goto FHSTYP_4]
     <R> and <R> at FHSTYP_3 [goto FHNNUM]
     <R> and FHSTYP_3 NE <R> [goto FHSTYP_4]

Hard Edit: ERR1_FHSAGE3

  * Number is greater than number of sisters with this kind of cancer.
  * Please correct.

  Default should go to FHSAGE3

  ERR2_FHSAGE3

  * Number is greater than number of sisters with cancer.
  * Please correct.

  Default should go to FHSAGE3

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.130_00.000 **Instrument Variable Name:**   FHNNUM   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many BIOLOGICAL SONS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more biological sons.

*Enter '96' for no biological children.

00	None
01-20	1-20 sons
21	21+
96	No biological children
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHDNUM]
<1-21>[goto FHNCAN]
<22-95> goto ERR_FHNNUM
<96> goto SASSN4

Hard Edit: ERR_FHNNUM

* Value not allowed as possible answer.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.140_00.000 **Instrument Variable Name:** FHNCAN **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Did your SON EVER have cancer of any kind?

*Enter '0' if son has not had any kind of cancer.

*Enter '1' if son has had cancer.]

[Fill2: How many of your SONS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more sons.]

00	None
01-20	1-20 sons
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have at least one biological son

SkipInstructions: <0,R,D> [goto FHDNUM]
<1-21> if FHNCAN gt FHNNUM
　　　[goto ERR_FHNCAN]
　　else
　　　[goto FHNTYP_1]

Hard Edit: ERR_FHNCAN

* Number is greater than number of sons.
* Please correct.

Default should be FHNCAN

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.150_00.001   **Instrument Variable Name:**   FHNTYP_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: What kinds of cancer did your [Fill1: son/Fill2: sons] have?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose sons(s) ever had cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHNCAN = '1'
　　　　　　　　　　[goto FHNAGE1]
　　　　　　　　else
　　　　　　　　　　[goto FHNMAN1]
<6,18,29> [goto ERR_FHNTYP_1]

Hard Edit: ERR_FHNTYP_1

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

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.150_00.002 **Instrument Variable Name:** FHNTYP_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ who provided age range for son(s) diagnosed with the first kind of cancer or didn't know how old sons(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the first kind of cancer

SkipInstructions: <1-5,7-17,19-28,30,R,D> if FHNTYP_2 = FHNTYP_1
        [goto ERR2_FHNTYP_2]
    elseif FHNCAN = '1'
     [goto FHNAGE2]
    else
     [goto FHNMAN2]

<96> goto FHDNUM
<6,18,29> goto ERR1_FHNTYP_2

Hard Edit: ERR1_FHNTYP_2

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

ERR2_FHNTYP_2

* Cannot select pre-selected answer.

Default should be FHNTYP_2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.150_00.003   **Instrument Variable Name:**   FHNTYP_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter '95' if respondent offers more than 2 kinds of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
30	Other
95	More than 2 kinds of cancer
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who provided age range for son(s) diagnosed with the second kind of cancer or didn't know how old son(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the second kind of cancer

SkipInstructions: <95,96> [goto FHDNUM]
<1-30> [goto ERR_FHNTYP_3]

Hard Edit: ERR_FHNTYP_3

* The only valid answers are '95' and '96' for this screen.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.151_00.000 **Instrument Variable Name:**   FHNMAN1   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many sons have had [Fill1: FHNTYP_1]?

*Enter '21' for 21 or more sons.

01-20	1-20 sons
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have sons with a first kind of cancer

SkipInstructions: <1-21> if FHNMAN1 GT FHNCAN
        [goto ERR_FHNMAN1]
     else
        [goto FHNAGE1]
<R,D> [goto FHNAGE1]

Hard Edit: ERR_FHNMAN1

* Number is greater than number of sons with cancer.
* Please correct.

Default should be FHNMAN1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID:	NAH.152_00.000	**Instrument Variable Name:**	FHNAGE1	**QuestionnaireFileName:**	Sample Adult

QuestionText: [Fill1: Was your son under 50 years of age when [Fill3: FHNTYP_1] was first diagnosed?

*Enter '0' if son was 50 or over.

*Enter '1' if son was under 50.]

[Fill2: How many of these sons were under 50 years of age when [Fill3: FHNTYP_1] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more sons.]

00	None
01-20	1-20 sons
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose son(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

SkipInstructions: <0-21> if FHNMAN1 NE 'Refused' and FHNMAN1 NE 'Don't know' and FHNAGE1 GT FHNMAN1
    [goto ERR2_FHNAGE1]
   elseif (FHNMAN1 = 'Refused' or FHNMAN1 = 'Don't know') and FHNAGE1 GT FHNCAN
    [goto ERR3_FHNAGE1]
   elseif AGE LE '55' and FHNMAN1 NE 'Refused' and FHNMAN1 NE 'Don't know' and FHNAGE1 LT
FHNMAN1
    [goto ERR1_FHNAGE1]
   elseif AGE LE '55' and (FHNMAN1 = 'Refused' or FHNMAN1 = 'Don't know') and FHNAGE1 = '0'
    [goto ERR1_FHNAGE1]
   else
    [goto FHNTYP_2]
<D> [goto FHNTYP_2]
<R> IF FHNTYP_1=RF [goto FHDNUM]
   else if FHNTYP_1 ne <R> [goto FHNTYP_2]

Hard Edit: ERR1_FHNAGE1

* At least one son is less than six years younger or is older than the respondent.
* Please correct.

Default should go to FHNAGE1

ERR2_FHNAGE1

* Number is greater than number of sons with this kind of cancer.
* Please correct.

Default should go to FHNAGE1

ERR3_FHNAGE1

* Number is greater than number of sons with cancer.
* Please correct.

Default should go to FHNAGE1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.153_00.000 **Instrument Variable Name:** FHNMAN2 **QuestionnaireFileName:** Sample Adult

QuestionText: How many sons have had [Fill: FHNTYP_2]?

*Enter '21' for 21 or more sons.

01-20	1-20 sons
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have sons with a second kind of cancer

SkipInstructions: <1-21> if FHNMAN2 GT FHNCAN
        [goto ERR_FHNMAN2]
     else
        [goto FHNAGE2]
   <R,D> [goto FHNAGE2]

Hard Edit: ERR_FHNMAN2

* Number is greater than number of sons with cancer.
* Please correct.

Default should be FHNMAN2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.154_00.000 **Instrument Variable Name:** FHNAGE2 **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Was your son under 50 years of age when [Fill3: FHNTYP_2] was first diagnosed?

*Enter '0' if son was 50 or over.

*Enter '1' if son was under 50.]

[Fill2: How many of these sons were under 50 years of age when [Fill3: FHNTYP_2] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more sons.]

00	None
01-20	1-20 sons
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose sons(s) had a second kind of cancer or refused or didn't know name of second kind of cancer

SkipInstructions: <0-21> if FHNMAN2 NE 'Refused' and FHNMAN2 NE 'Don't know' and FHNAGE2 GT FHNMAN2
        [goto ERR2_FHNAGE2]
     elseif (FHNMAN2 = 'Refused' or FHNMAN2 = 'Don't know') and FHNAGE2 GT FHNCAN
       [goto ERR3_FHNAGE2]
     elseif AGE LE '55' and FHNMAN2 NE 'Refused' and FHNMAN2 NE 'Don't know' and FHNAGE2 LT
FHNMAN1
        [goto ERR1_FHNAGE2]
     elseif AGE LE '55' and (FHNMAN2 = 'Refused' or FHNMAN2 = 'Don't know') and FHNAGE2 = '0'
       [goto ERR1_FHNAGE2]
     else
       [goto FHNTYP_3]
<D> [goto FHNTYP_3]
<R> and FHNTYP_2=R [goto FHDNUM]

Hard Edit: ERR1_FHNAGE2

* At least one son is less than six years younger or is older than the respondent.
* Please correct.

Default should go to FHNAGE2

ERR2_FHNAGE2

* Number is greater than number of sons with this kind of cancer.
* Please correct.

Default should go to FHNAGE2

ERR3_FHNAGE2

* Number is greater than number of sons with cancer.
* Please correct.

Default should go to FHNAGE2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.160_00.000 **Instrument Variable Name:**   FHDNUM   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many BIOLOGICAL DAUGHTERS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more biological daughters.

00	None
01-20	1-20 daughters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who did not say they did not have any biological children at the 'number of biological sons' question

SkipInstructions: <0,R,D> [goto FHSDBR]
<1-21> [goto FHDCAN]

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.170_00.000 **Instrument Variable Name:**   FHDCAN   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Fill1: Did your DAUGHTER EVER have cancer of any kind?

*Enter '0' if daughter has not had any kind of cancer.

*Enter '1' if daughter has had cancer.]

[Fill2: How many of your DAUGHTERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more daughters.]

00	None
01-20	1-20 daughters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have at least one biological daughter

SkipInstructions: <0,R,D> [goto FHSDBR]
<1-21> if FHDCAN gt FHDNUM
             [goto ERR_FHDCAN]
        else
          [goto FHDTYP_1]

Hard Edit: ERR_FHDCAN

* Number is greater than number of daughters.
* Please correct.

Default should be FHDCAN

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.180_00.001 **Instrument Variable Name:** FHDTYP_1 **QuestionnaireFileName:** Sample Adult

QuestionText: What kinds of cancer did your [Fill1: daughter/Fill2: daughters] have?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ whose daughter(s) ever had cancer

SkipInstructions: <1-19,21-25,27-30,R,D>
    if FHDCAN = '1' [goto FHDAGE1]
    else [goto FHDMAN1]
<20,26> [goto ERR_FHDTYP_1]

Hard Edit: ERR_FHDTYP_1

* Code 20 or 26 is unavailable for females.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.180_00.002   **Instrument Variable Name:**   FHDTYP_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ who provided age range for daughter(s) diagnosed with the first kind of cancer or didn't know how old daughter(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the first kind of cancer

SkipInstructions:	<1-19,21-25,27-30,R,D>
	    if FHDTYP_2 = FHDTYP_1 [goto ERR2_FHDTYP_2]
	    elseif FHDCAN = '1' [goto FHDAGE2]
	    else [goto FHDMAN2]
	<96> [goto FHSDBR]
	<20,26> [goto ERR1_FHDTYP_2]

Hard Edit:	ERR1_FHDTYP_2 * Code 20 or 26 unavailable for females. ERR2_FHDTYP_2 * Cannot select pre-selected answer. Default should be FHDTYP_2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.180_00.003 **Instrument Variable Name:**   FHDTYP_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Enter '95' if respondent offers more than 2 kinds of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
21	Rectum
22	Skin (non-melanoma)
23	Skin (don't know what kind)
24	Soft tissue (muscle or fat)
25	Stomach
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
95	More than 2 kinds of cancer
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who provided age range for daughter(s) diagnosed with the second kind of cancer or didn't know how old daughter(s) was/were when first diagnosed with that kind of cancer or else refused to provide an age range and had not refused to answer the second kind of cancer

SkipInstructions: <R,D,95,96> [goto FHSDBR]
<1-30> [goto ERR_FHDTYP_3]

Hard Edit: ERR_FHDTYP_3

* The only valid answers are '95' and '96' for this screen.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.190_00.000 **Instrument Variable Name:**   FHDMAN1   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many daughters have had [Fill: FHDTYP_1]?

*Enter '21' for 21 or more daughters.

01-20	1-20 daughters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have daughters with a first kind of cancer

SkipInstructions: <1-21> if FHDMAN1 gt FHDCAN
            [goto ERR_FHDMAN1]
         else
            [goto FHDAGE1]
      <R,D> goto FHDAGE1

Hard Edit: ERR_FHDMAN1

* Number is greater than number of daughters with cancer.
* Please correct.

Default should be FHDMAN1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID:	NAH.191_00.000	**Instrument Variable Name:**	FHDAGE1	**QuestionnaireFileName:**	Sample Adult

QuestionText: [Fill1: Was your daughter under 50 years of age when [Fill3: FHDTYP_1] was first diagnosed?

*Enter '0' if daughter was 50 or over.

*Enter '1' if daughter was under 50.]

[Fill2: How many of these daughters were under 50 years of age when [Fill3: FHDTYP_1] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more daughters.]

00	None
01-20	1-20 daughters
21	21+
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText: Sample adults 18+ whose daughter(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

SkipInstructions: <0-21> if FHDMAN1 NE 'Refused' and FHDMAN1 NE 'Don't know' and FHDAGE1 GT FHDMAN1
    [goto ERR2_FHDAGE1]
  elseif (FHDMAN1 = 'Refused' or FHDMAN1 = 'Don't know') and FHDAGE1 GT FHDCAN
    [goto ERR3_FHDAGE1]
  elseif AGE LE '55' and FHDMAN1 NE 'Refused' and FHDMAN1 NE 'Don't know' and FHDAGE1 LT FHDMAN1
    [goto ERR1_FHDAGE1]
  elseif AGE LE '55' and (FHDMAN1 = 'Refused' or FHDMAN1 = 'Don't know') and FHDAGE1 = '0'
    [goto ERR1_FHDAGE1]
  else
    [goto FHDTYP_2]
<D> [goto FHDTYP_2]
<R> IF FHDTYP_1=RF [goto FHSDBR]
    else if FHDTYP_1 NE RF goto FHDTYP_2

Hard Edit: ERR1_FHDAGE1

* At least one daughter is less than six years younger or is older than the respondent.
* Please correct.

Default should go to FHDAGE1

ERR2_FHDAGE1

* Number is greater than number of daughters with this kind of cancer.
* Please correct.

Default should go to FHDAGE1

ERR3_FHDAGE1

* Number is greater than number of daughters with cancer.
* Please correct.

Default should go to FHDAGE1

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.192_00.000	**Instrument Variable Name:** FHDMAN2	**QuestionnaireFileName:**	Sample Adult

QuestionText: How many daughters have had [Fill: FHDTYP_2]?

*Enter '21' for 21 or more daughters.

01-20	1-20 daughters
21	21+
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have daughters with a second kind of cancer

SkipInstructions: <1-21> if FHDMAN2 GT FHDCAN
   [goto ERR_FHDMAN2]
  else
   [goto FHDAGE2]
<R,D> [goto FHDAGE2]

Hard Edit: ERR_FHDMAN2

* Number is greater than number of daughters with cancer.
* Please correct.

Default should be FHDMAN2

850

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.193_00.000 **Instrument Variable Name:**   FHDAGE2   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Fill1: Was your daughter under 50 years of age when [Fill3: FHDTYP_2] was first diagnosed?

*Enter '0' if daughter was 50 or over.

*Enter '1' if daughter was under 50.]

[Fill2: How many of these daughters were under 50 years of age when [Fill3: FHDTYP_2] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more daughters.]

00	None
01-20	1-20 daughters
21	21+
97	Refused
99	Don't know

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

UniverseText:	Sample adults 18+ whose daughter(s) had a second kind of cancer or refused or didn't know name of second kind of cancer
SkipInstructions:	<0-21>if FHDMAN2 NE 'Refused' and FHDMAN2 NE 'Don't know' and FHDAGE2 GT FHDMAN2

<0-21>if FHDMAN2 NE 'Refused' and FHDMAN2 NE 'Don't know' and FHDAGE2 GT FHDMAN2
　　　[goto ERR2_FHDAGE2]
　　elseif (FHDMAN2 = 'Refused' or FHDMAN2 = 'Don't know') and FHDAGE2 GT FHDCAN
　　　[goto ERR3_FHDAGE2]
　　elseif AGE LE '55' and FHDMAN2 NE 'Refused' and FHDMAN2 NE 'Don't know' and FHDAGE2 LT FHDMAN2
　　　[goto ERR1_FHDAGE2]
　　elseif AGE LE '55' and (FHDMAN2 = 'Refused' or FHDMAN2 = 'Don't know') and FHDAGE2 = '0'
　　　[goto ERR1_FHDAGE2]
　　else
　　　[goto FHDTYP_3]
<D> [goto FHDTYP_3]
<R> IF FHDTYP_2=R [goto FHSDBR]
　　　else if FHDTYP_2 ne R goto FHDTYP_3

Hard Edit:　ERR1_FHDAGE2

* At least one daughter is less than six years younger or is older than the respondent.
* Please correct.

Default should go to FHDAGE2

ERR2_FHDAGE2

* Number is greater than number of daughters with this kind of cancer.
* Please correct.

Default should go to FHDAGE2

ERR3_FHDAGE2

* Number is greater than number of daughters with cancer.
* Please correct.

Default should go to FHDAGE2

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID:	NAH.200_00.000	Instrument Variable Name:	FHSDBR	QuestionnaireFileName:	Sample Adult

QuestionText: The next few questions are about the number of your second-degree relatives who have been diagnosed with breast or ovarian cancer.

How many of your grandparents, aunts, uncles, nieces, nephews, or grandchildren have ever been diagnosed with breast cancer?

* Read if necessary:

Do not include great grandparents, great aunts or uncles, cousins, or step-relatives.

00-96	0-96
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto FHSDOV]
<1-96> [goto FHSDBN]

Question ID:	NAH.205_00.000	Instrument Variable Name:	FHSDBN	QuestionnaireFileName:	Sample Adult

QuestionText: How many of them were diagnosed with breast cancer before the age of 50?

00-96	0-96
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had at least one second-degree relative diagnosed with breast cancer

SkipInstructions: <0-96,R,D> if FHSDBN GT FHSDBR [goto ERR1_FHSDBN];
else [goto FHSDOV]

Hard Edit: * Number is greater than number of relatives with cancer.
* Please correct.

2015 NHIS Questionnaire - Sample Adult

Family History

Document Version Date: 27-May-16

Question ID: NAH.210_00.000   **Instrument Variable Name:** FHSDOV   **QuestionnaireFileName:** Sample Adult

QuestionText: How many of your grandmothers, aunts, nieces, or granddaughters have ever been diagnosed with ovarian cancer?

   * Read if necessary:
Do not include great grandmothers, great aunts, cousins, or step-relatives.

00-96	0-96
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-96,R,D> [goto next section]

Instrument Content Area Matrix

	HINTS	BRFSS	NHIS
Health Communication	Looking for Health Information		
Screening		Breast and Cervical Cancer Screening Prostate Cancer Screening Colorectal Cancer Screening Clinical Breast Exam for Women's Health (Optional) Prostate Cancer Screening Decision Making (Optional)	Cancer Screening
Immunization		Immunization Adult Human Papillomavirus (Optional)	Adult Access and Utilization Cancer Screening
Health Behaviors and Comorbidities	Health and Nutrition Physical Activity and Exercise Tobacco Products	Exercise Chronic Health Conditions Oral Health Tobacco Use E-Cigarettes Alcohol Consumption Excess Sun Exposure (Optional)	Family Health Status Family Disability Family Injury/Poisoning Family Food Security Adult Conditions Adult Health Status Adult Health Behaviors Adult Selected Items Adult Functioning and Disability Diet and Nutrition Physical Activity Tobacco Family History
Human Subjects and Ethics			Genetic Testing
Health Literacy		Health Literacy (Optional)	
Cancer Knowledge and Beliefs	Beliefs About Cancer	Cancer Survivorship	
Healthcare Access and Use	Your Healthcare Medical Records	Healthcare Access Healthcare Access (Optional)	Family Access and Utilization Family Health Insurance Adult Access and Utilization
Health Technology and Internet	Using the Internet to Find Information		Adult Web and Internet Use
Demographics	You and Your Household	Demographics	Household Composition Family Identification Family Sociodemographic Family Income Family English Language Adult Identification Adult Sociodemographic Adult Selected Items