

2010 NHIS Public Use Variable Summary

Quality of Life

Filename - Section: quallife - IDN

Document Version Date: April 21, 2011

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
IDN.000_00.000			RECTYPE	File type identifier	1 - 2	2
IDN.000_02.000			SRVY_YR	Year of National Health Interview Survey	3 - 6	4
IDN.000_04.000			HHX	HH identifier	7 - 12	6
IDN.000_25.000			INTV_QRT	Interview Quarter	13	1
IDN.000_30.000			ASSIGNWK	Assignment Week	14 - 15	2
IDN.000_35.000			FMX	Family Serial Number	16 - 17	2
IDN.000_40.000		FPX	FPX	Person Number (Within family)	18 - 19	2
IDN.000_70.000			WTFA_QOL	Weight - Final Quality of Life file	20 - 25	6
UCF.000_00.000	R15	RECODE	STRAT_P	Pseudo-stratum for public use file variance estimation	26 - 28	3
UCF.000_00.000	R16	RECODE	PSU_P	Pseudo-PSU for public use file variance estimation	29 - 30	2
QOL.100_00.000		VIS_SS	VIS_SS	Amount of difficulty seeing	31	1
QOL.110_00.000		VIS_1	VIS_1	Wear glasses to see far away	32	1
QOL.120_00.000		VIS_2	VIS_2	Amount of difficulty clearly seeing someone's face across a room	33	1
QOL.130_00.000		VIS_3	VIS_3	Wear glasses for reading/seeing up close	34	1
QOL.140_00.000		VIS_4	VIS_4	Amount of difficulty seeing picture on coin	35	1
QOL.150_00.000		HEAR_SS	HEAR_SS	Amount of difficulty hearing	36	1
QOL.160_00.000		HEAR_1	HEAR_1	Use a hearing aid	37	1
QOL.160_00.001		HEAR_2	HEAR_2	How often use hearing aid	38	1
QOL.170_00.000		HEAR_3	HEAR_3	Amount of difficulty hearing conversation with one person in quiet room	39	1
QOL.170_00.001		HEAR_4	HEAR_4	Amount of difficulty hearing conversation with one person in noisier room	40	1
QOL.180_00.000		MOB_SS	MOB_SS	Amount of difficulty walking or climbing steps	41	1
QOL.190_00.000		MOB_1	MOB_1	Amount of difficulty moving around inside home	42	1
QOL.200_00.000		MOB_2	MOB_2	Use equipment or receive help walking/climbing steps/moving around	43	1
QOL.200_00.001		MOB_3A	MOB_3A	Use cane/walking stick	44	1

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QOL.200_00.002		MOB_3B	MOB_3B	Use a walker	45	1
QOL.200_00.003		MOB_3C	MOB_3C	Use crutches	46	1
QOL.200_00.004		MOB_3D	MOB_3D	Use a wheelchair	47	1
QOL.200_00.005		MOB_3E	MOB_3E	Use prosthesis	48	1
QOL.200_00.006		MOB_3F	MOB_3F	Use someone's assistance	49	1
QOL.200_00.007		MOB_3G	MOB_3G	Use other type of equipment or help	50	1
QOL.200_00.008		MOBSPEC	MOBSPEC	Specify other type of equipment or help	51 - 100	50
QOL.210_00.000		MOB_4	MOB_4	Amount of difficulty walking 100 yards on level ground	101	1
QOL.220_00.000		MOB_5	MOB_5	Amount of difficulty walking a third of a mile on level ground	102	1
QOL.230_00.000		MOB_6	MOB_6	Amount of difficulty walking up or down 12 steps	103	1
QOL.240_00.000		MOB_7	MOB_7	Amount of difficulty walking 100 yards on level ground using aid	104	1
QOL.250_00.000		MOB_8	MOB_8	Amount of difficulty walking a third of a mile on level ground using aid	105	1
QOL.260_00.000		MOB_9	MOB_9	Amount of difficulty walking up or down 12 steps using aid	106	1
QOL.270_00.000		COM_SS	COM_SS	Amount of difficulty communicating using usual language	107	1
QOL.280_00.000		COM_1	COM_1	Amount of difficulty people have understanding when you speak	108	1
QOL.285_01.000		P_COM_1A	P_COM_1A	Talk too fast/feel shy/have trouble expressing yourself	109	1
QOL.285_02.000		P_COM_1B	P_COM_1B	Physical problem with mouth/tongue	110	1
QOL.285_03.000		P_COM_1C	P_COM_1C	Need to understand other languages/different ways of speaking	111	1
QOL.285_04.000		P_COM_1D	P_COM_1D	Have trouble hearing	112	1
QOL.290_00.000		COM_2	COM_2	Use sign language	113	1
QOL.300_00.000		COG_SS	COG_SS	Amount of difficulty remembering or concentrating	114	1
QOL.310_00.000		COG_1	COG_1	Difficulty remembering, concentrating, or both	115	1
QOL.320_00.000		COG_2	COG_2	How often have difficulty remembering	116	1
QOL.330_00.000		COG_3	COG_3	How much you have difficulty remembering	117	1

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QOL.335_01.000		P_COG_3A	P_COG_3A	Forget things because busy/too much to remember	118	1
QOL.335_02.000		P_COG_3B	P_COG_3B	Difficulty is getting worse	119	1
QOL.335_03.000		P_COG_3C	P_COG_3C	Difficulty has put me/my family in danger	120	1
QOL.335_04.000		P_COG_3D	P_COG_3D	Only forget little/inconsequential things	121	1
QOL.335_05.000		P_COG_3E	P_COG_3E	Must write down important things so I don't forget	122	1
QOL.335_06.000		P_COG_3F	P_COG_3F	Family members/friends are worried about my difficulty remembering	123	1
QOL.335_07.000		P_COG_3G	P_COG_3G	Difficulty is normal for my age	124	1
QOL.340_00.000		COG_4	COG_4	Amount of difficulty concentrating for 10 minutes	125	1
QOL.350_00.000		COG_5	COG_5	When difficulty concentrating is somewhere in between, is it closer to a little, closer to a lot, or exactly in the middle	126	1
QOL.360_00.000		UB_SS	UB_SS	Amount of difficulty with self care	127	1
QOL.370_00.000		UB_1	UB_1	Amount of difficulty raising 2 liter bottle of water/soda from waist to eye level	128	1
QOL.380_00.000		UB_2	UB_2	Amount of difficulty using hands/fingers	129	1
QOL.390_00.000		LEARN_1	LEARN_1	Amount of difficulty learning rules for new game	130	1
QOL.400_00.000		LEARN_2	LEARN_2	Amount of difficulty understanding/following instructions	131	1
QOL.410_00.000		ANX_1	ANX_1	How often feel worried/nervous/anxious	132	1
QOL.420_00.000		ANX_2	ANX_2	Take medication for worried/nervous/anxious feelings	133	1
QOL.430_00.000		ANX_3	ANX_3	Level of feelings last time felt worried/nervous/anxious	134	1
QOL.440_00.000		ANX_4	ANX_4	Level of feelings somewhere in between, is it closer to a little, closer to a lot, or exactly in the middle	135	1
QOL.445_01.000		P_ANX_4A	P_ANX_4A	Feelings caused by type/amount of work I do	136	1
QOL.445_02.000		P_ANX_4B	P_ANX_4B	Feelings can be so intense that chest hurts/have trouble breathing	137	1
QOL.445_03.000		P_ANX_4C	P_ANX_4C	Are positive feelings that help me to accomplish goals/be productive	138	1
QOL.445_04.000		P_ANX_4D	P_ANX_4D	Feelings sometimes interfere with my life/wish I did not have them	139	1
QOL.445_05.000		P_ANX_4E	P_ANX_4E	If I had more money or a better job, I would not have these feelings	140	1

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QOL445_06.000		P_ANX_4F	P_ANX_4F	Everybody has these feelings/are part of life/normal	141	1
QOL445_07.000		P_ANX_4G	P_ANX_4G	Have been told by a medical professional I have anxiety	142	1
QOL450_00.000		DEP_1	DEP_1	How often feel depressed	143	1
QOL460_00.000		DEP_2	DEP_2	Take medication for depression	144	1
QOL470_00.000		DEP_3	DEP_3	How depressed you felt last time you were depressed	145	1
QOL480_00.000		DEP_4	DEP_4	Level of depression somewhere in between, is it closer to a little, closer to a lot, or exactly in the middle	146	1
QOL485_01.000		P_DEP_4A	P_DEP_4A	Feelings caused by death of loved one	147	1
QOL485_02.000		P_DEP_4B	P_DEP_4B	Sometimes feelings can be so intense I cannot get out of bed	148	1
QOL485_03.000		P_DEP_4C	P_DEP_4C	Feelings sometime interfere with my life/wish I did not have them	149	1
QOL485_04.000		P_DEP_4D	P_DEP_4D	If I had more money or a better job, I would not have these feelings	150	1
QOL485_05.000		P_DEP_4E	P_DEP_4E	Everybody has these feelings/they are part of life/normal	151	1
QOL485_06.000		P_DEP_4F	P_DEP_4F	Been told by medical professional I have depression	152	1
QOL490_00.000		PAIN_1	PAIN_1	Have frequent pain	153	1
QOL500_00.000		PAIN_2	PAIN_2	Frequency of pain in past 3 months	154	1
QOL510_00.000		PAIN_3	PAIN_3	Length of time pain lasted last time you had it	155	1
QOL520_00.000		PAIN_4	PAIN_4	How much pain you had last time had pain	156	1
QOL530_00.000		PAIN_5	PAIN_5	Amount of pain somewhere in between, is it closer to a little, closer to a lot, or exactly in the middle	157	1
QOL535_01.000		P_PAIN5A	P_PAIN5A	Pain is constantly present	158	1
QOL535_02.000		P_PAIN5B	P_PAIN5B	Sometimes I'm in a lot of pain and sometimes it's not so bad	159	1
QOL535_03.000		P_PAIN5C	P_PAIN5C	Sometimes pain is unbearable/excruciating	160	1
QOL535_04.000		P_PAIN5D	P_PAIN5D	When I get my mind on other things, I am not aware of the pain	161	1
QOL535_05.000		P_PAIN5E	P_PAIN5E	Medication can take my pain away completely	162	1
QOL535_06.000		P_PAIN5F	P_PAIN5F	My pain is because of work	163	1

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QOL.535_07.000		P_PAIN5G	P_PAIN5G	My pain is because of exercise	164	1
QOL.540_00.000		TIRED_1	TIRED_1	How often felt very tired/exhausted in past 3 months	165	1
QOL.550_00.000		TIRED_2	TIRED_2	How long it lasted the last time you felt very tired/exhausted	166	1
QOL.560_00.000		TIRED_3	TIRED_3	Level of tiredness last time felt very tired/exhausted	167	1
QOL.570_00.000		TIRED_4	TIRED_4	Level of tiredness somewhere in between, is it closer to a little, closer to a lot, or exactly in the middle	168	1
QOL.575_01.000		PTIRED4A	PTIRED4A	Too much work or exercise	169	1
QOL.575_02.000		PTIRED4B	PTIRED4B	Not getting enough sleep	170	1
QOL.575_03.000		PTIRED4C	PTIRED4C	A physical or health-related problem	171	1
QOL.575_04.000		PTIRED4D	PTIRED4D	Tiredness result of something else	172	1
QOL.575_05.000		PTIRED4E	PTIRED4E	Other reason for tiredness	173 - 222	50
QOL.580_00.000		QOL_1	QOL_1	Amount limited in carrying out daily activities	223	1
QOL.590_00.002		QOL_2B	QOL_2B	Working outside the home to earn an income	224	1
QOL.590_00.003		QOL_2C	QOL_2C	Going to school or achieving your education goals	225	1
QOL.590_00.004		QOL_2D	QOL_2D	Participating in leisure or social activities	226	1
QOL.590_00.005		QOL_2E	QOL_2E	Getting out with friends or family	227	1
QOL.590_00.006		QOL_2F	QOL_2F	Doing household chores	228	1
QOL.590_00.007		QOL_2G	QOL_2G	Using transportation to get to places you want to go	229	1
QOL.590_00.008		QOL_2H	QOL_2H	Participating in religious activities	230	1
QOL.590_00.009		QOL_2I	QOL_2I	Participating in community gatherings	231	1
QOL.000_00.000	R01 RECODE		RCS_QOL	Record completion status	232	1

Number of variables for Public Use file: Quality of Life

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