ICPSR 36146

National Health Interview Survey, 2012

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics

Sample Adult Level Questionnaire (English)

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Adult Identification

Document Version Date: 23-May-13

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

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

Adult Identification

Document Version Date: 23-May-13

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

Adult Identification

Document Version Date: 23-May-13

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".

Yes
 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: * Ask if appropriate; otherwise, enter your best guess of the person's sex.

Are you Male or Female?

1 Male2 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)

Adult Identification

Document Version Date: 23-May-13

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".

Yes
 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)

Adult Identification

Document Version Date: 23-May-13

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".

Yes
 No

UniverseText: Sample Adult said his/her age is correct.

SkipInstructions: <1> if AGE of Sample Adult le '17'

goto NO MORE

els

goto beginning of adult.asd

endi

<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

Adult Identification

Document Version Date: 23-May-13

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 Refused99 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.

Adult Identification

Document Version Date: 23-May-13

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

Adult Identification

Document Version Date: 23-May-13

```
UniverseText:
                     Respondent said his/her date of birth is not correct or his/her age is not correct
                     <1880-2020, Refused, Don't know> if AIDVERF A = '2' (No) then reset AIDVERF A to empty
SkipInstructions:
                                                      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 = 'Ref' or 'DK') or (if AIDDOB Y = 'Ref' or 'DK')
                       goto ERR3_AIDDOB_Y
                       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
                     ERR1_AIDDOB_Y
Hard Edit:
                     *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.
```

Adult Identification

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- * If still cannot reconcile, enter 'Don't know' for year of birth.
- * Please correct.

Adult Socio-Demographic

Document Version Date: 23-May-13

Question ID: ASD.050 00.000 Instrument Variable Name: QuestionnaireFileName: WRKVER 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? Yes 1 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 QuestionnaireFileName: **Question ID:** ASD.060 00.000 Instrument Variable Name: WRKCOR 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]

Adult Socio-Demographic

Document Version Date: 23-May-13

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
- With a job or business but not at work
- 3 Looking for work
- 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?)

- Taking care of house or family
- 62 Going to school
- 03 Retired
- On a planned vacation from work
- On family or maternity leave
- Temporarily unable to work for health reasons
- 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]

Adult Socio-Demographic

Document Version Date: 23-May-13

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 Refused9 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]

Adult Socio-Demographic

Document Version Date: 23-May-13

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 Refused9 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 Refused9 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 Refused9 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 WRKCAT]

Adult Socio-Demographic

Document Version Date: 23-May-13

Question ID: ASD.110 00.000 Instrument Variable Name: QuestionnaireFileName: WRKCAT 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. Employee of a PRIVATE company for wages 1 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 <1-4,6,D,R>[goto LOCALLNO] **SkipInstructions:** <5> [goto BUSINC] **Question ID:** ASD.112 00.000 Instrument Variable Name: QuestionnaireFileName: **BUSINC** Sample Adult QuestionText: Is this business incorporated?

2 No

1

7 Refused

9 Don't know

Yes

UniverseText: Sample adults 18+ who are self-employed

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

Adult Socio-Demographic

Document Version Date: 23-May-13

Question ID: ASD 120 00.000 Instrument Variable Name: LOCALLNO QuestionnaireFileName: Sample Adult

QuestionText: (book) A3

Thinking about [If DOINGLW2 eq <1,2,4>] this MAIN job or business [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] your last week at the job you held the longest [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] your last week at the job you held most recently how many people work(ed) at this location?

how many people (Fill4:work/Fill5: worked) at this location?

* "People" includes both FULL- and PART-time employees; "location" refers to the street address of the workplace.

01 1-9 employees 02 10-24 employees 03 25-49 employees 04 50-99 employees 05 100-249 employees 06 250-499 employees 07 500-999 employees 08 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: <1-8, R,D>[goto WRKLONGN]

Adult Socio-Demographic

Document Version Date: 23-May-13

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?

001-365997999Pon'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)

Week(s)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.

Adult Socio-Demographic

Document Version Date: 23-May-13

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 Refused9 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]

Adult Socio-Demographic

Document Version Date: 23-May-13

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 SCHOOLYR]

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,D,R> [goto SCHOOLYR]

Adult Socio-Demographic

Document Version Date: 23-May-13

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: <0-2,D,R> [goto SCHOOLYR]

Question ID: ASD.215_00.010 Instrument Variable Name: SCHOOLYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you attended any kind of school?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto next section]

Adult Conditions

Document Version Date: 23-May-13

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 CHDEV]

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 CHDEV]

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?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had hypertension on 2+ visits

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

Adult Conditions

Document Version Date: 23-May-13

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> [goto CHDYR] <2,R,D> [goto ANGEV]

Question ID: ACN.031 01.010 Instrument Variable Name: CHDYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

... Coronary heart disease?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had coronary heart disease

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

Adult Conditions

Document Version Date: 23-May-13

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]

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]

Adult Conditions

Document Version Date: 23-May-13

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> [goto HRTYR] <2,R,D> [goto STREV]

Question ID: ACN.031 04.010 Instrument Variable Name: HRTYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have 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+ who were ever told they had any other kind of heart condition

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

Adult Conditions

Document Version Date: 23-May-13

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]

Adult Conditions

Document Version Date: 23-May-13

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 ASPMDMED;

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]

Adult Conditions

Document Version Date: 23-May-13

 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."

Yes
 No
 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

Adult Conditions

Document Version Date: 23-May-13

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]

Adult Conditions

Document Version Date: 23-May-13

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> [goto 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 CHLEV]

Adult Conditions

Document Version Date: 23-May-13

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 CHLEV]

Question ID: ACN.121 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?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CHLYR]

<2,R,D>[goto AFLUPNEV]

Question ID: ACN.121 00.020 Instrument Variable Name: CHLYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...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 AFLUPNEV]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121_00.030 Instrument Variable Name: AFLUPNEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Influenza or pneumonia?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AFLUPNYR]

<2,R,D>[goto ASTREPEV]

Question ID: ACN.121_00.040 Instrument Variable Name: AFLUPNYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Influenza or pneumonia?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had influenza or pneumonia

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121_00.050 Instrument Variable Name: ASTREPEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Strep throat or tonsillitis?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASTREPYR]

<2,R,D>[goto PRCIREV]

Question ID: ACN.121 00.060 Instrument Variable Name: ASTREPYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Strep throat or tonsillitis?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had strep throat or tonsillitis

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121 00.070 Instrument Variable Name: PRCIREV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Poor circulation in your legs?

*Include peripheral vascular disease, Intermittent Claudication or cramping.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PRCIRYR]

<2,R,D>[goto UREV]

Question ID: ACN.121_00.080 Instrument Variable Name: PRCIRYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Poor circulation in your legs?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had poor circulation in their legs

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121_00.090 Instrument Variable Name: UREV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Urinary problems such as incontinence, frequent or slow urination or infections?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto URYR]

<2,R,D>[goto PHOBIAEV]

Question ID: ACN.121_00.100 Instrument Variable Name: URYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Urinary problems such as incontinence, frequent or slow urination or infections?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had urinary problems

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121_00.110 Instrument Variable Name: PHOBIAEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Phobia or fears?

Yes
 No
 Refuse

7 Refused9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PHOBIAYR]

<2,R,D>[goto ADDHYP1]

Question ID: ACN.121 00.120 Instrument Variable Name: PHOBIAYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Phobia or fears?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had phobia or fears

SkipInstructions: <1,2,R,D> [goto ADDHYP1]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121_00.130 Instrument Variable Name: ADDHYP1 QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.121 00.140 Instrument Variable Name: BIPDIS QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Bipolar Disorder?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121_00.150 Instrument Variable Name: ADEPRSEV QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Depression?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ADEPRSYR]

<2,R,D>[goto MHDOTHEV]

Question ID: ACN.121_00.160 Instrument Variable Name: ADEPRSYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Depression?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had depression

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.121 00.170 Instrument Variable Name: MHDOTHEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Other mental health disorders?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto MHDOTHYR]

<2,R,D>[goto RESPALYR]

Question ID: ACN.121_00.180 Instrument Variable Name: MHDOTHYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Other mental health disorders?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had other mental health disorders

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

Question ID: ACN.125 00.010 Instrument Variable Name: RESPALYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had

... Any kind of respiratory allergy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.020 Instrument Variable Name: DGSTALYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Any kind of digestive allergy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125_00.030 Instrument Variable Name: SKNALYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Eczema or any kind of skin allergy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.040 Instrument Variable Name: OTHALYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Allergies other than hay fever, respiratory, food, digestive, or skin allergies?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.050 Instrument Variable Name: ACIDRYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Problems with acid reflux or heartburn?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.060 Instrument Variable Name: AFEVRYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Fever more than one day?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.070 Instrument Variable Name: ACOLDYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...A head or chest cold?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.080 Instrument Variable Name: ANAUSYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Nausea and/or vomiting?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.090 Instrument Variable Name: ATHOTHYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Sore throat other than strep or tonsillitis?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.100 Instrument Variable Name: IMMOTHYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Infectious diseases or problems of the immune system?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.110 Instrument Variable Name: AHEADYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Recurring headache, other than migraine?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.120 Instrument Variable Name: MEMLOSYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Memory loss or loss of other cognitive functions?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.130 Instrument Variable Name: NEUROYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

... Neurological problems?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.140 Instrument Variable Name: AABDOMYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Abdominal pain?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.150 Instrument Variable Name: SPNYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Any severe sprains or strains?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.160 Instrument Variable Name: DENYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Dental pain?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.170 Instrument Variable Name: AMUSCLYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Other muscle or bone pain?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.180 Instrument Variable Name: APNOTHYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Other chronic pain?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.190 Instrument Variable Name: ALCTOBYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Excessive use of alcohol or tobacco?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.200 Instrument Variable Name: SUBABYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Substance abuse, other than alcohol or tobacco?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.210 Instrument Variable Name: AOVRWTYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Problems with being overweight?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SKNYR1]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.220 Instrument Variable Name: SKNYR1 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Skin problems, other than eczema or allergies?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.230 Instrument Variable Name: FATIGYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Fatigue or lack of energy more than 3 days?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.240 Instrument Variable Name: FATYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you

...Regularly had excessive sleepiness during the day?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.250 Instrument Variable Name: INSYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you

...Regularly had insomnia or trouble sleeping?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.125_00.260 Instrument Variable Name: ANXNWYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you

...Frequently felt anxious, nervous, or worried?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125 00.270 Instrument Variable Name: ASTRESYR QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you

...Frequently felt stressed?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

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]

Adult Conditions

Document Version Date: 23-May-13

QuestionText: What kind of cancer was it? * Enter code for the first kind of cancer. 91 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	
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 Skin (DK what kind) Soft tissue (muscle or fat) Stomach 	
Soft tissue (muscle or fat)Stomach	
25 Stomach	
26 Tantia	
26 Testis	
27 Throat - pharynx	
28 Thyroid	
29 Uterus	
30 Other	
97 Refused	
99 Don't know	

Adult Conditions

Document Version Date: 23-May-13

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.

Adult Conditions

Document Version Date: 23-May-13

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

Adult Conditions

Document Version Date: 23-May-13

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.

Adult Conditions

Document Version Date: 23-May-13

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

Adult Conditions

Document Version Date: 23-May-13

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]

Adult Conditions

Document Version Date: 23-May-13

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 years997 Refused999 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 years997 Refused999 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 2goto 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.

Adult Conditions

Document Version Date: 23-May-13

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 years997 Refused999 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]

Adult Conditions

Document Version Date: 23-May-13

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 AHAYFYR]

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.

Adult Conditions

Document Version Date: 23-May-13

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] ACN.190_00.000 Instrument Variable Name: **Question ID: QuestionnaireFileName:** DIBPILL 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 AHAYFYR] **Question ID:** ACN.201_01.000 Instrument Variable Name: QuestionnaireFileName: AHAYFYR 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]

Adult Conditions

Document Version Date: 23-May-13

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]

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]

Adult Conditions

Document Version Date: 23-May-13

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]

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]

Adult Conditions

Document Version Date: 23-May-13

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]

Question ID: ACN.260 00.000 Instrument Variable Name: JMTHP QuestionnaireFileName: Sample Adult

QuestionText: (book) A4

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

Toes-right

14 Toes-left

Fingers/thumb-right

Fingers/thumb-left

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]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.270 00.000 Instrument Variable Name: QuestionnaireFileName: **JNTCHR** 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] **Question ID:** ACN.280 00.000 Instrument Variable Name: QuestionnaireFileName: **JNTHP** 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> or JNTSYMP eq <1>) [goto ARTHLMT]; else (<2,R,D> and JNTSYMP ne 1) [goto PAINECK]

Adult Conditions

Document Version Date: 23-May-13

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> if ARTH=1 [goto ARTHTYP];

else [goto PAINECK]

Question ID: ACN.297_00.010 Instrument Variable Name: ARTHTYP QuestionnaireFileName: Sample Adult

QuestionText: You just mentioned that you were told by a doctor or other health professional that you had some form of arthritis,

rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh). Which of these were you told you had?

*Enter all that apply, separate with commas.

1 Arthritis

- 2 Rheumatoid arthritis
- 3 Gout
- 4 Lupus
- 5 Fibromyalgia
- 6 Other joint condition
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ years who have ever been told they had arthritis, rheumatoid arthritis, gout, lupus, or

fibromyalgia

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

Adult Conditions

Document Version Date: 23-May-13

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]

Adult Conditions

Document Version Date: 23-May-13

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?

Yes
 No
 Refused

9 Don't know

UniverseText: Sample adults 18+ with 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]

Adult Conditions

Document Version Date: 23-May-13

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]

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]

Adult Conditions

Document Version Date: 23-May-13

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=1 and age GE 40 [goto PROSTYR]; else if SEX=2 and AGE 18-49 [goto PREGNOW]; else if

SEX=2 and AGE 50-55 [goto MENSYR]; else if SEX=2 and AGE 56-57 [goto MENOYR]; else if SEX=2 and

AGE GE 58 [goto GYNYR]; else [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 MENSYR]

<R> [goto MENSYR] <2,D> [goto PREGFLYR]

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 MENSYR]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.372 00.010 Instrument Variable Name: MENSYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any menstrual problems such as heavy bleeding, bothersome cramping,

or pre-menstrual syndrome (also called PMS)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18-55

SkipInstructions: <1,2,R,D> if AGE 45-55 [goto MENOYR]; else [goto GYNYR]

Question ID: ACN.372_00.020 Instrument Variable Name: MENOYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any menopausal problems such as hot flashes, night sweats, or other

menopausal symptoms?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 45-57

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

Question ID: ACN.372_00.030 Instrument Variable Name: GYNYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any gynecologic problems such as a vaginal infection, uterine fibroids,

or infertility?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+

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

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.372 00.040 Instrument Variable Name: PROSTYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any men's health problems such as prostate trouble or impotence?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Male sample adults 40+

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]

Adult Conditions

Document Version Date: 23-May-13

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]

Adult Conditions

Document Version Date: 23-May-13

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 MHSAD_CK]

Question ID: ACN.470_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 SAD]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.471_01.000 Instrument Variable Name: SAD QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

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

7 Refused

5

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto NERVOUS]

NONE of the time

Question ID: ACN.471 02.000 Instrument Variable Name: NERVOUS QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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 RESTLESS]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.471_03.000 Instrument Variable Name: RESTLESS QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* Read lead-in 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 HOPELESS]

Question ID: ACN.471_04.000 Instrument Variable Name: HOPELESS QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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 EFFORT]

Adult Conditions

Document Version Date: 23-May-13

Question ID: ACN.471 05.000 Instrument Variable Name: EFFORT QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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 WORTHLS]

Question ID: ACN.471_06.000 Instrument Variable Name: WORTHLS QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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: If (SAD eq <1-3> or NERVOUS eq <1-3> or RESTLESS eq <1-3> or HOPELESS eq <1-3> or EFFORT eq<1-3>

or WORTHLS

eq <1-3>) [goto MHAMTMO];

else [goto Next Section]]

Adult Conditions

Document Version Date: 23-May-13

ACN.530 00.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: MHAMTMO Sample Adult We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings **QuestionText:** 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

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 next section]

Don't know

9

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.010 00.000 Instrument Variable Name: VSLVYR QuestionnaireFileName: Sample Adult

QuestionText: These next questions are about problems with your voice, swallowing, speech, or language. Please do not tell us about

problems that resulted from drinking alcohol or were caused by use of illicit drugs.

DURING THE PAST 12 MONTHS, have you had any problems or difficulties with your VOICE, such as having a

hoarse, raspy, or strained voice, or with difficulty speaking loud enough to be heard?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACD.015 00.000 Instrument Variable Name: VSLSWYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a SWALLOWING problem, such as difficulty eating solid food, taking

pills, or drinking beverages?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 020 00 000 Instrument Variable Name: VSLSPYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a SPEECH problem, such as stuttering, repeating words, or not being

able to pronounce words properly?

*Read if necessary: This refers to the language you are most comfortable with, not a foreign language.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACD.025_00.000 Instrument Variable Name: VSLLGYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a LANGUAGE problem, such as problems using or understanding

words or sentences?

*Read if necessary: This refers to the language you are most comfortable with, not a foreign language.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 030 00 000 Instrument Variable Name: VSLSPEC QuestionnaireFileName: Sample Adult

QuestionText: Before age 18, did you ever receive SPECIAL SERVICES or INSTRUCTION for a problem with your voice, speech, or

language, for example, pronunciation, using or understanding words or sentences, or in reading?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if VSLVYR=1 or VSLSWYR=1 or VSLSPYR=1 or VSLLGYR=1 [goto VSLHPD];

else [goto VSLEVER]

Question ID: ACD.035 00.000 Instrument Variable Name: VSLEVER QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had a voice, swallowing, speech, or language problem that lasted a week or longer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who haven't had any voice, swallowing, speech or language problems in the past 12 months

SkipInstructions: <1> [goto VSLHPD] <2,R,D> [goto VSLINTYR]

Question ID: ACD.040_00.000 Instrument Variable Name: VSLHPD QuestionnaireFileName: Sample Adult

QuestionText: Did a doctor or other health professional EVER tell you a diagnosis or reason for a voice, swallowing, speech, or language

problem?

1 Yes

2 No.

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have had a voice, swallowing, speech or language problem in the past 12 months or who

have ever had a voice, swallowing, speech or language problem

SkipInstructions: <1> [goto VSLDGTYP] <2,R,D> [if VSLVYR=1 or VSLSWYR=1 or VSLSPYR=1 or VSLLGYR=1 goto

VSLVDYS, VSLSWDYS, VSLSPDYS, VSLLGDYS series; else goto VSLINTYR]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.045_00.000 Instrument Variable Name: VSLDGTYP QuestionnaireFileName: Sample Adult

QuestionText: For which problem(s)?

*Read if necessary: Was this for problems with your voice, swallowing, speech, or language?

*Enter all that apply, separate with commas.

1 Voice problem

- 2 Swallowing problem
- 3 Speech problem
- 4 Language problem
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a diagnosis for a voice, swallowing, speech or language problem that lasted

for a week or longer

SkipInstructions: <1> [goto VSLVDG] <2> [goto VSLSWDG] <3> [goto VSLSPDG] <4> [goto VSLLGDG] <R,D> [if

VSLVYR=1 or VSLSWYR=1 or VSLSPYR=1 or VSLLGYR=1 goto VSLVDYS, VSLSWDYS, VSLSPDYS,

VSLLGDYS series; else goto VSLINTYR]

Question ID: ACD.050 00.000 Instrument Variable Name: VSLVDG QuestionnaireFileName: Sample Adult

QuestionText: What diagnoses or reasons were you told caused your voice problems?

*Enter all that apply, separate with commas.

- 01 Laryngitis caused by voice misuse, abuse, overuse
- 02 Laryngitis caused by colds/strep
- Vocal nodules or polyps
- Gastro-esophageal reflux disease (GERD)
- 05 Allergies
- Airborne irritants or environmental pollutants
- 07 Head/neck injury
- O8 Cancer anywhere in the head, neck, or throat
- Neurological cause (Alzheimer's, Parkinson's, dementia, etc.)
- 10 Prescription medication or drugs
- 11 Other
- 97 Refused
- 99 Don't Know

UniverseText: Sample adults 18+ who have ever had a diagnosis for a voice problem that lasted a week or longer

SkipInstructions: <1-11,R,D> [cycle through VSLSWDG, VSLSPDG, VSLLGDG if applicable]; then if VSLVYR=1 or

VSLSWYR=1 or VSLSPYR=1 or VSLLGYR=1 [goto VSLVDYS, VSLSWDYS, VSLSPDYS, VSLLGDYS

series]; else [goto VSLINTYR]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID:	ACD.060_00.000 Instrument Variable Name:	VSLSWDG	QuestionnaireFileName:	Sample Adult
QuestionText:	What diagnoses or reasons were you told caused	swallowing?		
	*Enter all that apply, separate with commas.			
01	Stroke			
02	Neurological cause (Alzheimer's, Parkinson's,	post-polio synd	rome, dementia, etc.)	
03	Cancer anywhere in the head, neck, or throat			
04	Chronic obstructive pulmonary disease (COPD)			
05	Congestive heart failure (CHF)			
06	Head/neck injury			
07	Arthritic changes in the neck (arthritis, cervical osteophyte)			
08	Advancing age (deterioration of muscle function with agesarcopenia)			
09	Prescription medication or drugs			
10	Other			
97	Refused			
99	Don't Know			
UniverseTex	Sample adults 18+ who have ever had a c	diagnosis for a s	wallowing problem that lasted a w	reek or longer
SkipInstruct	tions: <1-10,R,D> [cycle through VSLSPDG, V VSLSPYR=1 or VSLLGYR=1 [goto VS VSLINTYR]			
Question ID:	ACD.065_00.000 Instrument Variable Name:	VSLSPDG	QuestionnaireFileName:	Sample Adult
QuestionText:	What diagnoses or reasons were you told caused	d your speech pr	oblems?	
	*Enter all that apply, separate with commas.			
01	Hearing loss or deafness			
02	Developmental speech sound disorder (phonological)	ogical, articulate	ory, dyspraxia)	
03	Cerebral palsy			
04	Cleft lip/palate, cranial-facial anomaly (structu	ral cause)		
05	Head/neck injury			
06	Stuttering			
07	Cancer anywhere in the head, neck, or throat			
08	Neurological cause/dysarthria (Alzheimer's, Parkinson's, ALS, multiple sclerosis, dementia, etc.)			
09	Prescription medication or drugs			
10	Other			
97	Refused			

UniverseText: Sample adults 18+ who have ever had a diagnosis for a speech problem that lasted a week or longer

<1-10,R,D> [cycle through VSLLGDG if applicable]; then if VSLVYR=1 or VSLSWYR=1 or VSLSPYR=1 or VSLLGYR=1 [goto VSLVDYS, VSLSWDYS, VSLSPDYS, VSLLGDYS series]; else [goto VSLINTYR] **SkipInstructions:**

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.070 00.000 Instrument Variable Name: QuestionnaireFileName: **VSLLGDG** Sample Adult QuestionText: What diagnoses or reasons were you told caused your problems using or understanding words or sentences? *Enter all that apply, separate with commas. 01 Hearing loss or deafness 02 Genetic syndrome: Down syndrome, Fragile X syndrome, etc. 03 Intellectual disability, also known as mental retardation 04 Autism spectrum disorder (ASD) 05 Developmental Language-Learning Disorder (e.g., Specific Language Impairment (SLI), learning disability, or dyslexia) 06 Other developmental delay 07 Head injury, traumatic brain injury (TBI) 08 Stroke/aphasia 09 Dementia or other neurological cause (Alzheimer's, Parkinson's, etc.) 10 Prescription medication or drugs 11 Other 97 Refused 99 Don't Know UniverseText: Sample adults 18+ who have ever had a diagnosis for a language problem that lasted a week or longer <1-11,R,D> if VSLVYR=1 or VSLSWYR=1 or VSLSPYR=1 or VSLLGYR=1 [goto VSLVDYS, VSLSWDYS, **SkipInstructions:**

VSLSPDYS, VSLLGDYS series; else goto VSLINTYR]

Question ID: ACD.075_00.000 Instrument Variable Name: VSLVDYS QuestionnaireFileName: Sample Adult

QuestionText: How many days in the past year did you have voice problems?

*Enter '7' for one week.

*Enter '30' for one month.

*Enter '365' for one year.

001-365997999Pon't know

UniverseText: Sample adults 18+ who had a voice problem in the past 12 months

SkipInstructions: <1-6,R> [cycle through VSLSWDYS, VSLSPDYS, VSLLGDYS if applicable. If not applicable, goto

VSLINTYR]

<D> [cycle through VSLSWDYS, VSLSPDYS, VSLLGDYS if applicable; else, goto VSLV1WK]
<7-365> cycle through VSLSWDYS, VSLSPDYS, VSLLGDYS if applicable; then [goto VSLVAGE,

VSLSWAGE, VSLSPAGE VSLLGAGE series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD .080 00.000 Instrument Variable Name: VSLSWDYS QuestionnaireFileName: Sample Adult

QuestionText: How many days in the past year did you have problems swallowing?

*Enter '7' for one week.

*Enter '30' for one month.

*Enter '365' for one year.

001-365997999Pon't know

UniverseText: Sample adults 18+ who had a swallowing problem in the past 12 months

SkipInstructions: <1-6,R> [cycle through VSLSPDYS, VSLLGDYS if applicable;

else if VSLLGDYS, VSLLGDYS not applicable and VSLVDYS=1-6,R,' 'goto VSLINTYR else if VSLLGDYS, VSLLGDYS not applicable and VSLVDYS=D, goto VSLV1WK;

else goto VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

<D> [cycle through VSLSPDYS, VSLLGDYS if applicable;

else goto 1WK series (VSLSW1WK)]

<7-365> cycle through VSLSPDYS, VSLLGDYS if applicable then [goto VSLVAGE, VSLSWAGE, VSLSPAGE

VSLLGAGE series]

Question ID: ACD.082 00.000 Instrument Variable Name: VSLSPDYS QuestionnaireFileName: Sample Adult

QuestionText: How many days in the past year did you have speech problems?

*Enter '7' for one week.

*Enter '30' for one month.

*Enter '365' for one year.

001-365997999Pon't know

UniverseText: Sample adults 18+ who had a speech problem in the past 12 months

SkipInstructions: <1-6,R> [cycle through VSLLGDYS if applicable;

else if VSLLGDYS not applicable and VSLVDYS=1-6,R,' and VSLSWDYS=1-6,R,' goto VSLINTYR; else if VSLLGDYS not applicable and any applicable DYS variables=D, goto VSLV1WK, VSLSW1WK,

VSLSP1WK series;

else goto VSLVAGE, VSLSWAGE, VSLSPAGE VSLLGAGE series]

<D> [cycle through VSLLGDYS if applicable;

else goto 1WK series (VSLSP1WK)]

<7-365> cycle through VSLLGDYS if applicable then [goto VSLSTUTT]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.085 00.000 Instrument Variable Name: VSLLGDYS QuestionnaireFileName: Sample Adult

QuestionText: How many days in the past year did you have problems using or understanding words or sentences?

*Enter '7' for one week.

*Enter '30' for one month.

*Enter '365' for one year.

001-365997999Pon't know

UniverseText: Sample adults 18+ who had a language problem in the past 12 months

SkipInstructions: <1-6,R> [if 1-6,R to all applicable DYS variables, goto VSLINTYR;

else if any applicable DYS variables=D, goto VSLV1WK, VSLSW1WK, VSLSP1WK, VSLLG1WK series;

else if VSLSPDYS GE 7, goto VSLSTUTT; else if VSLLGDYS GE 7, goto VSLLGFAM;

else goto VSLVAGE, VSLSWAGE, VSLSPAGE VSLLGAGE series]

<D> [goto 1WK series (VSLLG1WK)]

<7-365> if VSLSPDYS GE 7 [goto VSLSTUTT]; else if VSLLGDYS GE 7 [goto VSLLGFAM];

else [goto VSLVAGE, VSLSWAGE, VSLSPAGE VSLLGAGE series]

Question ID: ACD 090 00 000 Instrument Variable Name: VSLV1WK QuestionnaireFileName: Sample Adult

QuestionText: Altogether, did your voice problems last a week or longer?

Yes
 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had a voice problem in the past 12 months who don't know how many days in the past year

they have had this problem

SkipInstructions: <1> [cycle through VSLSW1WK, VSLSP1WK, VSLLG1WK if applicable;

else if VSLSW1WK, VSLSP1WK, VSLLG1WK not applicable and VSLSPDYS GE 7, goto VSLSTUTT; else if VSLSW1WK, VSLSP1WK, VSLLG1WK not applicable and VSLLGDYS GE 7, goto VSLLGFAM;

else goto applicable items in VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

<2,R,D> [cycle through VSLSW1WK, VSLSP1WK, VSLLG1WK if applicable;

else if VSLSW1WK, VSLSP1WK, VSLLG1WK not applicable and if all applicable DYS series < 7 goto

VSLINTYR;

else if VSLSPDYS GE 7, goto VSLSTUTT; else if VSLLGDYS GE 7, goto VSLLGFAM;

else goto applicable items in VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD .095 00.000 Instrument Variable Name: VSLSW1WK QuestionnaireFileName: Sample Adult

QuestionText: Altogether, did your problems swallowing last a week or longer?

1 Yes

- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a voice problem in the past 12 months who don't know how many days in the past year

they have had this problem

SkipInstructions: <1> [cycle through VSLSP1WK, VSLLG1WK if applicable,

else if VSLSP1WK, VSLLG1WK not applicable and VSLSPDYS GE 7, goto VSLSTUTT; else if VSLSP1WK, VSLLG1WK not applicable and VSLLGDYS GE 7, goto VSLLGFAM; else goto applicable items in VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

<2,R,D> [cycle through VSLSP1WK, VSLLG1WK if applicable;

else if VSLSP1WK, VSLLG1WK not applicable and if all applicable DYS series < 7 and VSLV1WK NE 1 goto

VSLINTYR

else if VSLSPDYS GE 7, goto VSLSTUTT; else if VSLLGDYS GE 7, goto VSLLGFAM;

else goto applicable items in VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

Question ID: ACD 100 00.000 Instrument Variable Name: VSLSP1WK QuestionnaireFileName: Sample Adult

QuestionText: Altogether, did your speech problems last for a week or longer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had a speech problem in the past 12 months who don't know how many days in the past

year they have had this problem

SkipInstructions: <1> [cycle through VSLLG1WK if applicable,

else if VSLLG1WK not applicable goto VSLSTUTT;

else if VSLLG1WK not applicable and VSLLGDYS GE 7, goto VSLLGFAM;

else then goto applicable items in VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

<2,R,D> [cycle through VSLLG1WK if applicable;

else if VSLLG1WK not applicable and if all applicable DYS series < 7 and VSLV1WK NE 1 and VSLSW1WK

NE 1 goto VSLINTYR;

else if VSLSPDYS GE 7, goto VSLSTUTT; else if VSLLGDYS GE 7, goto VSLLGFAM;

else goto VSLINTYR]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 105 00.000 Instrument Variable Name: VSLLG1WK QuestionnaireFileName: Sample Adult

QuestionText: Altogether, did your problems using or understanding words or sentences last for a week or longer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had a language problem in the past 12 months who don't know how many days in the past

year they have had this problem

SkipInstructions: <1>if VSLSPDYS GE 7 or VSLSP1WK=1 [goto VSLSTUTT];

else [goto VSLLGFAM];

<2,R,D> if VSLSPDYS GE 7 or VSLSP1WK=1 [goto VSLSTUTT];

else if all applicable DYS series < 7 and VSLV1WK NE 1 and VSLSW1WK NE 1 and VSLSP1WK NE 1 goto

VSLINTYR

else [goto applicable items in VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

Question ID: ACD.110 00.000 Instrument Variable Name: VSLSTUTT QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a problem with stuttering or stammering?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a speech problem in the past 12 months for a week or longer

SkipInstructions: <1> [goto VSLSTDEG]

<2,R,D> if VSLLGDYS GE 7 or VSLLG1WK=1 [goto VSLLGFAM]; else [goto VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.115 00.000 Instrument Variable Name: VSLSTDEG QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Would you describe your stuttering or stammering as mild, moderate, or severe?

1 Mild

2 Moderate

3 Severe7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a stuttering or stammering problem in the past 12 months for a week or longer

SkipInstructions: <1-3,R,D> VSLLGDYS GE 7 or VSLLG1WK=1 [goto VSLLGFAM];

else [goto VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

Question ID: ACD 120 00.000 Instrument Variable Name: VSLLGFAM QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have your family members, friends, or associates had trouble understanding what

you say?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a language problem in the past 12 months for a week or longer

SkipInstructions: <1,2,R,D> [goto VSLVAGE, VSLSWAGE, VSLSPAGE, VSLLGAGE series]

Question ID: ACD 125 00.000 Instrument Variable Name: VSLVAGE QuestionnaireFileName: Sample Adult

QuestionText: At what age did you FIRST begin to have any voice problems?

* Enter '0' if since birth.

 000-120
 Current Age

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+ with a voice problem in the past 12 months for a week or longer

SkipInstructions: <0-Current Age,R,D> [cycle through VSLSWAGE, VSLSPAGE, VSLLGAGE if applicable,

then goto VSLVPRB, VSLSWPRB, VSLSPPRB, VSLLGPRB series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 130 00.000 Instrument Variable Name: VSLSWAGE QuestionnaireFileName: Sample Adult

QuestionText: At what age did you FIRST begin to have any problems swallowing?

* Enter '0' if since birth.

000-120 Current Age
 997 Refused
 999 Don't know

UniverseText: Sample adults 18+ with a swallowing problem in the past 12 months for a week or longer

SkipInstructions: <0-Current Age,R,D> [cycle through VSLSPAGE, VSLLGAGE if applicable,

then goto VSLVPRB, VSLSWPRB, VSLSPPRB, VSLLGPRB series]

Question ID: ACD 135 00.000 Instrument Variable Name: VSLSPAGE QuestionnaireFileName: Sample Adult

QuestionText: At what age did you FIRST begin to have any speech problems?

* Enter '0' if since birth.

 000-120
 Current Age

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+ with a speech problem in the past 12 months for a week or longer

SkipInstructions: <0-Current Age,R,D> [cycle through VSLLGAGE if applicable, then goto VSLVPRB, VSLSWPRB, VSLSPPRB,

VSLLGPRB series]

Question ID: ACD.140_00.000 Instrument Variable Name: VSLLGAGE QuestionnaireFileName: Sample Adult

QuestionText: At what age did you FIRST begin to have any problems using or understanding words or sentences?

* Enter '0' if since birth.

 000-120
 Current Age

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+ with a language problem in the past 12 months for a week or longer

SkipInstructions: <0-Current Age,R,D> [goto VSLVPRB, VSLSWPRB, VSLSPPRB, VSLLGPRB series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 145 00.000 Instrument Variable Name: VSLVPRB QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem did you have with your voice? Would you say it was...

*Read categories below

1 No problem

- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with a voice problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [cycle through VSLSWPRB, VSLSPPRB, VSLLGPRB if applicable, then goto VSLVSLP,

VSLSWSLP VSLSPSLP, VSLLGSLP series]

Question ID: ACD.150_00.000 Instrument Variable Name: VSLSWPRB QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a swallowing problem did you have? Would you say it was...

*Read categories below

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with a swallowing problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [cycle through VSLSPPRB, VSLLGPRB if applicable, then goto VSLVSLP, VSLSWSLP

VSLSPSLP, VSLLGSLP series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 155 00.000 Instrument Variable Name: VSLSPPRB QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem did you have with your speech? Would you say it was...

*Read categories below

1 No problem

- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with a speech problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [cycle through VSLLGPRB if applicable, then goto VSLVSLP, VSLSWSLP VSLSPSLP, VSLLGSLP

series]

Question ID: ACD 160 00.000 Instrument Variable Name: VSLLGPRB QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem did you have using or understanding words or sentences?

Would you say it was...

*Read categories below

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with a language problem in the past 12 months for a week or longer

SkipInstructions: <1-5,R,D> [goto VSLVSLP, VSLSWSLP VSLSPSLP, VSLLGSLP series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 165 00.000 Instrument Variable Name: VSLVSLP QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen a speech-language pathologist (SLP) or other health care professional

about your voice problems?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a voice problem in the past 12 months for a week or longer

SkipInstructions: <1,R,D> [cycle through VSLSWSLP, VSLSPSLP, VSLLGSLP if applicable, then goto VSLVTRT, VSLSWTRT,

VSLSPTRT, VSLLGTRT series]

<2> [goto VSLVPEV]

Question ID: ACD 170 00.000 Instrument Variable Name: VSLVPEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER seen a speech-language pathologist (SLP) or other health care professional about your voice problems?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have not seen a speech-language pathologist or other health care professional about a

voice problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLSWSLP, VSLSPSLP, VSLLGSLP if applicable,

then goto VSLVTRT, VSLSWTRT, VSLSPTRT, VSLLGTRT series]

Question ID: ACD 175 00.000 Instrument Variable Name: VSLSWSLP QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen a speech-language pathologist (SLP) or other health care professional

about your problems swallowing?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a swallowing problem in the past 12 months for a week or longer

SkipInstructions: <1,R,D> [cycle through VSLSPSLP, VSLLGSLP if applicable, then goto VSLVTRT, VSLSWTRT, VSLSPTRT,

VSLLGTRT series] <2> [goto VSLSWPEV]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 180 00.000 Instrument Variable Name: VSLSWPEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER seen a speech-language pathologist (SLP) or other health care professional about your problems

swallowing?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have not seen a speech-language pathologist or other health care professional about a

swallowing problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLSPSLP, VSLLGSLP if applicable,

then goto VSLVTRT, VSLSWTRT, VSLSPTRT, VSLLGTRT series]

Question ID: ACD.185_00.000 Instrument Variable Name: VSLSPSLP QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen a speech-language pathologist (SLP) or other health care professional

about your speech problems?

Yes

2 No

1

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a speech problem in the past 12 months for a week or longer

SkipInstructions: <1,R,D> [cycle through VSLLGSLP if applicable; then goto VSLVTRT, VSLSWTRT, VSLSPTRT, VSLLGTRT

series]

<2> [goto VSLSPPEV]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 190 00.000 Instrument Variable Name: VSLSPPEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER seen a speech-language pathologist (SLP) or other health care professional about your speech problems?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have not seen a speech-language pathologist or other health care professional about a

speech problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLLGSLP if applicable]; else [goto VSLVTRT, VSLSWTRT, VSLSPTRT,

VSLLGTRT series]

Question ID: ACD 195 00.000 Instrument Variable Name: VSLLGSLP QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen a speech-language pathologist (SLP) or other health care professional

about your problems using or understanding words or sentences?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a language problem in the past 12 months for a week or longer

SkipInstructions: <1,R,D> [goto VSLVTRT, VSLSWTRT, VSLSPTRT, VSLLGTRT series] <2> [goto VSLLGPEV]

Question ID: ACD.200_00.000 Instrument Variable Name: VSLLGPEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER seen a speech-language pathologist (SLP) or other health care professional about your problems using or

understanding words or sentences?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have not seen a speech-language pathologist or other health care professional about a

language problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto VSLVTRT, VSLSWTRT, VSLSPTRT, VSLLGTRT series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 205 00.000 Instrument Variable Name: VSLVTRT QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you received treatments, therapy, or other rehabilitation services for your voice

problems?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a voice problem in the past 12 months for a week or longer

SkipInstructions: <1> [goto VSLVTRW]

<2,R,D> [cycle through VSLSWTRT, VSLSPTRT, VSLLGTRT if applicable; else go to VSLVCOM,

VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD.210 00.000 Instrument Variable Name: VSLVTRW QuestionnaireFileName: Sample Adult

QuestionText: Who provided this (for your voice problems)?

*Enter all that apply, separate with commas.

01 Speech-Language Pathologist

Family Physician, General Practitioner, or Osteopath

Rehabilitation Specialist (Occupational or Physical Therapist)

04 Ear, Nose, and Throat Doctor (Otolaryngologist)

Audiologist, Hearing Specialist, or Hearing Aid Technician
 Specialty doctor in Internal Medicine, Geriatrics, Neurology, etc.

Nutritionist or DieticianPsychiatrist or Psychologist

Nurse or Nurse Practitioner

10 Dentist, Orthodontist, or Oral Surgeon

11 Other

97 Refused

99 Don't Know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a voice problem in the past 12 months

SkipInstructions: <1-11,R,D> [cycle through VSLSWTRT, VSLSPTRT, VSLLGTRT if applicable

else if VSLSWTRT, VSLSPTRT, VSLLGTRT not applicable and VSLVTRW=1,goto VSLVSOC;

else go to VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.215 00.000 Instrument Variable Name: VSLSWTRT QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you received treatments, therapy, or other rehabilitation services for your

problems swallowing?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a swallowing problem in the past 12 months for a week or longer

SkipInstructions: <1> [goto VSLSWTRW]

<2,R,D> [cycle through VSLSPTRT, VSLLGTRT if applicable;

else if VSLSPTRT, VSLLGTRT not applicable and any TRT variables=1 goto VSLVSOC, VSLSWSOC,

VSLSPSOC, VSLLGSOC series;

else goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD.220_00.000 Instrument Variable Name: VSLSWTRW QuestionnaireFileName: Sample Adult

QuestionText: Who provided this (for your problems swallowing)?

*Enter all that apply, separate with commas.

01 Speech-Language Pathologist

Family Physician, General Practitioner, or Osteopath

Rehabilitation Specialist (Occupational or Physical Therapist)

64 Ear, Nose, and Throat Doctor (Otolaryngologist)

Audiologist, Hearing Specialist, or Hearing Aid Technician
 Specialty doctor in Internal Medicine, Geriatrics, Neurology, etc.

Nutritionist or DieticianPsychiatrist or Psychologist

09 Nurse or Nurse Practitioner

10 Dentist, Orthodontist, or Oral Surgeon

11 Other

97 Refused

99 Don't Know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a swallowing problem in the past 12

months

SkipInstructions: <1-11,R,D> [cycle through VSLSPTRT, VSLLGTRT if applicable;

else if VSLSPTRT, VSLLGTRT not applicable and any TRT variables=1 goto VSLVSOC, VSLSWSOC,

VSLSPSOC, VSLLGSOC series;

else go to VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.225 00.000 Instrument Variable Name: VSLSPTRT QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you received treatments, therapy, or other rehabilitation services for your

speech problems?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a speech problem in the past 12 months for a week or longer

SkipInstructions: <1> [goto VSLSPTRW]

<2,R,D> [cycle through VSLLGTRT if applicable;

else if VSLLGTRT not applicable and any TRT variables=1 [goto VSLVSOC, VSLSWSOC, VSLSPSOC,

VSLLGSOC series;

else [goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD.230_00.000 Instrument Variable Name: VSLSPTRW QuestionnaireFileName: Sample Adult

QuestionText: Who provided this (for your speech problems)?

*Enter all that apply, separate with commas.

01 Speech-Language Pathologist

Family Physician, General Practitioner, or Osteopath

Rehabilitation Specialist (Occupational or Physical Therapist)

04 Ear, Nose, and Throat Doctor (Otolaryngologist)

Audiologist, Hearing Specialist, or Hearing Aid Technician
 Specialty doctor in Internal Medicine, Geriatrics, Neurology, etc.

Nutritionist or Dietician

Psychiatrist or PsychologistNurse or Nurse Practitioner

10 Dentist, Orthodontist, or Oral Surgeon

11 Other

97 Refused

99 Don't Know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a speech problem in the past 12 months

SkipInstructions: <1-11,R,D> [cycle through VSLLGTRT if applicable;

else if VSLLGTRT not applicable and any TRT variables=1 [goto VSLVSOC, VSLSWSOC, VSLSPSOC,

VSLLGSOC series;

else go to VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 235 00.000 Instrument Variable Name: VSLLGTRT QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you received treatments, therapy, or other rehabilitation services, for your

problems using or understanding words or sentences?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a language problem in the past 12 months for a week or longer

SkipInstructions: <1> [goto VSLLGTRW]

<2,R,D> if any TRT variables=1 [goto VSLVSOC, VSLSWSOC, VSLSPSOC, VSLLGSOC series];

else [goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD.240_00.000 Instrument Variable Name: VSLLGTRW QuestionnaireFileName: Sample Adult

QuestionText: Who provided this (for your problems using or understanding words or sentences)?

*Enter all that apply, separate with commas.

01 Speech-Language Pathologist

Family Physician, General Practitioner, or Osteopath

Rehabilitation Specialist (Occupational or Physical Therapist)

04 Ear, Nose, and Throat Doctor (Otolaryngologist)

405 Audiologist, Hearing Specialist, or Hearing Aid Technician

Specialty doctor in Internal Medicine, Geriatrics, Neurology, etc.

Nutritionist or Dietician

Psychiatrist or Psychologist

Nurse or Nurse Practitioner

10 Dentist, Orthodontist, or Oral Surgeon

11 Other

97 Refused

99 Don't Know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a language problem in the past 12

months

SkipInstructions: <1-11,R,D> if any TRT variables=1 [goto VSLVSOC, VSLSWSOC, VSLSPSOC, VSLLGSOC series;

else [goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 245 00.000 Instrument Variable Name: VSLVSOC QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your voice problems make your personal or social life better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a voice problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLSWSOC, VSLSPSOC, VSLLGSOC if applicable;

else if VSLVTRT(e)='1' and (DOINGLW2 IN('1','2','4') or WRKLYR2(e)='1' or SCHOOLYR(e)='1') goto

VSLVSW, VSLSWSW, VSLSPSW, VSLLGSW series;

else goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD 250 00.000 Instrument Variable Name: VSLSWSOC QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your problems swallowing make your personal or social life better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a swallowing problem in the past 12

months

SkipInstructions: <1,2,R,D> [cycle through VSLSPSOC, VSLLGSOC if applicable,

else if VSLVTRT(e)='1' and (DOINGLW2 IN('1','2','4') or WRKLYR2(e)='1' or SCHOOLYR(e)='1') goto

VSLVSW, VSLSWSW, VSLSPSW, VSLLGSW series;

else goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 255 00.000 Instrument Variable Name: VSLSPSOC QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your speech problems make your personal or social life better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a speech problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLLGSOC if applicable;

else if VSLVTRT(e)='1' and (DOINGLW2 IN('1','2','4') or WRKLYR2(e)='1' or SCHOOLYR(e)='1') goto

VSLVSW, VSLSWSW, VSLSPSW, VSLLGSW series;

else goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD.260 00.000 Instrument Variable Name: VSLLGSOC QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your problems using or understanding words or sentences make your

personal or social life better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have received treatment/rehabilitative services for a language problem in the past 12

months

SkipInstructions: <1,2,R,D> [if VSLVTRT(e)='1' and (DOINGLW2 IN('1',2','4') or WRKLYR2(e)='1' or SCHOOLYR(e)='1') goto

VSLVSW, VSLSWSW, VSLSPSW, VSLLGSW series;

else goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.265_00.000 Instrument Variable Name: VSLVSW QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your voice problems make your life at school or work better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have worked or attended school in the past 12 months and who received

treatment/rehabilitative services for a voice problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLSWSW, VSLSPSW, VSLLGSW if applicable, then goto VSLVCOM,

VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD 270 00.000 Instrument Variable Name: VSLSWSW QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your problems swallowing make your life at school or work better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have worked or attended school in the past 12 months and who have received

treatment/rehabilitative services for a swallowing problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLSPSW, VSLLGSW if applicable, then goto VSLVCOM, VSLSWCOM,

VSLSPCOM, VSLLGCOM series]

Question ID: ACD.275_00.000 Instrument Variable Name: VSLSPSW QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your speech problems make your life at school or work better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have worked or attended school in the past 12 months and who have received

treatment/rehabilitative services for a speech problem in the past 12 months

SkipInstructions: <1,2,R,D> [cycle through VSLLGSW if applicable, then goto VSLVCOM, VSLSWCOM, VSLSPCOM,

VSLLGCOM series]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 280 00.000 Instrument Variable Name: VSLLGSW QuestionnaireFileName: Sample Adult

QuestionText: Did the treatments or other rehabilitation services for your problems using or understanding words or sentences make your

life at school or work better?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have worked or attended school in the past 12 months and who have received

treatment/rehabilitative services for a language problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto VSLVCOM, VSLSWCOM, VSLSPCOM, VSLLGCOM series]

Question ID: ACD.285 00.000 Instrument Variable Name: VSLVCOM QuestionnaireFileName: Sample Adult

QuestionText: Compared to 12 months ago, would you say your voice problems are now better, worse, or about the same?

1 Better

2 Worse

3 About the same

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a voice problem in the past 12 months

SkipInstructions: <1-3,R,D> [cycle through VSLSWCOM, VSLSPCOM, VSLLGCOM series, then goto VSLINTYR]

Question ID: ACD,290_00,000 Instrument Variable Name: VSLSWCOM QuestionnaireFileName: Sample Adult

QuestionText: Compared to 12 months ago, would you say your problems swallowing are now better, worse, or about the same?

1 Better

2 Worse

3 About the same

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with a swallowing problem in the past 12 months

SkipInstructions: <1-3,R,D> [cycle through VSLSPCOM, VSLLGCOM if applicable, then goto VSLINTYR]

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD 295 00.000 Instrument Variable Name: VSLSPCOM QuestionnaireFileName: Sample Adult

QuestionText: Compared to 12 months ago, would you say your speech problems are now better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with a speech problem in the past 12 months

SkipInstructions: <1-3,R,D> [cycle through VSLLGCOM if applicable, then goto VSLINTYR]

Question ID: ACD 300 00.000 Instrument Variable Name: VSLLGCOM QuestionnaireFileName: Sample Adult

QuestionText: Compared to 12 months ago, would you say your problems using or understanding words or sentences are now better,

worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with a language problem in the past 12 months

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

Question ID: ACD 305 00.000 Instrument Variable Name: VSLINTYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you get information from the Internet about your health, medical treatments, or

rehabilitation services?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> if VSLVYR=1 or VSLSWYR=1 or VSLSPYR=1 or VSLLGYR=1 then [goto VSLINTCN];

else goto next section; <2,R,D> goto next section

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.310 00.000 Instrument Variable Name: VSLINTCN QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you get information from the Internet on...

{fill1:

Voice problems Problems swallowing Speech problems

Problems using or understanding words or sentences}

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have had a voice, swallowing, speech or language problem in the past 12 months and who

have received health information from the Internet in the past 12 months

SkipInstructions: <1> [goto VSLINTPR] <2,R,D> [goto next section]

Question ID: ACD.315 00.000 Instrument Variable Name: VSLINTPR QuestionnaireFileName: Sample Adult

QuestionText: Was any of this information written by a doctor, other health professionals, medical associations, or other health-related

organizations?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have received information from the Internet in the past 12 months about a voice,

swallowing, speech or language problem

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

Adult Communication Disorders

Document Version Date: 23-May-13

Question ID: ACD.320_00.000 Instrument Variable Name: VSLINTHP QuestionnaireFileName: Sample Adult

QuestionText: Overall, how helpful was the health information found on the Internet? Would you say...

*Read categories below.

Very helpful

2 Somewhat helpful

3 Not helpful

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have received information from the Internet in the past 12 months about a voice,

swallowing, speech or language problem

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

Adult Health Status & Limitations

Document Version Date: 23-May-13

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

SkipInstructions:

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

<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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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]

Adult Health Status & Limitations

Document Version Date: 23-May-13

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?

- 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?

- 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]

Adult Health Status & Limitations

Document Version Date: 23-May-13

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?

- 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?

- 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]

Adult Health Status & Limitations

Document Version Date: 23-May-13

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?

- 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]

Adult Health Status & Limitations

Document Version Date: 23-May-13

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]

Adult Health Status & Limitations

Document Version Date: 23-May-13

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?

- 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?

- 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]

Adult Health Status & Limitations

Document Version Date: 23-May-13

Question ID: AHS 171 02.000 Instrument Variable Name: FLSOCL Questionnaire File Name: 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?

- 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)?

- 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 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)

Adult Health Status & Limitations

Document Version Date: 23-May-13

Question ID: AHS.200 00.000 Instrument Variable Name: QuestionnaireFileName: **AFLHCA** 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

99

Refused

Don't know/Not sure

Adult Health Status & Limitations

Document Version Date: 23-May-13

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 Refused9 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

 $\label{eq:QuestionText:} \textbf{QuestionText:} \qquad \text{* Enter other impairment/problem}.$

Verbatim Verbatim response

7 Refused9 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
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)]

Adult Health Status & Limitations

Document Version Date: 23-May-13

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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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)]

Adult Health Status & Limitations

Document Version Date: 23-May-13

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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

 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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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 01-94 95+ 95 96 Since birth 97 Refused 99 Don't know **UniverseText:** Sample adults 18+ who had difficulty due to a heart problem <1-95,D>[goto AHCL07T] **SkipInstructions:** <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

UniverseText:

7

9

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

Refused

Don't know

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 23-May-13

 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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
97
96
99
99
90n'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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

 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
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

 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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
97
96
99
99
90n'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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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)

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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
97
96
99
99
90n'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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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

UniverseText:

9 Don't know

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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
 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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
95
95+
96
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.

Adult Health Status & Limitations

Document Version Date: 23-May-13

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
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.

Adult Health Behaviors

Document Version Date: 23-May-13

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?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto SMKREG]

<2,R,D>[goto OTHCIGEV]

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 Refused99 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.

Adult Health Behaviors

Document Version Date: 23-May-13

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] <D,R>[goto OTHCIGEV]

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]

<D,R> [goto OTHCIGEV]

Adult Health Behaviors

Document Version Date: 23-May-13

Question ID: AHB.040 02.000 Instrument Variable Name: QuestionnaireFileName: **SMKQTTP** 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> [goto OTHCIGEV] <4> [if SMKQTNO gt (AGE - <15>), goto ERR1 SMKQTTP if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP. ERR2 SMKQTTP **Hard Edit:** * Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]). * Please correct. ERR1 SMKQTTP **Soft Edit:** * 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

Sample adults 18+ who are current every day smokers **UniverseText:**

SkipInstructions: <1-95,R,D> [goto CIGQTYR]

Adult Health Behaviors

Document Version Date: 23-May-13

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,R,D> [goto CIGQTYR]

Adult Health Behaviors

Document Version Date: 23-May-13

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 OTHCIGEV]

Question ID: AHB.085_00.010 Instrument Variable Name: OTHCIGEV QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

These next questions are about your use of tobacco products OTHER THAN CIGARETTES.

Tobacco products OTHER THAN CIGARETTES that are smoked include cigars, pipes, water pipes or hookahs, very small cigars that look like cigarettes, bidis (bee-dees) or cigarillos (cig-a-ril-los).

Have you ever smoked tobacco products other than cigarettes EVEN ONE TIME?

* Do not include electronic cigarettes or e-cigarettes.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto OTHCIGED]

<2,R,D> [goto SMKLESEV]

Adult Health Behaviors

Document Version Date: 23-May-13

Question ID: AHB.085 00.020 Instrument Variable Name: OTHCIGED QuestionnaireFileName: Sample Adult

QuestionText: Do you NOW smoke tobacco products other than cigarettes every day, some days, rarely, or not at all?

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever smoked tobacco products other than cigarettes

SkipInstructions: <1-4,R,D> [goto SMKLESEV]

Question ID: AHB.085_00.030 Instrument Variable Name: SMKLESEV QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

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?

* Do not include nicotine replacement therapy products (patch, gum, lozenge, spray), which are considered smoking cessation treatments.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKLESED]

<2,R,D> [if SMKEV=1 or OTHCIGEV=1, [goto TOBLASYR];

else goto VIGNO]

Adult Health Behaviors

Document Version Date: 23-May-13

 Question ID:
 AHB.085_00.040
 Instrument Variable Name:
 SMKLESED
 QuestionnaireFileName:
 Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, rarely, or not at all?

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

SkipInstructions: <1-4,R,D> goto TOBLASYR

Question ID: AHB.085_00.050 Instrument Variable Name: TOBLASYR QuestionnaireFileName: Sample Adult

QuestionText: Around this time last year, were you using ANY KIND of tobacco product?

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

UniverseText: Sample adults 18+ who smoked at least 100 cigarettes in their entire life, ever smoked tobacco products other than

cigarettes, or ever used smokeless tobacco products

SkipInstructions: <1,2,R,D> If (TOBLASYR='1' or SMKNOW in('1','2') or OTHCIGED in('1','2','3') or SMKLESED in('1','2','3'))

and CIGQTYR ne '2' [goto TOBQTYR];

Else If (TOBLASYR ne'1' & SMKNOW not in('1','2')& OTHCIGED not in('1','2','3') & SMKLESED not

in('1','2','3'))

or CIGQTYR = '2' [goto VIGNO]

Adult Health Behaviors

Document Version Date: 23-May-13

Question ID: AHB.085 00.060 Instrument Variable Name: TOBQTYR QuestionnaireFileName: Sample Adult

QuestionText: During the past 12 months, have you stopped using ALL KINDS of tobacco products for more than one day because you were trying to quit using tobacco?

* "All kinds" means trying to quit using tobacco completely, including smoking cigarettes, smoking products other than

cigarettes, and using smokeless tobacco products.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were using tobacco products around this time last year or were current users of any

tobacco products (cigarettes, non-cigarette tobacco, or smokeless)

SkipInstructions: <1,2,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 Refused999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]

<1-995>[goto VIGTP]

Adult Health Behaviors

Document Version Date: 23-May-13

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 month4 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.

001-995997999Pon't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-995>[goto VIGLNGTP]

<R,D>[goto MODNO]

Adult Health Behaviors

Document Version Date: 23-May-13

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 Refused999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]

<0, 996, R,D>[goto STRNGNO]

Adult Health Behaviors

Document Version Date: 23-May-13

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.

001-995997999Pon't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-995>[goto MODLNGTP]

<R,D>[goto STRNGNO]

Adult Health Behaviors

Document Version Date: 23-May-13

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 Refused999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]

<0, 996,R,D>[goto ALC1YR]

Adult Health Behaviors

Document Version Date: 23-May-13

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]

Adult Health Behaviors

Document Version Date: 23-May-13

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,R,D>[goto AHGT_FT]

Adult Health Behaviors

Document Version Date: 23-May-13

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,R,D> [goto ALC5UPNO]

<10-95>[goto ERR ALCAMT]

Soft Edit: ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.

* Please verify.

* Do not probe

Adult Health Behaviors

Document Version Date: 23-May-13

Question ID: AHB.180_01.000 Instrument Variable Name: ALC5UPNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have 5 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]

Adult Health Behaviors

Document Version Date: 23-May-13

Question ID: AHB.180 02.000 Instrument Variable Name: ALC5UPTP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

9

* Enter time period for days per week, per month or per year.

Never/None
Per week
Per month
Per year
Refused

UniverseText: Sample adults 18+ who have had 5+ drinks in one day at least once in the past year

SkipInstructions: <1-3>goto AHGT FT

Don't know

[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) It number of days per

year with 5 or more drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]

Hard Edit: ERR1_ALC5UPTP

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.

* Please correct.

ERR2 ALC5UPTP

* Number of days had 5 or more drinks exceeds number of days drank.

* Please correct.

* Do not probe.

Adult Health Behaviors

Document Version Date: 23-May-13

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,D,R,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: <0-11,R,D> [goto AWGT_LB]

<empty> [goto ERR AHGT IN]

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.

Adult Health Behaviors

Document Version Date: 23-May-13

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: <0-2> [goto AHGT CM]

<R,D> [goto AWGT_LB] <empty> [goto ERR_AHGT_M]

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 Refused999 Don't know

UniverseText: Sample adults 18+ who answered their height in meters

SkipInstructions: <0-241,R,D> goto AWGT_LB

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto

ERR1_AHGT_CM]
<> goto ERR2_AHGT_CM

[If AHGT M eq <1> and AHGT CM lt <20> or AHGT M eq <0> and AHGT CM lt

<120>] goto ERR3 AHGT CM]

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.

Adult Health Behaviors

Document Version Date: 23-May-13

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> [goto SLEEP]

[if AWGT LB lt <50> or gt <500> goto ERR AWGT LB

<R,D>[goto SLEEP] <M> [goto AWGT_KG]

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.

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 Refused999 Don't know

UniverseText: Sample adults 18+ who choose to give their weight in metric measurements

SkipInstructions: <23-226,R,D> [goto SLEEP]

[If AWGT_KG lt <23> or K gt <226>goto ERR_AWGT_KG]

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.

Adult Health Behaviors

Document Version Date: 23-May-13

Question ID: AHB.210_00.000 Instrument Variable Name: SLEEP 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: <1-24,R,D> [goto next section]

[If SLEEP eq <1-5> goto ERR_SLEEP]

Soft Edit: ERR_SLEEP

* Average number of hours of sleep is [SLEEP].

* Please verify.

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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?

O 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 [goto ANOUSLPL]; else if AUSUALPL=R,D goto APRVTRYR

ELSE goto AHCCHGYR

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID:	AAU.050_00.010 Instrument Variable Name:	ANOUSLPL	QuestionnaireFileName:	Sample Adult					
QuestionText:	Why don't you have a usual source of medical care?								
	*Enter all that apply, separate with commas.								
01	Doesn't need a doctor/Haven't had any problems								
02	Doesn't like/trust/believe in doctors								
03	Doesn't know where to go								
04	Previous doctor is not available/moved								
05	Too expensive/no insurance/cost								
06	Speak a different language	Speak a different language							
07	No care available/Care too far away, not convenient								
08	Put it off/Didn't get around to it								
09	Other								
97	Refused								
99	Don't know								
UniverseTex	Sample adults 18+ without a usual pla	ce of care							

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

SkipInstructions:

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,>[goto APRVTRFD]

<2,R,D>[goto ADRNANP]

<1-9,R,D>[goto APRVTRYR]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.061 03.000 Instrument Variable Name: QuestionnaireFileName: AHCDLY 3 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
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

<1,2,R,D>[goto AHCDLY_4] **SkipInstructions:**

Question ID: AAU.061 04.000 Instrument Variable Name: AHCDLY 4 QuestionnaireFileName: Sample Adult

* Read Lead-in if Necessary 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?

...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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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 ARXPR_1]

Question ID: AAU.127_01.010 Instrument Variable Name: ARXPR_1 QuestionnaireFileName: Sample Adult

QuestionText: The following questions concern the use of prescription medication DURING THE PAST 12 MONTHS, are 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+

SkipInstructions: <1,2,R,D>[goto ARXPR_2]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.127 02.010 Instrument Variable Name: ARXPR 2 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

The following questions concern the use of prescription medication DURING THE PAST 12 MONTHS, are 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+

SkipInstructions: <1,2,R,D>[goto ARXPR_3]

Question ID: AAU.127 03.010 Instrument Variable Name: ARXPR 3 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

The following questions concern the use of prescription medication DURING THE PAST 12 MONTHS, are 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+

SkipInstructions: <1,2,R,D>[goto ARXPR_4]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.127 04.010 Instrument Variable Name: ARXPR 4 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

The following questions concern the use of prescription medication DURING THE PAST 12 MONTHS, are 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+

SkipInstructions: <1,2,R,D>[goto ARXPR_5]

Question ID: AAU.127 05.010 Instrument Variable Name: ARXPR 5 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

The following questions concern the use of prescription medication DURING THE PAST 12 MONTHS, are 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 ARXPR_6]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.127 06.010 Instrument Variable Name: QuestionnaireFileName: ARXPR 6 Sample Adult

QuestionText: *Read if necessary..

The following questions concern the use of prescription medication DURING THE PAST 12 MONTHS, are any of the

following true for you?

...You used alternative therapies to save money.

1

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

AAU.135_00.000 Instrument Variable Name: **Question ID: 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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.141 01.000 Instrument Variable Name: AHCSY1 1 QuestionnaireFileName: Sample Adult

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

QuestionText:

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.240 00.000 Instrument Variable Name: QuestionnaireFileName: **AHERNOYR** 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 8-9 05 10-12 06 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?

Yes
 No
 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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.245 00.010 Instrument Variable Name: QuestionnaireFileName: **AERHOS** Sample Adult

QuestionText: Did this emergency room visit result in a hospital admission?

> 1 Yes 2 No 7 Refused 9

Don't know

Sample adults 18+ who had at least one ER visit in the past year **UniverseText:**

Q1: <1,R,D> [goto AHCHYR] <2> [go to AERREAS1] **SkipInstructions:**

Q2-Q4: <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

Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission **UniverseText:**

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS2]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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: Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS3]

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: Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS4]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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: Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS5]

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: Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS6]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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: Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS7]

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: Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS8]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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: Q1: Sample adults 18+ who had at least one ER visit in the past year which did not result in a hospital admission

Q2-Q4: Sample adults 18+ who had at least one ER visit in the past year

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

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 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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.270 00.000 Instrument Variable Name: QuestionnaireFileName: **AHCHNOYR** 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 6-7 04 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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.290 00.000 Instrument Variable Name: ASRGYR QuestionnaireFileName: Sample Adult

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

QuestionText:

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 times95 95+ times97 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.

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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,R,D> [goto HIT1A] <1-5> [goto AVISLAST]

Question ID: AAU.306 00.010 Instrument Variable Name: AVISLAST QuestionnaireFileName: Sample Adult

QuestionText: Thinking about your last visit for any type of medical care, where did you go?

*Read categories if necessary.

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Urgent care center
- 6 Some other place
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever seen/talked to a doctor

SkipInstructions: <1,2,4,6> [goto ALASTTYP]

<3,5> [goto AWAITRMN]

<R,D> [goto HIT1A]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.306 00.020 Instrument Variable Name: ALASTTYP QuestionnaireFileName: Sample Adult

QuestionText: Did you see a general doctor, a specialist, a nurse practitioner or physician assistant, or someone else?

- 1 General doctor
- 2 Specialist
- 3 Nurse practitioner/Physician assistant
- 4 Someone else
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

(not ER or urgent care center) on their last visit

SkipInstructions: <1-3,R,D> [goto AVISAPTN] <4> [goto ALASTSPC]

Question ID: AAU.306 00.025 Instrument Variable Name: ALASTSPC QuestionnaireFileName: Sample Adult

QuestionText: What kind of health professional did you see at your last visit?

Verbatim Verbatim response

UniverseText: Sample adults 18+ who saw some other kind of provider on their last health care visit

SkipInstructions: <Allow 75,R,D> [goto AVISAPTN]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.307_01.010 Instrument Variable Name: AVISAPTN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor or other health professional?

*Enter '0' for same day, walk-in appointment, or no appointment made.

*Enter number for appointment wait time.

*Enter '96' for routine appointment, appointment arranged during a previous visit, or received a reminder card from provider.

Same day/walk-in appt/no appt made

01-95 1-95

Routine appt/appt arranged on previous visit/rec'd appt reminder card

97 Refused99 Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

(not ER or urgent care center) on their last visit

SkipInstructions: <0,96,R> [goto AWAITRMN]

<1-95,D> [goto AVISAPTT]

Question ID: AAU.307_02.020 Instrument Variable Name: AVISAPTT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for appointment wait time.

1 Days

2 Weeks

3 Months

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

and gave a number or answered DK for length of time to make an appointment

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

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.308 01.010 Instrument Variable Name: AWAITRMN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long did you have to wait in the waiting room before you saw a doctor or other health professional for this visit?

*Enter '0' for no wait time.

*Enter number for time in waiting room.

00 No time
 01-96 1-96
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit

SkipInstructions: <0,R> [goto HIT1A]

<1-96,D> [goto AWAITRMT]

Question ID: AAU.308 02.020 Instrument Variable Name: AWAITRMT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time in waiting room.

1 Minutes2 Hours

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit and did not refuse number portion of waiting room time

SkipInstructions: <1,2,R,D> [goto HIT1A]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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 September10 October

NovemberDecemberRefusedDon't know

99 Don't know

UniverseText: Sample adults 18+ who have had a flu shot

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

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

AAU.312_02.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: ASHFLU Y Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year Year 9997 Refused 9999 Don't know

Sample adults 18+ who gave a month for their last flu shot or who didn't know the month **UniverseText:**

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]

ERR1 ASHFLU Y **Hard Edit:**

*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

Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December

<1,2,R,D> [goto SPRFLUYR] **SkipInstructions:**

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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, 2011. Did you

get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August 2011 and March 2012.

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.

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID:	AAU.318 01.000	Instrument Variable Name:	ASPFLU M	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

99

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

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

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

Don't know

<R> [goto SHTPNUYR]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.330 00.000 Instrument Variable Name: QuestionnaireFileName: APOX Sample Adult QuestionText: Have you EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ <1> [goto APOX12MO] **SkipInstructions:** <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 <1,2,R,D> [goto AHEP] **SkipInstructions:** $AAU.350_00.000 \ \ \textbf{Instrument Variable Name:}$ **Question ID: AHEP** QuestionnaireFileName: Sample Adult QuestionText: Have you EVER had hepatitis? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample adults 18+ <1> [goto SHTHEPB] **SkipInstructions:** <2,R,D> [goto AHEPLIV]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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 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]

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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> if AGE GE 50 goto SHINGLES

else goto SHTTD

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 shots96 Received all shots

97 Refused99 Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> if AGE GE 50 [goto SHINGLES]

elseif AGE LT 50 [goto SHTTD]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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 HPVHRD]

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 HPVHRD elseif AGE gt 64 goto LIVEV

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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
- 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 HPVHRD];

else [goto LIVEV]

Question ID: AAU.442_00.010 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> [goto SHHPVHD1]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.444 00.010 Instrument Variable Name: SHHPVHD1 QuestionnaireFileName: Sample Adult

QuestionText: Two vaccines, or shots, to prevent HPV infection are available in the United States. Both vaccines prevent cervical cancer and one also prevents genital warts. The two HPV vaccines are sometimes called CERVARIX® or GARDASIL®. Before

this survey, have you ever heard of HPV vaccines or shots?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1,2,R,D> [goto SHTHPV1]

Question ID: AAU.446 00.010 Instrument Variable Name: SHTHPV1 QuestionnaireFileName: Sample Adult

QuestionText: Have you ever received an HPV shot or vaccine?

1 Yes

2 No

3 Doctor refused when asked

7 Refused

9 Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1> SHHPVDOS <2,3,R,D> [goto LIVEV]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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: <01-50,96,R,D> [goto LIVEV]

Hard Edit: ERR_SHHPVDOS

* Shots should be in the range 1-50 or 96 for all shots.

* Please correct.

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

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]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.530 00.010 Instrument Variable Name: QuestionnaireFileName: APSPAP 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+

<1,2,R,D> if AGE GE 30 [goto APSMAM]; **SkipInstructions:**

else <1,2,R,D and AGE<30 [goto APSDIET]

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+

<1,2,R,D> if AGE GE 40 [gotoAPSCOL]; **SkipInstructions:**

else <1,2,R,D and AGE<40> [goto APSDIET]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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]

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 if (40<=AGE<=65) [goto LTCFAM];

else [goto AINDINS]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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> if (40<=AGE<=65) [goto LTCFAM];

else [goto AINDINS]

Question ID: AAU.580 00.010 Instrument Variable Name: LTCFAM QuestionnaireFileName: Sample Adult

QuestionText: Do you have a parent, spouse, sibling, or adult child who has needed help for at least a year with everyday needs like

bathing, dressing or eating due to a long term condition?

*Read if necessary.

Due to a chronic illness or disability.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40-65

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

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.582 00.010 Instrument Variable Name: LTCHELP QuestionnaireFileName: Sample Adult

QuestionText: How likely is it that you may someday need help with daily activities like bathing, dressing, eating, or using the toilet due

to a long term condition? Would you say...

*Read categories below.

1 Very likely

2 Somewhat likely

3 Somewhat unlikely

4 Very unlikely

7 Refused

9 Don't know

UniverseText: Sample adults 40-65

SkipInstructions: <1-4,R,D> [goto LTCWHO]

Question ID: AAU.584 00.010 Instrument Variable Name: LTCWHO QuestionnaireFileName: Sample Adult

QuestionText: If you needed such help, who would provide this help?

*Enter all that apply, separate with commas.

1 My family

2 Someone I hire

3 Home health care organization

4 Nursing home/assisted living

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 40-65

SkipInstructions: <1-5,R,D> [goto AINDINS]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

AAU.600_00.010 Instrument Variable Name: **Question ID:** QuestionnaireFileName: **AINDINS** 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+

<1> [goto AINDPRCH> **SkipInstructions:**

<2,R,D> [goto HIVTST1]

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> [goto AINDNOT]

<R,D> [goto HIVTST1]

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

Sample adults 18+ who purchased health insurance directly in the past 3 years UniverseText:

SkipInstructions: <1-3,R,D> [goto AINDDIF1]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

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
- 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 AINDENY1]

Question ID: AAU.600 01.060 Instrument Variable Name: AINDENY1 QuestionnaireFileName: Sample Adult

QuestionText: Did any company turn you down when you tried to buy coverage on your own?

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

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY2]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.600 02.060 Instrument Variable Name: AINDENY2 QuestionnaireFileName: Sample Adult

QuestionText: Did any company charge a higher price because of {fill 1: your/your family's/you or your family's} health?

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

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY3]

Question ID: AAU.600 03.060 Instrument Variable Name: AINDENY3 QuestionnaireFileName: Sample Adult

QuestionText: Did any company exclude a specific health problem from the coverage?

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

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto HIVTST1]

Adult Access to Health Care & Utilization

Document Version Date: 23-May-13

Question ID: AAU.601 00.070 Instrument Variable Name: AINDNOT QuestionnaireFileName: Sample Adult

QuestionText: Why did you not buy the plan?

*Enter all that apply, separate with commas.

1 Turned down

2 Cost

3 Pre-existing condition

4 Got health insurance from other source

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who tried but did not purchase health insurance directly in the past 3 years

SkipInstructions: <1-4,R,D> [goto HIVTST1]

<5> [goto AINDNTSP]

Question ID: AAU.601 00.080 Instrument Variable Name: AINDNTSP QuestionnaireFileName: Sample Adult

QuestionText: *Specify other reason plan was not obtained.

Verbatim Verbatim response

UniverseText: Sample adults 18+ who had other reason plan was not purchased

SkipInstructions: <allow 75,R,D> [goto HIVTST1]

Question ID: AAU.700_00.000 Instrument Variable Name: HIVTST1 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?

Yes

2 No

1

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto next section]

Adult Internet and Email Usage

Document Version Date: 23-May-13

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?

Yes
 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 1-995997 Refused999 Don't know

UniverseText: Sample adults 18+ who use the Internet

SkipInstructions: <1-995> [goto AWEBOFTP] <R,D> [goto AWEBEML]

Adult Internet and Email Usage

Document Version Date: 23-May-13

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 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]

Adult Internet and Email Usage

Document Version Date: 23-May-13

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.

001-995997 Refused999 Don't know

UniverseText: Sample adults 18+ who gave an email address

SkipInstructions: <1-995> [goto AWBEMTP] <R,D> [goto next section]

Adult Internet and Email Usage

Document Version Date: 23-May-13

 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.

Per day
 Per week
 Per month
 Per year
 Refused
 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]