2006 NHIS Questionnaire - Family
Family Identification

Document Version Date: 31-May-07

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

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

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

UniverseText: All nondeleted family members

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

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

QuestionText: * Change(s) needed for [ALIAS].
* Enter each number that applies. If a wrong choice, type that choice again.

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

UniverseText: HHCHANGE = 2 (No, not correct)

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

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

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

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

SkipInstructions: <1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
else GOTO FIDCC13
<2> GOTO ERR_HHCHANGE_1
**Question ID:** FID.250_00.000  **Instrument Variable Name:** MARITAL  **QuestionnaireFileName:** Family

**QuestionText:** *ASK OR VERIFY*

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

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

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

**SkipInstructions:**

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

---

**Question ID:** FID.250_03.000  **Instrument Variable Name:** MARVER_FLG  **QuestionnaireFileName:** Family

**QuestionText:**

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**

**SkipInstructions:**

---

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

**QuestionText:** *ASK OR VERIFY*

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

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**  
A potential spouse lives in the unit.

**SkipInstructions:**

<1> If SPOUS2[PX] = null [goto SPOUS2]  
else [goto FIDCCI3]  
<2,R,D> [goto FIDCCI3]
**2006 NHIS Questionnaire - Family**

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---

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

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

- Display all possible spouse candidates

  - 01-25  
  - Person # of spouse

**UniverseText:**  
Person has an unidentified spouse in the household.

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

---

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

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

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

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

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

---

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

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

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

**UniverseText:**  
Person has been married.

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

---

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

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

- Display all possible cohabitation candidates

  - 01-25  
  - Person number

**UniverseText:**  
Co-habitating partner has yet to be identified.

**SkipInstructions:**  
If line number of the subject is entered [goto ERR_COHAB3]  
<1-25,R,D> [goto FIDCCI3]
I noted that [father's fullname] is the father of [child's fullname]. Is [child's fullname] his biological, adoptive, step, foster, or [fill: son/daughter] in law?

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

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

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

---

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

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

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

<1> if AGEDIFF <12 [goto ERR_DEGREE5]
if yes, continue the interview [goto FIDCCI4B]
else, reset DEGREE5 [goto DEGREE5] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]
2006 NHIS Questionnaire - Family
Family Identification
Document Version Date: 31-May-07

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

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

* Enter the line number of the mother or mother-in-law.
If the mother or mother-in-law is not a household member, enter "0".
If the person has no parents present but has a legal guardian, enter "96".

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

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

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

SkipInstructions: <01-25> [goto MOTHERCK_A]
<0,R,D> [goto FIDCCI5]
<96> [goto GUARD]

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

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

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

UniverseText: Mother is in the immediate family.

SkipInstructions: <1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]
if <1> [goto FIDCCI5]
elseif <2> [goto MOTHER]
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
else [goto FIDCCI5]
<2-5,R,D> [goto FIDCCI5]
### Question ID: FID.330_02.000  
**Instrument Variable Name:** MOTHERCK_A  
**QuestionnaireFileName:** Family

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

**UniverseText:**  
Mother is in the immediate family.

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

---

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

**QuestionText:**  
* Ask or verify  
Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).  
* Enter the line number of the father or father-in-law.  
* If the father is not a household member, enter '0'.  
* If the person has no parents present but has a legal guardian, enter '96'.  
* Choose father over father-in-law if both are present.

00  
Father not in household  
01-25  
Person # of father  
96  
Has legal guardian  
97  
Refused  
99  
Don't know

**UniverseText:**  
Potential Father in Family, not already identified

**SkipInstructions:**  
<1-25> [goto FATHERCK_A]  
<0,R,D> [goto FIDCCI4]  
<96> [goto GUARD]
2006 NHIS Questionnaire - Family
Family Identification

Document Version Date: 31-May-07

<table>
<thead>
<tr>
<th>Question ID: FID.350_01.000</th>
<th>Instrument Variable Name: FATHERCK_A</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Biological father</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Adoptive father</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Step father</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Foster father</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Father-in-law</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Father has been identified

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

<table>
<thead>
<tr>
<th>Question ID: FID.350_02.000</th>
<th>Instrument Variable Name: FATHERCK_A</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Father has been identified

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

<table>
<thead>
<tr>
<th>Question ID: FID.360_01.000</th>
<th>Instrument Variable Name: GUARD</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Who is [fill: your/ALIAS's ] legal guardian?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>00</td>
<td>Guardian not a household member</td>
<td></td>
</tr>
<tr>
<td>01-25</td>
<td>Person # of guardian</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Child identified as a guard at mother or father or, at the FIDCCI5 procedure, it's determined that the child (AGE<14) has no mother or father in the family.

SkipInstructions: <0-25,R,D> [goto FIDCCI4]
2006 NHIS Questionnaire - Family
Family Identification
Document Version Date: 31-May-07

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

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

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

UniverseText:  More than one adult

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

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

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

1  Present
2  Not present

UniverseText:  All nondeleted persons >17 or emancipated minors

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

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

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

01-25  Person # of Family Respondent

UniverseText:  More than 1 adult present.

SkipInstructions:  goto HLTH_BEG
### 2006 NHIS Questionnaire - Family

#### Family Health Status & Limitations

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<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th><strong>Question Text</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FHS.005_00.000</td>
<td>FLAPLYLM</td>
<td>Family</td>
<td>? [F1]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[fill1: Are/Is]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Read names</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(fill roster of persons age 0-4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<2,R,D> [goto FSPEDEIS]

---

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th><strong>Question Text</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FHS.010_00.000</td>
<td>PLAPLYLM</td>
<td>Family</td>
<td>*  Ask or verify. Enter applicable line number(s), separate with commas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Who is this?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Anyone else?)</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** goto PLAPLYUN

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

---

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th><strong>Question Text</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FHS.020_00.000</td>
<td>PLAPLYUN</td>
<td>Family</td>
<td>Is [fill: ALIAS] able to take part AT ALL in the usual kinds of play activities done by most children [fill: ALIAS]ʼs age?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** repeat this question for all persons listed at PLAPLYLM, then goto FSPEDEIS
### Question ID: FHS.050_00.000
**Instrument Variable Name:** FSPEDEIS  
**QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

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

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

Who is this? (Anyone else?)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** goto PSPEDEM

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

---

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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** repeat this question for all persons listed at PSPEDEIS, then goto FLAADL
### Question ID: FHS.070_00.000  
**QuestionnaireFileName:** Family  
**Instrument Variable Name:** FLAADL

**QuestionText:**

> Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

> [fill2: Do not include family members age 2 and under.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

**QuestionText:**

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

> Who is this?  
> (Anyone else?)

<table>
<thead>
<tr>
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<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** goto LABATH

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

**QuestionText:**

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

> Bathing or showering?

<table>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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</tbody>
</table>

**UniverseText:** All persons 3 years of age or older who need help with personal care needs

**SkipInstructions:** goto LADRESS
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
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<tbody>
<tr>
<td>FHS.090_02.000</td>
<td>LADDRESS</td>
<td>Family</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>* Read lead-in if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[fill: Do you/Does ALIAS] need the help of other persons with...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dressing?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 3 years of age or older who need help with personal care needs</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto LAEAT</td>
<td></td>
</tr>
</tbody>
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<tr>
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<th>Instrument Variable Name</th>
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<tbody>
<tr>
<td>FHS.090_03.000</td>
<td>LAEAT</td>
<td>Family</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>* Read lead-in if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[fill: Do you/Does ALIAS] need the help of other persons with...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eating?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 3 years of age or older who need help with personal care needs</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto LABED</td>
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<thead>
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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
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<tr>
<td>FHS.090_04.000</td>
<td>LABED</td>
<td>Family</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>* Read lead-in if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[fill: Do you/Does ALIAS] need the help of other persons with...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Getting in or out of bed or chairs?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 3 years of age or older who need help with personal care needs</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto LATOILT</td>
<td></td>
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**2006 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 31-May-07**

<table>
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<th>FHS.090_05.000</th>
<th>Instrument Variable Name:</th>
<th>LATOILT</th>
<th>QuestionnaireFileName:</th>
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<tbody>
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<td>* Read lead-in if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[fill: Do you/Does ALIAS] need the help of other persons with...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Using the toilet, including getting to the toilet?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 3 years of age or older who need help with personal care needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto LAHOME</td>
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<table>
<thead>
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<th>FHS.090_06.000</th>
<th>Instrument Variable Name:</th>
<th>LAHOME</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read lead-in if necessary.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>[fill: Do you/Does ALIAS] need the help of other persons with...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Getting around inside the home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>No</td>
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<td>7</td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 3 years of age or older who need help with personal care needs</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
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<th>FHS.150_00.000</th>
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<th>QuestionnaireFileName:</th>
<th>Family</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Because of a physical, mental, or emotional problem, do [fill: you/any of these family members]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Read names</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(fill roster of persons age 18 or older)]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with one or more persons 18 years of age or older</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [if only one person 18 years of age or older, store the person number in PLAIADL and goto FLAWKNOW; else, goto PLAIADL]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto FLAWKNOW]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID</td>
<td>Instrument Variable Name</td>
<td>QuestionnaireFileName</td>
<td>QuestionText</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td>FHS.160_00.000</td>
<td>PLAIADL</td>
<td>Family</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Who is this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Anyone else?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>All families with two or more persons 18 years of age or older and at least one needs the help of other persons in handling routine needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions</td>
<td>goto FLAWKNOW</td>
<td></td>
<td>NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.</td>
<td></td>
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<table>
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<tr>
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<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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<tbody>
<tr>
<td>FHS.170_00.000</td>
<td>FLAWKNOW</td>
<td>Family</td>
<td>? [F1]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Read names</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(fill roster of persons age 18 or older)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>from working at a job or business?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>All families with one or more persons 18 years of age or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions</td>
<td>&lt;1&gt; [if only one person 18 years of age or older, store the person number in FLAWKNOW and goto FLAWALK; else, goto FLAWKNOW]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**2006 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

Document Version Date: 31-May-07

---

**Question ID:** FHS.180_00.000  
**Instrument Variable Name:** PLAWKNOW  
**QuestionnaireFileName:** Family

**QuestionText:**

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

Who is this?
(Anyone else?)

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

**UniverseText:** All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem

**SkipInstructions:**

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

---

**Question ID:** FHS.190_00.000  
**Instrument Variable Name:** FLAWKLIM  
**QuestionnaireFileName:** Family

**QuestionText:**

? [F1]

[fill: Are you limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work he/she/ Are any of these family members, limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?

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

**UniverseText:** All families with one or more persons 18 years of age or older not listed as being unable to work due to a physical, mental, or emotional problem

**SkipInstructions:**

<1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in PLAWKLIM and goto FLAWALK; else, goto PLAWKLIM]
<2,R,D> [goto FLAWALK]
**2006 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

Document Version Date: 31-May-07

---

**Question ID:** FHS.200_00.000  
**Instrument Variable Name:** PLAWKLIM  
**QuestionnaireFileName:** Family

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

Who is this?  
(Anyone else?)

0  Unable to work  
1  Limited in work  
2  Not limited in work  
7  Refused  
9  Don't Know

**UniverseText:**  
All families with two or more persons 18 years of age or older able to work and at least one is limited in the kind or amount of work he/she can do.

**SkipInstructions:**  
goto FLAWALK

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

---

**Question ID:** FHS.210_00.000  
**Instrument Variable Name:** FLAWALK  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]

Because of a health problem, [fill: do you/does anyone in the family] have difficulty walking without using any special equipment?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**  
All families

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

---

**Question ID:** FHS.220_00.000  
**Instrument Variable Name:** PLAWALK  
**QuestionnaireFileName:** Family

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

Who is this?  
(Anyone else?)

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**  
All families with two or more persons and at least one has difficulty walking without using special equipment

**SkipInstructions:**  
goto FLAREMEM

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Question ID: FHS.230_00.000  Instrument Variable Name: FLAREMEM  QuestionnaireFileName: Family

QuestionText: 

[fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because [fill2: you/they] experience periods of confusion?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store person number in PLAREMEM and goto LAHCC; else, goto PLAREMEM]
<2,R,D> [goto FLIMANY]

Question ID: FHS.240_00.000  Instrument Variable Name: PLAREMEM  QuestionnaireFileName: Family

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

Who is this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one is limited due to difficulty remembering or periods of confusion

SkipInstructions: goto FLIMANY

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

Question ID: FHS.250_00.000  Instrument Variable Name: FLIMANY  QuestionnaireFileName: Family

QuestionText: 

[fill: Are you/ Is ALIAS/ Are any family members

* Read names
(fill roster of applicable persons)]

LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with one or more family members not previously mentioned as having a limitation

SkipInstructions: <1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY]
<2,R,D> [goto LAHCC]
### Question Text:

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

- **Who is this?**
- **(Anyone else?)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Limitation previously mentioned</td>
</tr>
<tr>
<td>1</td>
<td>Yes, limited in some other way</td>
</tr>
<tr>
<td>2</td>
<td>Not limited in any way</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Universe Text:

All families with two or more persons not previously mentioned as having a limitation

### Skip Instructions:

goto LAHCC

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
What conditions or health problems cause [fill: ALIAS]’s limitations?

* Enter all that apply, separate with commas.
* Do not probe except to clarify answer.

01 Vision/problem seeing
02 Hearing problem
03 Speech problem
04 Asthma/breathing problem
05 Birth defect
06 Injury
07 Mental retardation
08 Other developmental problem (e.g., cerebral palsy)
09 Other mental, emotional or behavioral problem
10 Bone, joint, or muscle problem
11 Epilepsy or seizures
12 Learning disability
13 Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
90 Other impairment/problem (specify one)
91 Other impairment/problem (Specify one)
97 Refused
99 Don't know/not sure

UniverseText: All persons less than 18 years of age who have at least one reported limitation

SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]
<5> [fill “96” in LHCL05N and fill “6” in LHCL05T]
<90> [goto LAHCC_S1]
<91> [goto LAHCC_S2]
<R,D> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.
<table>
<thead>
<tr>
<th>Question ID: FHS.271_91.000</th>
<th>Instrument Variable Name: LAHCC_S2</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the other impairment or problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim Response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: goto LHCL91N</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: FHS.280_01.000</th>
<th>Instrument Variable Name: LHCL01N</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: 1 of 2 How long [fill: have you/has ALIAS] had a vision problem or problem seeing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter number for time with a vision problem or problem seeing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '95' for 95 or more.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '96' if since birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-94 1-94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95 95+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96 Since birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing seeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-95,D&gt; [goto LHCL01T]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;96&gt; [fill &quot;6&quot; in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;R&gt; [store &quot;R&quot; in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</td>
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<tr>
<td>Question ID: FHS.280_02.000</td>
<td>Instrument Variable Name: LHCL01T</td>
<td>QuestionnaireFileName: Family</td>
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<td>----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>QuestionText:</strong> 2 of 2</td>
<td>* Enter time period for time with vision problem or problem seeing.</td>
<td></td>
</tr>
<tr>
<td>1 Day(s)</td>
<td>2 Week(s)</td>
<td>3 Month(s)</td>
</tr>
<tr>
<td>4 Year(s)</td>
<td>5 Since Birth</td>
<td>6 Refused</td>
</tr>
<tr>
<td>7 Don't know</td>
<td>8 Refused</td>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question.

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL01T]
if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1_LHCL01T

<table>
<thead>
<tr>
<th>Question ID: FHS.282_01.000</th>
<th>Instrument Variable Name: LHCL02N</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> 1 of 2</td>
<td>How long [fill: have you/has ALIAS] had a hearing problem?</td>
<td></td>
</tr>
<tr>
<td>01-94</td>
<td>01-94</td>
<td>95 95+</td>
</tr>
<tr>
<td>96 Since birth</td>
<td>97 Refused</td>
<td>99 Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons less than 18 years of age who have a limitation due to a hearing problem.

**SkipInstructions:** <1-95,D> [goto LHCL02T]
<96> [fill "6" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**Question ID:** FHS.282_02.000  **Instrument Variable Name:** LHCL02T  **QuestionnaireFileName:** Family

**QuestionText:**
2 of 2

* Enter time period for time with hearing problem.

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)
5. Since Birth
6. Refused
7. Don't know

**UniverseText:** All persons less than 18 years of age who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2_LHCL02T]

if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto ERR1_LHCL02T

---

**Question ID:** FHS.284_01.000  **Instrument Variable Name:** LHCL03N  **QuestionnaireFileName:** Family

**QuestionText:**
1 of 2

How long [fill: have you/has ALIAS] had a speech problem?

* Enter number for time with a speech problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94  
95 95+  
96 Since birth  
97 Refused  
99 Don't know

**UniverseText:** All persons less than 18 years of age who have a limitation due to a speech problem

**SkipInstructions:**

<1-95,D> [goto LHCL03T]

<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
Question ID: FHS.284_02.000  Instrument Variable Name: LHCL03T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with speech problem.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since Birth
7  Refused
9  Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a speech problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL03T]
if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1_LHCL03T

Question ID: FHS.286_01.000  Instrument Variable Name: LHCL04N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had asthma or a breathing problem?

* Enter number for time with an asthma or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  01-94
95  95+
96  Since birth
97  Refused
99  Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to asthma/breathing problem

SkipInstructions: <1-95,D> [goto LHCL04T]
<96> [fill "6" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
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Question ID: FHS.286_02.000  Instrument Variable Name: LHCL04T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with asthma or a breathing problem.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since Birth
7  Refused
9  Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to asthma/breathing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL04T]
if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1_LHCL04T

Question ID: FHS.288_01.000  Instrument Variable Name: LHCL06N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had the injury that caused [fill2:your/his/her] limitation?

* Enter number for time with the injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  01-94
95  95+
96  Since birth
97  Refused
99  Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to an injury

SkipInstructions: <1-95,D> [goto LHCL06T]
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
Question ID: FHS.288_02.000  Instrument Variable Name: LHCL06T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with the injury that caused [fill: your/his/her] limitation.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to an injury and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL06T]
if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1_LHCL06T

Question ID: FHS.290_01.000  Instrument Variable Name: LHCL07N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had mental retardation?

* Enter number for time with mental retardation.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to mental retardation

SkipInstructions: <1-95,D> [goto LHCL07T]
<96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
### Question ID: FHS.290_02.000  
**Instrument Variable Name:** LHCL07T  
**QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with mental retardation.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
5  Since Birth
6  Refused
7  Don't know

**UniverseText:**

All persons less than 18 years of age who have a limitation due to mental retardation and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

<6> [goto ERR2_LHCL07T]

if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1_LHCL07T

### Question ID: FHS.292_01.000  
**Instrument Variable Name:** LHCL08N  
**QuestionnaireFileName:** Family

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?

* Enter number for time with a developmental problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
<th>01-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

All persons less than 18 years of age who have a limitation due to some other developmental problem

**SkipInstructions:**

<1-95,D> [goto LHCL08T]

<96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

<R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since Birth
7  Refused
9  Don't know

All persons less than 18 years of age who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<br>if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1_LHCL08T

1 of 2

How long [fill: have you/has ALIAS] had a mental, emotional, or behavioral problem?

* Enter number for time with a mental, emotional, or behavioral problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  01-94
95  95+
96  Since birth
97  Refused
99  Don't know

All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem

<1-95,D> [goto LHCL09T]
<96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<br>if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1_LHCL09T
2006 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 31-May-07

<table>
<thead>
<tr>
<th>Question ID: FHS.294_02.000</th>
<th>Instrument Variable Name: LHCL09T</th>
<th>QuestionnaireFileName: Family</th>
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</thead>
<tbody>
<tr>
<td>QuestionText: 2 of 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter time period for time with mental, emotional, or behavioral problem.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Day(s)</td>
<td>2 Week(s)</td>
<td>3 Month(s)</td>
</tr>
<tr>
<td>4 Month(s)</td>
<td>5 Year(s)</td>
<td>6 Since Birth</td>
</tr>
<tr>
<td>7 Refused</td>
<td>8 Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem and 1-95, D was entered for the &quot;number&quot; part of this two-part question</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-4,R,D&gt; [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] &lt;6&gt; [goto ERR2_LHCL09T]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If (LHCL09T = 4 and LHCL09N &gt; AGE) or (LHCL09T = 3 and LHCL09N &gt; AGE in months) or (LHCL09T = 2 and LHCL09N &gt; AGE in weeks), goto ERR1_LHCL09T</td>
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<table>
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<th>Question ID: FHS.296_01.000</th>
<th>Instrument Variable Name: LHCL10N</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: 1 of 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter number for time with a bone, joint, or muscle problem.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '95' for 95 or more.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '96' if since birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-94 01-94</td>
<td>95 95+</td>
<td>96 Since birth</td>
</tr>
<tr>
<td>97 Refused</td>
<td>99 Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-95,D&gt; [goto LHCL10T] &lt;96&gt; [fill &quot;6&quot; in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] &lt;R&gt; [store &quot;R&quot; in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: FHS.296_02.000
#### Instrument Variable Name: LHCL10T
#### QuestionnaireFileName: Family

**QuestionText:**

2 of 2

* Enter time period for time with bone, joint, or muscle problem.

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)
5. Since Birth
6. Refused
7. Don't know

**UniverseText:**
All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**
- `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
- `<6>` [goto ERR2_LHCL10T]
  
  if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1_LHCL10T

### Question ID: FHS.298_01.000
#### Instrument Variable Name: LHCL11N
#### QuestionnaireFileName: Family

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94
01-94
95  95+
96  Since birth
97  Refused
99  Don't know

**UniverseText:**
All persons less than 18 years of age who have a limitation due to epilepsy or seizures

**SkipInstructions:**
- `<1-95,D>` [goto LHCL11T]
- `<96>` [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
- `<R>` [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**Famil Health Status & Limitations**

**2006 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date:** 31-May-07

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**Question ID:** FHS.298_02.000  **Instrument Variable Name:** LHCL11T  **QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with epilepsy or seizures.

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)
5. Since Birth
6. Refused
7. Don't know

**UniverseText:**

All persons less than 18 years of age who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

<6> [goto ERR2_LHCL11T]

if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto ERR1_LHCL11T

---

**Question ID:** FHS.300_01.000  **Instrument Variable Name:** LHCL12N  **QuestionnaireFileName:** Family

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had a learning disability?

* Enter number for time with a learning disability.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94
95
96
97
99

**UniverseText:**

All persons less than 18 years of age who have a limitation due to a learning disability

**SkipInstructions:**

<1-95,D> [goto LHCL12T]

<96> [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

<R> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
Question ID: FHS.300_02.000  Instrument Variable Name: LHCL12T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with learning disability.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a learning disability and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL12T]
if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto ERR1_LHCL12T

Question ID: FHS.302_01.000  Instrument Variable Name: LHCL13N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had attention deficit/hyperactivity disorder?

* Enter number for time with attention deficit/hyperactivity disorder.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder

SkipInstructions: <1-95,D> [goto LHCL13T]
<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
### Family Health Status & Limitations

**Question ID:** FHS.302_02.000  
**Instrument Variable Name:** LHCL13T  
**QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

* Enter time period for time with attention deficit/hyperactivity disorder.

<p>| | |</p>
<table>
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<tr>
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<td>Year(s)</td>
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<td>Since Birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
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</table>

**UniverseText:** All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder and 1-95, D was entered for the "number" part of this two-part question.

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2_LHCL13T]  

if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1_LHCL13T

---

### Question ID: FHS.304_01.000  
**Instrument Variable Name:** LHCL90N  
**QuestionnaireFileName:** Family

**QuestionText:** 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S1]?

* Enter number for time with [fill1: problem in LAHCC_S1]?  
* Enter '95' for 95 or more.  
* Enter '96' if since birth.

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td>96</td>
<td>Since birth</td>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1.

**SkipInstructions:**

<1-95,D> [goto LHCL90T]  
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2006 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 31-May-07

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<th>FHS.304_02.000</th>
<th>Instrument Variable Name:</th>
<th>LHCL90T</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| QuestionText: 2 of 2  
* Enter time period for time with [fill: problem in LAHCC_S1].  
1 Day(s)  
2 Week(s)  
3 Month(s)  
4 Year(s)  
6 Since Birth  
7 Refused  
9 Don't know  
| UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1 and 1-95, D was entered for the "number" part of this two-part question  
| SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2_LHCL90T]  
if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1_LHCL90T |

<table>
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<tr>
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<th>FHS.306_01.000</th>
<th>Instrument Variable Name:</th>
<th>LHCL91N</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| QuestionText: 1 of 2  
How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S2]?  
* Enter number for time with [fill1: problem in LAHCC_S2].  
* Enter '95' for 95 or more.  
* Enter '96' if since birth.  
01-94 01-94  
95 95+  
96 Since birth  
97 Refused  
99 Don't know  
| UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2  
| SkipInstructions: <1-95,D> [goto LHCL91T]  
<96> [fill "6" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] |
Question ID: FHS.306_02.000  Instrument Variable Name: LHCL91T  QuestionnaireFileName: Family

<table>
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<th>QuestionText: 2 of 2</th>
</tr>
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<tbody>
<tr>
<td>* Enter time period for time with [fill: problem in LAHCC_S2].</td>
</tr>
<tr>
<td>1 Day(s)</td>
</tr>
<tr>
<td>4 Year(s)</td>
</tr>
<tr>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: `<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]`  
`<6> [goto ERR2_LHCL91T]`  
if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1_LHCL91T
What conditions or health problems cause [fill: your/ALIAS's] limitations?

* Enter all that apply, separate with commas.
* Do not probe except to clarify answer.

01 Vision/problem seeing
02 Hearing problem
03 Arthritis/rheumatism
04 Back or neck problem
05 Fracture, bone/joint injury
06 Other injury
07 Heart problem
08 Stroke problem
09 Hypertension/high blood pressure
10 Diabetes
11 Lung/breathing problem (e.g., asthma and emphysema)
12 Cancer
13 Birth defect
14 Mental retardation
15 Other developmental problem (e.g. cerebral palsy)
16 Senility
17 Depression/anxiety/emotional problem
18 Weight problem
19 Missing limbs (fingers, toes or digits), amputee
20 Kidney, bladder or renal problems
21 Circulation problems (including blood clots)
22 Benign tumors, cysts
23 Fibromyalgia, lupus
24 Osteoporosis, tendinitis
25 Epilepsy, seizures
26 Multiple Sclerosis (MS), Muscular Dystrophy (MD)
27 Polio(myelitis), paralysis, para/quadriplegia
28 Parkinson's disease, other tremors
29 Other nerve damage, including carpal tunnel syndrome
30 Hernia
31 Ulcer
32 Varicose veins, hemorrhoids
33 Thyroid problems, Grave's disease, gout
34 Knee problems (not arthritis (03), not joint injury (05))
35 Migraine headaches (not just headaches)
90 Other impairment/problem (Specify one)
91 Other impairment/problem (Specify one)
97 Refused
99 Don't know/not sure
What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

goto LHAL90N

What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

goto LHAL91N
How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

**UniverseText:** All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing

**SkipInstructions:**

<1-95,D> [goto LHAL01T]  
<96> [fill "6" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

* Enter time period for time with vision problem or problem seeing.

**UniverseText:** All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL01T]  
if LHAL01T = 4 and LHAL01N > AGE, goto ERR1_LHAL01T
How long [fill: have you/has ALIAS] had a hearing problem?

* Enter number for time with a hearing problem.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don’t know

All persons 18 years of age or older who have a limitation due to a hearing problem

* 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

All persons 18 years of age or older who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question
**Question ID:** FHS.364_01.000  
**Instrument Variable Name:** LHAL03N  
**QuestionnaireFileName:** Family

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
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<tr>
<td>01-94</td>
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</tr>
<tr>
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<td>95+</td>
</tr>
<tr>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

All persons 18 years of age or older who have a limitation due to arthritis/rheumatism

**SkipInstructions:**

<1-95,D> [goto LHAL03T]  
<96> [fill "6" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

**Question ID:** FHS.364_02.000  
**Instrument Variable Name:** LHAL03T  
**QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with arthritis or rheumatism.

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>1</td>
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<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since Birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

All persons 18 years of age or older who have a limitation due to arthritis/rheumatism and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL03T]  
if LHAL03T = 4 and LHAL03N > AGE, goto ERR1_LHAL03T
How long [fill: have you/has ALIAS] had a back or neck problem?

* Enter number for time with a back or neck problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94
  01-94
95
  95+
96
  Since birth
97
  Refused
99
  Don't know

* 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

All persons 18 years of age or older who have a limitation due to a back or neck problem

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL04T] if LHAL04T = 4 and LHAL04N > AGE, goto ERR1_LHAL04T
How long [fill: have you/has ALIAS] had a fracture, bone, or joint injury?

* Enter number for time with a fracture, bone or joint injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question

* 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

All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question
### Question ID: FHS.370.01.000  
**Question Text:**
How long [fill1: have you/has ALIAS] had the other injury that caused [fill2: your/his/her] limitation?

* Enter number for time with the injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

| 01-94 | 01-94 |
| 95   | 95+   |
| 96   | Since birth |
| 97   | Refused |
| 99   | Don't know |

**Universe Text:**
All persons 18 years of age or older who have a limitation due to some "other" injury

**Skip Instructions:**
- `<1-95,D>` [goto LHAL06T]
- `<96>` [fill "6" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<R>` [store "R" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

### Question ID: FHS.370.02.000  
**Question Text:**
* Enter time period for time with other injury that caused [fill: your/his/her] limitation.

| 1    | Day(s) |
| 2    | Week(s) |
| 3    | Month(s) |
| 4    | Year(s) |
| 6    | Since Birth |
| 7    | Refused |
| 9    | Don't know |

**Universe Text:**
All persons 18 years of age or older who have a limitation due to some "other" injury and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:**
- `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<6>` [goto ERR2_LHAL06T]
- if LHAL06T = 4 and LHAL06N > AGE, goto ERR1_LHAL06T
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

All persons 18 years of age or older who have a heart problem and 1-95, D was entered for the "number" part of this two-part question

* Enter time period for time with heart problem.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

All persons 18 years of age or older who have a limitation due to a heart problem and 1-95, D was entered for the "number" part of this two-part question
**2006 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date:** 31-May-07

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**Question ID:** FHS.374_01.000  
**Instrument Variable Name:** LHAL08N  
**QuestionnaireFileName:** Family

**QuestionText:**

How long [fill: have you/has ALIAS] had a stroke problem?

* Enter number for time with a stroke problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
<th>01-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons 18 years of age or older who have a limitation due to a stroke problem

**SkipInstructions:**

<1-95,D> [goto LHAL08T]  
<96> [fill "6" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

---

**Question ID:** FHS.374_02.000  
**Instrument Variable Name:** LHAL08T  
**QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with stroke problem.

<table>
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<tr>
<td>2</td>
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<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since Birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons 18 years of age or older who have a limitation due to a stroke problem and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL08T]  
if LHAL08T = 4 and LHAL08N > AGE, goto ERR1_LHAL08T
How long [fill: have you/has ALIAS] had hypertension or high blood pressure?

* Enter number for time with hypertension or high blood pressure.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94
95
96
99

Since birth
Refused
Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure

SkipInstructions: <1-95,D> [goto LHAL09T]
<96> [fill "6" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
How long [fill: have you/has ALIAS] had diabetes?

* Enter number for time with diabetes.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to diabetes

1-95,D [goto LHAL10T]
<96> [fill "6" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

All persons 18 years of age or older who have a limitation due to diabetes and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL10T]

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T
How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

* Enter number for time with a lung problem or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

* Enter time period for time with lung problem or breathing problem (e.g., asthma and emphysema).

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

All persons 18 years of age or older who have a limitation due to a lung/breathing problem

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL11T] if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T
How long [fill: have you/has ALIAS] had cancer?

* Enter number for time with cancer.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  1-94
 95  95+
 96  Since birth
 97  Refused
 99  Don't know

All persons 18 years of age or older who have a limitation due to cancer

<1-95,D> [goto LHAL12T]
<96> [fill "6" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

All persons 18 years of age or older who have a limitation due to cancer and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL12T]

if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T
How long [fill: have you/has ALIAS] had mental retardation?

* Enter number for time with mental retardation.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know
How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?

* Enter number for time with a developmental problem.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

01-94  1-94
95    95+
96    Since birth
97    Refused
99    Don’t know

All persons 18 years of age or older who have a limitation due to some other developmental problem

* Enter time period for time with developmental problem (e.g. cerebral palsy).

1      Day(s)
2      Week(s)
3      Month(s)
4      Year(s)
6      Since Birth
7      Refused
9      Don’t know

All persons 18 years of age or older who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question
1 of 2

How long [fill: have you/has ALIAS] had senility?

* Enter number for time with senility.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don’t know

UniverseText: All persons 18 years of age or older who have a limitation due to senility

SkipInstructions:

<1-95,D> [goto LHAL16T]
<96> [fill ”6” in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store ”R” in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2 of 2

* Enter time period for time with senility.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don’t know

UniverseText: All persons 18 years of age or older who have a limitation due to senility and 1-95, D was entered for the ”number” part of this two-part question

SkipInstructions:

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL16T]
if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T
How long [fill: have you/has ALIAS] had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety or an emotional problem.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

01-94  1-94
95    95+
96    Since birth
97    Refused
99    Don’t know

All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem

* Enter time period for time with depression, anxiety, or an emotional problem.

1    Day(s)
2    Week(s)
3    Month(s)
4    Year(s)
6    Since Birth
7    Refused
9    Don’t know

All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL17T]
if LHAL17T = 4 and LHAL17N > AGE, goto ERR1_LHAL17T
How long [fill: have you/has ALIAS] had a weight problem?

* Enter number for time with a weight problem.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to a weight problem

* 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

All persons 18 years of age or older who have a limitation due to a weight problem and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to missing limbs

* Enter time period for time with missing limb (finger, toe, or digit).

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

All persons 18 years of age or older who have a limitation due to missing limbs and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had a kidney, bladder or renal problem?

* Enter number for time with a kidney, bladder or renal problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem

* 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

All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem and 1-95, D was entered for the "number" part of this two-part question
### Questionnaire ID: FHS.398_01.000
#### Instrument Variable Name: LHAL21N
#### QuestionnaireFileName: Family

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

- **01-94:** 1-94
- **95:** 95+
- **96:** Since birth
- **97:** Refused
- **99:** Don't know

**UniverseText:**

All persons 18 years of age or older who have a limitation due to circulation problems

**SkipInstructions:**

- <1-95,D> [goto LHAL21T]
- <96> [fill "6" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- <R> [store "R" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

### Questionnaire ID: FHS.398_02.000
#### Instrument Variable Name: LHAL21T
#### QuestionnaireFileName: Family

**QuestionText:**

2 of 2

* Enter time period for time with circulation problem (including blood clots).

1: Day(s)
2: Week(s)
3: Month(s)
4: Year(s)
6: Since Birth
7: Refused
9: Don't know

**UniverseText:**

All persons 18 years of age or older who have a limitation due to circulation problems and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

- <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- <6> [goto ERR2_LHAL21T]
  
  if LHAL21T = 4 and LHAL21N > AGE, goto ERR1_LHAL21T
Question ID:  FHS.400_01.000  Instrument Variable Name:  LHAL22N  QuestionnaireFileName:  Family

QuestionText:  1 of 2

How long [fill: have you/has ALIAS] had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  01-94
95    95+
96    Since birth
97    Refused
99    Don't know

UniverseText:  All persons 18 years of age or older who have a limitation due to benign tumors or cysts

SkipInstructions:  <1-95,D> [goto LHAL22T]
<96> [fill "6" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID:  FHS.400_02.000  Instrument Variable Name:  LHAL22T  QuestionnaireFileName:  Family

QuestionText:  2 of 2

* Enter time period for time with benign tumors or cysts.

1    Day(s)
2    Week(s)
3    Month(s)
4    Year(s)
6    Since Birth
7    Refused
9    Don't know

UniverseText:  All persons 18 years of age or older who have a limitation due to benign tumors or cysts and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions:  <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL22T]
if LHAL22T = 4 and LHAL22N > AGE, goto ERR1_LHAL22T
### Question ID: FHS.402_01.000
**Instrument Variable Name:** LHAL23N  
**QuestionnaireFileName:** Family

**QuestionText:** 1 of 2

How long [fill: have you/has ALIAS] had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
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<tr>
<td>95</td>
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</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus

**SkipInstructions:**

- `<1-95,D>` [goto LHAL23T]
- `<96>` [fill "6" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<R>` [store "R" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

---

### Question ID: FHS.402_02.000
**Instrument Variable Name:** LHAL23T  
**QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

* Enter time period for time with fibromyalgia or lupus.

<table>
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<tr>
<th>Option</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>Day(s)</td>
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<td>Since Birth</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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**UniverseText:** All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

- `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<6>` [goto ERR2_LHAL23T]
  
  if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T
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<tr>
<th>Question ID:</th>
<th>FHS.404_01.000</th>
<th>Instrument Variable Name:</th>
<th>LHAL24N</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-95,D&gt; [goto LHAL24T]</td>
<td>&lt;96&gt; [fill &quot;6&quot; in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</td>
<td>&lt;R&gt; [store &quot;R&quot; in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</td>
<td></td>
<td></td>
</tr>
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<th>FHS.404_02.000</th>
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<th>LHAL24T</th>
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<th>Family</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>2 of 2</td>
<td></td>
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<td></td>
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<tr>
<td>UniverseText:</td>
<td>All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis and 1-95, D was entered for the &quot;number&quot; part of this two-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-4,R,D&gt; [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</td>
<td>&lt;6&gt; [goto ERR2_LHAL24T]</td>
<td>if LHAL24T = 4 and LHAL24N &gt; AGE, goto ERR1_LHAL24T</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How long [fill: have you/has ALIAS] had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to epilepsy or seizures

* 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

All persons 18 years of age or older who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD)?
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy

* Enter time period for time with multiple sclerosis (MS) or muscular dystrophy (MD).

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto LHAL26T]
<6> [goto ERR2_LHAL26T]
<9> [goto ERR1_LHAL26T]
How long [fill: have you/has ALIAS] had polio(myelitis), paralysis or para/quadriplegia?

* Enter number for time with polio (myelitis) paralysis or para/quadriplegia.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don’t know

All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia

* 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

All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia and 1-95, D was entered for the “number” part of this two-part question

<1-4,R,D> [goto LHAL27T]
<6> [goto ERR2_LHAL27T]
<95> [fill “6” in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
How long [fill: have you/has ALIAS] had Parkinson’s disease or tremors?

* Enter number for time with Parkinson's disease or tremors.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  1-94
95    95+
96    Since birth
97    Refused
99    Don't know

All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors

* 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

All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors and 1-95, D was entered for the "number" part of this two-part question

* Enter follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT

1-4,R,D> goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT

<6> goto ERR2_LHAL28T

if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T
How long [fill: have you/has ALIAS] had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

* Enter time period for time with nerve damage (including carpal tunnel syndrome).

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know
How long [fill: have you/has ALIAS] had a hernia?

* Enter number for time with a hernia.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
<td>1-94</td>
</tr>
<tr>
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<td>95+</td>
</tr>
<tr>
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<td>Since birth</td>
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<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

All persons 18 years of age or older who have a limitation due to a hernia

**Skip Instructions:**

- If 01-94, D was entered for the "number" part of this two-part question, go to LHAL30T.
- If less than 1-95, D, go to follow-up questions for next condition selected at LAHCA; if no more conditions, go to LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, go to PHSTAT.
- If 96, enter "6" in LHAL30T and go to follow-up questions for next condition selected at LAHCA; if no more conditions, go to LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, go to PHSTAT.
- If R, store "R" in LHAL30T and go to follow-up questions for next condition selected at LAHCA; if no more conditions, go to LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, go to PHSTAT.

Enter time period for time with hernia.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
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<td>Week(s)</td>
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<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since Birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

All persons 18 years of age or older who have a limitation due to a hernia and 1-95, D was entered for the "number" part of this two-part question.

**Skip Instructions:**

- If 1-4, R, D, go to follow-up questions for next condition selected at LAHCA; if no more conditions, go to LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, go to PHSTAT.
- If 6, go to ERR2_LHAL30T.
- If LHAL30T = 4 and LHAL30N > AGE, go to ERR1_LHAL30T.
How long [fill: have you/has ALIAS] had an ulcer?

* Enter number for time with an ulcer.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to an ulcer

<1-95,D> [goto LHAL31T]
<96> [fill "6" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

All persons 18 years of age or older who have a limitation due to an ulcer and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL31T]
if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T
How long [fill: have you/has ALIAS] had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids

* 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

All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL32T]
if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T
How long [fill: have you/has ALIAS] had a thyroid problem, Grave’s disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

| 01-94 | 01-94 |
| 95    | 95+   |
| 96    | Since birth |
| 97    | Refused |
| 99    | Don't know |

University Text: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout.

* 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 |

University Text: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout and 1-95, D was entered for the "number" part of this two-part question.
How long [fill: have you/has ALIAS] had a knee problem?

* Enter number for time with a knee problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

All persons 18 years of age or older who have a limitation due to knee problems

* 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

All persons 18 years of age or older who have a limitation due to knee problems and 1-95, D was entered for the "number" part of this two-part question
Question ID: FHS.426_01.000  Instrument Variable Name: LHAL35N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had migraine headaches?

* Enter number for time with migraine headaches.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to migraine headaches

SkipInstructions: <1-95,D> [goto LHAL35T]
<96> [fill "6" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<9R> [store "R" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.426_02.000  Instrument Variable Name: LHAL35T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to migraine headaches and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL35T]
if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T
How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S1]?

* Enter number for time with [fill1: LAHCA_S1].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  01-94
95  95+
96  Since birth
97  Refused
99  Don't know

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the "number" part of this two-part question

* Enter time period for time with [fill: LAHCA_S1].

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since Birth
7  Refused
9  Don't know

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the "number" part of this two-part question and LHAL90N > AGE, goto ERR1_LHAL90T
How long have you had LAHCA_S2?  
* Enter number for time with LAHCA_S2.  
* Enter '95' for 95 or more.  
* Enter '96' if since birth.

01-94  01-94  
95  95+  
96  Since birth
97  Refused
99  Don't know

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2

* Enter time period for time with LAHCA_S2.

1  Day(s)  
2  Week(s)  
3  Month(s)  
4  Year(s)  
6  Since Birth  
7  Refused  
9  Don't know

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2 and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL91T]  
if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T
Would you say [fill: your/ALIAS’s] health in general is excellent, very good, good, fair, or poor?

1  Excellent
2  Very good
3  Good
4  Fair
5  Poor
7  Refused
9  Don't know

UniverseText: All persons

SkipInstructions: repeat for all persons in the family, goto FINJ3M
The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PDMED12M and goto FNAMED12M; else, goto PDMED12M]
<2,R,D> [goto FNAMED12M]

For which family member was medical care delayed?

(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

**SkipInstructions:** goto FNAMED12M

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

DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PNAMED12M and goto FHOSPYR; else, goto PNAMED12M]
<2,R,D> [goto FHOSPYR]
Question ID: FAU.040_00.000  Instrument Variable Name: PNMED12M  QuestionnaireFileName: Family

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

Who didn't get needed care?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

SkipInstructions: goto FHOSPYR

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

Question ID: FAU.050_00.000  Instrument Variable Name: FHOSPYR  QuestionnaireFileName: Family

QuestionText: ?[F1]

[fill1: were you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]
<2,R,D> [goto FHCHM2W]

Question ID: FAU.060_00.000  Instrument Variable Name: PHOSPYR  QuestionnaireFileName: Family

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

Who was in a hospital overnight?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)

SkipInstructions: goto HOSPNO

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
## 2006 NHIS Questionnaire - Family
### Family Access to Health Care & Utilization

**Document Version Date:** 31-May-07

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.070_00.000</th>
<th>Instrument Variable Name:</th>
<th>HOSPNO</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>001-365</strong></td>
<td>1-365 times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>997</strong></td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>999</strong></td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All persons who had an overnight hospital stay during the past 12 months (excluding ER)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-10&gt; [goto HPNITE]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;11-365&gt; [goto ERR_HOSPNO]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R,D&gt; [goto HPNITE]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.110_00.000</th>
<th>Instrument Variable Name:</th>
<th>HPNITE</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>001-365</strong></td>
<td>1-365 nights</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>997</strong></td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>999</strong></td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All persons who had an overnight hospital stay during the past 12 months (excluding ER)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-50,R,D&gt; [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;51-365&gt; [goto ERR1_HPNITE]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if HOSPNO gt HPNITE, goto ERR2_HPNITE</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
* Hand calendar card.

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

Do not include dental care. Do not include care while an overnight patient in a hospital.

During those 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]
<2,R,D> [goto FHCPH2W]

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

Who received care at home?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: goto PHCHMN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2006 NHIS Questionnaire - Family**  
*Family Access to Health Care & Utilization*  
**Document Version Date:** 31-May-07

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.140_00.000</th>
<th>Instrument Variable Name:</th>
<th>PHCHMN2W</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How many home visits did [fill: you/ ALIAS] receive during those 2 WEEKS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter ‘50’ for 50 or more visits.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-50</td>
<td>1-50 home visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SkipInstructions: | <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]  
<15-50> [goto ERR_PHCPHMN2W] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.150_00.000</th>
<th>Instrument Variable Name:</th>
<th>FHCPH2W</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>During those 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not include phone calls to make appointments, for billing questions or for prescription refills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SkipInstructions: | <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]  
<2,R,D> [goto FHCDV2W] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.160_00.000</th>
<th>Instrument Variable Name:</th>
<th>PHCPH2W</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|             | Who was the phone call about?  
(Anyone else?) |
| 1           | Yes |
| 2           | No |
| 7           | Refused |
| 9           | Don't know |
| UniverseText: | All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines) |
| SkipInstructions: | goto PHCPHN2W |

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2006 NHIS Questionnaire - Family**

**Family Access to Health Care & Utilization**

**Document Version Date: 31-May-07**

---

**Question ID:** FAU.170_00.000  
**Instrument Variable Name:** PHCPHN2W  
**QuestionnaireFileName:** Family

**QuestionText:** During those 2 WEEKS, how many telephone calls [fill: did you make/were made about ALIAS]?

* Enter ‘50’ for 50 or more phone calls.

<table>
<thead>
<tr>
<th>01-50</th>
<th>1-50 calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

**SkipInstructions:** 
- `<1-14,R,D>` [repeat for all eligible persons, then goto FHCDV2W]
- `<15-50>` [goto ERR_PHCPHN2W]

---

**Question ID:** FAU.180_00.000  
**Instrument Variable Name:** FHCDV2W  
**QuestionnaireFileName:** Family

**QuestionText:** During those 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?

[fill2: Do not include times during an overnight hospital stay.]

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

**UniverseText:** All families

**SkipInstructions:** 
- `<1>` [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]
- `<2,R,D>` [goto F10DVYR]

---

**Question ID:** FAU.190_00.000  
**Instrument Variable Name:** PHCDV2W  
**QuestionnaireFileName:** Family

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

Who received care?
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

**SkipInstructions:** goto PHCDVN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2006 NHIS Questionnaire - Family**

**Family Access to Health Care & Utilization**

**Document Version Date: 31-May-07**

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAU.200_00.000</td>
<td>PHCDVN2W</td>
<td>Family</td>
<td><strong>How many times did [fill: you/ALIAS] visit a doctor or other health care professional during those 2 WEEKS?</strong></td>
<td>All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)</td>
<td>&lt;1-14,R,D&gt; [repeat for all eligible persons, then goto F10DVYR] &lt;15-50&gt; [goto ERR_PHCDVN2W]</td>
</tr>
<tr>
<td>FAU.210_00.000</td>
<td>F10DVYR</td>
<td>Family</td>
<td><strong>During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.</strong></td>
<td>All families</td>
<td>&lt;1&gt; [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR] &lt;2,R,D&gt; [goto FHICOV]</td>
</tr>
<tr>
<td>FAU.220_00.000</td>
<td>P10DVYR</td>
<td>Family</td>
<td><strong>Who received care 10 or more times? (Anyone else?)</strong></td>
<td>All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)</td>
<td>goto FHICOV</td>
</tr>
</tbody>
</table>
The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1,R,D> [goto HIKIND]
<2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

What kind of health insurance or health care coverage (fill: do you/does ALIAS) have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

* Enter all that apply, separate with commas.

01  Private health insurance
02  Medicare
03  Medi-Gap
04  Medicaid
05  SCHIP (CHIP/Children's Health Insurance Program)
06  Military health care (TRICARE/VA/CHAMP-VA)
07  Indian Health Service
08  State-sponsored health plan
09  Other government program
10  Single service plan (e.g., dental, vision, prescriptions)
11  No coverage of any type
97  Refused
99  Don't know

UniverseText: All persons in families where FHICOV= yes, don't know, or refused

SkipInstructions: <R,D> [goto HCSPFYR]
<1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]
<11> [if HIKIND = 1-10, goto ERR_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]
**2006 NHIS Questionnaire - Family**

**Family Health Insurance**

Document Version Date: 31-May-07

**Question ID:** FHI.072_00.000  
**Instrument Variable Name:** MCAREPRB  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F13

People covered by Medicare have a card that looks like this.

[fill: Are you/Is ALIAS] covered by Medicare?

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

**UniverseText:**

All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

**SkipInstructions:**

if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

---

**Question ID:** FHI.073_00.000  
**Instrument Variable Name:** MCAIDPRB  
**QuestionnaireFileName:** Family

**QuestionText:**

(book F14)

* Refer to flashcard F14 for state Medicaid names.

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (* fill State name). [fill: Are you/Is ALIAS] covered by Medicaid?

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

**UniverseText:**

All persons less than 65 years of age with no insurance coverage of any type

**SkipInstructions:**

goto SINCOV

---

**Question ID:** FHI.074_00.000  
**Instrument Variable Name:** SINCOV  
**QuestionnaireFileName:** Family

**QuestionText:**

[fill: Do you/Does ALIAS] have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

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

**UniverseText:**

All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND

**SkipInstructions:**

goto HICHANGE
2006 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 31-May-07

Question ID: FHI.075_00.000  Instrument Variable Name: HICHANGE  QuestionnaireFileName: Family

QuestionText: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:]

fill3: ^HIKIND] / not covered by health insurance.]

Is this correct?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons

SkipInstructions: <1,R,D> [repeat for all eligible persons, then goto MCNO]
<2> [goto ERR_HICHANGE]

Question ID: FHI.080_01.000  Instrument Variable Name: MCNO  QuestionnaireFileName: Family

QuestionText: 1 of 2     ? [F1]

I recorded that you are covered by Medicare. May I please see your Medicare card to determine the type of coverage and to record the Health Insurance Claim Number?

*Enter the claim number from the card.

This number is needed to allow Medicare records of the Centers for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

* Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242K.

0-999999996 0-999999996
999999997 Refused
999999999 Don't know

UniverseText: Family respondents with Medicare

SkipInstructions: <0-999999996> [goto MCLET]
<R,D> [goto MCPART]

Question ID: FHI.080_02.000  Instrument Variable Name: MCLET  QuestionnaireFileName: Family

QuestionText: 2 of 2

*Enter the letters that appear after the claim number.

2 letters
97 Refused
99 Don't know

UniverseText: Family respondents with Medicare who reported a Medicare claim number

SkipInstructions: goto MCPART
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS's Medicare card to determine the type of coverage?

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

* Fill in appropriate coverage type below.

1 Part A - Hospital only
2 Part B - Medical only
3 Both Part A and Part B
7 Refused
9 Don't know

* Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

1 Yes
2 No

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS enrolled in a Medicare Advantage plan?

1 Yes
2 No
7 Refused
9 Don't know

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS enrolled in a Medicare Advantage plan?

1 Yes
2 No
7 Refused
9 Don't know

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS enrolled in a Medicare Advantage plan?

1 Yes
2 No
7 Refused
9 Don't know

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS enrolled in a Medicare Advantage plan?
### Question ID: FHI.100_00.000  
**Instrument Variable Name:** MCHMO  
**QuestionnaireFileName:** Family

**QuestionText:**  
Are you/Is ALIAS under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

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<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

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

### Question ID: FHI.110_00.000  
**Instrument Variable Name:** MCNAME  
**QuestionnaireFileName:** Family

**QuestionText:**  
What is the name of the HMO?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

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<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for part B coverage, and are enrolled under a Medicare managed care arrangement

**SkipInstructions:** goto MCREF

### Question ID: FHI.114_00.000  
**Instrument Variable Name:** MCREF  
**QuestionnaireFileName:** Family

**QuestionText:**  
Under your/ALIAS's Medicare plan, if you need he needs/she needs to go to a different doctor or place for special care, do you/does he/does she need approval or a referral? Do not include emergency care.

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:** goto MCPAYPRE
Family Health Insurance

**2006 NHIS Questionnaire - Family**

Document Version Date: 31-May-07

**Question ID:** FHI.116_00.000  **Instrument Variable Name:** MCPAYPRE  **QuestionnaireFileName:** Family

**QuestionText:** Besides [fill1: your/ALIAS's] Medicare insurance, [fill2: are you/is ALIAS] paying an additional monthly or yearly premium to receive a more comprehensive health benefit plan?

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

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:** goto MCPARTD

---

**Question ID:** FHI.118_00.000  **Instrument Variable Name:** MCPARTD  **QuestionnaireFileName:** Family

**QuestionText:** [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

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

**UniverseText:** All persons with Medicare

**SkipInstructions:** <1,2,7,9> [goto MCPART for next person with Medicare; else goto MACHMD]

---

**Question ID:** FHI.120_00.000  **Instrument Variable Name:** MACHMD  **QuestionnaireFileName:** Family

**QuestionText:** (book F14) ? [F1]

* Refer to flashcard F14 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (* fill State Name). [fill1: You are/ALIAS is] listed as having Medicaid coverage. Can [fill2: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill3: you/he/she] choose from a book or list of doctors or is a doctor assigned?

1. Any doctor
2. Select from book/list
3. Doctor is assigned
7. Refused
9. Don't know

**UniverseText:** All persons with Medicaid

**SkipInstructions:** <1,R,D> [goto MAPCMD]  <2> [goto MACHMD1]  <3> [goto MACHMD2]
**2006 NHIS Questionnaire - Family**

**Family Health Insurance**

**Document Version Date:** 31-May-07

---

**Question ID:** FHI.130_00.000  
**Instrument Variable Name:** MACHMD1  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Ask or verify.  

What is the name of the health plan that provided the book or list?  

*Read if necessary: Do you have a health plan card or something with the plan name on it?  

**Verbatim**  
7 Refused  
9 Don't know

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list of doctors

**SkipInstructions:** goto MANAM

---

**Question ID:** FHI.131_00.000  
**Instrument Variable Name:** MACHMD2  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Ask or verify.  

What is the name of the health plan that assigned the doctor?  

*Read if necessary: Do you have a health plan card or something with the plan name on it?  

**Verbatim**  
7 Refused  
9 Don't know

**UniverseText:** All persons with Medicaid for whom a doctor is assigned

**SkipInstructions:** goto MANAM

---

**Question ID:** FHI.132_00.000  
**Instrument Variable Name:** MANAM  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?  

1 Yes  
2 No

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned

**SkipInstructions:** goto MAPCMD
Are you/she required to sign up with a certain primary care doctor, group of doctors, or certain clinic which you must go to for all of your routine care? Do not include emergency care or care from a specialist you were referred to.

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

Under your Medicaid plan, if you need to go to a different doctor or place for special care, do you need approval or a referral? Do not include emergency care.

1. Yes
2. No
7. Refused
9. Don't know
**Question ID:** FHI.156_00.000  **Instrument Variable Name:** SSTYPE2  **QuestionnaireFileName:** Family

**QuestionText:**

* Enter all that apply, separate with commas.

You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Accidents</td>
</tr>
<tr>
<td>02</td>
<td>AIDS care</td>
</tr>
<tr>
<td>03</td>
<td>Cancer treatment</td>
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<td>04</td>
<td>Catastrophic care</td>
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<tr>
<td>05</td>
<td>Dental care</td>
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<tr>
<td>06</td>
<td>Disability insurance</td>
</tr>
<tr>
<td>07</td>
<td>Hospice care</td>
</tr>
<tr>
<td>08</td>
<td>Hospitalization only</td>
</tr>
<tr>
<td>09</td>
<td>Long-term care</td>
</tr>
<tr>
<td>10</td>
<td>Prescriptions</td>
</tr>
<tr>
<td>11</td>
<td>Vision care</td>
</tr>
<tr>
<td>12</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with single service plans

**SkipInstructions:** <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]  
<12> [goto SSOTHER]

---

**Question ID:** FHI.157_00.000  **Instrument Variable Name:** SSOTHER  **QuestionnaireFileName:** Family

**QuestionText:** * Other type of single-service plan

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with an "other" single service plan

**SkipInstructions:** goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6
The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

* Read names.
(display roster of eligible persons)]

* Enter 1 to continue

1	Continue

All families with at least one person covered by private health insurance

It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have your health plan card or something with the plan name on it?

Verbatim Response

7	Refused

9	Don't know

All families with at least one person covered by private health insurance

* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes

2	No

All private health insurance plans where the plan name was entered at HIPNAM1
### Question ID: FHI.170_00.000

**Instrument Variable Name:** HIPNAM1B  
**QuestionnaireFileName:** Family

#### QuestionText:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by this plan?

* Indicate each family member covered by this plan.

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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</tbody>
</table>

#### UniverseText:

All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

#### SkipInstructions:

<1,R,D> [if HIPNAM1= R or D, goto STNAME]  
<1,> [goto HIPNAM2]  
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

---

### Question ID: FHI.171_00.000

**Instrument Variable Name:** MORPLAN  
**QuestionnaireFileName:** Family

#### QuestionText:

* Ask if necessary

Are there any more private health insurance plans?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
</tbody>
</table>

#### UniverseText:

All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

#### SkipInstructions:

<verbatim> [goto PCARD2]  
<verbatim,R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]

---

### Question ID: FHI.172_00.000

**Instrument Variable Name:** HIPNAM2  
**QuestionnaireFileName:** Family

#### QuestionText:

What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?*

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<td></td>
<td>Verbatim Response</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### UniverseText:

All families with a second private health insurance plan

#### SkipInstructions:

<verbatim> [goto PCARD2]  
<verbatim,R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]
2006 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date:  31-May-07

---

**Question ID:** FHI.172_01.000  
**Instrument Variable Name:** PCARD2  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1  Yes  
2  No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM2

**SkipInstructions:** goto HIPNAM2B

---

**Question ID:** FHI.173_00.000  
**Instrument Variable Name:** HIPNAM2B  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

**SkipInstructions:** <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

---

**Question ID:** FHI.174_00.000  
**Instrument Variable Name:** MORPLAN2  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Ask if necessary

Are there any more private health insurance plans?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

**SkipInstructions:** <1> [goto HIPNAM3]  
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]
2006 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 31-May-07

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.175_00.000</th>
<th>Instrument Variable Name:</th>
<th>HIPNAM3</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>What is the name of the next plan?</td>
<td></td>
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<tr>
<td>*Read if necessary: Do you have a health plan card or something with the plan name on it?</td>
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<td><strong>Verbatim</strong></td>
<td>Verbatim Response</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>All families with a third private health insurance plan</td>
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<td><strong>SkipInstructions:</strong></td>
<td>&lt;verbatim&gt; [goto PCARD3] &lt;R,D&gt; [prefill PCARD3 with a &quot;2&quot; and goto HIPNAM3B]</td>
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<th>PCARD3</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?</td>
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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>All private health insurance plans where the plan name was entered at HIPNAM3</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
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<th>FHI.176_00.000</th>
<th>Instrument Variable Name:</th>
<th>HIPNAM3B</th>
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<th>Family</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Ask or verify. Enter all that apply, separate with commas. Which family members are covered by that plan?</td>
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<tr>
<td>* Indicate each family member covered by this plan.</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<td>All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;R,D&gt; [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: FHI.177_00.000

**Instrument Variable Name:** MORPLAN3  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Ask if necessary

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

**SkipInstructions:**  
<1> [goto HIPNAM4]  
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

### Question ID: FHI.178_00.000

**Instrument Variable Name:** HIPNAM4  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Read if necessary: Do you have a health plan card or something with the plan name on it?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**Verbatim:**  
Verbatim Response

**UniverseText:** All families with a fourth private health insurance plan

**SkipInstructions:**  
<verbatim> [goto PCARD4]  
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

### Question ID: FHI.178_01.000

**Instrument Variable Name:** PCARD4  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Do not read.  Was the health plan name obtained from a health plan card or something with the health plan name on it?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM4

**SkipInstructions:** goto HIPNAM4B
2006 NHIS Questionnaire - Family
Family Health Insurance
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Question ID: FHI.179_00.000  Instrument Variable Name: HIPNAM4B  QuestionnaireFileName: Family

QuestionText:
* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

SkipInstructions: <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8] goto FHICCI8

Question ID: FHI.180_00.000  Instrument Variable Name: HIVER1  QuestionnaireFileName: Family

QuestionText: ? [F1]

[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1> [ goto HIVER2]
<2,R,D> [goto ERR_HIVER1]
**Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?**

1. 1st plan mentioned (HIPNAM1)
2. 2nd plan mentioned (HIPNAM2)
3. 3rd plan mentioned (HIPNAM3)
4. 4th plan mentioned (HIPNAM4)
5. Some other plan not already mentioned
6. Refused
7. Don't know

**UniverseText:** All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**SkipInstructions:**
- <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]
- <5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]
- <R,D> [goto FHICCI8]

---

**Question ID:** FHI195_01.000  **Instrument Variable Name:** FHICCI8  **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

* Enter 1 to continue.

1. Continue

**UniverseText:** All families where a private health insurance plan was reported

**SkipInstructions:** goto FHI200

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
**Question ID:** FHI.200_01.000  
**Instrument Variable Name:** FHI200  
**QuestionnaireFileName:** Family

**QuestionText:**

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster.

00  Policyholder not on family roster  
01-25  Two-digit person number  
97  Refused  
99  Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto PLNWRK

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

---

**Question ID:** FHI.210_01.000  
**Instrument Variable Name:** PLNWRK  
**QuestionnaireFileName:** Family

**QuestionText:**

Which one of these categories best describes how this plan was obtained?

01  Through employer  
02  Through union  
03  Through workplace, but don't know if employer or union  
04  Through workplace, self-employed or professional association  
05  Purchased directly  
06  Through a state/local government or community program  
07  Other, specify  
97  Refused  
99  Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** <1-6,R,D> [goto PLNPAY]  
<7> [goto PLNWKSP]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
**How was this plan obtained?**

Verbatim

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Verbatim Response**

All private health insurance plans where the plan was obtained through an "other" source

**Who pays for this health insurance plan?**

* Enter all that apply, separate with commas.

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Self or family (living in the household)</td>
</tr>
<tr>
<td>02</td>
<td>Employer or union</td>
</tr>
<tr>
<td>03</td>
<td>Someone outside the household</td>
</tr>
<tr>
<td>04</td>
<td>Medicare</td>
</tr>
<tr>
<td>05</td>
<td>Medicaid</td>
</tr>
<tr>
<td>06</td>
<td>Children's Health Insurance Program (CHIP/SCHIP)</td>
</tr>
<tr>
<td>07</td>
<td>State or local government or community program</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText**

All private health insurance plans

**SkipInstructions**

<1> [goto HICOSTN]
<2-7,R,D> [if PLNPAY=1, goto HICOSTN; else, goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
1 of 2  ? [F1]  
How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00001-99995</td>
<td>$1-$99,995</td>
</tr>
<tr>
<td>99997</td>
<td>Refused</td>
</tr>
<tr>
<td>99999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: All private health insurance plans payed for by self or family

SkipInstructions: <1-99995> [goto HICOSTT]  
<R> [store "R" in HICOSTT and goto PLNMGD]  
<D> [store "D" in HICOSTT and goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2 of 2  ? [F1]  
* Enter time period for premium payments.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Once a week</td>
</tr>
<tr>
<td>02</td>
<td>Once every 2 weeks</td>
</tr>
<tr>
<td>03</td>
<td>Once a month</td>
</tr>
<tr>
<td>04</td>
<td>Twice a month</td>
</tr>
<tr>
<td>05</td>
<td>Every 2 months</td>
</tr>
<tr>
<td>06</td>
<td>Quarterly (every 3 months)</td>
</tr>
<tr>
<td>07</td>
<td>Once a year</td>
</tr>
<tr>
<td>08</td>
<td>Twice a year</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: All private health insurance plans with a valid response to HICOSTN

SkipInstructions: goto PLNMGD

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
### Question ID: FHI.240_01.000
**Instrument Variable Name:** PLNMGD
**QuestionnaireFileName:** Family

**QuestionText:**
Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HMO/IPA</td>
</tr>
<tr>
<td>2</td>
<td>PPO</td>
</tr>
<tr>
<td>3</td>
<td>POS</td>
</tr>
<tr>
<td>4</td>
<td>Fee-for-service/indemnity</td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto MGCHMD

*NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.*

---

### Question ID: FHI.242_01.000
**Instrument Variable Name:** MGCHMD
**QuestionnaireFileName:** Family

**QuestionText:** Under this plan, can [fill1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Any doctor</td>
</tr>
<tr>
<td>2</td>
<td>Select from group/list</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All private health insurance plans

**SkipInstructions:**

- `<1>` goto MGPRMD
- `<2>` goto MGPYMD
- `<R,D>` goto MGPREF

*NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.*

---

### Question ID: FHI.244_01.000
**Instrument Variable Name:** MGPRMD
**QuestionnaireFileName:** Family

**QuestionText:** [fill: Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All private health insurance plans where covered persons can choose any doctor

**SkipInstructions:** goto MGPREF

*NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.*
If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

When [fill1: you need/ALIAS needs/the family members with this plan need] to go to a different doctor or place for special care, [fill2: do you/does ALIAS/do they] need approval or a referral? Do not include emergency care.

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

* Read if necessary: Does this plan have a drug benefit?

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Earlier I recorded that [fill: you are/ALIAS is] covered by the Children’s Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim

| 7 | Refused |
| 9 | Don't know |

UniverseText: All persons with SCHIP

SkipInstructions: goto STDOC1

Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

| 1 | Any doctor |
| 2 | Select from book/list |
| 3 | Doctor is assigned |
| 7 | Refused |
| 9 | Don't know |

UniverseText: All persons with SCHIP

SkipInstructions: goto STPCMD1

[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

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

UniverseText: All persons with SCHIP

SkipInstructions: goto STREF1
### Question 253

**Question ID:** FHI.253_00.000  
**Instrument Variable Name:** STREF1  
**QuestionnaireFileName:** Family

**QuestionText:**

Under [fill1: ^STNAME1/this SCHIP plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

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

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STNAME1 for the next person with SCHIP; else, goto STNAME2

### Question 257

**Question ID:** FHI.257_00.000  
**Instrument Variable Name:** STNAME2  
**QuestionnaireFileName:** Family

**QuestionText:**

Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

**Verbatim**

Verbatim Response
7. Refused
9. Don't know

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STDOC2

### Question 258

**Question ID:** FHI.258_00.000  
**Instrument Variable Name:** STDOC2  
**QuestionnaireFileName:** Family

**QuestionText:**

Under the [fill1:^STNAME2/state sponsored plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1. Any doctor
2. Select from book/list
3. Doctor is assigned
7. Refused
9. Don't know

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STPCMD2
Famil

y Health Insurance

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Family Health Insurance

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Question ID: FHI.259_00.000  Instrument Variable Name: STPCMD2  QuestionnaireFile Name: Family

QuestionText:  [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons covered by a state sponsored health plan

SkipInstructions: goto STREF2

Question ID: FHI.260_00.000  Instrument Variable Name: STREF2  QuestionnaireFile Name: Family

QuestionText:  ? [F1]

Under [fill1:^STNAME2/this state sponsored plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons covered by a state sponsored health plan

SkipInstructions: goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3

Question ID: FHI.264_00.000  Instrument Variable Name: STNAME3  QuestionnaireFile Name: Family

QuestionText:  Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim  Verbatim Response
7  Refused
9  Don't know

UniverseText: All persons covered by an "other" government plan

SkipInstructions: goto STDOC3
**Question ID:** FHI.265_00.000  **Instrument Variable Name:** STDOC3  **QuestionnaireFileName:** Family

**QuestionText:** Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3:you/he/she] choose from a book or list of doctors or is the doctor assigned?

1. Any doctor
2. Select from book/list
3. Doctor is assigned
4. Refused
5. Don't know

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STPCMD3

---

**Question ID:** FHI.266_00.000  **Instrument Variable Name:** STPCMD3  **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

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

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STREF3

---

**Question ID:** FHI.267_00.000  **Instrument Variable Name:** STREF3  **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1:^ STNAME3/this other government plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

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

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC
Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

- 1 TRICARE
- 2 VA
- 3 CHAMP-VA
- 4 Other military coverage (specify)
- 7 Refused
- 9 Don't know

All persons with military health care

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

- 1 TRICARE Prime
- 2 TRICARE Extra
- 3 TRICARE Standard
- 4 TRICARE for life
- 5 TRICARE other (specify)
- 7 Refused
- 9 Don't know

All persons with TRICARE coverage
**2006 NHIS Questionnaire - Family**

**Family Health Insurance**

*Document Version Date: 31-May-07*

### Question ID: FHI.276_00.000  
**Instrument Variable Name:** MILMANOT  
**QuestionnaireFileName:** Family

**QuestionText:** * Other type of TRICARE coverage

- **Verbatim Response**
  - **7** Refused
  - **9** Don't know

**UniverseText:** All persons with "other" type of TRICARE coverage

**SkipInstructions:** goto MILSPC for the next person with military health care; else, goto HILAST

### Question ID: FHI.280_00.000  
**Instrument Variable Name:** HILAST  
**QuestionnaireFileName:** Family

**QuestionText:** (book) F17  ? [F1]

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

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

**UniverseText:** All persons without known health insurance or with only single service plans

**SkipInstructions:** goto HISTOP

### Question ID: FHI.290_00.000  
**Instrument Variable Name:** HISTOP  
**QuestionnaireFileName:** Family

**QuestionText:** (book) F18

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you do/ALIAS does] not have health insurance?]

* Enter up to 5 reasons, separate with commas.

- **01** Person in family with health insurance lost job or changed employers
- **02** Got divorced or separated/death of spouse or parent
- **03** Became ineligible because of age/left school
- **04** Employer does not offer coverage/or not eligible for coverage
- **05** Cost is too high
- **06** Insurance company refused coverage
- **07** Medicaid/Medical plan stopped after pregnancy
- **08** Lost Medicaid/Medical plan because of new job or increase in income
- **09** Lost Medicaid (other)
- **10** Other (specify)
- **97** Refused
- **99** Don't know

**UniverseText:** All persons without known health insurance or with only single service plans

**SkipInstructions:** <1-9,R,D> [goto HCSPFYR]  
<10> [goto HISTOPOT]
2006 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 31-May-07

Question ID: FHI.291_00.000  Instrument Variable Name: HISTOPOT  QuestionnaireFileName: Family

QuestionText: ? [F1]

* Other reason for not having coverage

Verbatim
7  Refused
9  Don't know

UniverseText: All persons without known health insurance and an "other" reason for stopping or not having coverage

SkipInstructions: goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR

Question ID: FHI.300_00.000  Instrument Variable Name: HINOTYR  QuestionnaireFileName: Family

QuestionText: In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons with known health insurance coverage except single service plans

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

Question ID: FHI.310_00.000  Instrument Variable Name: HINOTMYR  QuestionnaireFileName: Family

QuestionText: In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?

* If less than 1 month, enter '1'.

01-12  1-12 months
97  Refused
99  Don't know

UniverseText: All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

SkipInstructions: goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto HCSPFYR
The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

0      Zero
1      Less than $500
2      $500 - $1,999
3      $2,000 - $2,999
4      $3,000 - $4,999
5      $5,000 or more
7      Refused
9      Don't know

UniverseText: All families
SkipInstructions: goto PLBORN1
<table>
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**UniverseText:** All persons

**SkipInstructions:**
- <1> [store "1" in CITIZEN and goto PLBORN1]
- <2> [goto PLBORN2]
- <R,D> [goto CITIZEN]
**Question ID:** FSD.002_00.000  **Instrument Variable Name:** PLBORN1  **QuestionnaireFileName:** Family

**QuestionText:** In what state [fill: were you/was ALIAS] born?

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49 West Virginia
50 Wisconsin
51 Wyoming
57 United States (state unknown)

UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]
### Question Text

In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

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166  BRAZIL
167  BRAZZAVILLE
168  BREMEN
169  BRITAIN
170  BRITISH COLUMBIA
171  BRITISH EAST AFRICA
172  BRITISH GUIANA
2006 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 31-May-07

FEDERAL DISTRICT
FEDERAL REPUBLIC OF YUGOSLAVIA
FEDERATED STATES OF MICRONESIA
FIJI
FILIPINES
FINLAND
FOREIGN COUNTRY
FORMOSA
FRANCE
FRANKFURT
FRENCH GUIANA
FRENCH MOROCCO
FRENCH POLYNESIA
GABON
GALAPAGOS ISLANDS
GALWAY
GAMBIA
GAZA STRIP
GEORGIA
GERMANY
GHANA
GIA DINH
GIBRALTER
GLORIOSO ISLANDS
GOA
GRAND BAHAMA
GRAND CAYMAN
GRAND TURK
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GREAT COMORE
GREECE
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GUADELOUPE
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<td>432</td>
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NHIS Questionnaire - Family
Family Socio-Demographic

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433 NAM DINH
434 NAMIBIA
435 NAURU
436 NAYARIT
437 NEPAL
438 NETHERLANDS
439 NETH. ANTILLES
440 NETH. EAST INDIES
441 NEVIS ISLAND
442 NEW BRUNSWICK
443 NEW CALEDONIA
444 NEW GUINEA
445 NEW HEBRIDES
446 NEW SOUTH WALES
447 NEW ZEALAND
448 NEWFOUNDLAND
449 NHA TRANG
450 NICARAGUA
451 NIGER
452 NIGERIA
453 NIUE ISLAND
454 NORFOLK ISLAND
455 NORTH AFRICA
456 NORTH AMERICA
457 NORTH KOREA
458 NORTH VIETNAM
459 NORTHERN IRELAND
460 NORTHERN TERRITORY
461 NORWAY
462 NOVA SCOTIA
463 NUEVO LEON
464 OAXACA
465 OCEANIA
466 OKINAWA
467 OMAN
468 ONTARIO
469 OVERSEAS
470 PAKISTAN
471 PALAU
472 PALESTINE
473 PANAMA
474 PANAMA CANAL ZONE
475 PAPUA NEW GUINEA
476 PARACEL ISLANDS
477 PARAGUAY
478 PELAGOSA
479 PEOPLE'S REP. OF CHINA
480 PEOPLE'S REP. OF CONGO
481 PERSIA
482 PERU
483 PHAN THIET
484 PHILIPPINES
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538  SAXONY
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548  SIERRA LEONE
549  SIKKIM
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551  SINGAPORE
552  SLAVONIA
553  SLOVAK REPUBLIC
554  SLOVAKIA
555  SLOVENIA
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557  SOMALIA
558  SONORA
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561  SOUTH AUSTRALIA
562  SOUTH KOREA
563  SOUTH VIETNAM
564  SOUTH WALES
565  SOUTH YEMEN
566  SOUTHEAST ASIA
567  SOUTHERN AFRICA
568  SOUTHERN RHODESIA
569  SOVIET UNION
570  SPAIN
571  SPRATLEY ISLANDS
572  SRI LANKA
573  ST BARTHELEMY
574  ST BARTS
575  ST CHRISTOPHER
576  ST CHRISTOPHER-NEVIS
577  ST EUSTATIUS
578  ST HELENA
579  ST KITTS
580  ST KITTS-NEVIS
581  ST LUCIA
582  ST MAARTEN
583  ST MARTIN
584  ST PIERRE & MIQUELON
585  ST VINCENT
586  ST VINCENT & THE GRENADINES
587  SUDAN
588  SUMATRA
589  SURINAM
**2006 NHIS Questionnaire - Family**  
**Family Socio-Demographic**  
Document Version Date: 31-May-07

<table>
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<tr>
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<td>695</td>
<td>NORTHWEST TERRITORY</td>
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<tr>
<td>696</td>
<td>NUNAVUT TERRITORY</td>
<td></td>
</tr>
<tr>
<td>996</td>
<td>Country not listed</td>
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</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
</tr>
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</table>

**UniverseText:** All persons not born in the United States

**SkipInstructions:**  
<60-85> [store "2" in CITIZEN and goto USYR]  
<100-696,996,R,D> [goto USYR]

---

**Question ID:** FSD.004_00.000  
**Instrument Variable Name:** USYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Read if necessary.  
  
Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].  
  
In what year did [fill3: you/ALIAS] come to the United States to stay?  

<table>
<thead>
<tr>
<th>1880-Current Year</th>
<th>1880-Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons not born in the United States

**SkipInstructions:**  
<1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]  
<R,D> [goto USLONG]

**NOTE:** The "*Read if necessary…Earlier I recorded…” portion of this question is included for persons with complete date of birth information.

---

**Question ID:** FSD.005_00.000  
**Instrument Variable Name:** USLONG  
**QuestionnaireFileName:** Family

**QuestionText:**  
About how long [fill1: have you/has ALIAS] been in the United States?  

* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.  

*Enter '95' for 95 or more years.  

*If less than 1 year given as a response, code the answer as '0'.  

<table>
<thead>
<tr>
<th>00-94</th>
<th>00-94 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+ years</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons not born in the United States and refused or don't know was reported for USYR

**SkipInstructions:**  
<0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]  
<R,D> [goto CITIZEN]
2006 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 31-May-07

Question ID: FSD.006_00.000  Instrument Variable Name: CITIZEN  QuestionnaireFileName: Family

QuestionText: (book) F20  ?[F1]

[fill: Are you/Is ALIAS a CITIZEN of the United States?

1  Yes, born in one of the 50 United States or the District of Columbia
2  Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3  Yes, born abroad to American parent(s)
4  Yes, U.S. citizen by naturalization
5  No, not a citizen of the United States
7  Refused
9  Don't know

UniverseText: All persons not born in the United States or a United States territory

SkipInstructions: <1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]
<R,D> [goto HEADST]

Question ID: FSD.007_00.000  Instrument Variable Name: HEADST  QuestionnaireFileName: Family

QuestionText: ?[F1]

Is [fill: ALIAS] now attending Head Start?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons less than 7 years of age

SkipInstructions: <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]
<2,R,D> [ goto HEADSTEV]

Question ID: FSD.008_00.000  Instrument Variable Name: HEADSTEV  QuestionnaireFileName: Family

QuestionText: Has [fill: ALIAS] ever attended Head Start?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons less than 18 years of age and not currently enrolled in Head Start

SkipInstructions: if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person
What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

* Enter highest level of school completed.

00  Never attended/kindergarten only
01  1st grade
02  2nd grade
03  3rd grade
04  4th grade
05  5th grade
06  6th grade
07  7th grade
08  8th grade
09  9th grade
10  10th grade
11  11th grade
12  12th grade, no diploma
13  GED or equivalent
14  High School Graduate
15  Some college, no degree
16  Associate degree: occupational, technical, or vocational program
17  Associate degree: academic program
18  Bachelor's degree (Example: BA, AB, BS, BBA)
19  Master's degree (Example: MA, MS, MEng, MEd, MBA)
20  Professional School degree (Example: MD, DDS, DVM, JD)
21  Doctoral degree (Example: PhD, EdD)
96  Child under 5 years old
97  Refused
99  Don't know

UniverseText: All persons 5 years of age or older

SkipInstructions: repeat for all eligible persons, then goto FMILTRY
Have you/Has any family member, that is
*Read names
(fill roster of people ge 18 years of age)]
ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

1  Yes
2  No
7  Refused
9  Don't know

All families with persons 18 years of age or older

<1> [if only one person 18 years of age or older, store the person number in PMILTRY and goto DOINGLW; else, goto PMILTRY]
<2,R,D> [goto DOINGLW]

Who was this?

* Indicate each family member with honorable discharge.

1  Yes
2  No
7  Refused
9  Don't know

All families with two or more persons 18 years of age or older and at least one was honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard

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

Which of the following [fill: were you/was ALIAS] doing last week?

* Read answer categories.

1. Working for pay at a job or business
2. With a job or business but not at work
3. Looking for work
4. Working, but not for pay, at a job or business
5. Not working at a job or business and not looking for work
6. Refused
7. Don't know

All persons 18 years of age or older

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

01. Taking care of house or family
02. Going to school
03. Retired
04. On a planned vacation from work
05. On family or maternity leave
06. Temporarily unable to work for health reasons
07. Have job/contract and off-season
08. On layoff
09. Disabled
10. Other
97. Refused
99. Don't know

All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work
**2006 NHIS Questionnaire - Family**

**Family Socio-Demographic**

Document Version Date: 31-May-07

---

**Question ID:** FSD.070_00.000  
**Instrument Variable Name:** WRKHRS1  
**QuestionnaireFileName:** Family

**QuestionText:**  
How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?

- **001-168**  
  1-168 hours
- **997**  
  Refused
- **999**  
  Don't know

**UniverseText:** All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season

**SkipInstructions:**  
<1-34,R,D> [goto WRKFTALL]  
<35-94> [goto WRKLYR]  
<95-168> [goto ERR1_WRKHRS]

---

**Question ID:** FSD.080_00.000  
**Instrument Variable Name:** WRKFTALL  
**QuestionnaireFileName:** Family

**QuestionText:**  
[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

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

**UniverseText:** All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

**SkipInstructions:**  
[goto WRKLYR]

**NOTE ON QUESTIONNAIRE FLOW:** The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

---

**Question ID:** FSD.100_00.000  
**Instrument Variable Name:** WRKLYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?

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

**UniverseText:** All persons 18 years of age or older

**SkipInstructions:**  
<1> [goto WRKMYR]  
<2,R,D> [goto HIEMPOF]
### 2006 NHIS Questionnaire - Family
#### Family Socio-Demographic

Document Version Date: 31-May-07

<table>
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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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</thead>
<tbody>
<tr>
<td>FSD.110_00.000</td>
<td>WRKMYR</td>
<td>Family</td>
<td>How many months in [fill1: last calendar year in 4-digit form at] did [fill2: you/ALIAS] have at least one job or business?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>* If less than one month, enter '1'.</td>
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<td></td>
<td></td>
<td></td>
<td>01 1 month or less</td>
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<td></td>
<td></td>
<td></td>
<td>02-12 2-12 months</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>97 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>99 Don't know</td>
</tr>
</tbody>
</table>

UniverseText: All persons 18 years of age or older who worked last year

<table>
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<tr>
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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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</thead>
<tbody>
<tr>
<td>FSD.120_00.000</td>
<td>ERNYR</td>
<td>Family</td>
<td>What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Include hourly wages, salaries, tips and commissions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Enter '999,995' if the reported income is greater than $999,995.</td>
</tr>
<tr>
<td>000000-999994</td>
<td>$1-$999,994</td>
<td></td>
<td></td>
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<tr>
<td>999995</td>
<td>$999,995+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999997</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999999</td>
<td>Don't know</td>
<td></td>
<td></td>
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UniverseText: All persons 18 years of age or older who worked last year

<table>
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<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSD.130_00.000</td>
<td>HIEMPOF</td>
<td>Family</td>
<td>Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

SkipInstructions: goto HIEMPOF

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.
2006 NHIS Questionnaire - Family
Family Income

Document Version Date: 31-May-07

Question ID: FIN.010_00.000  Instrument Variable Name: INTROINC  QuestionnaireFileName: Family

QuestionText: * Read the following.

The next questions are about your combined family income.

Each question refers to income received in [fill: last calendar year in 4-digit format] BEFORE TAXES.

1 Enter 1 to continue
7 Refused

UniverseText: All families

SkipInstructions: goto FSAL

Question ID: FIN.030_00.000  Instrument Variable Name: FSAL  QuestionnaireFileName: Family

QuestionText: ? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).

Did any family members 18 and older, that is * Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]
<table>
<thead>
<tr>
<th>Question ID: FIN.040_00.000</th>
<th>Instrument Variable Name: PSAL</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:** | * Ask or verify. Enter applicable line number(s), separate with commas.  
  
  Who received this?  
  (Anyone else?)  
  
  * Indicate each family member with this income.  
  
  1  
  Yes  
  2  
  No  
  7  
  Refused  
  9  
  Don't know  |
| **UniverseText:** | All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year  |
| **SkipInstructions:** | goto FSEINC  |
| **NOTE:** | In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.  |

<table>
<thead>
<tr>
<th>Question ID: FIN.050_00.000</th>
<th>Instrument Variable Name: FSEINC</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:** | [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is  
  
  *Read names  
  
  (fill roster of people ge 18 years of age)  
  
  receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]  
  
  1  
  Yes  
  2  
  No  
  7  
  Refused  
  9  
  Don't know  |
| **UniverseText:** | All families with one or more persons 18 years of age or older  |
| **SkipInstructions:** | <1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]  
  
  <2,R,D> [goto FSSRR]  |
Famil

2006 NHIS Questionnaire - Family
Family Income
Document Version Date: 31-May-07

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.060_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSEINC</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who received this?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Anyone else?)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>* Indicate each family member with this income.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year

SkipInstructions: goto FSSRR

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.070_00.000</th>
<th>Instrument Variable Name:</th>
<th>FSSRR</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month. If mailed, they are sent in a yellow/gold colored envelope.</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PSSRR and goto FSSRRD; else, goto PSSRR] <2,R,D> [goto FPENS]
### NHIS Questionnaire - Family

#### Family Income

**Document Version Date:** 31-May-07

**Question ID:** FIN.080_00.000  **Instrument Variable Name:** PSSRR  **QuestionnaireFileName:** Family

#### QuestionText:

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

**SkipInstructions:** goto FSSRRD

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

---

**Question ID:** FIN.082_00.000  **Instrument Variable Name:** FSSRD  **QuestionnaireFileName:** Family

#### QuestionText:

Was [fill: your/any family member's *Read names

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

**SkipInstructions:** <1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]

<2,R,D> [goto FPENS]
**Question ID:** FIN.084_00.000  
**Instrument Variable Name:** PSSRRDB  
**QuestionnaireFileName:** Family

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

Who received Social Security or Railroad Retirement as a disability benefit?
(Anyone else?)

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

**UniverseText:** All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit

**SkipInstructions:** goto PSSRRD

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

**Question ID:** FIN.086_00.000  
**Instrument Variable Name:** PSSRRD  
**QuestionnaireFileName:** Family

**QuestionText:** Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

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

**UniverseText:** All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

**SkipInstructions:** repeat for all eligible persons, then goto FPENS

**Question ID:** FIN.090_00.000  
**Instrument Variable Name:** FPENS  
**QuestionnaireFileName:** Family

**QuestionText:** Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PPENS and goto FOPENS; else, goto PPENS]  
<2,R,D> [goto FOPENS]
2006 NHIS Questionnaire - Family

Family Income

Document Version Date: 31-May-07

Question ID: FIN.100_00.000  Instrument Variable Name: PPENS  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

*Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

SkipInstructions: goto FOPENS

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

Question ID: FIN.102_00.000  Instrument Variable Name: FOPENS  QuestionnaireFileName: Family

QuestionText: Did [fill1: you/any family members living here] receive income from any retirement or survivor pension other [fill2: than Social Security or Railroad Retirement/than a disability pension/than Social Security, Railroad Retirement, or a disability pension]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

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

Question ID: FIN.104_00.000  Instrument Variable Name: POPENS  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received income from a retirement or survivor pension in the last calendar year

SkipInstructions: goto FSSI

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2006 NHIS Questionnaire - Family
Family Income

Document Version Date: 31-May-07

Question ID: FIN.110_00.000  Instrument Variable Name: FSSI  QuestionnaireFileName: Family


* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]
<2,R,D> [goto FTANF]

Question ID: FIN.120_00.000  Instrument Variable Name: PSSI  QuestionnaireFileName: Family

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

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

SkipInstructions: goto PSSID

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

Question ID: FIN.122_00.000  Instrument Variable Name: PSSID  QuestionnaireFileName: Family

QuestionText: Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: All persons who received SSI in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FTANF
### Questionnaire - Family Income

**Question ID:** FIN.150_00.000  
**Instrument Variable Name:** FTANF  
**QuestionnaireFileName:** Family

**QuestionText:** *(book) F23          ? [F1]*

At any time during [fill1: last calendar year in 4-digit format], even for one month, did [fill2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (* fill specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:**
1. 
   - <1> [if a single-person family, store the person number in PTANF and goto FOWBEN; else, goto PTANF]
   - <2,R,D> [goto FOWBEN]

---

**Question ID:** FIN.160_00.000  
**Instrument Variable Name:** PTANF  
**QuestionnaireFileName:** Family

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

Who in the family received this?

(Anyone else?)

*Indicate each family member with this income.

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year

**SkipInstructions:** goto FOWBEN

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

---

**Question ID:** FIN.164_00.000  
**Instrument Variable Name:** FOWBEN  
**QuestionnaireFileName:** Family

**QuestionText:**  
At any time during [fill1: last calander year in 4-digit format], did [fill2: you/any family members living here] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:**
1. 
   - <1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]
   - <2,R,D> [goto FINTRST]
* Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

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

#### Family Income

**Document Version Date:** 31-May-07

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.190_00.000</th>
<th>Instrument Variable Name: FDIVD</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.200_00.000</th>
<th>Instrument Variable Name: PDIVD</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Ask or verify. Enter applicable line number(s). Separate with commas. Who received this? (Anyone else?) * Indicate each family member with this income.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families with two or more persons and at least one received dividend or net rental income in the last calendar year

**SkipInstructions:** goto FCHLDSP

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.210_00.000</th>
<th>Instrument Variable Name: FCHLDSP</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Did [fill: you/any family members living here] receive income from child support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP] <2,R,D> [goto FINCOT]
### 2006 NHIS Questionnaire - Family

**Family Income**

**Document Version Date:** 31-May-07

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIN.220_00.000</td>
<td>PCHLDSP</td>
<td>Family</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Who received this?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Anyone else?)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>* Indicate which child in the family this is for. If that child is no longer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>residing with this family, enter line number of custodial parent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td></td>
<td></td>
<td>All families with two or more persons and at least received income from child</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>support in the last calendar year</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
<td></td>
<td>goto FINCOT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIN.230_00.000</td>
<td>FINCOT</td>
<td>Family</td>
<td>Did [fill: you/any family members living here] receive income from any other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>source such as alimony, contributions from family/others, VA payments, Worker's</td>
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<td></td>
<td></td>
<td></td>
<td>Compensation, or unemployment compensation?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td></td>
<td></td>
<td>All families</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
<td></td>
<td>&lt;1&gt; [if a single-person family, store the person number in PINCOT and goto FAMINC; else, goto PINCOT]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;2,R,D&gt; [goto FAMINC]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIN.240_00.000</td>
<td>PINCOT</td>
<td>Family</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
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<td></td>
<td></td>
<td></td>
<td>Who received this?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Anyone else?)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Indicate each family member with this income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td></td>
<td></td>
<td>All families with two or more persons and at least one received some &quot;other&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>source of income in the last calendar year</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
<td></td>
<td>goto FAMINC</td>
</tr>
</tbody>
</table>

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Now I am going to ask about the total combined income [fill1: for you/of your family] in [fill2: last calendar year in 4 digit format], including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.

Can you tell me that amount before taxes?

* If necessary, remind respondent that total combined family income is their income plus the income of all family members including cohabiting partners and armed forces members living at home before taxes.

* Enter ‘999995’ if the reported income is greater than $999,995.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-$999,994</td>
<td>0-999,994</td>
</tr>
<tr>
<td>$999,995+</td>
<td>999995</td>
</tr>
<tr>
<td>Refused</td>
<td>999997</td>
</tr>
<tr>
<td>Don't know</td>
<td>999999</td>
</tr>
</tbody>
</table>

All families

You may not be able to give us an exact figure for your [fill1: total combined family] income, but can you tell me if your income in [fill2: last calendar year in 4-digit format] was

* Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000 or more</td>
<td>1</td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

All families where "don't know" or "refused" was the answer for total family income (FAMINC)
Of those income groups, can you tell me which letter best represents [fill1: your/the total combined family] income during [fill2: last calendar year in 4-digit format]?

* Enter the [fill3: letter/letters] corresponding to total combined family income.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Less than $1,000</td>
</tr>
<tr>
<td>B</td>
<td>$1,000-$1,999</td>
</tr>
<tr>
<td>C</td>
<td>$2,000-$2,999</td>
</tr>
<tr>
<td>D</td>
<td>$3,000-$3,999</td>
</tr>
<tr>
<td>E</td>
<td>$4,000-$4,999</td>
</tr>
<tr>
<td>F</td>
<td>$5,000-$5,999</td>
</tr>
<tr>
<td>G</td>
<td>$6,000-$6,999</td>
</tr>
<tr>
<td>H</td>
<td>$7,000-$7,999</td>
</tr>
<tr>
<td>I</td>
<td>$8,000-$8,999</td>
</tr>
<tr>
<td>J</td>
<td>$9,000-$9,999</td>
</tr>
<tr>
<td>K</td>
<td>$10,000-$10,999</td>
</tr>
<tr>
<td>L</td>
<td>$11,000-$11,999</td>
</tr>
<tr>
<td>M</td>
<td>$12,000-$12,999</td>
</tr>
<tr>
<td>N</td>
<td>$13,000-$13,999</td>
</tr>
<tr>
<td>O</td>
<td>$14,000-$14,999</td>
</tr>
<tr>
<td>P</td>
<td>$15,000-$15,999</td>
</tr>
<tr>
<td>Q</td>
<td>$16,000-$16,999</td>
</tr>
<tr>
<td>R</td>
<td>$17,000-$17,999</td>
</tr>
<tr>
<td>S</td>
<td>$18,000-$18,999</td>
</tr>
<tr>
<td>T</td>
<td>$19,000-$19,999</td>
</tr>
<tr>
<td>AA</td>
<td>$20,000-$20,999</td>
</tr>
<tr>
<td>BB</td>
<td>$21,000-$21,999</td>
</tr>
<tr>
<td>CC</td>
<td>$22,000-$22,999</td>
</tr>
<tr>
<td>DD</td>
<td>$23,000-$23,999</td>
</tr>
<tr>
<td>EE</td>
<td>$24,000-$24,999</td>
</tr>
<tr>
<td>FF</td>
<td>$25,000-$25,999</td>
</tr>
<tr>
<td>GG</td>
<td>$26,000-$26,999</td>
</tr>
<tr>
<td>HH</td>
<td>$27,000-$27,999</td>
</tr>
<tr>
<td>II</td>
<td>$28,000-$28,999</td>
</tr>
<tr>
<td>JJ</td>
<td>$29,000-$29,999</td>
</tr>
<tr>
<td>KK</td>
<td>$30,000-$30,999</td>
</tr>
<tr>
<td>LL</td>
<td>$31,000-$31,999</td>
</tr>
<tr>
<td>MM</td>
<td>$32,000-$32,999</td>
</tr>
<tr>
<td>NN</td>
<td>$33,000-$33,999</td>
</tr>
<tr>
<td>OO</td>
<td>$34,000-$34,999</td>
</tr>
<tr>
<td>PP</td>
<td>$35,000-$39,999</td>
</tr>
<tr>
<td>QQ</td>
<td>$40,000-$44,999</td>
</tr>
<tr>
<td>RR</td>
<td>$45,000-$49,999</td>
</tr>
<tr>
<td>SS</td>
<td>$50,000-$54,999</td>
</tr>
<tr>
<td>TT</td>
<td>$55,000-$59,999</td>
</tr>
<tr>
<td>UU</td>
<td>$60,000-$64,999</td>
</tr>
<tr>
<td>VV</td>
<td>$65,000-$69,999</td>
</tr>
<tr>
<td>WW</td>
<td>$70,000-$74,999</td>
</tr>
</tbody>
</table>
Question ID: FIN.280_00.000  Instrument Variable Name: HOUSEOWN  QuestionnaireFileName: Family

**QuestionText:** Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?

1. Owned or being bought
2. Rented
3. Other arrangement
7. Refused
9. Don't know

UniverseText: All families

SkipInstructions: goto HOUSEOWN

Question ID: FIN.282_00.000  Instrument Variable Name: FGAH  QuestionnaireFileName: Family

**QuestionText:** ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

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

UniverseText: All families that rent their house/apartment

SkipInstructions: goto FGAH

Question ID: FIN.300_00.000  Instrument Variable Name: FSSAPL  QuestionnaireFileName: Family

**QuestionText:** [fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]  
<2,R,D> [goto FSDAPL]
**2006 NHIS Questionnaire - Family**  
**Family Income**  
Document Version Date: 31-May-07

---

**Question ID:** FIN.310_00.000  
**Instrument Variable Name:** PSSAPL  
**QuestionnaireFileName:** Family

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

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for SSI benefits.

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

**UniverseText:** All families with two or more persons and at least one applied for SSI

**SkipInstructions:** goto FSDAPL

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

---

**Question ID:** FIN.330_00.000  
**Instrument Variable Name:** FSDAPL  
**QuestionnaireFileName:** Family

**QuestionText:** [fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]

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

**UniverseText:** All Families

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

---

**Question ID:** FIN.340_00.000  
**Instrument Variable Name:** PSDAPL  
**QuestionnaireFileName:** Family

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

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for Social Security Disability benefits.

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

**UniverseText:** All families with two or more persons and at least one applied for Social Security Disability benefits

**SkipInstructions:** goto TANFMYR

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

**Question ID:** FIN.350_00.000  
**Instrument Variable Name:** TANFMYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?  

*Enter '1' if less than one month.  

<table>
<thead>
<tr>
<th>01-12</th>
<th>1-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons who received cash assistance from public assistance programs in the last calendar year

**SkipInstructions:** repeat for all eligible persons, then goto FFSTIP

---

**Question ID:** FIN.360_00.000  
**Instrument Variable Name:** FFSTIP  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

[fill1: Were you/Was anyone in the family] authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during [fill2: last calendar year in 4-digit format]?

*An authorized person is one whose name appears on a certification card.

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PFSTP and goto FSTPMYR; else, goto PFSTP]  
<2,R,D> [goto FINWIC]

---

**Question ID:** FIN.370_00.000  
**Instrument Variable Name:** PFSTP  
**QuestionnaireFileName:** Family

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

Who was authorized to receive food stamps?  

* Indicate family members who were authorized to receive food stamps.

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families with two or more persons and at least one was authorized to receive food stamps in the last calendar year

**SkipInstructions:** goto FSTPMYR  

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2006 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 31-May-07

---

**Question ID:** FIN.380_00.000  
**Instrument Variable Name:** FSTPMYR  
**QuestionnaireFileName:** Family

**QuestionText:**
During [fill1: last calendar year in 4-digit format], about how many months [fill2: were you/was ALIAS] authorized to receive food stamps?

* Enter ‘1’ if less than 1 month

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-12</td>
<td>1-12 months</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons authorized to receive food stamps in the last calendar year

**SkipInstructions:** goto FINWIC

---

**Question ID:** FIN.384_00.000  
**Instrument Variable Name:** FINWIC  
**QuestionnaireFileName:** Family

**QuestionText:**
? [F1]
At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families with females 12-55 years of age or children 0-5 years of age

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

---

**Question ID:** FIN.385_00.000  
**Instrument Variable Name:** PWIC  
**QuestionnaireFileName:** Family

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

Who in the family received this?
(Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

**SkipInstructions:** goto FMSSN

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