
2007 NHIS Questionnaire - Family
Family IdentificationDocument Version Date: 28-May-08

Question ID: FID.100_00.000 **Instrument Variable Name:** HHCHANGE **QuestionnaireFileName:** Family**QuestionText:** I have recorded that [your name is {fill fullname}, you are /fill ALIAS is] [fill sex], [fill age] years old, born on [fill birthdate]. [His/Her] national origin is [fill Hispanic origin], and [his/her] race is [fill race]:
Is this information correct?

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

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

Question ID: FID.110_00.000 **Instrument Variable Name:** CWHAT2 **QuestionnaireFileName:** Family**QuestionText:** * Change(s) needed for [ALIAS].

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

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

UniverseText: HHCHANGE = 2 (No, not correct)**SkipInstructions:** <1> [goto CHG_NAME_FNAME]
<2> [goto CHG_AGEDOB_1]
<3> [goto CHG_SEX]
<4> [goto CHG_NATOR]
<5> [goto CHG_RACE]

Question ID: FID.245_00.000 **Instrument Variable Name:** HHCHANGE_1 **QuestionnaireFileName:** Family**QuestionText:** I have recorded that {your name is/ALIAS is} {fill full name}, age is {fill age}, date of birth is {fill birthdate}, {his/her} national origin is {fill Hispanic origin}, and {his/her} {fill race} is:
Is this information correct?

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

UniverseText: All nondeleted family members with a change made to their demographic information**SkipInstructions:** <1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
else GOTO FIDCC13
<2> GOTO ERR_HHCHANGE_1

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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-habiting partner has yet to be identified.**SkipInstructions:** If line number of the subject is entered [goto ERR_COHAB3]
<1-25,R,D> [goto FIDCCI3]

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Question ID: FID.322_00.000 **Instrument Variable Name:** DEGREE4 **QuestionnaireFileName:** Family**QuestionText:** I noted that [father's fullname] is the father of [child's fullname]. Is [child's fullname] his biological, adoptive, step, foster, or [fill: son/daughter] in law?

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

UniverseText: When the reference person is the person in question's parent.**SkipInstructions:** <1> if AGEDIFF <12 [goto ERR_DEGREE4]
if ERR_DEGREE4 = 1 [goto FIDCCI4B]
else reset DEGREE4 [goto DEGREE4] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

Question ID: FID.324_00.000 **Instrument Variable Name:** DEGREE5 **QuestionnaireFileName:** Family**QuestionText:** I noted that [mother's fullname] is the mother of [child's fullname]. Is [child's fullname] her biological, adoptive, step, foster, or [fill: son/daughter] in law?

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

UniverseText: When the reference person is the person in question's parent.**SkipInstructions:** <1> if AGEDIFF <12 [goto ERR_DEGREE5]
if yes, continue the interview [goto FIDCCI4B]
else, reset DEGREE5 [goto DEGREE5] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

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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]

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Question ID: FID.330_02.000 **Instrument Variable Name:** MOM_CKFG **QuestionnaireFileName:** Family

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

1 Relationship is correct

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]

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

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

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

UniverseText: Father has been identified

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

Question ID: FID.350_02.000 **Instrument Variable Name:** DAD_CKFG **QuestionnaireFileName:** Family

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

- 1 Relationship is correct

UniverseText: Father has been identified

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

Question ID: FID.360_01.000 **Instrument Variable Name:** GUARD **QuestionnaireFileName:** Family

QuestionText: Who is [fill: your/ALIAS's] legal guardian?

* Enter the line number of [fill1: your/ALIAS's] guardian.
* If the guardian is not a household member, enter '0'.

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

UniverseText: 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]

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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

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

QuestionText: ? [F1]

[fill1: Are/Is]

* Read names
(fill roster of persons age 0-4)

limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?

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

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

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

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

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

Who is this?
(Anyone else?)

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

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

SkipInstructions: goto PLAPLYUN

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

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

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

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

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

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

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

QuestionText: ? [F1]

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

* Read names

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

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

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

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

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

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

Who is this?
(Anyone else?)

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

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

SkipInstructions: goto PSPEDEM

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

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

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

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

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

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

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

QuestionText: ? [F1]

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

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

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

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

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

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

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

Who is this?
(Anyone else?)

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

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

SkipInstructions: goto LABATH

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

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

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

Bathing or showering?

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

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

SkipInstructions: goto LADDRESS

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Question ID: FHS.090_02.000 **Instrument Variable Name:** LADDRESS **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

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

Dressing?

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

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

SkipInstructions: goto LAEAT

Question ID: FHS.090_03.000 **Instrument Variable Name:** LAEAT **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

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

Eating?

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

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

SkipInstructions: goto LABED

Question ID: FHS.090_04.000 **Instrument Variable Name:** LABED **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

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

Getting in or out of bed or chairs?

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

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

SkipInstructions: goto LATOILT

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Question ID: FHS.090_05.000 **Instrument Variable Name:** LATOILT **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

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

Using the toilet, including getting to the toilet?

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

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

SkipInstructions: goto LAHOME

Question ID: FHS.090_06.000 **Instrument Variable Name:** LAHOME **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

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

Getting around inside the home?

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

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

SkipInstructions: goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL

Question ID: FHS.150_00.000 **Instrument Variable Name:** FLAIADL **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Because of a physical, mental, or emotional problem, do [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

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

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

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAIDL and goto FLAWKNOW;
else, goto PLAIDL]
<2,R,D> [goto FLAWKNOW]

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Question ID: FHS.160_00.000 **Instrument Variable Name:** PLAIADL **QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

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

UniverseText: All families with two or more persons 18 years of age or older and at least one needs the help of other persons in handling routine needs

SkipInstructions: goto FLAWKNOW

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

Question ID: FHS.170_00.000 **Instrument Variable Name:** FLAWKNOW **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

from working at a job or business?

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

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

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK;
else, goto PLAWKNOW]
<2,R,D> [goto FLAWKLIM]

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

Who is this?
(Anyone else?)

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

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

SkipInstructions: all persons selected goto FLAWALK; else, goto FLAWKLIM

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

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

QuestionText: ? [F1]

[fill: Are you limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work he/she/ Are any of these family members,

* Read names
(fill roster of persons age 18 or older)]

limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?

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

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

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

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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.

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Question ID: FHS.230_00.000 **Instrument Variable Name:** FLAREMEM **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

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

UniverseText: All families

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

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

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

Who is this?
 (Anyone else?)

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

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

SkipInstructions: goto FLIMANY

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

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

QuestionText: ? [F1]

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

* Read names
 (fill roster of applicable persons)]

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

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

UniverseText: All families 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]

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Question ID: FHS.260_00.000 **Instrument Variable Name:** PLIMANY **QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

- 0 Limitation previously mentioned
- 1 Yes, limited in some other way
- 2 Not limited in any way
- 7 Refused
- 9 Don't know

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

SkipInstructions: 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.

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Question ID: FHS.270_00.000 **Instrument Variable Name:** LAHCC **QuestionnaireFileName:** Family

QuestionText: (book) F1 ? [F1]

What conditions or health problems cause [fill: ALIAS]'s limitations?

* Enter all that apply, separate with commas.

* Do not probe except to clarify answer.

- 01 Vision/problem seeing
- 02 Hearing problem
- 03 Speech problem
- 04 Asthma/breathing problem
- 05 Birth defect
- 06 Injury
- 07 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.

Question ID: FHS.271_90.000 **Instrument Variable Name:** LAHCC_S1 **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

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

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

SkipInstructions: goto LHCL90N

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Question ID: FHS.271_91.000 **Instrument Variable Name:** LAHCC_S2 **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim Response
7	Refused
9	Don't know

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

SkipInstructions: goto LHCL91N

Question ID: FHS.280_01.000 **Instrument Variable Name:** LHCL01N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL01T]
<96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.280_02.000 **Instrument Variable Name:** LHCL01T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL01T]

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1_LHCL01T

Question ID: FHS.282_01.000 **Instrument Variable Name:** LHCL02N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL02T]
<96> [fill "6" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.282_02.000 **Instrument Variable Name:** LHCL02T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

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

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

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]

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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]

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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]

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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) |
| 6 | Since Birth |
| 7 | Refused |
| 9 | 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.

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

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

SkipInstructions: <1-95,D> [goto LHCL08T]
 <96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.292_02.000 **Instrument Variable Name:** LHCL08T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <6> [goto ERR2_LHCL08T]

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1_LHCL08T

Question ID: FHS.294_01.000 **Instrument Variable Name:** LHCL09N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL09T]
 <96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <R> [store "R" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.294_02.000 **Instrument Variable Name:** LHCL09T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with mental, emotional, or behavioral problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <6> [goto ERR2_LHCL09T]

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1_LHCL09T

Question ID: FHS.296_01.000 **Instrument Variable Name:** LHCL10N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?

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

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

UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem

SkipInstructions: <1-95,D> [goto LHCL10T]
 <96> [fill "6" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <R> [store "R" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.296_02.000 **Instrument Variable Name:** LHCL10T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <6> [goto ERR2_LHCL10T]

if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1_LHCL10T

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 epileplsy 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]

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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)
- 6 Since Birth
- 7 Refused
- 9 Don't know

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL11T]

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

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL12T]
<96> [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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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]

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

QuestionText: 2 of 2

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

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

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

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

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

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

QuestionText: 1 of 2

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

* Enter number for time with [fill1: problem in LAHCC_S1]?

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHCL90T]
 <96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.304_02.000 **Instrument Variable Name:** LHCL90T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S1].

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

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <6> [goto ERR2_LHCL90T]

if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1_LHCL90T

Question ID: FHS.306_01.000 **Instrument Variable Name:** LHCL91N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S2]?

* Enter number for time with [fill1: problem in LAHCC_S2].

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2

SkipInstructions: <1-95,D> [goto LHCL91T]
 <96> [fill "6" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
 <R> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.306_02.000 **Instrument Variable Name:** LHCL91T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S2].

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL91T]

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1_LHCL91T

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Question ID: FHS.350_00.000 Instrument Variable Name: LAHCA QuestionnaireFileName: Family

QuestionText: (book) F2

What conditions or health problems cause [fill: your/ALIAS's] limitations?

* Enter all that apply, separate with commas.

* Do not probe except to clarify answer.

- 01 Vision/problem seeing
 - 02 Hearing problem
 - 03 Arthritis/rheumatism
 - 04 Back or neck problem
 - 05 Fracture, bone/joint injury
 - 06 Other injury
 - 07 Heart problem
 - 08 Stroke problem
 - 09 Hypertension/high blood pressure
 - 10 Diabetes
 - 11 Lung/breathing problem(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/quadruplegia
 - 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
-

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UniverseText: All persons 18 years of age or older who have at least one reported limitation

SkipInstructions: <1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]
<13> [fill "96" in LHAL13N and fill "6" in LHAL13T]
<90> [goto LAHCA_S1]
<91> [goto LAHCA_S2]
<R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person 18 years of age or older with a reported limitation. The instrument then proceeds to PHSTAT.

Question ID: FHS.351_90.000 **Instrument Variable Name:** LAHCA_S1 **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim Verbatim Response
7 Refused
9 Don't know

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

SkipInstructions: goto LHAL90N

Question ID: FHS.351_91.000 **Instrument Variable Name:** LAHCA_S2 **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim Verbatim Response
7 Refused
9 Don't know

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

SkipInstructions: goto LHAL91N

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Question ID: FHS.360_01.000 **Instrument Variable Name:** LHAL01N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

Question ID: FHS.360_02.000 **Instrument Variable Name:** LHAL01T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL01T]

if LHAL01T = 4 and LHAL01N > AGE, goto ERR1_LHAL01T

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Question ID: FHS.362_01.000 **Instrument Variable Name:** LHAL02N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL02T]
 <96> [fill "6" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.362_02.000 **Instrument Variable Name:** LHAL02T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL02T]

if LHAL02T = 4 and LHAL02N > AGE, goto ERR1_LHAL02T

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Question ID: FHS.364_01.000 **Instrument Variable Name:** LHAL03N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL03T]

if LHAL03T = 4 and LHAL03N > AGE, goto ERR1_LHAL03T

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Question ID: FHS.366_01.000 **Instrument Variable Name:** LHAL04N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL04T]
 <96> [fill "6" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.366_02.000 **Instrument Variable Name:** LHAL04T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with back or neck problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL04T]

if LHAL04T = 4 and LHAL04N > AGE, goto ERR1_LHAL04T

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Question ID: FHS.368_01.000 **Instrument Variable Name:** LHAL05N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a fracture, bone, or joint injury?

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

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

UniverseText: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury

SkipInstructions: <1-95,D> [goto LHAL05T]
<96> [fill "6" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.368_02.000 **Instrument Variable Name:** LHAL05T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL05T]

if LHAL05T = 4 and LHAL05N > AGE, goto ERR1_LHAL05T

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Question ID: FHS.370_01.000 **Instrument Variable Name:** LHAL06N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

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

Question ID: FHS.370_02.000 **Instrument Variable Name:** LHAL06T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL06T]

if LHAL06T = 4 and LHAL06N > AGE, goto ERR1_LHAL06T

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Question ID: FHS.372_01.000 **Instrument Variable Name:** LHAL07N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL07T]
<96> [fill "6" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.372_02.000 **Instrument Variable Name:** LHAL07T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with heart problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL07T]

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1_LHAL07T

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

QuestionText: 1 of 2

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

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

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

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1_LHAL08T

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Question ID: FHS.376_01.000 **Instrument Variable Name:** LHAL09N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had hypertension or high blood pressure?

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

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

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

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

Question ID: FHS.376_02.000 **Instrument Variable Name:** LHAL09T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with hypertension or high blood pressure.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL09T]

if LHAL09T = 4 and LHAL09N > AGE, goto ERR1_LHAL09T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
 Document Version Date: 28-May-08

Question ID: FHS.378_01.000 **Instrument Variable Name:** LHAL10N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

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

Question ID: FHS.378_02.000 **Instrument Variable Name:** LHAL10T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with diabetes.

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

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

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

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.380_01.000 **Instrument Variable Name:** LHAL11N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

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

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

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

SkipInstructions: <1-95,D> [goto LHAL11T]
 <96> [fill "6" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.380_02.000 **Instrument Variable Name:** LHAL11T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL11T]

if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.382_01.000 **Instrument Variable Name:** LHAL12N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

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

Question ID: FHS.382_02.000 **Instrument Variable Name:** LHAL12T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with cancer.

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

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

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

if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.384_01.000 **Instrument Variable Name:** LHAL14N **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 18 years of age or older who have a limitation due to mental retardation

SkipInstructions: <1-95,D> [goto LHAL14T]
 <96> [fill "6" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.384_02.000 **Instrument Variable Name:** LHAL14T **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)
6	Since Birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older 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 LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1_LHAL14T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.386_01.000 **Instrument Variable Name:** LHAL15N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL15T]
 <96> [fill "6" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.386_02.000 **Instrument Variable Name:** LHAL15T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL15T]

if LHAL15T = 4 and LHAL15N > AGE, goto ERR1_LHAL15T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.388_01.000 **Instrument Variable Name:** LHAL16N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

01-94	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 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]

Question ID: FHS.388_02.000 **Instrument Variable Name:** LHAL16T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with senility.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL16T]

if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.390_01.000 **Instrument Variable Name:** LHAL17N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had depression, anxiety, or an emotional problem?

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

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

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

SkipInstructions: <1-95,D> [goto LHAL17T]
 <96> [fill "6" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.390_02.000 **Instrument Variable Name:** LHAL17T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL17T]

if LHAL17T = 4 and LHAL17N > AGE, goto ERR1_LHAL17T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.392_01.000 **Instrument Variable Name:** LHAL18N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

* Enter number for time with a weight problem.

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHAL18T]
<96> [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.392_02.000 **Instrument Variable Name:** LHAL18T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with weight problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL18T]

if LHAL18T = 4 and LHAL18N > AGE, goto ERR1_LHAL18T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.394_01.000 **Instrument Variable Name:** LHAL19N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a missing limb (finger, toe, or digit)?

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

01-94	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 missing limbs

SkipInstructions: <1-95,D> [goto LHAL19T]
 <96> [fill "6" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.394_02.000 **Instrument Variable Name:** LHAL19T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL19T]

if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.396_01.000 **Instrument Variable Name:** LHAL20N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a kidney, bladder or renal problem?

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

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

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

SkipInstructions: <1-95,D> [goto LHAL20T]
 <96> [fill "6" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.396_02.000 **Instrument Variable Name:** LHAL20T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with kidney, bladder or renal problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL20T]

if LHAL20T = 4 and LHAL20N > AGE, goto ERR1_LHAL20T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.398_01.000 **Instrument Variable Name:** LHAL21N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

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

Question ID: FHS.398_02.000 **Instrument Variable Name:** LHAL21T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL21T]

if LHAL21T = 4 and LHAL21N > AGE, goto ERR1_LHAL21T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

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

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.402_01.000 **Instrument Variable Name:** LHAL23N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.404_01.000 **Instrument Variable Name:** LHAL24N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had osteoporosis or tendinitis?

- * Enter number for time with osteoporosis or tendinitis.
- * Enter '95' for 95 or more.
- * Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHAL24T]
<96> [fill "6" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.404_02.000 **Instrument Variable Name:** LHAL24T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL24T]

if LHAL24T = 4 and LHAL24N > AGE, goto ERR1_LHAL24T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.406_01.000 **Instrument Variable Name:** LHAL25N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

01-94	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 epilepsy or seizures

SkipInstructions: <1-95,D> [goto LHAL25T]
 <96> [fill "6" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.406_02.000 **Instrument Variable Name:** LHAL25T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL25T]

if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.408_01.000 **Instrument Variable Name:** LHAL26N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had multiple sclerosis (MS) or muscular dystrophy (MD)?

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

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

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

SkipInstructions: <1-95,D> [goto LHAL26T]
 <96> [fill "6" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.408_02.000 **Instrument Variable Name:** LHAL26T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL26T]

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1_LHAL26T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
 Document Version Date: 28-May-08

Question ID: FHS.410_01.000 **Instrument Variable Name:** LHAL27N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had polio(myelitis), paralysis or para/quadruplegia?

- * Enter number for time with polio (myelitis) paralysis or para/quadruplegia.
- * Enter '95' for 95 or more.
- * Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHAL27T]
 <96> [fill "6" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.410_02.000 **Instrument Variable Name:** LHAL27T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with polio(myelitis), paralysis or para/quadruplegia.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL27T]

if LHAL27T = 4 and LHAL27N > AGE, goto ERR1_LHAL27T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.412_01.000 **Instrument Variable Name:** LHAL28N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had Parkinson's disease or tremors?

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

01-94	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 Parkinson's disease or other tremors

SkipInstructions: <1-95,D> [goto LHAL28T]
 <96> [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.412_02.000 **Instrument Variable Name:** LHAL28T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with Parkinson's disease or tremors.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL28T]

if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.414_01.000 **Instrument Variable Name:** LHAL29N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had nerve damage (including carpal tunnel syndrome)?

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

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

UniverseText: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome

SkipInstructions: <1-95,D> [goto LHAL29T]
 <96> [fill "6" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.414_02.000 **Instrument Variable Name:** LHAL29T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

UniverseText: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome, and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL29T]
 if LHAL29T = 4 and LHAL29N > AGE, goto ERR1_LHAL29T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.416_01.000 **Instrument Variable Name:** LHAL30N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL30T]
<96> [fill "6" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.416_02.000 **Instrument Variable Name:** LHAL30T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL30T]

if LHAL30T = 4 and LHAL30N > AGE, goto ERR1_LHAL30T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.418_01.000 **Instrument Variable Name:** LHAL31N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

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

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

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

Question ID: FHS.418_02.000 **Instrument Variable Name:** LHAL31T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with ulcer.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL31T]

if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.420_01.000 **Instrument Variable Name:** LHAL32N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had varicose veins or hemorrhoids?

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

01-94	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 varicose veins or hemorrhoids

SkipInstructions: <1-95,D> [goto LHAL32T]
 <96> [fill "6" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.420_02.000 **Instrument Variable Name:** LHAL32T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with varicose veins or hemorrhoids.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL32T]

if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
 Document Version Date: 28-May-08

Question ID: FHS.422_01.000 **Instrument Variable Name:** LHAL33N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHAL33T]
 <96> [fill "6" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.422_02.000 **Instrument Variable Name:** LHAL33T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

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

UniverseText: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL33T]

if LHAL33T = 4 and LHAL33N > AGE, goto ERR1_LHAL33T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.424_01.000 **Instrument Variable Name:** LHAL34N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

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

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

01-94	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 knee problems

SkipInstructions: <1-95,D> [goto LHAL34T]
 <96> [fill "6" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.424_02.000 **Instrument Variable Name:** LHAL34T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL34T]

if LHAL34T = 4 and LHAL34N > AGE, goto ERR1_LHAL34T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
 Document Version Date: 28-May-08

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 migrane headaches.
- * Enter '95' for 95 or more.
- * Enter '96' if since birth.

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

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

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

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

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.450_01.000 **Instrument Variable Name:** LHAL90N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S1]?

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

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

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1

SkipInstructions: <1-95,D> [goto LHAL90T]
 <96> [fill "6" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.450_02.000 **Instrument Variable Name:** LHAL90T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL90T]

if LHAL90T = 4 and LHAL90N > AGE, goto ERR1_LHAL90T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.452_01.000 **Instrument Variable Name:** LHAL91N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S2]?

- * Enter number for time with [fill1: LAHCA_S2].
- * Enter '95' for 95 or more.
- * Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHAL91T]
 <96> [fill "6" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <R> [store "R" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.452_02.000 **Instrument Variable Name:** LHAL91T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with [fill: LAHCA_S2].

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
 <6> [goto ERR2_LHAL91T]

if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T

2007 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 28-May-08

Question ID: FHS.500_00.000 **Instrument Variable Name:** PHSTAT **QuestionnaireFileName:** Family

QuestionText: Would you say [fill: your/ALIAS's] health in general is excellent, very good, good, fair, or poor?

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

UniverseText: All persons

SkipInstructions: repeat for all persons in the family, goto FINJ3M

**2007 NHIS Questionnaire - Family
Injuries & Poisoning**
Document Version Date: 28-May-08

Question ID: FIJ.010_00.000 **Instrument Variable Name:** FINJ3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]
<2,R,D> [goto FPOI3M]

Question ID: FIJ.012_00.000 **Instrument Variable Name:** WFINJ3M **QuestionnaireFileName:** Family

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

Who was this?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one person was injured during the past 3 months

SkipInstructions: <R,D> [goto FPOI3M]
else, goto TFINJ3M

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

Question ID: FIJ.014_00.000 **Instrument Variable Name:** TFINJ3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] injured?

- 01-91 1-91 times
- 97 Refused
- 99 Don't know

UniverseText: All persons injured during the past 3 months

SkipInstructions: <1-10,D> [goto MFINJ3M]
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]
<11-91> [goto ERR_TFINJ3M]

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Question ID: FIJ.016_00.000 **Instrument Variable Name:** MFINJ3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?

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

UniverseText: All persons with at least one or an unknown number of injury episodes during the past 3 months

SkipInstructions: <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Question ID: FIJ.018_00.000 **Instrument Variable Name:** MTFINJ3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?

- 01-91 1-91 times
- 97 Refused
- 99 Don't know

UniverseText: All persons who consulted a medical professional for their injury episode(s)

SkipInstructions: <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]
<R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Question ID: FIJ.020_00.000 **Instrument Variable Name:** FPOI3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]
<2,R,D> [goto FDMED12M]

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Question ID: FIJ.022_00.000 **Instrument Variable Name:** WFPOI3M **QuestionnaireFileName:** Family

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

Who was this?
(Anyone else?)

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

UniverseText: All families with two or more persons and at least one person was poisoned during the past 3 months

SkipInstructions: <R,D> [goto FDMED12M]
else, goto TFPOI3M

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: FIJ.024_00.000 **Instrument Variable Name:** TFPOI3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes.

- | | |
|-------|------------|
| 01-91 | 1-91 times |
| 97 | Refused |
| 99 | Don't know |

UniverseText: All persons poisoned during the past 3 months

SkipInstructions: <1-10,D> [goto MFPOI3M]
<R> [goto TFPOI3M for next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]
<11-91> [goto ERR_TFPOI3M]

Question ID: FIJ.026_00.000 **Instrument Variable Name:** MFPOI3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?

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

UniverseText: All persons with at least one or an unknown number of poisoning episodes during the past 3 months

SkipInstructions: <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else, goto MTFPOI3M]
<2,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]

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Question ID: FIJ.028_00.000 **Instrument Variable Name:** MTFPOI3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

- 01-91** 1-91 times
- 97** Refused
- 99** Don't know

UniverseText: All persons who consulted a medical professional for their poisoning episode(s)

SkipInstructions: <1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
 <R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]

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Question ID: FIJ.050_01.000 **Instrument Variable Name:** IPDATEM **QuestionnaireFileName:** Family

QuestionText: 1 of 3

* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}

When did [fill1: your/ALIAS's] [fill2: injury/poisoning] happen for which a medical professional was consulted?

{first of multiple injury/poisoning episodes for the person}

Now I'm going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?

{second plus of multiple injury/poisoning episodes for the person}

You just told me about [fill1: your/ALIAS's] [fill6: (month, day of previous event)] [fill7: most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-12> [goto IPDATED]
<R> [goto IPHOW]
<D> [goto IPDATENO]

Question ID: FIJ.050_02.000 **Instrument Variable Name:** IPDATED **QuestionnaireFileName:** Family

QuestionText: 2 of 3

* Enter day.

01-31	1-31
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes where a valid month of episode was entered

SkipInstructions: <1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]

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Question ID: FIJ.050_03.000 **Instrument Variable Name:** IPDATEY **QuestionnaireFileName:** Family

QuestionText: 3 of 3

* Enter year.

Year	Year
9997	Refused
9999	Don't know

UniverseText: All injury/poisoning episodes where a valid day of episode was entered

SkipInstructions: if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

Question ID: FIJ.051_01.000 **Instrument Variable Name:** IPDATENO **QuestionnaireFileName:** Family

QuestionText: 1 of 2

Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?

*Enter number for time since event.

001-996	001-996
997	Refused
999	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode

SkipInstructions: <1-91> [goto IPDATETP]
<92-996> [goto ERR_IPDATENO]
<R,D> [goto IPHOW]

Question ID: FIJ.051_02.000 **Instrument Variable Name:** IPDATETP **QuestionnaireFileName:** Family

QuestionText: 2 of 2

*Enter number for time period since event.

^IPDATENO...

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question

SkipInstructions: goto IPHOW

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Question ID: FIJ.052_00.000 **Instrument Variable Name:** IPDATEMT **QuestionnaireFileName:** Family**QuestionText:** (book) F3 ? [F1]

Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?

- 1 Beginning
- 2 Middle
- 3 End
- 7 Refused
- 9 Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for day of episode**SkipInstructions:** gotoIPHOW

Question ID: FIJ.060_00.000 **Instrument Variable Name:** IPHOW **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: injury/poisoning], and any objects, substances, or other people involved.

* Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding the event. Record all volunteered information.

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted**SkipInstructions:** <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]

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Question ID: FIJ.065_00.000 **Instrument Variable Name:** ICAUS **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Do not read.

* Enter the number which best describes the cause of the person's injury from the list below.

- 01** In a motor vehicle
- 02** On a bike, scooter, skateboard, skates, skis, horse, etc.
- 03** Pedestrian who was struck by a vehicle such as a car or bicycle
- 04** In a boat, train, or plane
- 05** Fall
- 06** Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
- 07** Other
- 97** Refused
- 99** Don't know

UniverseText: All injury episodes for which a medical professional was consulted and don't know or refused was not entered at IPHOW

SkipInstructions: goto IJBODY

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Question ID: FIJ.070_00.000 **Instrument Variable Name:** IJBODY **QuestionnaireFileName:** Family**QuestionText:** (book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

In this injury, what parts of [fill: your/ALIAS's] body were hurt?

- 01 Ankle
- 02 Back
- 03 Buttocks
- 04 Chest
- 05 Ear
- 06 Elbow
- 07 Eye
- 08 Face
- 09 Finger/thumb
- 10 Foot
- 11 Forearm
- 12 Groin
- 13 Hand
- 14 Head (not face)
- 15 Hip
- 16 Jaw
- 17 Knee
- 18 Lower leg
- 19 Mouth
- 20 Neck
- 21 Nose
- 22 Shoulder
- 23 Stomach
- 24 Teeth
- 25 Thigh
- 26 Toe
- 27 Upper arm
- 28 Wrist
- 29 Other, specify
- 97 Refused
- 99 Don't know

UniverseText: All injury episodes for which a medical professional was consulted**SkipInstructions:** <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]

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Document Version Date: 28-May-08

Question ID: FIJ.071_00.000 **Instrument Variable Name:** IJBODYOS **QuestionnaireFileName:** Family

QuestionText: *Read if necessary.

What other parts of the body were hurt?

Verbatim Verbatim response

7 Refused

9 Don't know

UniverseText: All injury episodes where some "other" part of the body was hurt

SkipInstructions: goto IJTYPE1

Question ID: FIJ.072_00.000 **Instrument Variable Name:** IJTYPE1 **QuestionnaireFileName:** Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?

01 Broken bone or fracture

02 Sprain, strain, or twist

03 Cut

04 Scrape

05 Bruise

06 Burn

07 Insect bite

08 Animal bite

09 Other, specify

97 Refused

99 Don't know

UniverseText: All injury episodes where at least one part of the body was hurt

SkipInstructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP1OS]
<R> [goto IPEV]

Question ID: FIJ.073_00.000 **Instrument Variable Name:** IJTYP1OS **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Read if necessary.

How was [fill1: your/ALIAS's] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim Verbatim response

7 Refused

9 Don't know

UniverseText: All injury episodes where the first body part was hurt in some "other" way

SkipInstructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.074_00.000 **Instrument Variable Name:** IJTYPE2 **QuestionnaireFileName:** Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

- | | |
|-----------|--------------------------|
| 01 | Broken bone or fracture |
| 02 | Sprain, strain, or twist |
| 03 | Cut |
| 04 | Scrape |
| 05 | Bruise |
| 06 | Burn |
| 07 | Insect bite |
| 08 | Animal bite |
| 09 | Other, specify |
| 97 | Refused |
| 99 | Don't know |

UniverseText: All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

SkipInstructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP2OS]
<R> [goto IPEV]

Question ID: FIJ.075_00.000 **Instrument Variable Name:** IJTYP2OS **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

- | | |
|-----------------|-------------------|
| Verbatim | Verbatim response |
| 7 | Refused |
| 9 | Don't know |

UniverseText: All injury episodes where the second body part was hurt in some "other" way

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.076_00.000 **Instrument Variable Name:** IJTYPE3 **QuestionnaireFileName:** Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?

- 01 Broken bone or fracture
- 02 Sprain, strain, or twist
- 03 Cut
- 04 Scrape
- 05 Bruise
- 06 Burn
- 07 Insect bite
- 08 Animal bite
- 09 Other, specify
- 97 Refused
- 99 Don't know

UniverseText: All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

SkipInstructions: <1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP3OS]
<R> [goto IPEV]

Question ID: FIJ.077_00.000 **Instrument Variable Name:** IJTYP3OS **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

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

UniverseText: All injury episodes where the third body part was hurt in some "other" way

SkipInstructions: goto IJTYPE4 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.078_00.000 **Instrument Variable Name:** IJTYPE4 **QuestionnaireFileName:** Family**QuestionText:** (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

- 01 Broken bone or fracture
- 02 Sprain, strain, or twist
- 03 Cut
- 04 Scrape
- 05 Bruise
- 06 Burn
- 07 Insect bite
- 08 Animal bite
- 09 Other, specify
- 97 Refused
- 99 Don't know

UniverseText: All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3**SkipInstructions:** <1-8,R,D> [goto IPEV]
<9> [goto IJTYP4OS]

Question ID: FIJ.079_00.000 **Instrument Variable Name:** IJTYP4OS **QuestionnaireFileName:** Family**QuestionText:** * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

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

UniverseText: All injury episodes where the fourth body part was hurt in some "other" way**SkipInstructions:** if a poisoning episode, goto PPCC; else, goto IPEV

Question ID: FIJ.080_01.000 **Instrument Variable Name:** PPCC **QuestionnaireFileName:** Family**QuestionText:** Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..

A phone call to a poison control center?

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

UniverseText: All poisoning episodes for which a medical professional was consulted**SkipInstructions:** <1,2,D> [goto IPEV]
<R> [goto IPHOSP]

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Question ID: FIJ.080_02.000 **Instrument Variable Name:** IPEV **QuestionnaireFileName:** Family**QuestionText:** * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted**SkipInstructions:** <1,2,D> [goto IPER]
 <R> [goto IPHOSP]

Question ID: FIJ.080_03.000 **Instrument Variable Name:** IPER **QuestionnaireFileName:** Family**QuestionText:** * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted**SkipInstructions:** <1,2,D> [goto IPDO]
 <R> [goto IPHOSP]

Question ID: FIJ.080_04.000 **Instrument Variable Name:** IPDO **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to a doctor's office or other health clinic

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted**SkipInstructions:** <1,2,D> [goto IPPCHCP]
 <R> [goto IPHOSP]

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Question ID: FIJ.080_05.000 **Instrument Variable Name:** IPPCHCP **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A phone call to a doctor, nurse, or other health care professional

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

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

Question ID: FIJ.080_06.000 **Instrument Variable Name:** IPOTH **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPOTHOS]
if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]
<R,D> [goto IPHOSP]

Question ID: FIJ.081_00.000 **Instrument Variable Name:** IPOTHOS **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

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

UniverseText: All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

SkipInstructions: goto IPHOSP

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Question ID: FIJ.082_00.000 **Instrument Variable Name:** IPVER **QuestionnaireFileName:** Family

QuestionText: * Please verify.

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

SkipInstructions: <1>[if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning; else, if no more family members with an injury/poisoning, go to FPOI3M/FDMED12M]
<2> [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]

Question ID: FIJ.090_00.000 **Instrument Variable Name:** IPHOSP **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

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

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPIHNO]
<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

Question ID: FIJ.091_00.000 **Instrument Variable Name:** IPIHNO **QuestionnaireFileName:** Family

QuestionText: ? [F1]

How many nights [fill: were you/was ALIAS] in the hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

- 01-94 1-94 nights
- 95 95+ nights
- 97 Refused
- 99 Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

SkipInstructions: <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]
<61-95> [goto ERR_IPIHNO]

**2007 NHIS Questionnaire - Family
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Question ID: FIJ.109_00.000 **Instrument Variable Name:** IMTRAF **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Ask or verify.

Did this accident occur on a public highway, street, or road?

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

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: goto IMVWHO

Question ID: FIJ.110_00.000 **Instrument Variable Name:** IMVWHO **QuestionnaireFileName:** Family

QuestionText: *Read all categories.

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

- 1 The driver of a motor vehicle
- 2 A passenger in a motor vehicle
- 3 A pedestrian
- 4 A bicycle rider or tricycle rider
- 5 The rider of a scooter, skateboard, skates, or other non-motorized vehicle
- 7 Refused
- 9 Don't know

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: <1,2> [goto IMVTYP]
<4,5> [goto IHELMT]
<3,R,D> [goto IPWHAT]

**2007 NHIS Questionnaire - Family
Injuries & Poisoning****Document Version Date: 28-May-08**

Question ID: FIJ.111_00.000 **Instrument Variable Name:** IMVTYP **QuestionnaireFileName:** Family**QuestionText:** (book) F6 ? [F1]

* Ask or verify.

What type of vehicle [fill: were you/was ALIAS] in?

- 01 Passenger car
- 02 Passenger truck, such as a pickup truck, van, or SUV
- 03 Bus
- 04 Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
- 05 Motorcycle (including mopeds and minibikes)
- 06 All terrain vehicle or ski/snow-mobile
- 07 Farm equipment (such as a tractor)
- 08 Industrial or construction vehicle
- 09 Other
- 97 Refused
- 99 Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle**SkipInstructions:** <1,2,4> [goto ISBELT]
<5,6> [goto IHELMT]
<3,7,8,9,R,D> [goto IPWHAT]

Question ID: FIJ.112_00.000 **Instrument Variable Name:** ISBELT **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] restrained at the time of the accident?

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

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck**SkipInstructions:** goto IPWHAT

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Question ID: FIJ.113_00.000 **Instrument Variable Name:** IHELMT **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

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

UniverseText: All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

SkipInstructions: goto IPWHAT

Question ID: FIJ.130_00.000 **Instrument Variable Name:** IFALL **QuestionnaireFileName:** Family

QuestionText: (book) F7

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?

- 01 Stairs, steps, or escalator
- 02 Floor or level ground
- 03 Curb (including sidewalk)
- 04 Ladder or scaffolding
- 05 Playground equipment
- 06 Sports field, court, or rink
- 07 Building or other structure
- 08 Chair, bed, sofa, or other furniture
- 09 Bathtub, shower, toilet, or commode
- 10 Hole or other opening
- 11 Other
- 97 Refused
- 99 Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IFALLWHY

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Injuries & Poisoning****Document Version Date: 28-May-08**

Question ID: FIJ.131_00.000 **Instrument Variable Name:** IFALLWHY **QuestionnaireFileName:** Family**QuestionText:** (book) F8

* Ask or verify.

What caused [fill: you/ALIAS] to fall?

- 1 Slipping or tripping
- 2 Jumping or diving
- 3 Bumping into an object or another person
- 4 Being shoved or pushed by another person
- 5 Losing balance or having dizziness (becoming faint or having a seizure)
- 6 Other
- 7 Refused
- 9 Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall**SkipInstructions:** goto IPWHAT

Question ID: FIJ.140_00.000 **Instrument Variable Name:** PPOIS **QuestionnaireFileName:** Family**QuestionText:** (book) F9 ? [F1]

* Ask or verify.

What did [fill: your/ALIAS's] poisoning result from?

- 1 Swallowing a drug or medical substance mistakenly or in overdose
- 2 Swallowing or touching a harmful solid or liquid substance
- 3 Inhaling harmful gases or vapors
- 4 Eating a poisonous plant or other substance mistaken for food
- 5 Being bitten by a poisonous animal
- 6 Other, please specify
- 7 Refused
- 9 Don't know

UniverseText: All poisoning episodes for which a medical professional was consulted**SkipInstructions:** <1-5,R,D> [goto IPWHAT]
<6> [goto PPOISOS]

Question ID: FIJ.141_00.000 **Instrument Variable Name:** PPOISOS **QuestionnaireFileName:** Family**QuestionText:** * Read if necessary.

How did [fill: your/ALIAS's] poisoning occur?

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

UniverseText: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason**SkipInstructions:** goto IPWHAT

**2007 NHIS Questionnaire - Family
Injuries & Poisoning****Document Version Date: 28-May-08**

Question ID: FIJ.150_00.000 **Instrument Variable Name:** IPWHAT **QuestionnaireFileName:** Family**QuestionText:** (book) F10 ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

- 01 Driving or riding in a motor vehicle
- 02 Working at a paid job
- 03 Working around the house or yard
- 04 Attending school
- 05 Unpaid work (such as volunteer work)
- 06 Sports and exercise
- 07 Leisure activity (excluding sports)
- 08 Sleeping, resting, eating, or drinking
- 09 Cooking
- 10 Being cared for (hands-on care from other person)
- 11 Other, please specify
- 97 Refused
- 99 Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted**SkipInstructions:** <1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

Question ID: FIJ.151_00.000 **Instrument Variable Name:** IPWHATOT **QuestionnaireFileName:** Family**QuestionText:** * Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

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

UniverseText: All medically-consulted injury/poisoning episodes that occurred in some "other" place**SkipInstructions:** goto IPWHER

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Question ID: FIJ.160_00.000 **Instrument Variable Name:** IPWHER **QuestionnaireFileName:** Family

QuestionText: (book) F11 ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

- 01 Home (inside)
- 02 Home (outside)
- 03 School (not residential)
- 04 Child care center or preschool
- 05 Residential institution (excluding hospital)
- 06 Health care facility (including hospital)
- 07 Street or highway
- 08 Sidewalk
- 09 Parking lot
- 10 Sport facility, athletic field, or playground
- 11 Shopping center, restaurant, store, bank, gas station, or other place of business
- 12 Farm
- 13 Park or recreation area (include bike or jog path)
- 14 River, lake, stream, or ocean
- 15 Industrial or construction area
- 16 Other public building
- 17 Other
- 97 Refused
- 99 Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: if AGE lt 5 and the person has more injury/poisoning episodes, goto IPDATEM; else, if AGE lt 5 and the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if AGE lt 5 and no more family members with an injury/poisoning, goto FPOI3M/FDMED12M; else, if AGE ge 13, goto IPEMP; else, if AGE ge 5 and AGE le 12, goto IPSTU

Question ID: FIJ.170_00.000 **Instrument Variable Name:** IPEMP **QuestionnaireFileName:** Family

QuestionText: ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

- 1 Full-time
- 2 Part-time
- 3 Not employed
- 7 Refused
- 9 Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older

SkipInstructions: <1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]

**2007 NHIS Questionnaire - Family
Injuries & Poisoning****Document Version Date: 28-May-08**

Question ID: FIJ.171_00.000 **Instrument Variable Name:** IPWKLS **QuestionnaireFileName:** Family**QuestionText:** As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?

- 1 None
- 2 Less than one day
- 3 One to five days
- 4 Six or more days
- 7 Refused
- 9 Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode**SkipInstructions:** goto IPSTU

Question ID: FIJ.180_00.000 **Instrument Variable Name:** IPSTU **QuestionnaireFileName:** Family**QuestionText:** At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?

- 1 Full-time
- 2 Part-time
- 3 Not a student
- 7 Refused
- 9 Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older**SkipInstructions:** <1,2> [goto IPSCLS]
<3,R,D> [if person has more injury/poisoning episodes, goto IPDATEM for that person; else if person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning episode; else if no more family members with an injury/poisoning, goto FPOI3M/FAU.010]

Question ID: FIJ.181_00.000 **Instrument Variable Name:** IPSCLS **QuestionnaireFileName:** Family**QuestionText:** As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

- 1 None
- 2 Less than one day
- 3 One to five days
- 4 Six or more days
- 7 Refused
- 9 Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode**SkipInstructions:** if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FDMED12M

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Question ID: FAU.010_00.000 **Instrument Variable Name:** FDMED12M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

The following questions are about the use of health care. Do not include dental care.

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

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]
<2,R,D> [goto FNMED12M]

Question ID: FAU.020_00.000 **Instrument Variable Name:** PDMED12M **QuestionnaireFileName:** Family

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

For which family member was medical care delayed?
(Anyone else?)

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

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

SkipInstructions: goto FNMED12M

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

Question ID: FAU.030_00.000 **Instrument Variable Name:** FNMED12M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]

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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.

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Question ID: FAU.070_00.000 **Instrument Variable Name:** HOSPNO **QuestionnaireFileName:** Family

QuestionText: ? [F1]

How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

001-365 1-365 times
997 Refused
999 Don't know

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-10> [goto HPNITE]
<11-365> [goto ERR_HOSPNO]
<R,D> [goto HPNITE]

Question ID: FAU.110_00.000 **Instrument Variable Name:** HPNITE **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

001-365 1-365 nights
997 Refused
999 Don't know

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]
<51-365> [goto ERR1_HPNIITE]

if HOSPNO gt HPNITE, goto ERR2_HPNIITE

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Question ID: FAU.120_00.000 **Instrument Variable Name:** FHCHM2W **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* 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]

Question ID: FAU.130_00.000 **Instrument Variable Name:** PHCHM2W **QuestionnaireFileName:** Family

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

Who received care at home?
(Anyone else?)

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

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

SkipInstructions: goto PHCHMN2W

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

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Question ID: FAU.140_00.000 **Instrument Variable Name:** PHCHMN2W **QuestionnaireFileName:** Family

QuestionText: How many home visits did [fill: you/ ALIAS] receive during those 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50 1-50 home visits
97 Refused
99 Don't know

UniverseText: All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]
<15-50> [goto ERR_PHCPHMN2W]

Question ID: FAU.150_00.000 **Instrument Variable Name:** FHCPH2W **QuestionnaireFileName:** Family

QuestionText: 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?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]
<2,R,D> [goto FHCDV2W]

Question ID: FAU.160_00.000 **Instrument Variable Name:** PHCPH2W **QuestionnaireFileName:** Family

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

Who was the phone call about?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

SkipInstructions: goto PHCPHN2W

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

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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.

01-50 1-50 calls
97 Refused
99 Don't know

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

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

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.

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Question ID: FAU.200_00.000 **Instrument Variable Name:** PHCDVN2W **QuestionnaireFileName:** Family

QuestionText: How many times did [fill: you/ALIAS] visit a doctor or other health care professional during those 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50 1-50 times
97 Refused
99 Don't know

UniverseText: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]
<15-50> [goto ERR_PHCDVN2W]

Question ID: FAU.210_00.000 **Instrument Variable Name:** F10DVYR **QuestionnaireFileName:** Family

QuestionText: During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]
<2,R,D> [goto FHICOV]

Question ID: FAU.220_00.000 **Instrument Variable Name:** P10DVYR **QuestionnaireFileName:** Family

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

Who received care 10 or more times?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

SkipInstructions: goto FHICOV

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

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Family Health Insurance
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Question ID: FHI.050_00.000 **Instrument Variable Name:** FHICOV **QuestionnaireFileName:** Family

QuestionText: (book) F12 and (book) F14

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

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

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

UniverseText: All families

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

Question ID: FHI.070_00.000 **Instrument Variable Name:** HIKIND **QuestionnaireFileName:** Family

QuestionText: (book) F12 and (book) F14 ? [F1]

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

* Enter all that apply, separate with commas.

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

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

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

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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

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

QuestionText: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:
fill3: ^HIKIND] / not covered by health insurance.]

Is this correct?

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

UniverseText: All persons

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

Question ID: FHI.090_00.000 **Instrument Variable Name:** MCPART **QuestionnaireFileName:** Family

QuestionText: {if subject ne respondent}:
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS's Medicare card to determine the type of coverage?

{if subject eq respondent}:
* Read if necessary.

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

* Fill in appropriate coverage type below.

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

UniverseText: All persons with Medicare

SkipInstructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

Question ID: FHI.092_00.000 **Instrument Variable Name:** MCCARD **QuestionnaireFileName:** Family

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

- 1 Yes
- 2 No

UniverseText: All persons with Part A Medicare coverage, Part B Medicare coverage, or both

SkipInstructions: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE

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Question ID: FHI.095_00.000 **Instrument Variable Name:** MCCHOICE **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

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

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

SkipInstructions: goto MCHMO

Question ID: FHI.100_00.000 **Instrument Variable Name:** MCHMO **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

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

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

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

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

QuestionText: ? [F1]

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?

- Verbatim** Verbatim response
- 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, and are enrolled under a Medicare managed care arrangement

SkipInstructions: goto MCREF

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

QuestionText: ? [F1]

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

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

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

SkipInstructions: goto MCPAYPRE

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]

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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]

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

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

SkipInstructions: goto MANAM

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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

Question ID: FHI.140_00.000 **Instrument Variable Name:** MAPCMD **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 with Medicaid

SkipInstructions: goto MAREF

Question ID: FHI.150_00.000 **Instrument Variable Name:** MAREF **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

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

UniverseText: All persons with Medicaid

SkipInstructions: goto MACHMD for the next person with Medicaid; else, goto SSTYPE2

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Question ID: FHI.156_00.000 **Instrument Variable Name:** SSTYPE2 **QuestionnaireFileName:** Family

QuestionText: (book) F15

* Enter all that apply, separate with commas.

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

- 01 Accidents
- 02 AIDS care
- 03 Cancer treatment
- 04 Catastrophic care
- 05 Dental care
- 06 Disability insurance
- 07 Hospice care
- 08 Hospitalization only
- 09 Long-term care
- 10 Prescriptions
- 11 Vision care
- 12 Other (specify)
- 97 Refused
- 99 Don't know

UniverseText: All persons with single service plans

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

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

QuestionText: * Other type of single-service plan

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

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

SkipInstructions: goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6

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Question ID: FHI.158_00.000 **Instrument Variable Name:** FHICCI6 **QuestionnaireFileName:** Family

QuestionText: The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

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

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

* Enter 1 to continue

1 Continue

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

SkipInstructions: goto HIPNAM1

Question ID: FHI.160_00.000 **Instrument Variable Name:** HIPNAM1 **QuestionnaireFileName:** Family

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

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

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

Verbatim Verbatim Response

7 Refused

9 Don't know

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

SkipInstructions: <verbatim> [goto PCARD1]
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

Question ID: FHI.160_01.000 **Instrument Variable Name:** PCARD1 **QuestionnaireFileName:** Family

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

1 Yes

2 No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM1

SkipInstructions: goto HIPNAM1B

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Question ID: FHI.170_00.000 **Instrument Variable Name:** HIPNAM1B **QuestionnaireFileName:** Family

QuestionText:

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

Which family members are covered by this plan?

* Indicate each family member covered by this plan.

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

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

SkipInstructions: <R,D> [if HIPNAM1= R or D, goto STNAME]
 goto MORPLAN

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

Question ID: FHI.171_00.000 **Instrument Variable Name:** MORPLAN **QuestionnaireFileName:** Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

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

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

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

Question ID: FHI.172_00.000 **Instrument Variable Name:** HIPNAM2 **QuestionnaireFileName:** Family

QuestionText: What is the name of the next plan?

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

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

UniverseText: All families with a second private health insurance plan

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

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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]

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Question ID: FHI.175_00.000 **Instrument Variable Name:** HIPNAM3 **QuestionnaireFileName:** Family

QuestionText: What is the name of the next plan?

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

Verbatim Verbatim Response

7 Refused

9 Don't know

UniverseText: All families with a third private health insurance plan

SkipInstructions: <verbatim> [goto PCARD3]
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

Question ID: FHI.175_01.000 **Instrument Variable Name:** PCARD3 **QuestionnaireFileName:** Family

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

1 Yes

2 No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM3

SkipInstructions: goto HIPNAM3B

Question ID: FHI.176_00.000 **Instrument Variable Name:** HIPNAM3B **QuestionnaireFileName:** Family

QuestionText:

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

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

SkipInstructions: <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3]
goto MORPLAN3

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Question ID: FHI.177_00.000 **Instrument Variable Name:** MORPLAN3 **QuestionnaireFileName:** Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

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

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

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

Question ID: FHI.178_00.000 **Instrument Variable Name:** HIPNAM4 **QuestionnaireFileName:** Family

QuestionText: What is the name of the next plan?

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

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

UniverseText: All families with a fourth private health insurance plan

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

Question ID: FHI.178_01.000 **Instrument Variable Name:** PCARD4 **QuestionnaireFileName:** Family

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

- 1 Yes
- 2 No

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

SkipInstructions: goto HIPNAM4B

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Question ID: FHI.190_00.000 **Instrument Variable Name:** HIVER2 **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

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

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

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

Question ID: FHI.195_01.000 **Instrument Variable Name:** FHICCI8 **QuestionnaireFileName:** Family

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

* Enter 1 to continue.

- 1 Continue

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

SkipInstructions: goto FHI200

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

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Question ID: FHI.200_01.000 **Instrument Variable Name:** FHI200 **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

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

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

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

UniverseText: All private health insurance plans

SkipInstructions: goto PLNWRK

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

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

QuestionText: (book) F16 ? [F1]

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

01 Through employer
02 Through union
03 Through workplace, but don't know if employer or union
04 Through workplace, self-employed or professional association
05 Purchased directly
06 Through 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.

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Question ID: FHI.211_01.000 **Instrument Variable Name:** PLNWKSP **QuestionnaireFileName:** Family

QuestionText: *Read if necessary.

How was this plan obtained?

Verbatim Verbatim Response
7 Refused
9 Don't know

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

SkipInstructions: goto PLNPAY

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

Question ID: FHI.220_10.000 **Instrument Variable Name:** PLNPAY **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

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

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

UniverseText: All private health insurance plans

SkipInstructions: <1> [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.

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Question ID: FHI.230_11.000 **Instrument Variable Name:** HICOSTN **QuestionnaireFileName:** Family

QuestionText: 1 of 2 ? [F1]

How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.

00001-99995 \$1-\$99,995
99997 Refused
99999 Don't know

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

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

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

Question ID: FHI.230_12.000 **Instrument Variable Name:** HICOSTT **QuestionnaireFileName:** Family

QuestionText: 2 of 2 ? [F1]

* Enter time period for premium payments.

01 Once a week
02 Once every 2 weeks
03 Once a month
04 Twice a month
05 Every 2 months
06 Quarterly (every 3 months)
07 Once a year
08 Twice a year
97 Refused
99 Don't know

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

SkipInstructions: 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.

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Question ID: FHI.240_01.000 **Instrument Variable Name:** PLNMGD **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

- 1 HMO/IPA
- 2 PPO
- 3 POS
- 4 Fee-for-service/indemnity
- 5 Other
- 7 Refused
- 9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

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

Question ID: FHI.241_01.000 **Instrument Variable Name:** HDHP **QuestionnaireFileName:** Family

QuestionText: ?[F1]

[If only one person covered by this plan:]

Is the annual deductible for medical care for this plan less than \$1,100 or \$1,100 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

[If two or more persons in the family are covered by this plan:]

Is the family annual deductible for medical care for this plan less than \$2,200 or \$2,200 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

- 1 Less than [\$1,100/\$2,200]
- 2 [\$1,100/\$2,200] or more
- 7 Refused
- 9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: 1,R,D [goto MGCHMD]
2 [goto HSAHRA]

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

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

QuestionText: ?[F1]

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

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

UniverseText: All high deductible private health plans

SkipInstructions: 1,2,R,D [goto MGCHMD]

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

Question ID: FHI.243_01.000 **Instrument Variable Name:** MGCHMD **QuestionnaireFileName:** Family

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

- 1 Any doctor
- 2 Select from group/list
- 7 Refused
- 9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: <1> [goto MGPRMD]
<2> [goto MGPYMD]
<R,D> [goto 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?

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

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

SkipInstructions: goto 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.

2007 NHIS Questionnaire - Family**Family Health Insurance**Document Version Date: 28-May-08

Question ID: FHI.246_01.000 **Instrument Variable Name:** MGPYMD **QuestionnaireFileName:** Family**QuestionText:** If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

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

UniverseText: All private health insurance plans where covered persons must select from a group or list of doctors**SkipInstructions:** goto MGPREFNOTE: 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.248_01.000 **Instrument Variable Name:** MGPREF **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

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

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

Question ID: FHI.249_01.000 **Instrument Variable Name:** PRRXCOV **QuestionnaireFileName:** Family**QuestionText:** Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

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

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

UniverseText: All private health insurance plans**SkipInstructions:** goto FHICCI8 for the next private health insurance plan; else, goto STNAME1NOTE: 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.

2007 NHIS Questionnaire - Family**Family Health Insurance**Document Version Date: 28-May-08

Question ID: FHI.250_00.000 **Instrument Variable Name:** STNAME1 **QuestionnaireFileName:** Family**QuestionText:** Earlier I recorded that [fill: you are/ALIAS is] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

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

Verbatim Verbatim Response

7 Refused

9 Don't know

UniverseText: All persons with SCHIP**SkipInstructions:** goto STDOC1

Question ID: FHI.251_00.000 **Instrument Variable Name:** STDOC1 **QuestionnaireFileName:** Family**QuestionText:** Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a 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

Question ID: FHI.252_00.000 **Instrument Variable Name:** STPCMD1 **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 with SCHIP**SkipInstructions:** goto STREF1

2007 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 28-May-08

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

QuestionText: ? [F1]

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 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 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

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Question ID: FHI.259_00.000 **Instrument Variable Name:** STPCMD2 **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 a state sponsored health plan

SkipInstructions: goto STREF2

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

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

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

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

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

SkipInstructions: goto STDOC3

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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
- 7 Refused
- 9 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

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Question ID: FHI.270_00.000 **Instrument Variable Name:** MILSPC **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

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

UniverseText: All persons with military health care

SkipInstructions: <1> [goto MILMAN]
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]
<4> [goto MILSPCOT]

Question ID: FHI.271_00.000 **Instrument Variable Name:** MILSPCOT **QuestionnaireFileName:** Family

QuestionText: * Other military coverage

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

UniverseText: All persons with "other" military coverage

SkipInstructions: if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST

Question ID: FHI.275_00.000 **Instrument Variable Name:** MILMAN **QuestionnaireFileName:** Family

QuestionText: ? [F1]

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

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

UniverseText: All persons with TRICARE coverage

SkipInstructions: <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]
<5> [goto MILMANOT]

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

QuestionText: * Other type of TRICARE coverage

Verbatim Verbatim Response

7 Refused

9 Don't know

UniverseText: All persons with "other" type of TRICARE coverage

SkipInstructions: goto MILSPC for the next person with military health care; else, goto HILAST

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]

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Question ID: FHI.291_00.000 **Instrument Variable Name:** HISTOPOT **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Other reason for not having coverage

Verbatim Verbatim Response

7 Refused

9 Don't know

UniverseText: All persons without known health insurance and an "other" reason for stopping or not having coverage

SkipInstructions: goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto 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

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Question ID: FHI.320_00.000 **Instrument Variable Name:** HCSPFYR **QuestionnaireFileName:** Family

QuestionText: (book) F19

The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

- 0 Zero
- 1 Less than \$500
- 2 \$500 - \$1,999
- 3 \$2,000 - \$2,999
- 4 \$3,000 - \$4,999
- 5 \$5,000 or more
- 7 Refused
- 9 Don't know

UniverseText: All families

SkipInstructions: goto FSA

Question ID: FHI.330_00.000 **Instrument Variable Name:** FSA **QuestionnaireFileName:** Family

QuestionText: [fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

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

UniverseText: All Families

SkipInstructions: goto PLBORN

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Question ID: FSD.001_00.000 **Instrument Variable Name:** PLBORN **QuestionnaireFileName:** Family

QuestionText: [fill: Were you/Was ALIAS] born in the United States?

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

UniverseText: All persons

SkipInstructions: <1> [store "1" in CITIZEN and goto PLBORN1]
<2> [goto PLBORN2]
<R,D> [goto CITIZEN]

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Question ID: FSD.002_00.000 **Instrument Variable Name:** PLBORN1 **QuestionnaireFileName:** Family

QuestionText: In what state [fill: were you/was ALIAS] born?

- 01 Alabama
 - 02 Alaska
 - 03 Arizona
 - 04 Arkansas
 - 05 California
 - 06 Colorado
 - 07 Connecticut
 - 08 Delaware
 - 09 District of Columbia
 - 10 Florida
 - 11 Georgia
 - 12 Hawaii
 - 13 Idaho
 - 14 Illinois
 - 15 Indiana
 - 16 Iowa
 - 17 Kansas
 - 18 Kentucky
 - 19 Louisiana
 - 20 Maine
 - 21 Maryland
 - 22 Massachusetts
 - 23 Michigan
 - 24 Minnesota
 - 25 Mississippi
 - 26 Missouri
 - 27 Montana
 - 28 Nebraska
 - 29 Nevada
 - 30 New Hampshire
 - 31 New Jersey
 - 32 New Mexico
 - 33 New York
 - 34 North Carolina
 - 35 North Dakota
 - 36 Ohio
 - 37 Oklahoma
 - 38 Oregon
 - 39 Pennsylvania
 - 40 Rhode Island
 - 41 South Carolina
 - 42 South Dakota
 - 43 Tennessee
 - 44 Texas
 - 45 Utah
 - 46 Vermont
 - 47 Virginia
-

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- 48 Washington
- 49 West Virginia
- 50 Wisconsin
- 51 Wyoming
- 57 United States (state unknown)

UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]

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Question ID: FSD.003_00.000 Instrument Variable Name: PLBORN2 QuestionnaireFileName: Family

QuestionText: In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

060 AMERICAN SAMOA
061 AM SAMOA
062 BAKER ISLAND
063 GUAM
064 HOWLAND ISLAND
065 JARVIS ISLAND
066 JOHNSTON ATOLL
067 KINGMAN REEF
068 MANUA ISLANDS
069 MIDWAY ISLANDS
070 NAVASSA ISLAND
071 NORTHERN MARIANAS
072 PALMYRA ATOLL
073 PUERTO RICO
074 ROTA
075 SAIPAN
076 SAND ISLAND
077 ST CROIX
078 ST JOHN
079 ST THOMAS
080 TINIAN
081 US OUTLYING AREA
082 US VIRGIN ISLANDS
083 USVI
084 VIRGIN ISLANDS
085 WAKE ISLAND
100 ABROAD
101 ABU DHABI
102 ADEN
103 AFGHANISTAN
104 AFRICA
105 ALBANIA
106 ALBERTA
107 ALGERIA
108 ALGIERS
109 ALSACE-LORRAINE
110 AMSTERDAM
111 ANEGADA
112 ANGOLA
113 ANGUILLA
114 ANGUILLA BWI
115 ANOJOUAN
116 ANTARCTICA
117 ANTIGUA
118 ANTIGUA & BARBUDA
119 ANTIGUA WI

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120	ANTILLES
121	ARAB PALESTINE
122	ARABIA
123	ARGENTINA
124	ARMENIA
125	ARUBA
126	ARUBA DWI
127	ARUBA NETHERLANDS
128	ASCENSION ISLAND
129	ASIA
130	ASIA MINOR
131	ASSAM
132	AT SEA
133	AUSTRALIA
134	AUSTRIA
135	AUSTRIA-HUNGARY
136	AZERBAIJAN
137	AZORES ISLANDS
138	BAHAMAS
139	BAHAMAS UK
140	BAHRAIN
141	BAJA CAL
142	BAJA CAL SUR
143	BALBOA
144	BANGLADESH
145	BARBADOS
146	BARBUDA
147	BAVARIA
148	BELARUS
149	BELFAST
150	BELGIAN CONGO
151	BELGIUM
152	BELIZE
153	BENIN
154	BERLIN
155	BERMUDA
156	BESSARABIA
157	BHUTAN
158	BOHEMIA
159	BOLIVIA
160	BONAIRE
161	BORNEO
162	BOSNIA
163	BOSNIA & HERZEGOVINA
164	BOTSWANA
165	BRASIL
166	BRAZIL
167	BRAZZAVILLE
168	BREMEN
169	BRITAIN
170	BRITISH COLUMBIA
171	BRITISH EAST AFRICA

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172 BRITISH GUIANA
173 BRITISH GUYANA
174 BRITISH HONDURAS
175 BRITISH HONG KONG
176 BRITISH ISLES
177 BRITISH VI
178 BRITISH VIRGIN IS
179 BRITISH WEST INDIES
180 BRITISH WI
181 BRUNEI
182 BULGARIA
183 BURKINA FASO
184 BURMA
185 BURUNDI
186 BWI
187 BYELARUS
188 BYELORUSSIA
189 CAICOS ISLANDS
190 CAM PHA
191 CAM RANH
192 CAMBODIA
193 CAMEROON
194 CAN THO
195 CANADA
196 CANAL ZONE
197 CANARY ISLANDS
198 CANTON & ENDERBURY IS
199 CANTON ISLAND
200 CAPE VERDE
201 CARIBBEAN
202 CAYMAN ISLANDS
203 CENTRAL AFRICA
204 CENTRAL AFRICAN REP
205 CENTRAL AMERICA
206 CEYLON
207 CHAD
208 CHANNEL ISLANDS
209 CHIAPAS
210 CHIHUAHUA
211 CHILE
212 CHINA
213 CHINA HONG KONG
214 CHRISTMAS ISLAND
215 CHRISTMAS ISLAND, INDIAN OCEAN
216 COAHUILA
217 COLIMA
218 COLOMBIA
219 COMOROS
220 CONGO
221 COOK ISLANDS
222 CORAL SEA ISLANDS
223 CORK

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224 CORSICA
225 COSTA RICA
226 COTE D'IVORIE
227 CRETE
228 CRIMEA
229 CRISTOBAL
230 CROATIA
231 CUBA
232 CURACAO
233 CYPRUS
234 CZ
235 CZECH REPUBLIC
236 CZECHOSLOVAKIA
237 DA LAT
238 DA NANG
239 DAKAR
240 DANZIG
241 DELHI
242 DEMO PEOPLE'S REP OF KOREA
243 DEMO REP OF CONGO
244 DENMARK
245 DISTRITO FEDERAL
246 DJIBOUTI
247 DOM REP
248 DOMINICA
249 DOMINICA BWI
250 DOMINICA WI
251 DOMINICAN REPUBLIC
252 DUBAI
253 DUBLIN
254 DURANGO
255 DUTCH EAST INDIES
256 DUTCH GUIANA
257 DUTCH INDONESIA
258 DUTCH NEW GUINEA
259 EAST PAKISTAN
260 EAST PRUSSIA
261 EASTER ISLAND
262 EASTERN AFRICA
263 ECUADOR
264 EGYPT
265 EIRE
266 EL SALVADOR
267 ENGLAND
268 EQUATORIAL GUINEA
269 ERITREA
270 ESPANA
271 ESTONIA
272 ETHIOPIA
273 EUROPA ISLAND
274 EUROPE
275 FALKLAND ISLANDS

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276 FAROE ISLANDS
277 FEDERAL DISTRICT
278 FEDERAL REPUBLIC OF YUGOSLAVIA
279 FEDERATED STATES OF MICRONESIA
280 FIJI
281 FILIPINES
282 FINLAND
283 FOREIGN COUNTRY
284 FORMOSA
285 FRANCE
286 FRANKFURT
287 FRENCH GUIANA
288 FRENCH MOROCCO
289 FRENCH POLYNESIA
290 GABON
291 GALAPAGOS ISLANDS
292 GALWAY
293 GAMBIA
294 GAZA STRIP
295 GEORGIA
296 GERMANY
297 GHANA
298 GIA DINH
299 GIBRALTER
300 GLORIOSO ISLANDS
301 GOA
302 GRAND BAHAMA
303 GRAND CAYMAN
304 GRAND TURK
305 GREAT BRITAIN
306 GREAT COMORE
307 GREECE
308 GREENLAND
309 GRENADA
310 GUADALAJARA
311 GUADELOUPE
312 GUANAJUATO
313 GUATEMALA
314 GUERNSEY
315 GUERRERO
316 GUIANA
317 GUINEA
318 GUINEA-BISSAU
319 GUYANA
320 HA DONG
321 HAI PHONG
322 HAITI
323 HAMBURG
324 HANOI
325 HANOVER
326 HAVANA
327 HEARD & MCDONALD ISLANDS

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- 328 HERZEGOVINA
 - 329 HESSE
 - 330 HIDALGO
 - 331 HIGH SEAS
 - 332 HOLLAND
 - 333 HONDURAS
 - 334 HONG KONG
 - 335 HUNGARY
 - 336 HYDERABAD
 - 337 ICELAND
 - 338 INDIA
 - 339 INDONESIA
 - 340 INTERNATIONAL WATERS
 - 341 IRAN
 - 342 IRAQ
 - 343 IRELAND
 - 344 IRIAN JAYA
 - 345 IRISH REPUBLIC
 - 346 ISLE OF MAN
 - 347 ISRAEL
 - 348 ITALY
 - 349 IVORY COAST
 - 350 JALISCO
 - 351 JAMAICA
 - 352 JAN MEYAN
 - 353 JAPAN
 - 354 JAVA
 - 355 JERSEY
 - 356 JIBUTI
 - 357 JORDAN
 - 358 JUAN DE NOVA ISLAND
 - 359 JUGOSLAVIA
 - 360 KALININGRAD
 - 361 KAMPUCHEA
 - 362 KASHMIR
 - 363 KAZAKHSTAN
 - 364 KENYA
 - 365 KHANH HUNG
 - 366 KINSHASA
 - 367 KIRIBATI
 - 368 KOREA
 - 369 KORO ISLAND
 - 370 KUWAIT
 - 371 KWAJALEIN
 - 372 KWANTUNG
 - 373 KYRGYZSTAN
 - 374 LABRADOR
 - 375 LABUAN
 - 376 LAOS
 - 377 LATAKIA
 - 378 LATIN AMERICA
 - 379 LATVIA
-

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380 LEBANON
381 LEEWARD ISLANDS
382 LESOTHO
383 LIBERIA
384 LIBYA
385 LIECHTENSTEIN
386 LITHUANIA
387 LOAS
388 LONDONDERRY
389 LONG XUYEN
390 LORRAINE
391 LUBECK
392 LUXEMBOURG
393 MACAO
394 MACAU
395 MACEDONIA
396 MADAGASCAR
397 MADEIRA ISLANDS
398 MAINLAND CHINA
399 MAJORCA
400 MALAGASY REPUBLIC
401 MALAWI
402 MALAYSIA
403 MALDIVES
404 MALI
405 MALLORCA
406 MALTA
407 MACHURIA
408 MANICA
409 MANILA
410 MANITOBA
411 MARSHALL ISLANDS
412 MARTINIQUE
413 MAURITANIA
414 MAURITIUS
415 MAYOTTE ISLAND
416 MELANESIA
417 MEXICO
418 MICHOACAN
419 MICRONESIA
420 MIDDLE EAST
421 MOLDAVIA
422 MOLDOVA
423 MONACO
424 MONAGAS
425 MONGOLIA
426 MONTENEGRO
427 MONTSERRAT
428 MORELOS
429 MOROCCO
430 MOZAMBIQUE
431 MY THO

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432 N. IRELAND
433 NAM DINH
434 NAMIBIA
435 NAURU
436 NAYARIT
437 NEPAL
438 NETHERLANDS
439 NETH. ANTILLES
440 NETH. EAST INDIES
441 NEVIS ISLAND
442 NEW BRUNSWICK
443 NEW CALEDONIA
444 NEW GUINEA
445 NEW HEBRIDES
446 NEW SOUTH WALES
447 NEW ZEALAND
448 NEWFOUNDLAND
449 NHA TRANG
450 NICARAGUA
451 NIGER
452 NIGERIA
453 NIUE ISLAND
454 NORFOLK ISLAND
455 NORTH AFRICA
456 NORTH AMERICA
457 NORTH KOREA
458 NORTH VIETNAM
459 NORTHERN IRELAND
460 NORTHERN TERRITORY
461 NORWAY
462 NOVA SCOTIA
463 NUEVO LEON
464 OAXACA
465 OCEANIA
466 OKINAWA
467 OMAN
468 ONTARIO
469 OVERSEAS
470 PAKISTAN
471 PALAU
472 PALESTINE
473 PANAMA
474 PANAMA CANAL ZONE
475 PAPUA NEW GUINEA
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

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484 PHILIPPINES
485 PITCAIRN ISLAND
486 POLAND
487 POLYNESIA
488 PONAPE
489 PORTUGAL
490 PORTUGUESE INDIA
491 PRINCE EDWARD ISLAND
492 PRINCIPE ISLAND
494 PRUSSIA
495 PUEBLA
496 PUNJAB
497 PUNJAB, INDIA
498 PUNJAB, PAKISTAN
499 QATAR
500 QUANG LONG
501 QUEBEC
502 QUEENSLAND
503 QUERETARO
504 QUI NHON
505 RACH GIA
506 RAJASTHAN
507 RED CHINA
508 REPUBLIC OF CHINA
509 REPUBLIC OF CYPRUS
510 REPUBLIC OF IRELAND
511 REPUBLIC OF KOREA
512 REPUBLIC OF PANAMA
513 REP. OF PHILIPPINES
514 REP. OF SOUTH AFRICA
515 REPUBLICA DOMINICANA
516 REUNION ISLAND
517 RHODESIA
518 ROC
519 ROK
520 ROMANIA
521 ROTTERDAM
522 RUMANIA
523 RUSSIA
524 RUSSIAN FEDERATION
525 RWANDA
526 SAIGON
527 SALVADOR
528 SAMOA
529 SAN ANDRES
530 SAN LUIS POTOSI
531 SAN MARINO
532 SAN SALVADOR
533 SAO TOME ISLAND
534 SAO TOME & PRINCIPE
535 SARAWAK
536 SASKATCHEWAN

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537 SAUDI ARABIA
538 SAXONY
539 SCOTLAND
540 SENEGAL
541 SEOUL
542 SERBIA
543 SEYCHELLES
544 SHANGHAI
545 SHARJAH
546 SIBERIA
547 SICILY
548 SIERRA LEONE
549 SIKKIM
550 SINALOA
551 SINGAPORE
552 SLAVONIA
553 SLOVAK REPUBLIC
554 SLOVAKIA
555 SLOVENIA
556 SOLOMAN ISLANDS
557 SOMALIA
558 SONORA
559 SOUTH AFRICA
560 SOUTH AMERICA
561 SOUTH AUSTRALIA
562 SOUTH KOREA
563 SOUTH VIETNAM
564 SOUTH WALES
565 SOUTH YEMEN
566 SOUTHEAST ASIA
567 SOUTHERN AFRICA
568 SOUTHERN RHODESIA
569 SOVIET UNION
570 SPAIN
571 SPRATLEY ISLANDS
572 SRI LANKA
573 ST BARTHELEMY
574 ST BARTS
575 ST CHRISTOPHER
576 ST CHRISTOPHER-NEVIS
577 ST EUSTATIUS
578 ST HELENA
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

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589 SURINAM
590 SURINAME
591 SVALBARD
592 SWAZILAND
593 SWEDEN
594 SWITZERLAND
595 SYRIA
596 SYRIAN ARAB REP
597 TABASCO
598 TADZHIK
599 TAHITI
600 TAIWAN
601 TAIWAN ROC
602 TAJIKISTAN
603 TAMAULIPAS
604 TANGANYIKA
605 TANGIER
606 TANZANIA
607 TASMANIA
608 THAILAND
609 THANH HOA
610 THE GRENADINES
611 TIBET
612 TIJUANA
613 TLAXCALA
614 TOBAGO
615 TOGO
616 TOGOLAND
617 TOKELAU
618 TONGA
619 TORTOISE ISLANDS
620 TORTOLA
621 TRANSVAAL
622 TRANSYLVANIA
623 TRIESTE
624 TRINIDAD
625 TRINIDAD & TOBAGO
626 TRIPOLI
627 TROMELIN ISLAND
628 TRUK
629 TUNIS
630 TUNISIA
631 TURKEY
632 TURKMENISTAN
633 TURKS & CAICOS IS
634 TURK ISLANDS
635 TUVALU
636 TUY HOA
637 UGANDA
638 UK
639 UKRAINE
640 UKRAINIA

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641 UNION ISLANDS
642 UNION OF SOUTH AFRICA
643 UNION OF SOVIET SOCIALIST REPUBLICS
644 UNITED ARAB EMIRATES
645 UNITED KINGDOM
646 UPPER VOLTA
647 URUGUAY
648 USSR
649 USBEKISTAN
650 VANCOUVER
651 VANUATU
652 VATICAN CITY
653 VENEZUELA
654 VERACRUZ
655 VICTORIA
656 VIETNAM
657 VINH LONG
658 VUNG TAU
659 WALES
660 WALLIS & FUTUNA ISLANDS
661 WEST AFRICA
662 WEST BANK
663 WEST BENGAL
664 WEST INDIES
665 WEST PAKISTAN
666 WESTERN AUSTRALIA
667 WESTERN SAHARA
668 WESTERN SAMOA
669 WHITE RUSSIA
670 WINDWARD ISLANDS
671 WINNIPEG
672 WURZBERG
673 YAP
674 YAR
675 YEMEN
676 YEMEN ARAB REPUBLIC
677 YEREVAN
678 YUCATAN
679 YUGOSLAVIA
680 YUKON TERRITORY
681 ZACATECAS
682 ZADAR
683 ZAIRE
684 ZAMBIA
685 ZANZIBAR
686 ZIMBABWE
687 ZURICH
688 ANDORRA
689 BRITISH INDIAN OCEAN TERRITORY
690 DEUTSCHLAND
691 FRENCH SOUTHERN AND ANTARCTIC LANDS
692 GRENADINES, THE

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693 KOSOVO
 694 MYANMAR
 695 NORTHWEST TERRITORY
 696 NUNAVUT TERRITORY
 996 Country not listed
 997 Refused
 999 Don't know

UniverseText: All persons not born in the United States

SkipInstructions: <60-85> [store "2" in CITIZEN and goto USYR]
 <100-696,996,R,D> [goto USYR]

Question ID: FSD.004_00.000 **Instrument Variable Name:** USYR **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].

In what year did [fill3: you/ALIAS] come to the United States to stay?

1880-Current Year 1880-Current Year
 9997 Refused
 9999 Don't know

UniverseText: All persons not born in the United States

SkipInstructions: <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]
 <R,D> [goto USLONG]

NOTE: The "*Read if necessary...Earlier I recorded..." portion of this question is included for persons with complete date of birth information.

Question ID: FSD.005_00.000 **Instrument Variable Name:** USLONG **QuestionnaireFileName:** Family

QuestionText: About how long [fill1: have you/has ALIAS] been in the United States?

* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.

*Enter '95' for 95 or more years.

*If less than 1 year given as a response, code the answer as '0'.

00-94 00-94 years
 95 95+ years
 97 Refused
 99 Don't know

UniverseText: All persons not born in the United States and refused or don't know was reported for USYR

SkipInstructions: <0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]
 <R,D> [goto CITIZEN]

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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

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Question ID: FSD.010_00.000 **Instrument Variable Name:** EDUC **QuestionnaireFileName:** Family

QuestionText: (book) F21 ?[F1]

What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

* Enter highest level of school completed.

- 00 Never attended/kindergarten only
- 01 1st grade
- 02 2nd grade
- 03 3rd grade
- 04 4th grade
- 05 5th grade
- 06 6th grade
- 07 7th grade
- 08 8th grade
- 09 9th grade
- 10 10th grade
- 11 11th grade
- 12 12th grade, no diploma
- 13 GED or equivalent
- 14 High School Graduate
- 15 Some college, no degree
- 16 Associate degree: occupational, technical, or vocational program
- 17 Associate degree: academic program
- 18 Bachelor's degree (Example: BA, AB, BS, BBA)
- 19 Master's degree (Example: MA, MS, MEng, MEd, MBA)
- 20 Professional School degree (Example: MD, DDS, DVM, JD)
- 21 Doctoral degree (Example: PhD, EdD)
- 96 Child under 5 years old
- 97 Refused
- 99 Don't know

UniverseText: All persons 5 years of age or older

SkipInstructions: repeat for all eligible persons, then goto FMILTRY

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Question ID: FSD.041_00.000 **Instrument Variable Name:** FMILTRY **QuestionnaireFileName:** Family

QuestionText: [fill: 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

UniverseText: All families with persons 18 years of age or older

SkipInstructions: <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]

Question ID: FSD.042_00.000 **Instrument Variable Name:** PMILTRY **QuestionnaireFileName:** Family

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

Who was this?

* Indicate each family member with honorable discharge.

- 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 was honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard

SkipInstructions: goto DOINGLW

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.

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Question ID: FSD.050_00.000 **Instrument Variable Name:** DOINGLW **QuestionnaireFileName:** Family

QuestionText: (book) F22 ? [F1]

The next few questions are about employment status.

Which of the following [fill: were you/was ALIAS] doing last week?

* Read answer categories.

- 1 Working for pay at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Working, but not for pay, at a family-owned job or business
- 5 Not working at a job or business and not looking for work
- 7 Refused
- 9 Don't know

UniverseText: All persons 18 years of age or older

SkipInstructions: <1,4> [goto WRKHRS]
<2,5> [goto WHYNOWRK]
<3,R,D> [goto WRKLYR]

NOTE: A flashcard was added to this question in quarter 3 of 2005.

Question ID: FSD.060_00.000 **Instrument Variable Name:** WHYNOWRK **QuestionnaireFileName:** Family

QuestionText: ?[F1]

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

- 01 Taking care of house or family
- 02 Going to school
- 03 Retired
- 04 On a planned vacation from work
- 05 On family or maternity leave
- 06 Temporarily unable to work for health reasons
- 07 Have job/contract and off-season
- 08 On layoff
- 09 Disabled
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work

SkipInstructions: <1-3,8-10,R,D> [goto WRKLYR]
<4-7> [goto WRKHRS]

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Question ID: FSD.070_00.000 **Instrument Variable Name:** WRKHRS1 **QuestionnaireFileName:** Family

QuestionText: ?[F1]

How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?

001-168 1-168 hours
997 Refused
999 Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season

SkipInstructions: <1-34,R,D> [goto WRKFTALL]
<35-94> [goto WRKLYR]
<95-168> [goto ERR1_WRKHRS]

Question ID: FSD.080_00.000 **Instrument Variable Name:** WRKFTALL **QuestionnaireFileName:** Family

QuestionText: ?[F1]

[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

SkipInstructions: [goto WRKLYR]

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

Question ID: FSD.100_00.000 **Instrument Variable Name:** WRKLYR **QuestionnaireFileName:** Family

QuestionText: ?[F1]

Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older

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

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Question ID: FSD.110_00.000 **Instrument Variable Name:** WRKMYR **QuestionnaireFileName:** Family

QuestionText: How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

* If less than one month, enter '1'.

01	1 month or less
02-12	2-12 months
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto ERNYR

Question ID: FSD.120_00.000 **Instrument Variable Name:** ERNYR **QuestionnaireFileName:** Family

QuestionText: ?[F1]

What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

Include hourly wages, salaries, tips and commissions.

* Enter '999,995' if the reported income is greater than \$999,995.

000001-999994	\$1-\$999,994
999995	\$999,995+
999997	Refused
999999	Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto HIEMPOF

Question ID: FSD.130_00.000 **Instrument Variable Name:** HIEMPOF **QuestionnaireFileName:** Family

QuestionText: Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

SkipInstructions: goto INTROINC

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.

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Question ID: FIN.010_00.000 **Instrument Variable Name:** FINCINT **QuestionnaireFileName:** Family

QuestionText: * Read the following.

The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

1 Enter 1 to continue

UniverseText: All families

SkipInstructions: goto FSAL

Question ID: FIN.030_00.000 **Instrument Variable Name:** FSAL **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).

Did any family members 18 and older, that is * Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

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

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

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

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Question ID: FIN.040_00.000 **Instrument Variable Name:** PSAL **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year

SkipInstructions: goto FSEINC

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

Question ID: FIN.050_00.000 **Instrument Variable Name:** FSEINC **QuestionnaireFileName:** Family

QuestionText: [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is

*Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]

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

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

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

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Question ID: FIN.080_00.000 **Instrument Variable Name:** PSSRR **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

UniverseText: All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

SkipInstructions: goto FSSRRD

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

Question ID: FIN.082_00.000 **Instrument Variable Name:** FSSRRD **QuestionnaireFileName:** Family

QuestionText: Was [fill: your/any family member's *Read names

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

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

UniverseText: All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

SkipInstructions: <1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]
<2,R,D> [goto FPENS]

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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]

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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 FOPENSNOTE: 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 FSSINOTE: 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.

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Question ID: FIN.110_00.000 **Instrument Variable Name:** FSSI **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

Did [fill: you/any family members] receive Supplemental Security Income (SSI)?

* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month.

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

UniverseText: All families**SkipInstructions:** <1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]
<2,R,D> [goto FTANF]

Question ID: FIN.120_00.000 **Instrument Variable Name:** PSSI **QuestionnaireFileName:** Family**QuestionText:** *Ask or verify. Enter applicable line number(s), separate with commas.Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

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

UniverseText: All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year**SkipInstructions:** goto PSSID

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

Question ID: FIN.122_00.000 **Instrument Variable Name:** PSSI **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

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Family Income

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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.

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

UniverseText: All families

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

Question ID: FIN.160_00.000 **Instrument Variable Name:** PTANF **QuestionnaireFileName:** Family

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

Who in the family received this?
 (Anyone else?)

*Indicate each family member with this income.

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

UniverseText: All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year

SkipInstructions: goto FOWBEN

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

Question ID: FIN.164_00.000 **Instrument Variable Name:** FOWBEN **QuestionnaireFileName:** Family

QuestionText: At any time during [fill1: last calendar year in 4-digit format], did [fill2: you/any family members living here] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

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

UniverseText: All families

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

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Question ID: FIN.166_00.000 **Instrument Variable Name:** POWBEN **QuestionnaireFileName:** Family**QuestionText:** * Ask or verify. Enter applicable line number(s), separate with commas.Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

UniverseText: All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year**SkipInstructions:** goto FINTRSTNOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.170_00.000 **Instrument Variable Name:** FINTRST **QuestionnaireFileName:** Family**QuestionText:** Did [fill: you/any family members living here] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

* Do not include dividends

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

UniverseText: All families**SkipInstructions:** <1> [if a single-person family, store the person number in PINTRST and goto FDIVD; else, goto PINTRST]
<2,R,D> [goto FDIVD]

Question ID: FIN.180_00.000 **Instrument Variable Name:** PINTRST **QuestionnaireFileName:** Family**QuestionText:** *Ask or verify. Enter applicable line number(s), separate with commas.Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

UniverseText: All families with two or more persons and at least one received interest income in the last calendar year**SkipInstructions:** goto FDIVDNOTE: 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.

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Question ID: FIN.190_00.000 **Instrument Variable Name:** FDIVD **QuestionnaireFileName:** Family**QuestionText:** Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

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

UniverseText: All families**SkipInstructions:** <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD]
<2,R,D> [goto FCHLDSP]

Question ID: FIN.200_00.000 **Instrument Variable Name:** PDIVD **QuestionnaireFileName:** Family**QuestionText:** * Ask or verify. Enter applicable line number(s). Separate with commas.Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

UniverseText: All families with two or more persons and at least one received dividend or net rental income in the last calendar year**SkipInstructions:** goto FCHLDSP

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

Question ID: FIN.210_00.000 **Instrument Variable Name:** FCHLDSP **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

Did [fill: you/any family members living here] receive income from child support?

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

UniverseText: All families**SkipInstructions:** <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP]
<2,R,D> [goto FINCOT]

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Question ID: FIN.220_00.000 **Instrument Variable Name:** PCHLDSP **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

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

UniverseText: All families with two or more persons and at least received income from child support in the last calendar year

SkipInstructions: goto FINCOT

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

Question ID: FIN.230_00.000 **Instrument Variable Name:** FINCOT **QuestionnaireFileName:** Family

QuestionText: Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

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

UniverseText: All families

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

Question ID: FIN.240_00.000 **Instrument Variable Name:** PINCOT **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income

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

UniverseText: All families with two or more persons and at least one received some "other" source of income in the last calendar year

SkipInstructions: goto FINCTOT

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

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Question ID: FIN.250_00.000 **Instrument Variable Name:** FINCTOT **QuestionnaireFileName:** Family**QuestionText:** [fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]

What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]?

* Enter '999,995' if the reported income is greater than \$999,995.

000000-999994	\$0-\$999,994
999995	\$999,995+
999997	Refused
999999	Don't know

UniverseText: All families**SkipInstructions:**
<0-999> goto ERR1_FINCTOT
<1000-250000> goto HOUSEOWN
<250001-999995> goto ERR2_FINCTOT
<D,R> goto FINC50

Question ID: FIN.255_00.000 **Instrument Variable Name:** FINC50 **QuestionnaireFileName:** Family**QuestionText:** Was your total [fill: family] income from all sources less than \$50,000 or \$50,000 or more?

1	Less than \$50,000
2	\$50,000 or more
7	Refused
9	Don't know

UniverseText: Respondents who don't know or refuse their income**SkipInstructions:**
<1> [goto FINC35]
<2> [goto FINC100]
<R,D> [HOUSEOWN]

Question ID: FIN.260_00.000 **Instrument Variable Name:** FINC35 **QuestionnaireFileName:** Family**QuestionText:** Was your total [fill: family] income from all sources less than \$35,000 or \$35,000 or more?

1	Less than \$35,000
2	\$35,000 or more
7	Refused
9	Don't know

UniverseText: The respondent answered Less than \$50,000**SkipInstructions:**
<1> [goto FINCPOV]
<2,R,D> [goto HOUSEOWN]

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Family IncomeDocument Version Date: 28-May-08

Question ID: FIN.265_00.000 **Instrument Variable Name:** FINCPOV **QuestionnaireFileName:** Family**QuestionText:** Was your total [fill1: family] income from all sources less than [fill2: fill based on poverty threshold] or [fill2: fill based on poverty threshold] or more?

- 1 Less than [\$9,500/\$12,000/\$15,000/\$19,000/\$22,500/\$25,500/\$29,000]
- 2 [\$9,500/\$12,000/\$15,000/\$19,000/\$22,500/\$25,500/\$29,000] or more
- 7 Refused
- 9 Don't know

UniverseText: The respondent answered Less than \$35,000**SkipInstructions:** <1,2,R,D> [HOUSEOWN]

Question ID: FIN.270_00.000 **Instrument Variable Name:** FINC100 **QuestionnaireFileName:** Family**QuestionText:** Was your total [fill: family] income from all sources less than \$100,000 or \$100,000 or more?

- 1 Less than \$100,000
- 2 \$100,000 or more
- 7 Refused
- 9 Don't know

UniverseText: The respondent answered More than \$50,000**SkipInstructions:** <1> [goto FINC75] <2,R,D> [goto HOUSEOWN]

Question ID: FIN.275_00.000 **Instrument Variable Name:** FINC75 **QuestionnaireFileName:** Family**QuestionText:** Was your total [fill: family] income from all sources less than \$75,000 or \$75,000 or more?

- 1 Less than \$75,000
- 2 \$75,000 or more
- 7 Refused
- 9 Don't know

UniverseText: The respondent answered Less than \$100,000**SkipInstructions:** <1,2,R,D> [goto HOUSEOWN]

Question ID: FIN.280_00.000 **Instrument Variable Name:** HOUSEOWN **QuestionnaireFileName:** Family**QuestionText:** Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?

- 1 Owned or being bought
- 2 Rented
- 3 Other arrangement
- 7 Refused
- 9 Don't know

UniverseText: All families**SkipInstructions:** <1,3,R,D> [goto FSSAPL]
<2> [goto FGAH]

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Question ID: FIN.282_00.000 **Instrument Variable Name:** FGAH **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

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

UniverseText: All families that rent their house/apartment**SkipInstructions:** goto FSSAPL

Question ID: FIN.300_00.000 **Instrument Variable Name:** FSSAPL **QuestionnaireFileName:** Family**QuestionText:** [fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]

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

UniverseText: All families**SkipInstructions:** <1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]
<2,R,D> [goto FSDAPL]

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 FSDAPLNOTE: 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.

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Family Income

Document Version Date: 28-May-08

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.

Question ID: FIN.350_00.000 **Instrument Variable Name:** TANFMYR **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?

*Enter '1' if less than one month.

- 01-12 1-12 months
- 97 Refused
- 99 Don't know

UniverseText: All persons who received cash assistance from public assistance programs in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FFSTIP

2007 NHIS Questionnaire - Family
Family Income

Document Version Date: 28-May-08

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.

- 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 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.

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

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.

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

- 01-12 1-12 months
- 97 Refused
- 99 Don't know

UniverseText: All persons authorized to receive food stamps in the last calendar year

SkipInstructions: goto FINWIC

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Question ID: FIN.384_00.000 **Instrument Variable Name:** FINWIC **QuestionnaireFileName:** Family

QuestionText: ? [F1]

At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

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

UniverseText: All families with females 12-55 years of age or children 0-5 years of age

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

Question ID: FIN.385_00.000 **Instrument Variable Name:** PWIC **QuestionnaireFileName:** Family

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

Who in the family received this?
(Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

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

UniverseText: All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

SkipInstructions: goto FMSSN

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