2007 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 27-May-08

Question ID: AID.005_00.000  Instrument Variable Name: SADULT  QuestionnaireFileName: Sample Adult

QuestionText: * The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

1 Available
2 Not available
3 Physical or mental condition prohibits responding
7 Refused

UniverseText: This is the Sample Adult and (the Sample Adult section has not been started or completed).

SkipInstructions: <1> if Sample Adult = demographics.hhc.RELRESP_A
goto beginning of adult.asd
elseif Sample Adult = demographics.hhc.HHRESP
goto beginning of adult.asd
else
goto AIDVERF_S
endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
if recontact.RCIFLAG ne '1'
goto recontact.RCI_BEGIN procedure
else
goto back.OUTCOMEB1 procedure
endif

Question ID: AID.010_00.000  Instrument Variable Name: PROX1  QuestionnaireFileName: Sample Adult

QuestionText: * Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

1 Yes
2 No

UniverseText: The Sample Adult's physical or mental condition prohibits responding.

SkipInstructions: <1> goto PROX2
<2> goto PROX3
What is this person's relationship to [fill: ALIAS of Sample Adult]?

1 Relative who lives in household
2 Relative who doesn't live in household
3 Other caregiver
4 Other
7 Refused
9 Don't know

Knowledgeable proxy is available.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]’s health be arranged?

1 Yes
2 No

Knowledgeable proxy is not available.

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

* If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes
2 No

Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

* Ask if necessary.
2007 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 27-May-08

Question ID: AID.040_00.000  Instrument Variable Name: AIDSEX  QuestionnaireFileName: Sample Adult

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

Are you Male or Female?

1  Male
2  Female

UniverseText: Respondent said his/her sex is not correct.

SkipInstructions: <1,2> store AIDSEX in SEX
goto ERR_AIDSEX
reset AIDVERF_S
goto AIDVERF_S

Question ID: AID.045_00.000  Instrument Variable Name: AIDVERF_A  QuestionnaireFileName: Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes
2  No

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

SkipInstructions: <1> goto AIDVERF_D
<2> goto AIDAGE

Question ID: AID.050_00.000  Instrument Variable Name: AIDAGE  QuestionnaireFileName: Sample Adult

QuestionText: How old are you?

000-120 Age in years
997 Refused
999 Don't know

UniverseText: Respondent said his/her age is not correct

SkipInstructions: <0-120, Refused, Don't know>
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
reset AIDVERF_A
goto ERR_AIDAGE
else
store AIDAGE in AGE
goto AIDDDOB_M
* Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes
2  No

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

SkipInstructions: <1> if AGE of Sample Adult le '17
go to NO_MORE
else
go to beginning of adult.asd
endif
<2> goto AIDDOB_M

* Enter month of birth.

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

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D
**2007 NHIS Questionnaire - Sample Adult**

**Adult Identification**

Document Version Date: 27-May-08

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**Question ID:** AID.060_02.000  
**Instrument Variable Name:** AIDDOB_D  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 3  
*Enter day of birth.

| 01-31 | Day of the month |
| 97    | Refused         |
| 99    | Don't know      |

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**

\(<01-31,Refused,Don't know>\) goto AIDDOB_Y  

If days not valid, goto ERR_AIDDOB_D

---

**Question ID:** AID.060_03.000  
**Instrument Variable Name:** AIDDOB_Y  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

3 of 3  
*Enter year of birth.

| 1880-2020 | Year of Birth |

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**

\(<1880-2020,\text{Refused,Don't know}>\) if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty  

goto AIDVERF_A  

elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty  

goto AIDVERF_D  
endif  

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)  
goto ERR1_AIDDOB_Y  
endif  

(if birth month = '02' and birth day = '29' and this is not a leap year)  
goto ERR2_AIDDOB_Y  
endif  

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')  
goto ERR3_AIDDOB_Y  
else  
store AIDDOB_M in DOBM  
store AIDDOB_D in DOBD  
store AIDDOB_Y in DOBY  
if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty  

goto AIDVERF_A  
elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty  

goto AIDVERF_D  
endif  
endif  

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid  
reset AIDVERF_A or AIDVERF_D.  
goto ERR4_AIDDOB_Y  
endif
Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

1  Yes
2  No
7  Refused
9  Don't know

What is your correct working status?

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

Sample adults 18+ whose reported working status in the Family section was incorrect or sample adults who were not the Family Respondent and had answers of Refused of Don't know to the working status question from the family section
**Corrected Employment Status Last Week**

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
6. Refused
7. Don't know

**Main Reason for Not Working 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:** Sample adults 18+ who verified or corrected their reported working status from the family section, or who were the Family Respondent and answered Refused or Don't know to the working status question from the family section.

**SkipInstructions:**

If DOINGLW2 = R,D goto EVERWRK
endif

**Main Reason for Not Having a Job Last Week**

<1-10,R,D> if WRKCOR = 2 goto HOWWK
else goto EVERWRK
2007 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 27-May-08

Question ID: ASD.066_00.000 Instrument Variable Name: EVERWRK QuestionnaireFileName: Sample Adult

QuestionText: Have you ever held a job or worked at a business?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn't know or refused to provide their employment status last week

SkipInstructions: <1> [go to WHOWRK]
<2,R,D> [go to next section]

Question ID: ASD.070_00.000 Instrument Variable Name: WHOWRK QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]
[If DOINGLW2 eq <1,2,4>, display]For whom did you work at your MAIN job or business? (Name of company, business, organization or employer) [Else if EVERWRK eq <1> and WHYNOWK2 = 03 or AGE ge 65]Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer) [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization, or employer)

Verbatim Verbatim Response
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,R,D> [goto KINDIND]

Question ID: ASD.080_00.000 Instrument Variable Name: KINDIND QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]
What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

Verbatim Verbatim Response
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,R,D> [goto KINDWRK]
<table>
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<tr>
<th>Question ID:</th>
<th>ASD.090_00.000</th>
<th>Instrument Variable Name:</th>
<th>KINDWRK</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)</td>
<td>Verbatim</td>
<td>Verbatim Response</td>
<td>7 Refused 9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td>SkipInstructions:</td>
<td>&lt;90 char long,R,D&gt; [goto IMPACT]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Question ID:</th>
<th>ASD.100_00.000</th>
<th>Instrument Variable Name:</th>
<th>IMPACT</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)</td>
<td>Verbatim</td>
<td>Verbatim Response</td>
<td>7 Refused 9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td>SkipInstructions:</td>
<td>&lt;90 char long,R,D&gt; [goto WRKCAT]</td>
<td></td>
<td></td>
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<tr>
<th>Question ID:</th>
<th>ASD.110_00.000</th>
<th>Instrument Variable Name:</th>
<th>WRKCAT</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) A2 ? [F1]</td>
<td>[If DOINGLW2 eq &lt;1,2,4&gt;] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq &lt;1&gt; and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?][Else if EVERWRK eq &lt;1&gt; and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently? * Read answer choices if necessary.</td>
<td>1 Employee of a PRIVATE company for wages 2 A FEDERAL government employee 3 A STATE government employee 4 A LOCAL government employee 5 Self-employed in OWN business, professional practice or farm 6 Working WITHOUT PAY in a family-owned business or farm 7 Refused 9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td>SkipInstructions:</td>
<td>&lt;1-4,6,R,D&gt; [goto LOCALLNO] &lt;5&gt; [goto BUSINC]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is this business incorporated?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who are self-employed

<1,2,R,D> [goto LOCALNO]

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

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

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

01  1-9 employees
02  10-24 employees
03  25-49 employees
04  50-99 employees
05  100-249 employees
06  250-499 employees
07  500-999 employees
08  1000 employees or more
97  Refused
99  Don't know

Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

<1-8,R,D> [goto WRKLONGN]
### Question ID: ASD.140_01.000  Instrument Variable Name: WRKLONGN  QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

<table>
<thead>
<tr>
<th>001-365</th>
<th>1-365</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:**

<1-365> [goto WRKLONGT]
<1-4> [goto WRKLONGH]

### Question ID: ASD.140_02.000  Instrument Variable Name: WRKLONGT  QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

* Enter time period.

| 1 | Day(s) |
| 2 | Week(s) |
| 3 | Month(s) |
| 4 | Year(s) |

**UniverseText:**

Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN

**SkipInstructions:**

<1-4> [goto WRKLONGH]

### Question ID: ASD.146_00.000  Instrument Variable Name: WRKLONGH  QuestionnaireFileName: Sample Adult

**QuestionText:**

? [F1]

[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

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

**UniverseText:**

Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

**SkipInstructions:**

<1,2,R,D> [goto HOURPD]
2007 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic

Question ID: ASD.150_00.000  Instrument Variable Name: HOURPD  QuestionnaireFileName: Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

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

Question ID: ASD.160_00.000  Instrument Variable Name: PDSICK  QuestionnaireFileName: Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,R,D> if DOINGLW2 = 1,2,4 then [goto ONEJOB]; else [goto next section]

Question ID: ASD.170_00.000  Instrument Variable Name: ONEJOB  QuestionnaireFileName: Sample Adult

QuestionText: Do you have more than one job or business?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business

SkipInstructions: <1,2,R,D> [goto next section]
### 2007 NHIS Questionnaire - Sample Adult
#### Adult Conditions

**Document Version Date:** 27-May-08

**Question ID:** ACN.010_00.000  **Instrument Variable Name:** HYPEV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

Now I am going to ask you about certain medical conditions. Have you EVER been told by a doctor or other health professional that you had...

**... Hypertension, also called high blood pressure?**

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.020_00.000  **Instrument Variable Name:** HYPDIFV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who were told they had hypertension

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

---

**Question ID:** ACN.020_00.010  **Instrument Variable Name:** HYPYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have ever had hypertension

**SkipInstructions:** <1,2,R,D> [goto CHDEV]
Question ID: ACN.031_01.000  Instrument Variable Name: CHDEV  QuestionnaireFileName: Sample Adult

**QuestionText:**

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

... Coronary heart disease?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:**
Sample adults 18+

**SkipInstructions:**

<1> [goto CHDYR] <2,R,D> [goto ANGEV]

---

Question ID: ACN.031_01.010  Instrument Variable Name: CHDYR  QuestionnaireFileName: Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS have you had

... Coronary heart disease?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:**

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

---

Question ID: ACN.031_02.000  Instrument Variable Name: ANGEV  QuestionnaireFileName: Sample Adult

**QuestionText:**

* Read lead-in if necessary:

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

... Angina, also called angina pectoris?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:**
Sample adults 18+

**SkipInstructions:**

<1> [goto ANGYR] <2,R,D> [goto MIEV]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

**Question ID:** ACN.031_02.020  **Instrument Variable Name:** ANGYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
DURING THE PAST 12 MONTHS have you had...'Angina, also called angina pectoris?

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

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

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

---

**Question ID:** ACN.031_03.000  **Instrument Variable Name:** MIEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
* Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had...
A heart attack (also called myocardial infarction)?

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.031_03.030  **Instrument Variable Name:** MIEYVR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
DURING THE PAST 12 MONTHS have you had...
A heart attack (also called myocardial infarction)?

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

**UniverseText:** Sample adults 18+ who were ever told they had a heart attack

**SkipInstructions:** <1,2,R,D> [goto HRTEV]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 27-May-08

---

**Question ID:** ACN.031_04.000  
**Instrument Variable Name:** HRTEV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Read lead-in if necessary:  

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

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.031_04.040  
**Instrument Variable Name:** HRTYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  

DURING THE PAST 12 MONTHS have you had  

... Any kind of heart condition or heart disease (other than the ones I just asked about)?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who were ever told they had any other kind of heart condition

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

---

**Question ID:** ACN.031_05.000  
**Instrument Variable Name:** STREV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Read lead-in if necessary:  

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

...A stroke?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto STRYR] <2,R,D> [goto EPHEV]
**Adult Conditions**

**2007 NHIS Questionnaire - Sample Adult**

**Document Version Date:** 27-May-08

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<tr>
<th>Question ID: ACN.031_05.050</th>
<th>Instrument Variable Name: STRYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS have you had ... A stroke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who were ever told they had a stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,2,R,D&gt; [goto EPHEV]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: ACN.031_06.000</th>
<th>Instrument Variable Name: EPHEV</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> * Read lead-in if necessary: Have you EVER been told by a doctor or other health professional that you had ... Emphysema?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1&gt; [goto EPHYR] &lt;2,R,D&gt; [goto AASMEV]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: ACN.031_06.060</th>
<th>Instrument Variable Name: EPHYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS have you had ... Emphysema?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who were ever told they had emphysema</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,2,R,D&gt; [goto AASMEV]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: ACN.080_00.000
**Instrument Variable Name:** AASMEV  
**QuestionnaireFileName:** Sample Adult

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

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

**UniverseText:** Sample adults 18+

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

### Question ID: ACN.085_00.000
**Instrument Variable Name:** AASSTILL  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you still have asthma?

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

**UniverseText:** Sample adults 18+ who were ever told they have asthma

**SkipInstructions:** <1,2,R,D> [go to AASMYR]

### Question ID: ACN.090_00.000
**Instrument Variable Name:** AASMYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

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

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

**SkipInstructions:** <1> [goto AASMYR]  
<2,R,D> [go to ULCEV]

### Question ID: ACN.100_00.000
**Instrument Variable Name:** AASMERYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

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

**UniverseText:** Sample adults 18+ with asthma episode/attack in past 12 months

**SkipInstructions:** <1,2,R,D> [goto ULCEV]
Have you EVER been told by a doctor or other health professional that you had...

...An ulcer? This could be a stomach, duodenal or peptic ulcer.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS have you had an ulcer?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who were ever told they had an ulcer

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

...High cholesterol?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

<1> [goto ULCYR]  
<2,R,D> [goto CHLEV]  
<1,2,R,D> [goto CHLYR]  
<2,R,D> [goto GUMDISEV]
### Question ID: ACN.121_01.015

**Instrument Variable Name:** CHLYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had ...High cholesterol?  

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

**UniverseText:** Sample adults 18+ who were ever told they had high cholesterol

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

### Question ID: ACN.121_02.020

**Instrument Variable Name:** GUMDISEV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

Have you EVER been told by a doctor or other health professional that you had ...Gum disease?  

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

**UniverseText:** Sample adults 18+

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

### Question ID: ACN.121_02.025

**Instrument Variable Name:** GUMDISYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had ...Gum disease?  

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

**UniverseText:** Sample adults 18+ who were ever told they had gum disease

**SkipInstructions:** <1,2,R,D> [goto PHOBIAEV]
**Question ID:** ACN.121_03.030  **Instrument Variable Name:** PHOBIAEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had...Phobia or fears?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.121_03.035  **Instrument Variable Name:** PHOBIAYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had...Phobia or fears?

1 Yes  
2 No  
7 Refused  
9 Don't know

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

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

---

**Question ID:** ACN.121_04.040  **Instrument Variable Name:** AFLUPNEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had...Influenza or pneumonia?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AFLUPNYR]  
<2, R, D> [goto PRCIREV]
Adult Conditions

Question ID: ACN.121_04.045  Instrument Variable Name: AFLUPNYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Influenza or pneumonia?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ACN.121_05.050  Instrument Variable Name: PRCIREV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

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

...Poor circulation in your legs?

*Include peripheral vascular disease, Intermittent Claudication or cramping.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.121_05.055  Instrument Variable Name: PRCIRYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Poor circulation in your legs?

*Include peripheral vascular disease, Intermittent Claudication or cramping.

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> [goto UREV]
**Have you EVER been told by a doctor or other health professional that you had ...Urinary problems such as incontinence, frequent or slow urination or infections?**

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

**DURING THE PAST 12 MONTHS have you had ...Urinary problems such as incontinence, frequent or slow urination or infections?**

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

**Have you EVER been told by a doctor or other health professional that you had ...Attention Deficit Disorder or Hyperactivity?**

1. Yes
2. No
7. Refused
9. Don't know
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.123_02.020</th>
<th>Instrument Variable Name:</th>
<th>AUTISM</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary. <strong>Have you EVER been told by a doctor or other health professional that you had Autistic Disorder?</strong></td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto BIPDIS]</td>
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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.123_03.030</th>
<th>Instrument Variable Name:</th>
<th>BIPDIS</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary. <strong>Have you EVER been told by a doctor or other health professional that you had Bipolar Disorder?</strong></td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto DEMENTIA]</td>
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</table>

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<thead>
<tr>
<th>Question ID:</th>
<th>ACN.123_04.040</th>
<th>Instrument Variable Name:</th>
<th>DEMENTIA</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary. <strong>Have you EVER been told by a doctor or other health professional that you had Dementia, including Alzheimer's disease?</strong></td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto MANIAPSY]</td>
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<td></td>
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</tbody>
</table>
**Question ID:** ACN.123_05.050  **Instrument Variable Name:** MANIAPSY  **QuestionnaireFileName:** Sample Adult

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

...Mania or psychosis?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.123_06.060  **Instrument Variable Name:** SCHIZPHN  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

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

...Schizophrenia?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.123_07.070  **Instrument Variable Name:** SEIZURES  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

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

...Seizures?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BOWLEV]
Have you EVER been told by a doctor or other health professional that you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, have you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

1 Yes
2 No
7 Refused
9 Don't know

Which of these did you have in the past 12 months?

*Enter all that apply, separate with commas.

1 Inflammatory bowel disease
2 Irritable bowel
3 Constipation severe enough to require medication
7 Refused
9 Don't know
### Questionnaire: Adult Conditions

**Document Version Date:**  27-May-08

**Question ID:** ACN.126_00.010  **Instrument Variable Name:** ACIDRYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**
DURING THE PAST 12 MONTHS, have you had

...Problems with acid reflux or heartburn?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D,> [goto HACHEYR]

---

**Question ID:** ACN.126_00.020  **Instrument Variable Name:** HACHEYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**
*Read if necessary.  

DURING THE PAST 12 MONTHS, have you had

...Regular headaches?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D,> [goto MEMLOSYR]

---

**Question ID:** ACN.126_00.030  **Instrument Variable Name:** MEMLOSYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**
*Read if necessary.

DURING THE PAST 12 MONTHS, have you had

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

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D,> [goto SPNYR]
Question ID: ACN.126_00.040  Instrument Variable Name: SPNYR  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Any severe sprains or strains?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.126_00.050  Instrument Variable Name: DENYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had

...Dental pain?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.126_00.060  Instrument Variable Name: ALCTOBYR  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Excessive use of alcohol or tobacco?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D,> [goto SUBABYR]
Question ID: ACN.126_00.070  Instrument Variable Name: SUBABYR  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had
...Substance abuse, other than alcohol or tobacco?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.126_00.080  Instrument Variable Name: SKNYR  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had
...Skin problems?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.128_00.010  Instrument Variable Name: INSYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you
...Regularly had insomnia or trouble sleeping?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D,> [goto FATYR]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 27-May-08

---

**Question ID:** ACN.128_00.020  **Instrument Variable Name:** FATYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.
DURING THE PAST 12 MONTHS, have you

...Regularly had excessive sleepiness during the day?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.128_00.030  **Instrument Variable Name:** DEPYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.
DURING THE PAST 12 MONTHS, have you

...Been frequently depressed?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.128_00.040  **Instrument Variable Name:** ANXYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.
DURING THE PAST 12 MONTHS, have you

...Been frequently anxious?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D,> [goto CANEV]
Have you EVER been told by a doctor or other health professional that you had Cancer or a malignancy of any kind?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
What kind of cancer was it?

* Enter code for the first kind of cancer.

01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat - pharynx
28 Thyroid
29 Uterus
30 Other
97 Refused
99 Don't know

Sample adults 18+ who were ever told they had cancer

<1-30,R,D>[goto CANAGE_1]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_1

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_1
* Enter code for the second kind of cancer.

* Enter '96' for no more.

01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat - pharynx
28 Thyroid
29 Uterus
30 Other
96 No more
97 Refused
99 Don't know

Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

<1-30,R,D>[goto CANAGE_2]
<96> goto DIBEV

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_2

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_2
**Question ID:** ACN.140_00.003  **Instrument Variable Name:** CANKIND_3  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Enter code for the third kind of cancer.

* Enter ‘96’ for no more.

01  Bladder
02  Blood
03  Bone
04  Brain
05  Breast
06  Cervix
07  Colon
08  Esophagus
09  Gallbladder
10  Kidney
11  Larynx-windpipe
12  Leukemia
13  Liver
14  Lung
15  Lymphoma
16  Melanoma
17  Mouth/tongue/lip
18  Ovary
19  Pancreas
20  Prostate
21  Rectum
22  Skin (non-melanoma)
23  Skin (DK what kind)
24  Soft tissue (muscle or fat)
25  Stomach
26  Testis
27  Throat - pharynx
28  Thyroid
29  Uterus
30  Other
96  No more
97  Refused
99  Don't know

**UniverseText:**
Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

**SkipInstructions:**

<1-30,R,D>[goto CANAGE_3]
<96>[goto DIBEV]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_3

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_3
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.140_00.004</th>
<th>Instrument Variable Name:</th>
<th>CANKIND_4</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Enter '95' if respondent offers more than 3 kinds of cancer. &lt;br&gt; * Enter '96' for no more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than three kinds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;95,96&gt; [goto DIBEV]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.150_00.001</th>
<th>Instrument Variable Name:</th>
<th>CANAGE_1</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>How old were you when [fill: CANKIND_1 /this cancer] was first diagnosed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-100 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who were ever told they had cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-100, D&gt; [goto CANKIND_2] &lt;R&gt; and &lt;R&gt; at CANKIND_1 [goto DIBEV] &lt;R&gt; and CANKIND_1 NE &lt;R&gt; [goto CANKIND_2]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If number in CANAGE_1 greater than person years old (AGE) goto ERR_ CANAGE_1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.150_00.002</th>
<th>Instrument Variable Name:</th>
<th>CANAGE_2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>How old were you when [fill: CANKIND_2 /this cancer] was first diagnosed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-100 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who were ever told they had cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-100, D&gt; [goto CANKIND_3] &lt;R&gt; and &lt;R&gt; at CANKIND_2 [goto DIBEV] &lt;R&gt; and CANKIND_2 NE &lt;R&gt; [goto CANKIND_3]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If number in CANAGE_2 greater than person years old (AGE) goto ERR_ CANAGE_2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: ACN.150_00.003  Instrument Variable Name: CANAGE_3  QuestionnaireFileName: Sample Adult

**QuestionText:** How old were you when [fill: CANKIND_3/this cancer] was first diagnosed?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-100</td>
<td>1-100 years</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**Skip Instructions:**
- `<1-100, D>` [goto CANKIND_4]
- `<R>` and `<R>` at CANKIND_3 [goto DIBEV]
- `<R>` and CANKIND_3 NE `<R>` [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) goto ERR_CANAGE_3

### Question ID: ACN.160_00.000  Instrument Variable Name: DIBEV  QuestionnaireFileName: Sample Adult

**QuestionText:** [fill: Other than during pregnancy, have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?/Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?]

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Borderline</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**Skip Instructions:**
- `<1>` [goto DIBAGE]
- `<2,R,D>` [goto DIBPRE1]
- `<3>` [goto INSLN]

### Question ID: ACN.165_00.000  Instrument Variable Name: DIBPRE1  QuestionnaireFileName: Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

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

**UniverseText:** Sample adults 18+ who were never told they had diabetes, or who refused or said don’t know to having been told they had diabetes

**Skip Instructions:**
- `<1>` [goto INSLN]
- `<2,R,D>` [goto AHAYFYR]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 27-May-08

---

**Question ID:** ACN.170_00.000  **Instrument Variable Name:** DIBAGE  **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes?

- **01-84**: 1-84 years
- **85**: 85+ years
- **97**: Refused
- **99**: Don't know

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

**SkipInstructions:** <1-100 R,D> [goto INSLN]

---

**Question ID:** ACN.180_00.000  **Instrument Variable Name:** INSLN  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking insulin?

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

**UniverseText:** Sample adults 18+ who were ever told they had diabetes or prediabetic condition (other than during pregnancy)

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

---

**Question ID:** ACN.190_00.000  **Instrument Variable Name:** DIBPILL  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

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

**UniverseText:** Sample adults 18+ who were ever told they had diabetes or prediabetic condition (other than during pregnancy)

**SkipInstructions:** <1,2,R,D> else goto AHAYFYR

---

**Question ID:** ACN.201_01.000  **Instrument Variable Name:** AHAYFYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...

...Hay fever?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SINYR]
**2007 NHIS Questionnaire - Sample Adult**  
**Adult Conditions**  
**Document Version Date:** 27-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.201_02.000</th>
<th>Instrument Variable Name:</th>
<th>SINYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read lead-in if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...Sinusitis?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D&gt; [goto CBRCHYR]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.201_03.000</th>
<th>Instrument Variable Name:</th>
<th>CBCHYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read lead-in if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...Chronic bronchitis?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D&gt; [goto KIDWKYR]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.201_04.000</th>
<th>Instrument Variable Name:</th>
<th>KIDWKYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read lead-in if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D&gt; [goto LIVYR]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.201_05.000  Instrument Variable Name: LIVYR  QuestionnaireFileName: Sample Adult

QuestionText: * Read lead-in if necessary:
DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had
......Any kind of liver condition?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.250_00.000  Instrument Variable Name: JNTSYMP  QuestionnaireFileName: Sample Adult

QuestionText: The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto JMTHP]  
<2,R,D> [goto ARTH]
**Question ID:** ACN.260_00.000  **Instrument Variable Name:** JMTHP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A4

Which joints are affected?

* Enter all that apply, separate with commas.

01 Shoulder-right
02 Shoulder-left
03 Elbow-right
04 Elbow-left
05 Hip-right
06 Hip-left
07 Wrist-right
08 Wrist-left
09 Knee-right
10 Knee-left
11 Ankle-right
12 Ankle-left
13 Toes-right
14 Toes-left
15 Fingers/thumb-right
16 Fingers/thumb-left
17 Other joint not listed
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who had joint pain in the past 30 days

**SkipInstructions:** <1-17,R,D> [goto JNTPN]

---

**Question ID:** ACN.270_00.000  **Instrument Variable Name:** JNTCHR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

Did your joint symptoms FIRST begin more than 3 months ago?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ with joint pain

**SkipInstructions:** <1,2,R,D> [goto JNTHP]
Have you EVER seen a doctor or other health professional for these joint symptoms?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ with joint pain

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ with joint pain or arthritis
You just mentioned that you were told by a doctor or other health professional that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh). Which of these were you told you had?

*Enter all that apply, separate with commas.

1. Arthritis
2. Rheumatoid arthritis
3. Gout
4. Lupus
5. Fibromyalgia
6. Other joint condition
7. Refused
8. Don't know

Sample adults 18+ who were told they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

During the PAST THREE MONTHS, did you have... Neck pain?

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

Sample adults 18+

* Read lead-in if necessary.

During the PAST THREE MONTHS, did you have... Low back pain?

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

Sample adults 18+
Did this pain spread down either leg to areas below the knees?

1 Yes
2 No
7 Refused
9 Don't know

During the PAST THREE MONTHS, did you have
... Facial ache or pain in the jaw muscles or the joint in front of the ear?

1 Yes
2 No
7 Refused
9 Don't know

During the PAST THREE MONTHS, did you have
... Severe headache or migraine?

1 Yes
2 No
7 Refused
9 Don't know
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.350_00.000  Instrument Variable Name: ACOLD2W  QuestionnaireFileName: Sample Adult

QuestionText: * Hand calendar card

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]

Question ID: ACN.360_00.000  Instrument Variable Name: AINTIL2W  QuestionnaireFileName: Sample Adult

QuestionText: Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=1 and age GE 40 [goto PROSTYR]; else if SEX=2 and AGE 18-49 [goto PREGNOW]; else if SEX=2 and AGE 50-55 [goto MENSyr]; else if SEX=2 and AGE 56-57 [goto MENOYR]; else if SEX=2 and AGE 58 [goto GYNYR] else [goto AHEARST1]

Question ID: ACN.370_00.000  Instrument Variable Name: PREGNOW  QuestionnaireFileName: Sample Adult

QuestionText: Are you currently pregnant?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Female sample adults 18-49 years of age

SkipInstructions: <1,2,R,D> [goto MENSyr]
<table>
<thead>
<tr>
<th>Question ID: ACN.372_00.010</th>
<th>Instrument Variable Name: MENSYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, have you had any menstrual problems such as heavy bleeding, bothersome cramping, or pre-menstrual syndrome (also called PMS)?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Female sample adults 18-55

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

<table>
<thead>
<tr>
<th>Question ID: ACN.372_00.020</th>
<th>Instrument Variable Name: MENOYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, have you had any menopausal problems such as hot flashes, night sweats, or other menopausal symptoms?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Female sample adults 45-57

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

<table>
<thead>
<tr>
<th>Question ID: ACN.372_00.030</th>
<th>Instrument Variable Name: GYNYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, have you had any gynecologic problems such as a vaginal infection, uterine fibroids, or infertility?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Female sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto AHEARST1]

<table>
<thead>
<tr>
<th>Question ID: ACN.372_00.040</th>
<th>Instrument Variable Name: PROSTYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, have you had any men's health problems such as prostate trouble, or impotence?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Male sample adults 40+

**SkipInstructions:** <1,2,R,D> [goto AHEARST1]
These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices.

Is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1  Excellent
2  Good
3  A little trouble hearing
4  Moderate trouble
5  A lot of trouble
6  Deaf
7  Refused
9  Don't know

Sample adults 18+

Is your hearing WORSE in one ear than the other?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have other than excellent hearing

Which ear is worse?

1  The right ear
2  The left ear
7  Refused
9  Don't know

Sample adults 18+ who hear worse in one ear than the other
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.400_00.040  Instrument Variable Name: HRRIGHT  QuestionnaireFileName: Sample Adult

QuestionText: Is your hearing in your RIGHT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1   Excellent
2   Good
3   A little trouble hearing
4   Moderate trouble
5   A lot of trouble
6   Deaf
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing

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

Question ID: ACN.400_00.050  Instrument Variable Name: HRLEFT  QuestionnaireFileName: Sample Adult

QuestionText: Is your hearing in your LEFT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1   Excellent
2   Good
3   A little trouble hearing
4   Moderate trouble
5   A lot of trouble
6   Deaf
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing

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

Question ID: ACN.400_00.060  Instrument Variable Name: HRWHISP  QuestionnaireFileName: Sample Adult

QuestionText: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to you from across a quiet room?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing

SkipInstructions: <1> [goto HRBACK]
               <2,R,D> [goto HRTALK]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.400_00.070  Instrument Variable Name: HRTALK  QuestionnaireFileName: Sample Adult

QuestionText: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN A NORMAL VOICE to you from across a quiet room?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who cannot hear whispers across a quiet room

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

Question ID: ACN.400_00.080  Instrument Variable Name: HRSHOUT  QuestionnaireFileName: Sample Adult

QuestionText: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS to you from across a quiet room?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who cannot hear a normal voice across a quiet room

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

Question ID: ACN.400_00.090  Instrument Variable Name: HRSPEAK  QuestionnaireFileName: Sample Adult

QuestionText: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SPEAKS LOUDLY into your [fill: ear/better ear]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who cannot hear a shouting voice across a quiet room

SkipInstructions: <1,2,R,D> [goto HRBACK]
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<tr>
<th>Question ID:</th>
<th>ACN.400_00.100</th>
<th>Instrument Variable Name:</th>
<th>HRBACK</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How often do you find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...</td>
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<td></td>
<td>*Read categories below.</td>
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<tr>
<td>1</td>
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<td>2</td>
<td>Usually</td>
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<td>3</td>
<td>About half the time</td>
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<tr>
<td>4</td>
<td>Seldom</td>
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<td>5</td>
<td>Never</td>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have other than excellent hearing</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1-5,R,D&gt; [goto HRFRUST]</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>How often does your hearing cause you to feel frustrated when talking to members of your family or to friends? Would you say...</td>
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<td>*Read categories below.</td>
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<td>1</td>
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<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have other than excellent hearing</td>
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<td>&lt;1-5,R,D&gt; [goto HRSAFETY]</td>
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<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>How often does your hearing cause you to worry about your safety while working or doing other activities? Would you say...</td>
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<td></td>
<td>*Read categories below.</td>
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<td>1</td>
<td>Always</td>
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<td>9</td>
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<td>UniverseText:</td>
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<td>SkipInstructions:</td>
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</table>
Question ID: ACN.400_00.130  Instrument Variable Name: HEARAGE1  QuestionnaireFileName: Sample Adult

QuestionText: How old were you when you began to have ANY permanent [fill: hearing loss/hearing loss in either ear]?

01 At birth
02 0 to 2 years of age
03 3 to 5 years of age
04 6 to 11 years of age
05 12 to 19 years of age
06 20 to 39 years of age
07 40 to 59 years of age
08 60 to 69 years of age
09 70 or more years of age
97 Refused
99 Don't know

UniverseText: Sample adults 18+ whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other

SkipInstructions: <1-9,R,D> [goto HRSUDDEN]

Question ID: ACN.400_00.140  Instrument Variable Name: HRSUDDEN  QuestionnaireFileName: Sample Adult

QuestionText: Was your hearing loss sudden or gradual?

*Read if necessary.

Sudden means less than 3 months.

1 Sudden
2 Gradual
7 Refused
9 Don't know

UniverseText: Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

SkipInstructions: <1,2,R,D> [goto HRCAUS1]
What is the MAIN cause of your hearing loss?

01 Present at birth because mother had German measles (Rubella) or Cytomegalovirus (CMV)
02 Present at birth for a genetic reason
03 Present at birth for some other reason, not including genetic or infectious disease
04 Infectious disease after birth (measles, meningitis, etc.)
05 Ear infections or Otitis Media
06 Ear injury (holes in the eardrum, etc.)
07 Ear surgery
08 Ear disease such as Meniere's Disease or Otosclerosis
09 Brain tumor (Acoustic Neuroma, etc)
10 Loud, brief noise from gunfire, blasts, or explosions
11 Noise exposure from machinery, aircraft, power tools, loud music, appliances, personal stereos or MP3 players, hair dryers, etc.
12 Getting older/aging
13 Some other cause
97 Refused
99 Don't know

Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

Have any of your friends or relatives ever told you that you have a hearing problem?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who are not deaf or who are deaf but hear worse in one ear than the other
When was the LAST time you saw a doctor or other health care professional about any hearing or ear problems?

0 Never
1 In the past year
2 1 to 2 years ago
3 3 to 4 years ago
4 5 to 9 years ago
5 10 to 14 years ago
6 15 or more years ago
7 Refused
9 Don't know

IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to a Hearing specialist, such as an Ear, Nose, and Throat doctor?

*Read if necessary.
Include an Otolaryngologist (OH-toh-LAYR-ehn-GAHL-oh-jist) or Otologist (OH-tol-o-jist).

1 Yes
2 No
7 Refused
9 Don't know

IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to an audiologist or hearing aid dispenser?

*Read if necessary.

1 Yes
2 No
7 Refused
9 Don't know
When was the last time you had your hearing tested?

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>0</td>
<td>Never</td>
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<tr>
<td>1</td>
<td>In the past year</td>
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<tr>
<td>2</td>
<td>1 to 2 years ago</td>
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<td>3</td>
<td>3 to 4 years ago</td>
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<td>4</td>
<td>5 to 9 years ago</td>
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<td>5</td>
<td>10 to 14 years ago</td>
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<tr>
<td>6</td>
<td>15 or more years ago</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</tbody>
</table>

Has a hearing specialist, your doctor, or other health care professional ever recommended a cochlear (KOH-klee-uhr) implant to you?

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

Do you now use a cochlear implant?

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

Sample adults 18+

<0-6,R,D> [goto HRCOCREC]

<1> [goto HRCOCNOW]
<2,R,D> [goto HRAIDNOW]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

*Document Version Date: 27-May-08*

---

**Question ID:** ACN.410_00.040  **Instrument Variable Name:** HRAIDNOW  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now use a hearing aid(s)?

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.410_00.050  **Instrument Variable Name:** HRAIDLNG  **QuestionnaireFileName:** Sample Adult

**QuestionText:** How long have you used a hearing aid(s)?

01. Less than 6 weeks
02. 6 weeks to 11 months
03. 1 to 2 years
04. 3 to 4 years
05. 5 to 9 years
06. 10 to 14 years
07. 15 years or more
97. Refused
99. Don't know

**UniverseText:** Sample adults 18+ who now use a hearing aid

**SkipInstructions:** <1-7,R,D> [goto HRAIDYR]

---

**Question ID:** ACN.410_00.060  **Instrument Variable Name:** HRAIDYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** IN THE PAST 12 MONTHS, how often did you use a hearing aid(s)?  Would you say...

*Read categories below.

1. Always
2. Usually
3. About half the time
4. Seldom
5. Never
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who now use a hearing aid

**SkipInstructions:** <1-4,R,D> if AHEARST1=1 or (AHEARST1=2,R,D and HRWORS=2,R,D) [goto HRTIN];
ext [goto HRALDS]
<5> [goto HRAIDNOT]

---
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.410_00.070  Instrument Variable Name: HRAIDEV  QuestionnaireFileName: Sample Adult
QuestionText: Have you ever used a hearing aid(s) in the past?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid
SkipInstructions: <1> [goto HRAIDLGP]
                 <2,R,D> [goto HRAIDREC]

Question ID: ACN.410_00.080  Instrument Variable Name: HRAIDREC  QuestionnaireFileName: Sample Adult
QuestionText: Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) to you?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who do not now use a hearing aid or who have not used one in the past or who refused to answer whether they use or have used a hearing aid
SkipInstructions: <1> [goto HRAIDNOT]
                 <2,R,D> if AHEARST1=1 or (AHEARST1=2,R,D and HRWORS=2,R,D) [goto HRTIN];
                 else [goto HRALDS]

Question ID: ACN.410_00.090  Instrument Variable Name: HRAIDLGP  QuestionnaireFileName: Sample Adult
QuestionText: How long did you use a hearing aid(s) in the past?

01  Less than 6 weeks
02  6 weeks to 11 months
03  1 to 2 years
04  3 to 4 years
05  5 to 9 years
06  10 to 14 years
07  15 years or more
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have used a hearing aid in the past, but not currently
SkipInstructions: <1-7,R,D> [goto HRAIDOFT]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.410_00.100 Instrument Variable Name: HRAIDOFT QuestionnaireFileName: Sample Adult

QuestionText: During this time, how often did you use a hearing aid(s)? Would you say...

*Read categories below.

1. Always
2. Usually
3. About half the time
4. Seldom
5. Never
6. Refused
7. Don't know

UniverseText: Sample adults 18+ who have used a hearing aid in the past, but not currently

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

Question ID: ACN.410_00.110 Instrument Variable Name: HRAIDNOT QuestionnaireFileName: Sample Adult

QuestionText: Why have you decided not to use a hearing aid(s)?

*Enter all that apply, separate with commas.

01. It didn't help
02. Didn't like the way it sounded
03. Whistling sounds
04. It was uncomfortable
05. It had frequent breakdowns/Needed repairs
06. Didn't like the way it looked
07. It cost too much
08. Don't think I need a hearing aid
09. Other
97. Refused
99. Don't know

UniverseText: Sample adults 18+ who said they currently use a hearing aid but have not used one in the past 12 months, or who have ever used a hearing aid, but not currently, or who have had a hearing aid recommended

SkipInstructions: <1-9,R,D> if AHEARST1=1 or (AHEARST1=2,R,D and HRWORS=2,R,D) [goto HRTIN]; else [goto HRALDS]

Question ID: ACN.410_00.120 Instrument Variable Name: HRALDS QuestionnaireFileName: Sample Adult

QuestionText: Because of your hearing, have you ever used assistive listening devices (ALDs), such as FM systems, closed-caption television, or amplified telephone or relay services?

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

UniverseText: Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

SkipInstructions: <1> [goto HRALDTYP] <2,R,D> [goto HRTIN]
Which of the following assistive listening devices (ALDs) have you ever used? *Enter all that apply, separate with commas.

01 Pocket talker or other personal listening device
02 Amplified telephone
03 Amplified or vibrating alarm clock
04 Notification or signaling alarm system (light signaler for doorbell, baby cry monitor, etc.)
05 Television/Theater headset or closed-captioned TV
06 TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service
07 Video relay service
08 Sign language interpreter
09 Other
97 Refused
99 Don't know

IN THE PAST 12 MONTHS, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more? *Read if necessary.

Tinnitus (TIN-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.

1 Yes
2 No
7 Refused
9 Don't know
How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?

01  Less than 3 months
02  3 to 11 months
03  1 to 2 years
04  3 to 4 years
05  5 to 9 years
06  10 to 14 years
07  15 years or more
97  Refused
99  Don't know

IN THE PAST 12 MONTHS, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say...

*Read categories below.

1  Almost always
2  At least once a day
3  At least once a week
4  At least once a month
5  Less frequently than once a month
7  Refused
9  Don't know

Are you bothered by ringing, roaring, or buzzing in your ears or head ONLY after listening to loud sounds or loud music?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months
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<tr>
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<th>ACN.412_00.050</th>
<th>Instrument Variable Name:</th>
<th>HRTINSLP</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?</td>
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<td></td>
<td>1 Yes</td>
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<td>2 No</td>
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<td>7 Refused</td>
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<td></td>
<td>9 Don't know</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months</td>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>How much of a problem is this ringing, roaring, or buzzing in your ears or head? Would you say it is...</td>
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<td>*Read categories below.</td>
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<tr>
<td></td>
<td>1 No problem</td>
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<td>2 A small problem</td>
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<td>3 A moderate problem</td>
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<td>4 A big problem</td>
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<td>5 A very big problem</td>
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<td></td>
<td>7 Refused</td>
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<td></td>
<td>9 Don't know</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months</td>
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<td><strong>SkipInstructions:</strong></td>
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<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Have you ever discussed this ringing, roaring or buzzing in your ears or head with your doctor or other health care professional?</td>
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<td></td>
<td>1 Yes</td>
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<tr>
<td></td>
<td>2 No</td>
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<tr>
<td></td>
<td>7 Refused</td>
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<tr>
<td></td>
<td>9 Don't know</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto HRTINRM]</td>
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<td></td>
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</tbody>
</table>
Question ID: ACN.412_00.072  Instrument Variable Name: HRTINRM  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever tried any remedies or treatments for this ringing, roaring, or buzzing in your ears or head?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ringing, roaring, or buzzing in their ears or head in the past 12 months

SkipInstructions:\n<1> [goto HRREMTYP] <2,R,D> [goto HRFIRE]

Question ID: ACN.412_00.074  Instrument Variable Name: HRREMTYP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

Which of the following treatments have you tried?

*Enter all that apply, separate with commas.

01 Amplification/Hearing aids
02 Masking with wearable device (with or without hearing aids)
03 Masking with non-wearable device (sound generators to help with sleep)
04 Cognitive therapy with counseling
05 Stress reduction or relaxation methods
06 Biofeedback
07 Tinnitus retraining therapy (TRT)
08 Psychiatric treatment
09 Surgery to cut the hearing nerve
10 Drugs or medications
11 Nutritional supplements
12 Music therapy
13 Temporal mandibular joint treatment
14 Alternative methods (hypnosis, acupuncture, etc.)
15 Other
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have tried remedies or treatments for the ringing, roaring, or buzzing in their ears or head

SkipInstructions:\n<1-15,R,D> [goto HRFIRE]
### Question ID: ACN.413_00.010  Instrument Variable Name: HRFIRE  QuestionnaireFileName: Sample Adult

**Question Text:**

The next few questions are about your current or previous exposure to loud sounds or noises.

Have you ever used firearms for any reason?

*Include target shooting, hunting, your job (including military service).

*Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

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

**Universe Text:**

Sample adults 18+

---

### Question ID: ACN.413_00.020  Instrument Variable Name: HRFIRTYP  QuestionnaireFileName: Sample Adult

**Question Text:**

Was this for work, leisure, or both?

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<tr>
<td>1</td>
<td>Work</td>
</tr>
<tr>
<td>2</td>
<td>Leisure</td>
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<tr>
<td>3</td>
<td>Both</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</table>

**Universe Text:**

Sample adults 18+ who have ever used firearms

---

### Question ID: ACN.413_00.030  Instrument Variable Name: HRTOTR  QuestionnaireFileName: Sample Adult

**Question Text:**

How many TOTAL rounds have you ever fired?

*Read categories if necessary.

*Include target shooting, hunting, your job (including military service).

*One round equals one shot.

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<tbody>
<tr>
<td>1</td>
<td>1 to less than 100 rounds</td>
</tr>
<tr>
<td>2</td>
<td>100 to less than 1000 rounds</td>
</tr>
<tr>
<td>3</td>
<td>1000 to less than 10,000 rounds</td>
</tr>
<tr>
<td>4</td>
<td>10,000 to less than 50,000 rounds</td>
</tr>
<tr>
<td>5</td>
<td>50,000 rounds or more</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:**

Sample adults 18+ who have ever used firearms

---
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 27-May-08

---

**Question ID:** ACN.413_00.040  
**Instrument Variable Name:** HR12MR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
IN THE PAST 12 MONTHS, about how many rounds have you fired?  
*Read categories if necessary.  
*Include target shooting, hunting, your job (including military service).  
*One round equals one shot.

- 0 None  
- 1 1 to less than 100 rounds  
- 2 100 to less than 1000 rounds  
- 3 1000 to less than 10,000 rounds  
- 4 10,000 rounds or more  
- 7 Refused  
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used firearms

**SkipInstructions:**  
<0,R,D>  if EVERWRK ne <2,R,D> [goto HRWRKNOS]; else [goto HRLESNOS]  
<1-4> [goto HRFRPROT]

---

**Question ID:** ACN.413_00.050  
**Instrument Variable Name:** HRFRPROT  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
IN THE PAST 12 MONTHS, when shooting firearms how often have you worn ear plugs or ear muffs?  Would you say...  
*Read categories below.

- 1 Always  
- 2 Usually  
- 3 About half the time  
- 4 Seldom  
- 5 Never  
- 7 Refused  
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used firearms in the past 12 months

**SkipInstructions:**  
<1-5,R,D>  if EVERWRK ne <2,R,D> [goto HRWRKNOS]; else [goto HRLESNOS]

---

**Question ID:** ACN.414_00.010  
**Instrument Variable Name:** HRWRKNOS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
Have you ever had a job, or combination of jobs, where you were exposed to loud sounds or noise for 4 or more hours a day, several days a week?  Loud means so loud that you must speak in a raised voice to be heard.

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

**UniverseText:** Sample adults 18+ who have ever worked

**SkipInstructions:**  
<1> [goto HRWRKTOT] <2,R,D> [goto HRLESNOS]
Question ID: ACN.414_00.020  Instrument Variable Name: HRWRKTOT  QuestionnaireFileName: Sample Adult

QuestionText: For how many months or years have you been exposed at work to loud sounds or noise for 4 or more hours a day, several days a week?

*Read if necessary.

Loud means so loud that you must speak in a raised voice to be heard.

01  Less than 3 months
02  3 to 11 months
03  1 to 2 years
04  3 to 4 years
05  5 to 9 years
06  10 to 14 years
07  15 or more years
97  Refused

UniverseText: Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a week

SkipInstructions: <1-7,R,D> [goto HRWKPROT]

Question ID: ACN.414_00.030  Instrument Variable Name: HRWRKYR  QuestionnaireFileName: Sample Adult

QuestionText: Was any of this exposure to loud sounds or noise IN THE PAST 12 MONTHS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a week

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

Question ID: ACN.414_00.040  Instrument Variable Name: HRWKPROT  QuestionnaireFileName: Sample Adult

QuestionText: IN THE PAST 12 MONTHS, how often did you wear ear plugs or ear muffs when exposed to loud sounds or noise at work? Would you say...

*Read categories below.

1  Always
2  Usually
3  About half the time
4  Seldom
5  Never
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have had a job that exposed them to loud noise 4 or more hours a day, several days a week in the past 12 months

SkipInstructions: <1-5,R,D> [goto HRLESNOS]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.415_00.010  Instrument Variable Name: HRLESNOS  QuestionnaireFileName: Sample Adult

QuestionText: [Fill: Outside of work, have you ever been exposed to loud sounds or noise 10 or more times a year? This includes noise from power tools, loud music, racing or speedways, household appliances, or other things/Have you ever been exposed to loud sounds or noise 10 or more times a year? This includes noise from power tools, loud music, racing or speedways, household appliances, or other things?]

*Read if necessary.

Loud means so loud that you must speak in a raised voice to be heard.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.415_00.020  Instrument Variable Name: HRLESTYP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A7

Which of the following activities have you ever been exposed to 10 or more times for a year?

*Enter all that apply, separate with commas.

01 Motorcycles/Auto racing/Snowmobile/Motor boat
02 Operating farm machinery
03 Wood cutting, woodworking, other workshop power tools
04 Lawn mower, electric trimmer, leaf/snow blower
05 Firearms
06 Household appliances: Blender/Mixer, food processor, vacuum cleaner, hair dryer, etc.
07 MP3 Player/iPod
08 Playing in a music group
09 Other music-related activities: Rock concerts, stereos, disco/clubs or bars
10 Other noisy., non-work-related activities
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have ever been exposed to leisure-time noise at least once a month for a year

SkipInstructions: <1-10,R,D> [goto HRLESYR]
Question ID: ACN.415_00.030  Instrument Variable Name: HRLESYR  QuestionnaireFileName: Sample Adult

QuestionText: Were you exposed 10 or more times in the past year to any of these activities?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever been exposed to leisure-time noise at least once a month for a year

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

Question ID: ACN.415_00.040  Instrument Variable Name: HRLSPROT  QuestionnaireFileName: Sample Adult

QuestionText: IN THE PAST 12 MONTHS, when exposed to loud noise or music [fill: outside of work], how often have you worn ear plugs or ear muffs? Would you say...

*Read categories below.

1  Always
2  Usually
3  About half the time
4  Seldom
5  Never
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have been exposed to leisure-time noise in the past 12 months

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

Question ID: ACN.430_00.000  Instrument Variable Name: AVISION  QuestionnaireFileName: Sample Adult

QuestionText: Do you have any trouble seeing, even when wearing glasses or contact lenses?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ABLIND]
<2,R,D> [goto LUPPRT]
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<tr>
<th>Question ID:</th>
<th>ACN.440_00.000</th>
<th>Instrument Variable Name:</th>
<th>ABLIND</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Are you blind or unable to see at all?</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses</td>
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<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto LUPPRT]</td>
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<th>LUPPRT</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you lost all of your upper and lower natural (permanent) teeth?</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt;[goto MHSAD_CK]</td>
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<th>ACN.470_00.000</th>
<th>Instrument Variable Name:</th>
<th>MHSAD_CK</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.</td>
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<tr>
<td>1</td>
<td>Enter 1 to continue</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto SAD]</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>During the PAST 30 DAYS, how often did you feel... So sad that nothing could cheer you up?</td>
<td></td>
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<tr>
<td>1</td>
<td>ALL of the time</td>
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<tr>
<td>2</td>
<td>MOST of the time</td>
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<tr>
<td>3</td>
<td>SOME of the time</td>
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<tr>
<td>4</td>
<td>A LITTLE of the time</td>
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<tr>
<td>5</td>
<td>NONE of the time</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<td>SkipInstructions:</td>
<td>&lt;1-5,R,D&gt; [goto NERVOUS]</td>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) A8</td>
<td>* Read lead-in if necessary:</td>
<td><strong>During the PAST 30 DAYS, how often did you feel</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>* Nervous?</td>
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<tr>
<td>1</td>
<td>ALL of the time</td>
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<tr>
<td>2</td>
<td>MOST of the time</td>
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<tr>
<td>3</td>
<td>SOME of the time</td>
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<tr>
<td>4</td>
<td>A LITTLE of the time</td>
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<tr>
<td>5</td>
<td>NONE of the time</td>
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<td>7</td>
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<td>9</td>
<td>Don't know</td>
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<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-5,R,D&gt; [goto RESTLESS]</td>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) A8</td>
<td>* Read lead-in if necessary:</td>
<td><strong>During the PAST 30 DAYS, how often did you feel</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Restless or fidgety?</td>
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</tr>
<tr>
<td>1</td>
<td>ALL of the time</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>MOST of the time</td>
<td></td>
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<tr>
<td>3</td>
<td>SOME of the time</td>
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<td>4</td>
<td>A LITTLE of the time</td>
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<tr>
<td>5</td>
<td>NONE of the time</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-5,R,D&gt; [goto HOPELESS]</td>
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</table>
**Adult Conditions**

**Document Version Date:** 27-May-08

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

**QuestionText:**

*(book) A8

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Hopeless?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.471_05.000  **Instrument Variable Name:** EFFORT  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*(book) A8

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto WORTHLS]
During the PAST 30 DAYS, how often did you feel...Worthless?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

1. A lot
2. Some
3. A little
4. Not at all
5. Refused
6. Don't know

Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days
### Question ID: AHS.030_00.000  
**Instrument Variable Name:** WRKLYR2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Had job last week</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week

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

---

### Question ID: AHS.040_00.000  
**Instrument Variable Name:** WKDAYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

* Enter '0' for None.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months

**SkipInstructions:** <0-366,R,D> [goto BEDDAYR]  
<120-366> [goto ERR_WKDAYR]

---

### Question ID: AHS.050_00.000  
**Instrument Variable Name:** BEDDAYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?

* Enter '0' for None.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-366,R,D> [goto AHSTATYR]  
<120-366> [goto ERR_BEDDAYR]
2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 27-May-08

Question ID: AHS.060_00.000  Instrument Variable Name: AHSTATYR  QuestionnaireFileName: Sample Adult

QuestionText: Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

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

UniverseText: Sample adults 18+

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

Question ID: AHS.070_00.000  Instrument Variable Name: SPECEQ  QuestionnaireFileName: Sample Adult

QuestionText: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: AHS.091_01.000  Instrument Variable Name: FLWALK  QuestionnaireFileName: Sample Adult

QuestionText: (book) A9

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk a quarter of a mile - about 3 city blocks?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCLIMB]
Question ID: AHS.091_02.000  Instrument Variable Name: FLCLIMB  QuestionnaireFileName: Sample Adult

QuestionText: (book) A9

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk up 10 steps without resting?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTAND]

Question ID: AHS.091_03.000  Instrument Variable Name: FLSTAND  QuestionnaireFileName: Sample Adult

QuestionText: (book) A9

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stand or be on your feet for about 2 hours?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSIT]
Question ID: AHS.091_04.000  Instrument Variable Name: FLSIT  QuestionnaireFileName: Sample Adult

QuestionText: (book) A9

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to... Sit for about 2 hours?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTOOP]

Question ID: AHS.091_05.000  Instrument Variable Name: FLSTOOP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A9

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to... Stoop, bend, or kneel?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLREACH]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date:** 27-May-08

---

**Question ID:** AHS.091_06.000  
**Instrument Variable Name:** FLREACH  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A9

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Reach up over your head?

0  Not at all difficult  
1  Only a little difficult  
2  Somewhat difficult  
3  Very difficult  
4  Can't do at all  
6  Do not do this activity  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLGRASP]

---

**Question ID:** AHS.141_01.000  
**Instrument Variable Name:** FLGRASP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A9

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Use your fingers to grasp or handle small objects?

0  Not at all difficult  
1  Only a little difficult  
2  Somewhat difficult  
3  Very difficult  
4  Can't do at all  
6  Do not do this activity  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLCARRY]
**Lift or carry something as heavy as 10 pounds such as a full bag of groceries?**

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

**Push or pull large objects like a living room chair?**

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know
<table>
<thead>
<tr>
<th>Question ID: AHS.171_01.000</th>
<th>Instrument Variable Name: FLSHOP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> (book) A9</td>
<td>* Read lead-in if necessary.</td>
<td>By yourself, and without using any special equipment, how difficult is it for you to...</td>
</tr>
<tr>
<td></td>
<td>...Go out to things like shopping, movies, or sporting events?</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;0-4,6,R,D&gt; [goto FLSOCL]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AHS.171_02.000</th>
<th>Instrument Variable Name: FLSOCL</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> (book) A9</td>
<td>* Read lead-in if necessary.</td>
<td>By yourself, and without using any special equipment, how difficult is it for you to...</td>
</tr>
<tr>
<td></td>
<td>...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;0-4,6,R,D&gt; [goto FLRELAX]</td>
<td></td>
</tr>
</tbody>
</table>
By yourself, and without using any special equipment, how difficult is it for you to... Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4 or FLWALK=1-4 or FLCLIMB=1-4 or FLSTAND=1-4 or FLSTOOP=1-4 or FLREACH=1-4 or FLGRASP=1-4 or FLCARRY=1-4 or FLPUSH=1-4 or FLSHOP=1-4 or FLSOCL=1-4>[goto AFLHCA]

Else goto SMKEV (next section)
What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)][fill2: these activities]?

* Enter condition number for all that apply, separate with commas.

* Do not probe, except to clarify answer.

01 Vision/problem seeing
02 Hearing problem
03 Arthritis/rheumatism
04 Back or neck problem
05 Fracture, bone/joint injury
06 Other injury
07 Heart problem
08 Stroke problem
09 Hypertension/high blood pressure
10 Diabetes
11 Lung/breathing problem (e.g., asthma and emphysema)
12 Cancer
13 Birth defect
14 Mental retardation
15 Other developmental problem (e.g., cerebral palsy)
16 Senility
17 Depression/anxiety/emotional problem
18 Weight problem
19 Missing limbs (fingers, toes or digits), amputee
20 Kidney, bladder or renal problems
21 Circulation problems (including blood clots)
22 Benign Tumors, Cysts
23 Fibromyalgia, lupus
24 Osteoporosis, tendinitis
25 Epilepsy, seizures
26 Multiple Sclerosis (MS), Muscular Dystrophy (MD)
27 Polio/myelitis, paralysis, para/quadriplegia
28 Parkinson's disease, other tremors
29 Other nerve damage, including carpal tunnel syndrome
30 Hernia
31 Ulcer
32 Varicose veins, hemorrhoids
33 Thyroid problems, Grave's disease, gout
34 Knee problems (not arthritis (03), not joint injury (05))
35 Migraine headaches (not just headaches)
90 Other impairment/problem (Specify one)
91 Other impairment/problem (Specify one)
97 Refused
99 Don't know/Not sure
UniverseText: Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

SkipInstructions: [1-12, 14-35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order
<13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV ]
<90> [goto AFLHCA_S1]
<91> [goto AFLHCA_S2]
Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section)
< R,D> [goto SMKEV (next section)]

Question ID: AHS.201_90.000 Instrument Variable Name: AFLHCA_S1 QuestionnaireFileName: Sample Adult
QuestionText: * Enter other impairment/problem.
Verbatim

Refused
Don't know

UniverseText: Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL90N]
>ENTER< only with no description [goto ERR1_AFLHCA_S1]
Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA

Question ID: AHS.201_91.000 Instrument Variable Name: AFLHCA_S2 QuestionnaireFileName: Sample Adult
QuestionText: * Enter other impairment/problem.
Verbatim

Refused
Don't know

UniverseText: Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL91N]
>ENTER< only with no description [goto ERR1_AFLHCA_S1]
How long have you had a vision problem or problem seeing?

* Enter number for time with your vision problem or problem seeing.

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

Sample adults 18+ who had difficulty due to a vision problem or problem seeing

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a hearing problem

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had arthritis or rheumatism?

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

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

Sample adults 18+ who had difficulty due to arthritis or rheumatism

SkipInstructions:
<1-95,D>[goto AHCL03T]
<R>[store "R" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL03T
[if [AHCL03N = Number greater than person years old and AHCL03T= 4]] goto ERR1_AHCL03T
### 2007 NHIS Questionnaire - Sample Adult
#### Adult Health Status & Limitations

**Document Version Date:** 27-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.303_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL04N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td>How long have you had a back or neck problem?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter number for time with back or neck problem.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter &quot;95&quot; for 95 or more.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who had difficulty due to a back or neck problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
<td>&lt;1-95,D&gt;[goto AHCL04T]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;R&gt;[store &quot;R&quot; in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;96&gt;[store &quot;6&quot; in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID:</td>
<td>AHS.303_02.000</td>
<td>Instrument Variable Name:</td>
<td>AHCL04T</td>
<td>QuestionnaireFileName:</td>
<td>Sample Adult</td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td>Enter time period for time with back or neck problem.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Day(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Week(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Month(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Year(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Since Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Don't Know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who answered 1-95, D for the &quot;number&quot; part of this 2-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
<td>&lt;1-4, R,D&gt;[goto AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;6&gt; goto ERR2_AHCL04T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How long have you had a fracture, bone, or joint injury?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-4,R,D>[goto AHCL05T]
<6>[goto ERR2_AHCL05T]
[if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T
How long have you had the (fill: other) injury that caused your limitation?

* Enter number for time with injury that caused your limitation.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury

* Enter time period for time with (fill: other) injury.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-4, R,D>[goto AHCL06T]
<R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94

95

96 Since birth

97 Refused

99 Don't know

Sample adults 18+ who had difficulty due to a heart problem

1  Day(s)

2  Week(s)

3  Month(s)

4  Year(s)

6  Since Birth

7  Refused

9  Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

1-4, R,D>[goto AHCL07T]

<6>[goto ERR2_AHCL07T]

[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T
**2007 NHIS Questionnaire - Sample Adult**  
**Adult Health Status & Limitations**  
**Document Version Date: 27-May-08**

### Question ID: AHS.307_01.000  
**Instrument Variable Name:** AHCL08N  
**QuestionnaireFileName:** Sample Adult  

**QuestionText:** 1 of 2  
How long have you had a stroke problem?  
* Enter number for time with a stroke problem.  
* Enter "95" for 95 or more.  
* Enter "96" if since birth.

<table>
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<th>Description</th>
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<tbody>
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<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
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<td>Since birth</td>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
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**UniverseText:** Sample adults 18+ who had difficulty due to a stroke problem

**SkipInstructions:**  
<1-95,D>[goto AHCL08T]  
<R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

### Question ID: AHS.307_02.000  
**Instrument Variable Name:** AHCL08T  
**QuestionnaireFileName:** Sample Adult  

**QuestionText:** 2 of 2  
* Enter time period for time with stroke problem.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**  
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL08T  
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T
How long have you had hypertension or high blood pressure?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to hypertension or high blood pressure

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had diabetes?

* Enter number for time with diabetes.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to diabetes

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a lung or breathing problem

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.311_01.000  Instrument Variable Name: AHCL12N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had cancer?

* Enter number for time with cancer.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to cancer

SkipInstructions: <1-95,D>[goto AHCL12T]
<R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

Question ID: AHS.311_02.000  Instrument Variable Name: AHCL12T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with cancer.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL12T
[if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T
How long have you had mental retardation?

* Enter number for time with mental retardation.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to mental retardation

1 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had a developmental problem (e.g., cerebral palsy)?

* Enter number for time with a developmental problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a developmental problem

SkipInstructions: <1-95,D>[goto AHCL15T]
<R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with developmental problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL15T  
[if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T
How long have you had senility?

* Enter number for time with senility.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to senility

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had depression, anxiety, or an emotional problem?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

2 of 2

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

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

Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a weight problem?

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

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

Sample adults 18+ who had difficulty due to a weight problem

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a missing limb

2 of 2

* Enter time period for time with missing limb.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-95,D>[goto AHCL19T]
<R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
How long have you had a kidney, bladder or renal problem?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

* Enter number for time with a kidney, bladder or renal problem.
**2007 NHIS Questionnaire - Sample Adult**  
**Adult Health Status & Limitations**  
**Document Version Date:** 27-May-08

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<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

**UniverseText:** Sample adults 18+ who had difficulty due to a circulation problem

**SkipInstructions:**

<1-95,D>[goto AHCL21T]  
<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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<th>Sample Adult</th>
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<td>QuestionText:</td>
<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Enter time period for time with circulation problem.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL21T  
[if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T
How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to benign tumors or cysts

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Universe Text: Sample adults 18+ who had difficulty due to fibromyalgia or lupus

Skip Instructions:

<1-95,D>[goto AHCL23T]
<R>[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

Universe Text: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

Skip Instructions:

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL23T
[if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T
How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-4, R,D>[goto AHCL24T]  
<br>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to epilepsy or seizures

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
### Question ID: AHS.325_01.000  Instrument Variable Name: AHCL26N  QuestionnaireFileName: Sample Adult

#### QuestionText:

1 of 2

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

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

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<th>Description</th>
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<td>Refused</td>
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<tr>
<td>99</td>
<td>Don't know</td>
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#### UniverseText:

Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

#### SkipInstructions:

- `<1-95,D>[goto AHCL26T]`
- `<R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

### Question ID: AHS.325_02.000  Instrument Variable Name: AHCL26T  QuestionnaireFileName: Sample Adult

#### QuestionText:

2 of 2

* Enter time period for time with multiple sclerosis or muscular dystrophy.

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

#### UniverseText:

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

#### SkipInstructions:

- `<1- 4, R,D>[goto AHCL26T]`
- `<6> goto ERR2_AHCL26T`
- `[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T`
1 of 2

How long have you had polio(myelitis), paralysis or para/quadriplegia?

* Enter number for time with polio (myelitis), paralysis or para/quadriplegia.

* Enter ‘95’ for 95 or more.

* Enter ’96’ if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadriplegia

SkipInstructions:

<1-95,D>[goto AHCL27T]
<R>[store “R” in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store “6” in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL27T
[if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto ERR1_AHCL27T
1 of 2

How long have you had Parkinson's disease or tremors?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter "95" for 95 or more.
* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to nerve damage

* Enter time period for time with nerve damage.

<p>| | |</p>
<table>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
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</table>

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a hernia

SkipInstructions:

1-94,D> [goto AHCL30T]
95 [store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96> [store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with hernia.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:

<1-4,R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL30T
[if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T
1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to an ulcer

SkipInstructions: 
<1-95,D>[goto AHCL31T]
<R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with ulcer.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: 
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL31T
[if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date:** 27-May-08

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<table>
<thead>
<tr>
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<th>AHS.331_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL32N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>How long have you had varicose veins or hemorrhoids?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>* Enter number for time with varicose veins or hemorrhoids.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>* Enter &quot;95&quot; for 95 or more.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
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<td>01-94</td>
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<td></td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
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**UniverseText:**

Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

**SkipInstructions:**

<1-95,D>[goto AHCL32T]

<R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

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<td></td>
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<tr>
<td></td>
<td></td>
<td>Enter time period for time with varicose veins or hemorrhoids.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Day(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Month(s)</td>
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<tr>
<td>4</td>
<td>Year(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Since Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

**UniverseText:**

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL32T

[if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto

ERR1_AHCL32T
How long have you had a thyroid problem, Grave's disease or gout?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

---

* 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

---

Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

If this is the last condition selected, goto SMKEV (next section)
How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a knee problem

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question ID: AHS.334_01.000  Instrument Variable Name: AHCL35N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter "95+" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to migraine headaches

SkipInstructions: <1-95,D>[goto AHCL35T]
                      <R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
                      <96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.334_02.000  Instrument Variable Name: AHCL35T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
                   <6> goto ERR2_AHCL35T
                   [if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T
How long have you had {problem in AFLHCA90}? 
* Enter number for time with {problem in AFLHCA90}. 
* Enter "95" for 95 or more. 
* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to {problem in AFLHCA90}
1 of 2

How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

SkipInstructions: <1-95,D>[goto AHCL91T]
<R>[store "R" in AHCL91T] [goto SMKEV (next section)]
<96>[store "6" in AHCL91T] [goto SMKEV (next section)]

2 of 2

* Enter time period for time with {problem in AFLHCA91}.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL91T
[if [AHCL91IN = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T
These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

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

How old were you when you FIRST started to smoke fairly regularly?

* Enter '6' if less than 6 years old.
* Enter '95' if 95 years old or older.
* Enter '96' if never smoked regularly.

06-84  6 - 84 years
85  85 years or older
96  Never smoked regularly
97  Refused
99  Don't know

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

1. Every day
2. Some days
3. Not at all
7. Refused
9. Don't know
### Question ID: AHB.040_01.000  Instrument Variable Name: SMKQTNO  QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

* Enter '95' for 95 years old or older.

| 01-94 | 1 - 94 |
| 95    | 95+   |
| 97    | Refused |
| 99    | Don't know |

**UniverseText:** Sample adults 18+ who quit smoking

**SkipInstructions:**

<1-95> [goto SMKQTTP]

<R,D> [goto VIGNO]

### Question ID: AHB.040_02.000  Instrument Variable Name: SMKQTTP  QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time since quit smoking.

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

**UniverseText:** Sample adults 18+ who quit smoking

**SkipInstructions:**

<1-4> [goto VIGNO]

<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP]

if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP

### Question ID: AHB.050_00.000  Instrument Variable Name: CIGSDA1  QuestionnaireFileName: Sample Adult

**QuestionText:**

On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

| 01-94 | 1 - 94 cigarettes |
| 95    | 95+ cigarettes   |
| 97    | Refused          |
| 99    | Don't know       |

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

**SkipInstructions:**

<1-95,R,D> [goto CIGQTYR]
Question ID: AHB.060_00.000  Instrument Variable Name: CIGDAMO  QuestionnaireFileName: Sample Adult

QuestionText: On how many of the PAST 30 DAYS did you smoke a cigarette?

* Enter '0' for None.

00 None
01-30 1-30 days
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <0>[goto CIGQTYR]
<1-30,R,D> [goto CIGSDA2]

Question ID: AHB.070_00.000  Instrument Variable Name: CIGSDA2  QuestionnaireFileName: Sample Adult

QuestionText: On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

01-94 1-94 cigarettes
95 95+ cigarettes
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who are current some day smokers

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

Question ID: AHB.080_00.000  Instrument Variable Name: CIGQTYR  QuestionnaireFileName: Sample Adult

QuestionText: During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are every day or someday smokers

SkipInstructions: <1,2,R,D> [goto VIGNO]
The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

** UniverseText: Sample adults 18+

** SkipInstructions: <0,996,R,D>[goto MODNO] <1-995>[goto VIGTP]

* Enter time period for vigorous leisure-time physical activities.

** UniverseText: Sample adults 18+ who do vigorous activities

** SkipInstructions: <1-4> goto VIGLNGNO

    [if (VIGNO gt <4> and VIGTP eq <1>) or (VIGNO gt <28> and VIGTP eq <2>) or (VIGNO gt <31> and VIGTP eq <3>) or (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]
### Question 1

**Question Text:**
About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

<table>
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<th>Description</th>
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<tr>
<td>001-995</td>
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<tr>
<td>997</td>
<td>Refused</td>
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<tr>
<td>999</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Universe Text:**
Sample adults 18+ who do vigorous activities

**Skip Instructions:**
- `<1-995>[goto VIGLNGTP]`
- `<R,D>[goto MODNO]`

### Question 2

**Question Text:**
* Enter time period for length of vigorous leisure-time physical activities.

<table>
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<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Minutes</td>
</tr>
<tr>
<td>2</td>
<td>Hours</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Universe Text:**
Sample adults 18+ who do vigorous activities

**Skip Instructions:**
- `<1,2>[goto MODNO]`

if VIGLNGNO lt `<10>` and VIGLNGTP eq `<1>` goto ERR1_VIGLNGTP;

if (VIGLNGNO gt `<90>` and VIGLNGTP eq `<1>`) or if VIGLNGNO gt `<2>` and VIGLNGTP eq `<2>` goto ERR2_VIGLNGTP
How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

Sample adults 18+

2 of 2

* Enter time period for light or moderate leisure-time physical activities

0 Never
1 Per day
2 Per week
3 Per month
4 Per year
6 Unable to do this activity
7 Refused
9 Don't know

Sample adults 18+ who do light or moderate activities

[if (MODNO gt <4> and MODTP eq <1>) or (MODNO gt <28> and MODTP eq <2>) or (MODNO gt <31> and MODTP eq <3>) or (MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date:** 27-May-08

---

**Question ID:** AHB.120_01.000  **Instrument Variable Name:** MODLNGNO  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

* About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

001-995  1-995
997  Refused
999  Don't know

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

**SkipInstructions:**

<1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]

---

**Question ID:** AHB.120_02.000  **Instrument Variable Name:** MODLNGTP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

1  Minutes
2  Hours
7  Refused
9  Don't know

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

**SkipInstructions:**

<1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP
**Question ID:** AHB.130_01.000  
**Instrument Variable Name:** STRNGNO  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

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<th>Description</th>
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<tr>
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<td>1-995 time(s)</td>
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<td>Unable to do this type activity</td>
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<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
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**UniverseText:** Sample adults 18+

**SkipInstructions:**
<1-995>[goto STRNGTP]  
<0, 996,R,D>[goto ALC1YR]

---

**Question ID:** AHB.130_02.000  
**Instrument Variable Name:** STRNGTP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
2 of 2

* Enter time period for strengthening activities

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<td>Per week</td>
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<td>Per year</td>
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<td>6</td>
<td>Unable to do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who do strengthening activities

**SkipInstructions:**
<1-4> goto ALC1YR  
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]
These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1   Yes
2   No
7   Refused
9   Don't know

In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1   Yes
2   No
7   Refused
9   Don't know

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000   Never
001-365   1-365 day(s)
997   Refused
999   Don't know
2007 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 27-May-08

Question ID: AHB.160_02.000  Instrument Variable Name: ALC12MTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0  Never/None
1  Week
2  Month
3  Year
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who drank at least once in the past year

SkipInstructions: <1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

Question ID: AHB.170_00.000  Instrument Variable Name: ALCAMT  QuestionnaireFileName: Sample Adult

QuestionText: In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter '1' if less than 1 drink.

* Enter '95' if 95 or more drinks.

01-94  1-94 drinks
95  95+ drinks
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,R,D> [goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]
2007 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 27-May-08

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

QuestionText: 1 of 2

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

* Read if necessary:

How many days per week, per month or per year did you have 5 or more drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000 Never/None
001-365 1-365 day(s)
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-365>[goto ALC5UPTP]
<0,R,D>[goto AHGT_FT]

Question ID: AHB.180_02.000  Instrument Variable Name: ALC5UPTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

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

0 Never/None
1 Per week
2 Per month
3 Per year
7 Refused
9 Don't know

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

SkipInstructions: <1-3>goto AHGT_FT
[If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or
 (ALC5UPNO gt <31> & ALC5UPTP = <2>) or
 (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP
 if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) lt number of days per year with 5 or more drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]
How tall are you without shoes?

* Enter "M" to record metric measurements

| 02-07 | 2-7 feet |
| 97    | Refused  |
| 99    | Don't know |
| M     | Metric |

Sample adults 18+

How tall are you without shoes?

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

| 00-11 | 0-11 inches |
| 97    | Refused    |
| 99    | Don't know |

Sample adults 18+ who answered their height in feet

How tall are you without shoes?

* Enter height in metric.

| 0-2  | 0-2 meters |
| 7    | Refused    |
| 9    | Don't know |

Sample adults 18+ who choose to give their height in metric measurements
### 2007 NHIS Questionnaire - Sample Adult
#### Adult Health Behaviors
**Document Version Date:** 27-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHB.190_04.000</th>
<th>Instrument Variable Name:</th>
<th>AHGT_CM</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td><em>Enter centimeters.</em></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>000-241</td>
<td>0-241 centimeters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who answered their height in meters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td><code>&lt;0-241,R,D&gt; goto AWGT_LB</code></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><code>[If AHGT_M eq &lt;2&gt; and AHGT_CM gt &lt;41&gt; or AHGT_M eq &lt;1&gt; and AHGT_CM gt &lt;141&gt;] goto ERR1_AHGT_CM</code></td>
<td></td>
<td></td>
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<td></td>
<td><code>&lt; &gt; goto ERR2_AHGT_CM</code></td>
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<td></td>
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<td><code>[If AHGT_M eq &lt;1&gt; and AHGT_CM lt &lt;20&gt; or AHGT_M eq &lt;0&gt; and AHGT_CM lt &lt;120&gt;] goto ERR3_AHGT_CM</code></td>
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<thead>
<tr>
<th>Question ID:</th>
<th>AHB.200_01.000</th>
<th>Instrument Variable Name:</th>
<th>AWGT_LB</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How much do you weigh without shoes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter &quot;M&quot; to record metric measurements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter '500' for 500 pounds or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>050-500</td>
<td>50-500 pounds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Metric</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td><code>&lt;50-500&gt; [goto SLEEP]</code></td>
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<td></td>
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<tr>
<td></td>
<td><code>[if AWGT_LB lt &lt;50&gt; or gt &lt;500&gt; goto ERR_AWGT_LB</code></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><code>&lt;R,D&gt; [goto SLEEP]</code></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><code>&lt;M&gt; [goto AWGT_KG]</code></td>
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<table>
<thead>
<tr>
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<th>AHB.200_02.000</th>
<th>Instrument Variable Name:</th>
<th>AWGT_KG</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How much do you weigh without shoes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter weight in kilograms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>022-226</td>
<td>22-226 kilograms</td>
<td></td>
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<tr>
<td></td>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who choose to give their weight in metric measurements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td><code>&lt;22-226,R,D&gt; [goto SLEEP]</code></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><code>[If AWGT_KG lt &lt;22&gt; or K gt &lt;226&gt; goto ERR_AWGT_KG]</code></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
On average, how many hours of sleep do you get in a 24-hour period?

* Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

01-24 1-24 hours
97 Refused
99 Don't know

Sample adults 18+
**2007 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date:** 27-May-08

---

**Question ID:** AAU.020_00.000  
**Instrument Variable Name:** AUSUALPL  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Is there a place that you USUALLY go to when you are sick or need advice about your health?

1. Yes  
2. There is NO place  
3. There is MORE THAN ONE place  
7. Refused  
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:**

---

**Question ID:** AAU.030_00.000  
**Instrument Variable Name:** APLKIND  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?]

[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

1. Clinic or health center  
2. Doctor's office or HMO  
3. Hospital emergency room  
4. Hospital outpatient department  
5. Some other place  
6. Doesn't go to one place most often  
7. Refused  
9. Don't know

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

**SkipInstructions:** <1-5> [go to AHCPLROU]  
<6,R,D> [go to AHCPLKND]

---

**Question ID:** AAU.035_00.000  
**Instrument Variable Name:** AHCPLROU  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Is that [fill: place from (APLKIND)] the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

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

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who reported place goes most often as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

**SkipInstructions:** <1> [goto AHCHCHGYR]  
<2,R,D> [go to AHCPLKND]
**2007 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**  
*Document Version Date: 27-May-08*

**Question ID:** AAU.037_00.000  
**Instrument Variable Name:** AHCPLKND  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?  
0 Doesn't get preventive care anywhere  
1 Clinic or health center  
2 Doctor's office or HMO  
3 Hospital emergency room  
4 Hospital outpatient department  
5 Some other place  
6 Doesn't go to one place most often  
7 Refused  
9 Don't know

**UniverseText:** Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

**SkipInstructions:** <0-6,R,D> if AUSUALPL = 2,R,D goto AHCDLY_1  
ELSE goto AHCCHGYR

**Question ID:** AAU.040_00.000  
**Instrument Variable Name:** AHCCHGYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?  
1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

**SkipInstructions:** <1>[goto AHCCHGHI]  
<2,R,D>[goto AHCDLY_1]

**Question ID:** AAU.050_00.000  
**Instrument Variable Name:** AHCCHGHI  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this change for a reason related to health insurance?  
1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

**SkipInstructions:** <1,2,R,D>[goto AHCDLY_1]
There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]
There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

1  Yes
2  No
7  Refused
9  Don't know

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

1  Yes
2  No
7  Refused
9  Don't know
* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ADENLONG]
Question ID: AAU.135_00.000  Instrument Variable Name: ADENLONG  QuestionnaireFileName: Sample Adult

QuestionText: (book) A11

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0 Never
1 6 months or less
2 More than 6 mos, but not more than 1 yr ago
3 More than 1 yr, but not more than 2 yrs ago
4 More than 2 yrs, but not more than 5 yrs ago
5 More than 5 years ago
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>{ goto AHCSY1_1}

Question ID: AAU.141_01.000  Instrument Variable Name: AHCSY1_1  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>{ goto AHCSY1_2}

Question ID: AAU.141_02.000  Instrument Variable Name: AHCSY1_2  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses).

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>{ goto AHCSY1_3}
* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[ goto AHCSY1_4]

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[ goto AHCSY1_5]

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D>[ goto AHCSY1_6]
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

1  Yes
2  No
7  Refused
9  Don't know
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

Skip Instructions:  
<1> [goto AHCSYR10]  
<2,R,D> [goto AHERNOYR]

Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

Skip Instructions:  
<1,2,R,D> [go to AHERNOYR]

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00  None
01  1
02  2-3
03  4-5
04  6-7
05  8-9
06  10-12
07  13-15
08  16 or more
97  Refused
99  Don't know

Sample adults 18+

Skip Instructions:  
<0 - 8,R,D> [go to AHCHYR]
<table>
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<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
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</thead>
<tbody>
<tr>
<td>AAU.250_00.000</td>
<td>AHCHYR</td>
<td>Sample Adult</td>
<td>DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?</td>
</tr>
<tr>
<td>AAU.260_00.000</td>
<td>AHCHMOYR</td>
<td>Sample Adult</td>
<td>During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?</td>
</tr>
<tr>
<td>AAU.270_00.000</td>
<td>AHCHNOYR</td>
<td>Sample Adult</td>
<td>(book) What was the total number of home visits received during {Fill1: that month/Fill2: those months}?</td>
</tr>
</tbody>
</table>

**UniverseText:**
- Sample adults 18+

**SkipInstructions:**
- Initial Skip instructions for answer 1:
  - Go to AHCHMOYR
- Initial Skip instructions for answer 2:
  - Go to AHCNOYR
- Initial Skip instructions for answer 7:
  - Go to AHCNOYR
- Initial Skip instructions for answer 9:
  - Go to AHCNOYR
- Final Skip instructions for answer 1:
  - Go to AHCHNOYR
- Final Skip instructions for answer 2:
  - Go to AHCHNOYR
- Final Skip instructions for answer 7:
  - Go to AHCHNOYR
- Final Skip instructions for answer 9:
  - Go to AHCHNOYR
DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR’S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.

00 None
01 1
02 2-3
03 4-5
04 6-7
05 8-9
06 10-12
07 13-15
08 16 or more
97 Refused
99 Don't know

DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1 Yes
2 No
7 Refused
9 Don't know
Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

01-94  1-94 Times
95     95+ times
97     Refused
99     Don't know

Sample adults 18+ who had surgery or surgical procedures during past 12 months

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0     Never
1     6 months or less
2     More than 6 mos, but not more than 1 yr ago
3     More than 1 yr, but not more than 2 yrs ago
4     More than 2 yrs, but not more than 5 yrs ago
5     More than 5 years ago
7     Refused
9     Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1     Yes
2     No
7     Refused
9     Don't know

Sample adults 18+
During what month and year did you receive your most recent flu shot?

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

*Enter year of most recent flu shot.

Year
9997 Refused
9999 Don't know

Sample adults 18+ who gave a month for their last flu shot or who didn’t know the month
DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

During what month and year did you receive your most recent flu nasal spray?

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

Sample adults 18+ who have had a flu nasal vaccine
**2007 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date:** 27-May-08

---

**Question ID:** AAU.318_02.000  
**Instrument Variable Name:** ASPFLU_Y  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
2 of 2  

*Enter year of most recent flu nasal spray.*

<table>
<thead>
<tr>
<th>Year</th>
<th>UniverseText</th>
</tr>
</thead>
<tbody>
<tr>
<td>9997</td>
<td>Sample adults 18+ who gave a month for their flu nasal vaccine or who didn’t know the month</td>
</tr>
<tr>
<td>9999</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**SkipInstructions:**  

<<valid year, R,D> [goto SHTPNUYR]  
[If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y  
[If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y  
[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

---

**Question ID:** AAU.320_00.000  
**Instrument Variable Name:** SHTPNUYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
Have you EVER had a pneumonia shot?  
This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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

**SkipInstructions:**  

<1,2,R,D> [goto APOX]

---

**Question ID:** AAU.330_00.000  
**Instrument Variable Name:** APOX  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
Have you EVER had chickenpox?

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

**SkipInstructions:**  

<1> [goto APOX12MO]  
<2,R,D> [goto AHEP]
2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

**Question ID:** AAU.340_00.000  **Instrument Variable Name:** APOX12MO  **Questionnaire FileName:** Sample Adult

**Question Text:** Have you had chickenpox in the PAST 12 MONTHS?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample adults 18+ who have ever had chickenpox

**Skip Instructions:** <1,2,R,D> [goto AHEP]

**Question ID:** AAU.350_00.000  **Instrument Variable Name:** AHEP  **QuestionnaireFileName:** Sample Adult

**Question Text:** Have you EVER had hepatitis?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1> [goto SHTHEPB]
<2,R,D> [goto AHEPLIV]

**Question ID:** AAU.360_00.000  **Instrument Variable Name:** AHEPLIV  **QuestionnaireFileName:** Sample Adult

**Question Text:** Have you ever lived with someone who had hepatitis?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

**Skip Instructions:** <1,2,R,D> [goto SHTHEPB]
Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1 Yes
2 No
7 Refused
9 Don't know

Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1 Received at least 3 doses
2 Received less than 3 doses
7 Refused
9 Don't know

Sample adults 18+ who have ever received the Hepatitis B vaccine

<1,2,R,D> [goto next section]
Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

Have you donated blood since March 1985?

1  Yes
2  No
7  Refused
9  Don't know

During the PAST 12 MONTHS, that is, since [fill: 12-month ref. Date], have you donated blood?

1  Yes
2  No
7  Refused
9  Don't know

The next questions are about the test for HIV (the virus that causes AIDS).

[fill: Except for tests you may have had as part of blood donations, have you ever been tested for HIV/? Have you ever been tested for HIV?]

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

Sample adults 18+ who have given blood since March 1985

Sample adults 18+
I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

01  It's unlikely you've been exposed to HIV
02  You were afraid to find out if you were HIV positive (that you had HIV)
03  You didn't want to think about HIV or about being HIV positive
04  You were worried your name would be reported to the government if you tested positive
05  You didn't know where to get tested
06  You don't like needles
07  You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08  Some other reason
09  No particular reason
97  Refused
99  Don't know

Sample adults 18+ who have not been tested for HIV

What was the main reason why you have not been tested?

Refused
Don't know

Sample adults 18+ with some other reason for no HIV test
[fill: Not including blood donations, in what month and year was your last test for HIV (the virus that causes AIDS)?/In what month and year was your last test for HIV, (the virus that causes AIDS)?]

* Enter month of last HIV test.

* Enter "96" to go to the time period format.

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

UniverseText: Sample adults 18+ who have been tested for HIV/AIDS

SkipInstructions: <R,96> [goto TIMETST]
<1-12,D> [goto TST12M_Y]

[if TST12M_M and TST12M_Y = a future date] goto ERR1_TST12M_Y
[if TST12M_M and TST12M_Y = a date prior to birth date] goto ERR2_TST12M_Y
2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.061_00.000  Instrument Variable Name: TIMETST  QuestionnaireFileName: Sample Adult

QuestionText: Was it:

* Read answer categories.

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 2 years ago
4 More than 2 years, but not more than 5 years ago
5 More than 5 years ago
6 Refused
7 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV, who refused or requested the time period format at TEST12M_M, or refused or don't know the year of their last HIV test.

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

Question ID: ADS.065_00.000  Instrument Variable Name: REATST  QuestionnaireFileName: Sample Adult

QuestionText: (book) A15

I am going to show you a list of reasons why some people have been tested for HIV (the virus that causes AIDS).

[fill: Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test?/Which of these would you say was the MAIN reason for your last HIV test?]  

01 Someone suggested you should be tested
02 You might have been exposed through sex or drug use
03 You might have been exposed through your work or at work
04 You just wanted to find out if you were infected or not
05 For part of a routine medical check-up, or for hospitalization or surgical procedure
06 You were sick or had a medical problem
07 You were pregnant or delivered a baby
08 For health or life insurance coverage
09 For military induction, separation, or military service
10 For immigration
11 For marriage license or to get married
12 You were concerned you could give HIV to someone
13 You wanted medical care or new treatments if you tested positive
14 Some other reason
15 No particular reason
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1>[goto REASWHO]
<2-13,15,R,D> [goto LASTST]
<14> [goto REASPEC]
2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.066_00.000  Instrument Variable Name: REASWHO  QuestionnaireFileName: Sample Adult

QuestionText: Who suggested you should be tested - a doctor, nurse or other health care professional, a sex partner, someone at the health department, or someone else?

1  Doctor, nurse or other health care professional
2  Sex partner
3  Someone at health department
4  Family member or friend
5  Other
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have been tested for HIV because someone suggested it

SkipInstructions: <1-4,R,D> [goto LASTST]
<5> [goto WHOSPEC]

Question ID: ADS.067_00.000  Instrument Variable Name: WHOSPEC  QuestionnaireFileName: Sample Adult

QuestionText: Who suggested you should be tested?

Verbatim
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have been tested for HIV because someone not listed in REASWHO suggested it

SkipInstructions: <20 char long> [goto LASTST]

Question ID: ADS.069_00.000  Instrument Variable Name: REASPEC  QuestionnaireFileName: Sample Adult

QuestionText: What was the main reason for your last HIV test?

Verbatim
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have been tested for HIV for some reason not listed in REATST

SkipInstructions: <20 char long>[goto LASTST]
(book) A16

[fill: Not including your blood donations, where did you have your last HIV test?/Where did you have your last HIV test?]

01 Private doctor/HMO
02 AIDS clinic/counseling/testing site
03 Hospital, emergency room, outpatient clinic
04 Other type of clinic
05 Public health department
06 At home
07 Drug treatment facility
08 Military induction or military service site
09 Immigration site
10 In a correctional facility (jail or prison)
11 Other location
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1-3,5,7-10,R,D> [goto GIVNAM]
<4> [goto CLINTYP]
<6> [goto WHOADM]
<11> [goto LASTSPEC]

What type of clinic did you go to for your last HIV test?

01 Family planning clinic
02 Prenatal clinic
03 Tuberculosis clinic
04 STD clinic
05 Community health clinic
06 Clinic run by employer or insurance company
07 Other
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV at another type of clinic

SkipInstructions: <1-7,R,D> [goto GIVNAM]
2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes

Document Version Date: 27-May-08

**Question ID:** ADS.074_00.000  **Instrument Variable Name:** WHOADM  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

1. Nurse or health worker
2. Self-sampling kit
3. Refused
4. Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV at home

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

**Question ID:** ADS.076_00.000  **Instrument Variable Name:** LASTSPEC  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Where did you have your last HIV test?

* This should be a specific location that is not on the list.

**Verbatim**

1. Refused
2. Don't know

**UniverseText:** Sample adults 18+ who were tested at another location

**SkipInstructions:** <20 char long> [goto GIVNAM]

**Question ID:** ADS.080_00.000  **Instrument Variable Name:** GIVNAM  **QuestionnaireFileName:** Sample Adult

**QuestionText:** The last time you were tested, did you have to give your first and last names?

1. Yes
2. No
3. Refused
4. Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV

**SkipInstructions:** <1,2,R,D> [goto EXTST12M]

**Question ID:** ADS.110_00.000  **Instrument Variable Name:** EXTST12M  **QuestionnaireFileName:** Sample Adult

**QuestionText:** [fill: Do you expect to have another test for HIV in the next 12 months, not including blood donations? Do you expect to have a test for HIV in the next 12 months, not including blood donations?]

1. Yes
2. No
3. Refused
4. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto CHNSADS]
### 2007 NHIS Questionnaire - Sample Adult
#### AIDS Knowledge & Attitudes

**Document Version Date:** 27-May-08

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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ADS.140_00.000</th>
<th>Instrument Variable Name:</th>
<th>CHNSADS</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>What are your chances of GETTING HIV (the virus that causes AIDS)? Would you say high, medium, low, or none?</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>1</td>
<td>High</td>
<td></td>
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<td></td>
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<tr>
<td>2</td>
<td>Medium</td>
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<td>3</td>
<td>Low</td>
<td></td>
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<tr>
<td>4</td>
<td>None</td>
<td></td>
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<tr>
<td>5</td>
<td>Already have HIV or AIDS</td>
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<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
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</tbody>
</table>

**UniverseText:** Sample adults 18+

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

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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ADS.150_00.000</th>
<th>Instrument Variable Name:</th>
<th>STMTRU</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) A17 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH Statement or statements are true for you. Just IF ANY of them are. * Read if necessary.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(a)</td>
<td>You have hemophilia and have received clotting factor concentrations.</td>
<td></td>
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<tr>
<td>(b)</td>
<td>You are a man who has had sex with other men, even just one time.</td>
<td></td>
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<tr>
<td>(c)</td>
<td>You have taken street drugs by needle, even just one time.</td>
<td></td>
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<tr>
<td>(d)</td>
<td>You have traded sex for money or drugs, even just one time.</td>
<td></td>
<td></td>
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<tr>
<td>(e)</td>
<td>You have tested positive for HIV (the virus that causes AIDS).</td>
<td></td>
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<tr>
<td>(f)</td>
<td>You have had sex (even just one time) with someone who would answer &quot;yes&quot; to any of these statements.</td>
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<tr>
<td>1</td>
<td>Yes, at least one statement is true</td>
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<tr>
<td>2</td>
<td>No, none of these statements are true</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [If AGE GE <50> [go to TBHRD] else [go to STD]]
The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

* If asked, tell respondent to include newly contracted STDs and recurring flare-ups of previously contracted STDs.

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

UniverseText: Sample adults 18-49

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

The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

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

UniverseText: Sample adults 18 - 49 who have had an STD other than HIV or AIDS in the past 5 years

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

Where did you go to be checked?

* Read answer choices only if necessary.

1. Private doctor
2. Family planning clinic
3. STD clinic
4. Emergency room
5. Health department
6. Some other place
7. Refused
9. Don't know

UniverseText: Sample adults 18-49 who have had an STD other than HIV or AIDS who saw a doctor or other health professional

SkipInstructions:
<1-5,R,D> [goto TBHRD]
<6> [goto STDWOTH]
Where did you go to be checked?

- Refused
- Don't know

Sample adults 18-49 who have had an STD other than HIV or AIDS who were tested at some other place

The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

- Yes
- No
- Refused
- Don't know

Sample adults 18+

Have you ever personally known anyone who had TB?

- Yes
- No
- Refused
- Don't know

Sample adults 18+ who have heard of tuberculosis
2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.220_00.000  Instrument Variable Name: TB  QuestionnaireFileName: Sample Adult

QuestionText: How much do you know about TB - a lot, some, a little, or nothing?

1  A lot
2  Some
3  A little
4  Nothing
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have heard of tuberculosis

SkipInstructions: <1-3> [goto TBSPRD]  
<4> [goto TBCHANC]  
<R,D> [goto HOMELESS]

Question ID: ADS.230_00.000  Instrument Variable Name: TBSPRD  QuestionnaireFileName: Sample Adult

QuestionText: (book) A18

How is TB spread?

* Probe: Can TB be spread in any other way?

* Mark all that apply, separate with commas.

1  Breathing the air around a person who is sick with TB
2  Sharing eating/drinking utensils
3  Through semen or vaginal secretions shared during sexual intercourse
4  From smoking
5  From mosquito or other insect bites
6  Other
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have knowledge of tuberculosis

SkipInstructions: <1-6,R,D> goto TBCURED

Question ID: ADS.240_00.000  Instrument Variable Name: TBCURED  QuestionnaireFileName: Sample Adult

QuestionText: As far as you know, can TB be cured?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have knowledge of tuberculosis

SkipInstructions: <1,2,R,D> [goto TBCHANC]
### Question ID: ADS.250_00.000  Instrument Variable Name: TBCHANC  QuestionnaireFileName: Sample Adult

**QuestionText:** What are your chances of getting TB? Would you say high, medium, low, or none?

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</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>2</td>
<td>Medium</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>None</td>
<td>5</td>
<td>Already have TB</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tbody>
</table>

**UniverseText:** Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

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

### Question ID: ADS.260_00.000  Instrument Variable Name: TBSHAME  QuestionnaireFileName: Sample Adult

**QuestionText:** (Fill1: If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

(Fill2: If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

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<table>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

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

### Question ID: ADS.270_00.000  Instrument Variable Name: HOMELess  QuestionnaireFileName: Sample Adult

**QuestionText:** Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

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

**UniverseText:** Sample adults 18+

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