
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
```

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Question ID: AID.015_00.000 **Instrument Variable Name:** PROX2 **QuestionnaireFileName:** Sample Adult**QuestionText:** * Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?

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

UniverseText: Knowledgeable proxy is available.**SkipInstructions:** <1-4> goto AIDVERF_S

Question ID: AID.020_00.000 **Instrument Variable Name:** PROX3 **QuestionnaireFileName:** Sample Adult**QuestionText:** *Ask if necessary.

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

- 1 Yes
- 2 No

UniverseText: Knowledgeable proxy is not available.**SkipInstructions:** <1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
if recontact.RCIFLAG ne '1'
goto recontact.RCI_BEGIN procedure
else
goto back.OUTCOMEB1 procedure
endif

Question ID: AID.030_00.000 **Instrument Variable Name:** AIDVERF_S **QuestionnaireFileName:** Sample Adult**QuestionText:** * Please verify the following information about the sample adult before proceeding:

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

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

- 1 Yes
- 2 No

UniverseText: Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.**SkipInstructions:** <1> goto AIDVERF_A
<2> goto AIDSEX

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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 AIDDOB_M

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Question ID: AID.055_00.000 **Instrument Variable Name:** AIDVERF_D **QuestionnaireFileName:** Sample Adult

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

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

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

- 1 Yes
- 2 No

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

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

Question ID: AID.060_01.000 **Instrument Variable Name:** AIDDOB_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

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

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

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D

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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, 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 = 'Re'f 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

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

Question ID: ASD.050_00.000 **Instrument Variable Name:** WRKVER **QuestionnaireFileName:** Sample Adult

QuestionText: Earlier I recorded that in the last week you were

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

Is that correct?

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

UniverseText: Sample adults 18+ who were working or not working last week

SkipInstructions: <1> if DOINGLW2 = 1,2,4 [goto WHOWRK]
else if DOINGLW2 = 3,5 [goto EVERWRK]
<2> [go to WRKCOR]
<R,D> [go to EVERWRK]

Question ID: ASD.060_00.000 **Instrument Variable Name:** WRKCOR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A1 ? [F1]

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

UniverseText: 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 or Don't know to the working status question from the family section

SkipInstructions: <1,4> [goto to WHOWRK]
<2,5> [goto WHYNOWK2]
<3,R,D> [goto EVERWRK]

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

Question ID: ASD.062_00.000 **Instrument Variable Name:** DOINGLW2 **QuestionnaireFileName:** Sample Adult

QuestionText: 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
- 7 Refused
- 9 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

Question ID: ASD.065_00.000 **Instrument Variable Name:** WHYNOWK2 **QuestionnaireFileName:** Sample Adult

QuestionText: (Fill1: What is the main reason you did not work last week?)

(Fill2: What is the main reason you did not have a job or business last week?)

- 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+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work

SkipInstructions: <1-10,R,D> if WRKCOR = 2 [goto WHOWRK]
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]

2007 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
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Question ID: ASD.090_00.000 **Instrument Variable Name:** KINDWRK **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

Verbatim Verbatim Response

7 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 IMPACT]

Question ID: ASD.100_00.000 **Instrument Variable Name:** IMPACT **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

Verbatim Verbatim Response

7 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 WRKCAT]

Question ID: ASD.110_00.000 **Instrument Variable Name:** WRKCAT **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A2 ? [F1]

[If DOINGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently?

* Read answer choices if necessary.

- 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

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: <1-4,6,R,D> [goto LOCALLNO]
 <5> [goto BUSINC]

2007 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
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Question ID: ASD.112_00.000 **Instrument Variable Name:** BUSINC **QuestionnaireFileName:** Sample Adult

QuestionText: Is this business incorporated?

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

UniverseText: Sample adults 18+ who are self-employed

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

Question ID: ASD.120_00.000 **Instrument Variable Name:** LOCALNO **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A3

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

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

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

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

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

SkipInstructions: <1-8,R,D> [goto WRKLONGN]

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

Question ID: ASD.140_01.000 **Instrument Variable Name:** WRKLONGN **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

1 of 2

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

001-365 1-365
997 Refused
999 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: <1-365> [goto WRKLONGT]
<R,D> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]; else [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> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]; else [goto WRKLONGH]
<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]

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
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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]

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Adult ConditionsDocument Version Date: 27-May-08

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]

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Adult ConditionsDocument 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:** MIEVYR **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 ConditionsDocument 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]

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

Question ID: ACN.031_05.050 **Instrument Variable Name:** STRYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS have you had
... A stroke?

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

UniverseText: Sample adults 18+ who were ever told they had a stroke**SkipInstructions:** <1,2,R,D> [goto EPHEV]

Question ID: ACN.031_06.000 **Instrument Variable Name:** EPHEV **QuestionnaireFileName:** Sample Adult**QuestionText:** * Read lead-in if necessary:Have you EVER been told by a doctor or other health professional that you had
...Emphysema?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto EPHYR] <2,R,D> [goto AASMEV]

Question ID: ACN.031_06.060 **Instrument Variable Name:** EPHYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS have you had
... Emphysema?

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

UniverseText: Sample adults 18+ who were ever told they had emphysema**SkipInstructions:** <1,2,R,D> [goto AASMEV]

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

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?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto AASSTILL]
<2,R,D> [goto ULCEV]

Question ID: ACN.085_00.000 **Instrument Variable Name:** AASSTILL **QuestionnaireFileName:** Sample Adult**QuestionText:** Do you still have asthma?

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

UniverseText: Sample adults 18+ who were ever told they have asthma**SkipInstructions:** <1,2,R,D> [go to AASMYR]

Question ID: ACN.090_00.000 **Instrument Variable Name:** AASMYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

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

UniverseText: Sample adults 18+ who were ever told they had asthma**SkipInstructions:** <1> [goto AASMERYR]
<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?

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

UniverseText: Sample adults 18+ with asthma episode/attack in past 12 months**SkipInstructions:** <1,2,R,D> [goto ULCEV]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.110_00.000 **Instrument Variable Name:** ULCEV **QuestionnaireFileName:** Sample Adult

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

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

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

UniverseText: Sample adults 18+

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

Question ID: ACN.120_00.000 **Instrument Variable Name:** ULCYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had an ulcer?

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

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

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

Question ID: ACN.121_01.010 **Instrument Variable Name:** CHLEV **QuestionnaireFileName:** Sample Adult

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

...High cholesterol?

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

UniverseText: Sample adults 18+

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

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

Question ID: ACN.121_01.015 **Instrument Variable Name:** CHLYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS have you had

...High cholesterol?

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

UniverseText: Sample adults 18+ who were ever told they had high cholesterol**SkipInstructions:** <1,2,R,D> [goto 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?

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

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?

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

UniverseText: Sample adults 18+ who were ever told they had gum disease**SkipInstructions:** <1,2,R,D> [goto PHOBIAEV]

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

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 PHOBIA YR]
<2, R, D> [goto AFLUPNEV]

Question ID: ACN.121_03.035 **Instrument Variable Name:** PHOBIA YR **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]

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

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]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.121_06.060 **Instrument Variable Name:** UREV **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had
...Urinary problems such as incontinence, frequent or slow urination or infections?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.121_06.065 **Instrument Variable Name:** URYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

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

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

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

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

Question ID: ACN.123_01.010 **Instrument Variable Name:** ADDHYP **QuestionnaireFileName:** Sample Adult

QuestionText: 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

UniverseText: Sample adults 18+

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

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

Question ID: ACN.123_02.020 **Instrument Variable Name:** AUTISM **QuestionnaireFileName:** Sample Adult**QuestionText:** *Read if necessary.

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

...Autism?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D> [goto BIPDIS]

Question ID: ACN.123_03.030 **Instrument Variable Name:** BIPDIS **QuestionnaireFileName:** Sample Adult**QuestionText:** *Read if necessary.

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

...Bipolar Disorder?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D> [goto DEMENTIA]

Question ID: ACN.123_04.040 **Instrument Variable Name:** DEMENTIA **QuestionnaireFileName:** Sample Adult**QuestionText:** *Read if necessary.

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

...Dementia, including Alzheimer's disease?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D> [goto MANIAPSY]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

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]

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

Question ID: ACN.125_00.010 **Instrument Variable Name:** BOWLEV **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+**SkipInstructions:** <1,> [goto BOWLRYR]
<2,R,D> [goto ACIDRYR]

Question ID: ACN.125_00.020 **Instrument Variable Name:** BOWLRYR **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who have ever had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication**SkipInstructions:** <1> [goto BOWLTYR] <2,R,D> [goto ACIDRYR]

Question ID: ACN.125_00.030 **Instrument Variable Name:** BOWLTYR **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who have had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication in the past 12 months**SkipInstructions:** <1-3,R,D,> [goto ACIDRYR]

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

Question ID: ACN.126_00.010 **Instrument Variable Name:** ACIDRYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, have you had

...Problems with acid reflux or heartburn?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D,> [goto HACHEYR]

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

DURING THE PAST 12 MONTHS, have you had

...Regular headaches?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D,> [goto MEMLOSUR]

Question ID: ACN.126_00.030 **Instrument Variable Name:** MEMLOSUR **QuestionnaireFileName:** Sample Adult**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

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

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D,> [goto SPNYR]

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

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]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

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 ConditionsDocument 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]

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

Document Version Date: 27-May-08

Question ID: ACN.130_00.000 **Instrument Variable Name:** CANEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had
...Cancer or a malignancy of any kind?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CANKIND_1]
<2,R,D> [goto DIBEV]

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

Question ID: ACN.140_00.001 **Instrument Variable Name:** CANKIND_1 **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-30,R,D>[goto CANAGE_1]

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

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_1

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

Question ID: ACN.140_00.002 Instrument Variable Name: CANKIND_2 QuestionnaireFileName: Sample Adult

QuestionText:

* Enter code for the second kind of cancer.

* Enter '96' for no more.

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

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

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

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

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_2

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

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

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

Question ID: ACN.140_00.004 **Instrument Variable Name:** CANKIND_4 **QuestionnaireFileName:** Sample Adult**QuestionText:** * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

95 More than three kinds**96** No more**UniverseText:** Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3**SkipInstructions:** <95,96> [goto DIBEV]

Question ID: ACN.150_00.001 **Instrument Variable Name:** CANAGE_1 **QuestionnaireFileName:** Sample Adult**QuestionText:** How old were you when [fill: CANKIND_1 /this cancer] was first diagnosed?**001-100** 1-100 years**997** Refused**999** Don't know**UniverseText:** Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> [goto CANKIND_2]
<R> and <R> at CANKIND_1 [goto DIBEV]
<R> and CANKIND_1 NE <R> [goto CANKIND_2]

If number in CANAGE_1 greater than person years old (AGE) goto ERR_ CANAGE_1

Question ID: ACN.150_00.002 **Instrument Variable Name:** CANAGE_2 **QuestionnaireFileName:** Sample Adult**QuestionText:** How old were you when [fill: CANKIND_2/this cancer] was first diagnosed?**001-100** 1-100 years**997** Refused**999** Don't know**UniverseText:** Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> [goto CANKIND_3]
<R> and <R> at CANKIND_2 [goto DIBEV]
<R> and CANKIND_2 NE <R> [goto CANKIND_3]If number in CANAGE_2 greater than person years old (AGE) goto ERR_ CANAGE_2

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

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?

001-100 1-100 years
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> [goto CANKIND_4]
<R> and <R> at CANKIND_3 [goto DIBEV]
<R> and CANKIND_3 NE <R> [goto CANKIND_4]If number in CANAGE_3 greater than person years old (AGE) goto ERR_ CANAGE_3

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?]

1 Yes
2 No
3 Borderline
7 Refused
9 Don't know

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto DIBAGE]
<2,R,D> [goto DIBPRE1]
<3> [goto INSLN]

Question ID: ACN.165_00.000 **Instrument Variable Name:** DIBPRE1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were never told they had diabetes, or who refused or said don't know to having been told they had diabetes**SkipInstructions:** <1> [goto INSLN]
<2,R,D> [goto AHAYFYR]

2007 NHIS Questionnaire - Sample Adult
Adult ConditionsDocument 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

Question ID: ACN.201_02.000 **Instrument Variable Name:** SINYR **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

...Sinusitis?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.201_03.000 **Instrument Variable Name:** CBRCHYR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read 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?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.201_04.000 **Instrument Variable Name:** KIDWKYR **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
.....Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

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

UniverseText: Sample adults 18+

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

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]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

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]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.280_00.000 **Instrument Variable Name:** JNTHP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER seen a doctor or other health professional for these joint symptoms?

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

UniverseText: Sample adults 18+ with joint pain

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

Question ID: ACN.290_00.000 **Instrument Variable Name:** ARTH **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+

SkipInstructions: If ARTH eq <1> or JNTSYMP eq <1> goto ARTHLMT; else [goto PAINECK]

Question ID: ACN.295_00.000 **Instrument Variable Name:** ARTHLMT **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> if ARTH eq <1> [goto ARHTYP]; else [goto PAINECK]

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

Question ID: ACN.297_00.010 **Instrument Variable Name:** ARTHTYP **QuestionnaireFileName:** Sample Adult**QuestionText:** You just mentioned that you were told by a doctor or other health professional that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh). Which of these were you told you had?

*Enter all that apply, separate with commas.

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

UniverseText: Sample adults 18+ who were told they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia**SkipInstructions:** <1-6,R,D> [goto PAINECK]

Question ID: ACN.300_00.000 **Instrument Variable Name:** PAINECK **QuestionnaireFileName:** Sample Adult**QuestionText:** The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

During the PAST THREE MONTHS, did you have

... Neck pain?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D> [goto PAINLB]

Question ID: ACN.310_00.000 **Instrument Variable Name:** PAINLB **QuestionnaireFileName:** Sample Adult**QuestionText:** * 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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto PAINLEG]
<2,R,D> [goto PAINFACE]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.320_00.000 **Instrument Variable Name:** PAINLEG **QuestionnaireFileName:** Sample Adult

QuestionText: Did this pain spread down either leg to areas below the knees?

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

UniverseText: Sample adults 18+ with low back pain in the past 3 months

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

Question ID: ACN.331_01.000 **Instrument Variable Name:** PAINFACE **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+

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

Question ID: ACN.331_02.000 **Instrument Variable Name:** AMIGR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read lead-in if neccessary:
During the PAST THREE MONTHS, did you have
...Severe headache or migraine?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ACOLD2W]

2007 NHIS Questionnaire - Sample Adult
Adult ConditionsDocument 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 GE 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]

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

Question ID: ACN.372_00.010 **Instrument Variable Name:** MENSYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, have you had any menstrual problems such as heavy bleeding, bothersome cramping, or pre-menstrual syndrome (also called PMS)?

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

UniverseText: Female sample adults 18-55**SkipInstructions:** <1,2,R,D> if AGE 45-55 [goto MENOYR]; else [goto GYNYR]

Question ID: ACN.372_00.020 **Instrument Variable Name:** MENOYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, have you had any menopausal problems such as hot flashes, night sweats, or other menopausal symptoms?

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

UniverseText: Female sample adults 45-57**SkipInstructions:** <1,2,R,D> [goto GYNYR]

Question ID: ACN.372_00.030 **Instrument Variable Name:** GYNYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, have you had any gynecologic problems such as a vaginal infection, uterine fibroids, or infertility?

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

UniverseText: Female sample adults 18+**SkipInstructions:** <1,2,R,D> [goto AHEARST1]

Question ID: ACN.372_00.040 **Instrument Variable Name:** PROSTYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, have you had any men's health problems such as prostate trouble, or impotence?

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

UniverseText: Male sample adults 40+**SkipInstructions:** <1,2,R,D> [goto AHEARST1]

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

Question ID: ACN.400_00.010 **Instrument Variable Name:** AHEARST1 **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto HRFAM]
<2-6,R,D> [goto HRWORS]

Question ID: ACN.400_00.020 **Instrument Variable Name:** HRWORS **QuestionnaireFileName:** Sample Adult**QuestionText:** Is your hearing WORSE in one ear than the other?

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

UniverseText: Sample adults 18+ who have other than excellent hearing**SkipInstructions:** <1> [goto HRWHICH]
<2,R,D> [goto HRWHISP]

Question ID: ACN.400_00.030 **Instrument Variable Name:** HRWHICH **QuestionnaireFileName:** Sample Adult**QuestionText:** Which ear is worse?

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

UniverseText: Sample adults 18+ who hear worse in one ear than the other**SkipInstructions:** <1,2,R,D> [goto HRRIGHT]

2007 NHIS Questionnaire - Sample Adult
Adult ConditionsDocument 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]

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

Question ID: ACN.400_00.100 **Instrument Variable Name:** HRBACK **QuestionnaireFileName:** Sample Adult**QuestionText:** 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...

*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 other than excellent hearing**SkipInstructions:** <1-5,R,D> [goto HRFRUST]

Question ID: ACN.400_00.110 **Instrument Variable Name:** HRFRUST **QuestionnaireFileName:** Sample Adult**QuestionText:** How often does your hearing cause you to feel frustrated when talking to members of your family or to friends? 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 other than excellent hearing**SkipInstructions:** <1-5,R,D> [goto HRSAFETY]

Question ID: ACN.400_00.120 **Instrument Variable Name:** HRSAFETY **QuestionnaireFileName:** Sample Adult**QuestionText:** How often does your hearing cause you to worry about your safety while working or doing other activities? 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 other than excellent hearing**SkipInstructions:** <1-5,R,D> if AHEARST1=2,R,D and HRWORS=2,R,D [goto HRFAM];
else [goto HEARAGE1]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

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]

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

Question ID: ACN.400_00.150 **Instrument Variable Name:** HRCAUS1 **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other**SkipInstructions:** <1-13,R,D> if AHEARST1=6 and HRWORS=2 [goto HRPROBHP];
else [goto HRFAM]

Question ID: ACN.400_00.160 **Instrument Variable Name:** HRFAM **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who are not deaf or who are deaf but hear worse in one ear than the other**SkipInstructions:** <1,2,R,D> [goto HRPROBHP]

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

Question ID: ACN.400_00.170 **Instrument Variable Name:** HRPROBHP **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+**SkipInstructions:** <0,4-6,R,D> [goto HRTEST]
<1-3> [goto HRENT]

Question ID: ACN.405_01.010 **Instrument Variable Name:** HRENT **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 4 or less years ago**SkipInstructions:** <1,2,R,D> [goto HRAUD]

Question ID: ACN.405_02.020 **Instrument Variable Name:** HRAUD **QuestionnaireFileName:** Sample Adult**QuestionText:** *Read if necessary.

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?

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

UniverseText: Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 4 or less years ago**SkipInstructions:** <1,2,R,D> [goto HRTEST]

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

Question ID: ACN.410_00.010 **Instrument Variable Name:** HRTEST **QuestionnaireFileName:** Sample Adult**QuestionText:** When was the last time you had your hearing tested?

- 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

UniverseText: Sample adults 18+**SkipInstructions:** <0-6,R,D> [goto HRCOCREC]

Question ID: ACN.410_00.020 **Instrument Variable Name:** HRCOCREC **QuestionnaireFileName:** Sample Adult**QuestionText:** ?[F1]

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

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto HRCOCNOW]
<2,R,D> [goto HRAIDNOW]

Question ID: ACN.410_00.030 **Instrument Variable Name:** HRCOCNOW **QuestionnaireFileName:** Sample Adult**QuestionText:** ?[F1]

Do you now use a cochlear implant?

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

UniverseText: Sample adults 18+ who have had a cochlear implant recommended**SkipInstructions:** <1,2,R,D,> [goto HRAIDNOW]

2007 NHIS Questionnaire - Sample Adult
Adult ConditionsDocument 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];
else [goto HRALDS]
<5> [goto HRAIDNOT]

2007 NHIS Questionnaire - Sample Adult
Adult ConditionsDocument 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 HREALDS]

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
- 7 Refused
- 9 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]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.410_00.130 **Instrument Variable Name:** HRALDTYP **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A5

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

UniverseText: Sample adults 18+ who have ever used assistive listening devices (ALDs)

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

Question ID: ACN.412_00.010 **Instrument Variable Name:** HRTIN **QuestionnaireFileName:** Sample Adult

QuestionText: 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

UniverseText: Sample adults 18+

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

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

Question ID: ACN.412_00.020 **Instrument Variable Name:** HRTINLNG **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months**SkipInstructions:** <1-7,R,D> [goto HRTINOFT]

Question ID: ACN.412_00.030 **Instrument Variable Name:** HRTINOFT **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months**SkipInstructions:** <1-5,R,D> [goto HRTINMUS]

Question ID: ACN.412_00.040 **Instrument Variable Name:** HRTINMUS **QuestionnaireFileName:** Sample Adult**QuestionText:** 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

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months**SkipInstructions:** <1,2,R,D> [goto HRTINSLP]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.412_00.050 **Instrument Variable Name:** HRTINSLP **QuestionnaireFileName:** Sample Adult

QuestionText: Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?

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

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

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

Question ID: ACN.412_00.060 **Instrument Variable Name:** HRTNPROB **QuestionnaireFileName:** Sample Adult

QuestionText: How much of a problem is this ringing, roaring, or buzzing in your ears or head? Would you say it is...

*Read categories below.

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

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

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

Question ID: ACN.412_00.070 **Instrument Variable Name:** HRTINDIS **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever discussed this ringing, roaring or buzzing in your ears or head with your doctor or other health care professional?

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

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

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: <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: <1-15,R,D> [goto HRFIRE]

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

Question ID: ACN.413_00.010 **Instrument Variable Name:** HRFIRE **QuestionnaireFileName:** Sample Adult**QuestionText:** 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.

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto HRFIRTYP];
<2,R,D> If EVERWRK ne <2, R, D> [goto HRWRKNOS];
Else [goto HRLESNOS]

Question ID: ACN.413_00.020 **Instrument Variable Name:** HRFIRTYP **QuestionnaireFileName:** Sample Adult**QuestionText:** Was this for work, leisure, or both?

- 1 Work
- 2 Leisure
- 3 Both
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used firearms**SkipInstructions:** <1-3,R,D> [goto HRTOTR]

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

- 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 to less than 50,000 rounds
- 5 50,000 rounds or more
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used firearms**SkipInstructions:** <1-5,R,D> [goto HR12MR]

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 HRFPRROT]

Question ID: ACN.413_00.050 **Instrument Variable Name:** HRFPRROT **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]

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

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 HRWRKYR]

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 ConditionsDocument 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]

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

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]

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

Question ID: ACN.440_00.000 **Instrument Variable Name:** ABLIND **QuestionnaireFileName:** Sample Adult**QuestionText:** Are you blind or unable to see at all?

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

UniverseText: Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses**SkipInstructions:** <1,2,R,D> [goto LUPPRT]

Question ID: ACN.451_00.000 **Instrument Variable Name:** LUPPRT **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you lost all of your upper and lower natural (permanent) teeth?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D>[goto MHSAD_CK]

Question ID: ACN.470_00.000 **Instrument Variable Name:** MHSAD_CK **QuestionnaireFileName:** Sample Adult**QuestionText:** Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

- 1 Enter 1 to continue

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto SAD]

Question ID: ACN.471_01.000 **Instrument Variable Name:** SAD **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A8

During the PAST 30 DAYS, how often did you feel

... So sad that nothing could cheer you up?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1-5,R,D> [goto NERVOUS]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.471_02.000 **Instrument Variable Name:** NERVOUS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Nervous?

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A8

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Restless or fidgety?

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

UniverseText: Sample adults 18+

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

2007 NHIS Questionnaire - Sample Adult
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]

2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

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

QuestionText: (book) A8

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

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

UniverseText: Sample adults 18+

SkipInstructions: If SAD eq <1-3> or NERVOUS eq <1-3> or RESTLESS eq <1-3> or HOPELESS eq <1-3> or EFFORT eq <1-3> or WORTHLS eq <1-3> [goto MHAMTMO]; else [goto next section]

Question ID: ACN.530_00.000 **Instrument Variable Name:** MHAMTMO **QuestionnaireFileName:** Sample Adult

QuestionText: 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
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

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?

0 Had job last week
1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <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.

000 None
001-366 1-366 days
997 Refused
999 Don't know

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.

000 None
001-366 1-366 days
997 Refused
999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-366,R,D> [goto AHSTATYR]
<120-366> [goto ERR_BEDDAYR]

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]

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

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]

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

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]

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.141_02.000 **Instrument Variable Name:** FLCARRY **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...

...Lift or carry something as heavy as 10 pounds such as a full bag of groceries?

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

UniverseText: Sample adults 18+

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

Question ID: AHS.141_03.000 **Instrument Variable Name:** FLPUSH **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...

...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

UniverseText: Sample adults 18+

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.171_01.000 **Instrument Variable Name:** FLSHOP **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...

...Go out to things like shopping, movies, or sporting events?

- 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 FLSOCL]

Question ID: AHS.171_02.000 **Instrument Variable Name:** FLSOCL **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...

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

- 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 FLRELAX]

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.171_03.000 **Instrument Variable Name:** FLRELAX **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...

...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 FLSIT= 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)

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.200_00.000 **Instrument Variable Name:** AFLHCA **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A10

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
-

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 27-May-08

UniverseText: Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects;going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

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

Question ID: AHS.201_90.000 **Instrument Variable Name:** AFLHCA_S1 **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim Response
7	Refused
9	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	Verbatim Response
7	Refused
9	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]

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.300_01.000 **Instrument Variable Name:** AHCL01N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a vision problem or problem seeing?

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

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL01T]
 <R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.300_02.000 **Instrument Variable Name:** AHCL01T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL01T
 [if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.301_01.000 **Instrument Variable Name:** AHCL02N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL02T]
 <R>[store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.301_02.000 **Instrument Variable Name:** AHCL02T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL02T
 [if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.302_01.000 **Instrument Variable Name:** AHCL03N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.302_02.000 **Instrument Variable Name:** AHCL03T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

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

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.303_01.000 **Instrument Variable Name:** AHCL04N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a back or neck problem

SkipInstructions: <1-95,D>[goto AHCL04T]
<R>[store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.303_02.000 **Instrument Variable Name:** AHCL04T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL04T
[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
 Document Version Date: 27-May-08

Question ID: AHS.304_01.000 **Instrument Variable Name:** AHCL05N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint injury?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL05T]
 <R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.304_02.000 **Instrument Variable Name:** AHCL05T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL05T
 [if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
 Document Version Date: 27-May-08

Question ID: AHS.305_01.000 **Instrument Variable Name:** AHCL06N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had the (fill: other) injury that caused your limitation?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL06T]
 <R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.305_02.000 **Instrument Variable Name:** AHCL06T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL06T
 [if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.306_01.000 **Instrument Variable Name:** AHCL07N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL07T]
<R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.306_02.000 **Instrument Variable Name:** AHCL07T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with heart problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
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_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.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL08T
 [if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.308_01.000 **Instrument Variable Name:** AHCL09N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had hypertension or high blood pressure?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL09T]
 <R>[store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.308_02.000 **Instrument Variable Name:** AHCL09T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL09T
 [if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
 Document Version Date: 27-May-08

Question ID: AHS.309_01.000 **Instrument Variable Name:** AHCL10N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL10T]
 <R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.309_02.000 **Instrument Variable Name:** AHCL10T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with diabetes.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL10T
 [if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.310_01.000 **Instrument Variable Name:** AHCL11N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL11T]
 <R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000 **Instrument Variable Name:** AHCL11T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL11T
 [if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.313_01.000 **Instrument Variable Name:** AHCL14N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

UniverseText: Sample adults 18+ who had difficulty due to mental retardation

SkipInstructions: <1-95,D>[goto AHCL14T]
 <R>[store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.313_02.000 **Instrument Variable Name:** AHCL14T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with mental retardation.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL14T
 [if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.314_01.000 **Instrument Variable Name:** AHCL15N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

* Enter number for time with a developmental problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94	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)]

Question ID: AHS.314_02.000 **Instrument Variable Name:** AHCL15T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

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

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.315_01.000 **Instrument Variable Name:** AHCL16N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had senility?

* Enter number for time with senility.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL16T]
 <R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.315_02.000 **Instrument Variable Name:** AHCL16T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with senility.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL16T
 [if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1_AHCL16T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.316_01.000 **Instrument Variable Name:** AHCL17N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL17T]
 <R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.316_02.000 **Instrument Variable Name:** AHCL17T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL17T
 [if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.317_01.000 **Instrument Variable Name:** AHCL18N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL18T]
<R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.317_02.000 **Instrument Variable Name:** AHCL18T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with weight problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL18T
[if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.318_01.000 **Instrument Variable Name:** AHCL19N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

* Enter number for time with a missing limb.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL19T]
 <R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.318_02.000 **Instrument Variable Name:** AHCL19T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with missing limb.

1	Day(s)
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_AHCL19T
 [if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1_AHCL19T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.319_01.000 **Instrument Variable Name:** AHCL20N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a kidney, bladder or renal problem?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL20T]
 <R>[store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.319_02.000 **Instrument Variable Name:** AHCL20T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL20T
 [if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.320_01.000 **Instrument Variable Name:** AHCL21N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

* Enter number for time with a circulation problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.320_02.000 **Instrument Variable Name:** AHCL21T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with circulation problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL21T
 [if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.321_01.000 **Instrument Variable Name:** AHCL22N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL22T]
 <R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.321_02.000 **Instrument Variable Name:** AHCL22T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL22T
 [if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.322_01.000 **Instrument Variable Name:** AHCL23N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.322_02.000 **Instrument Variable Name:** AHCL23T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

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

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.323_01.000 **Instrument Variable Name:** AHCL24N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL24T]
 <R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.323_02.000 **Instrument Variable Name:** AHCL24T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL24T
 [if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.324_01.000 **Instrument Variable Name:** AHCL25N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL25T]
 <R>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.324_02.000 **Instrument Variable Name:** AHCL25T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL25T
 [if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.325_01.000 **Instrument Variable Name:** AHCL26N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL26T
 [if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.326_01.000 **Instrument Variable Name:** AHCL27N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.326_02.000 **Instrument Variable Name:** AHCL27T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.327_01.000 **Instrument Variable Name:** AHCL28N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL28T]
 <R>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.327_02.000 **Instrument Variable Name:** AHCL28T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL28T
 [if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.328_01.000 **Instrument Variable Name:** AHCL29N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerver damage (including carpal tunnel syndrome).

* 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 nerve damage

SkipInstructions: <1-95,D>[goto AHCL29T]
 <R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.328_02.000 **Instrument Variable Name:** AHCL29T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with nerve damage.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
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_AHCL29T
 [if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.329_01.000 **Instrument Variable Name:** AHCL30N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.329_02.000 **Instrument Variable Name:** AHCL30T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.330_01.000 **Instrument Variable Name:** AHCL31N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.330_02.000 **Instrument Variable Name:** AHCL31T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with ulcer.

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

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.331_01.000 **Instrument Variable Name:** AHCL32N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL32T]
 <R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.331_02.000 **Instrument Variable Name:** AHCL32T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL32T
 [if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1_AHCL32T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.332_01.000 **Instrument Variable Name:** AHCL33N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL33T]
 <R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.332_02.000 **Instrument Variable Name:** AHCL33T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL33T
 [if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.333_01.000 **Instrument Variable Name:** AHCL34N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL34T]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.333_02.000 **Instrument Variable Name:** AHCL34T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL34T
[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

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

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.335_01.000 **Instrument Variable Name:** AHCL90N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?

* Enter number for time with {problem in AFLHCA90}.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D>[goto AHCL90T]
 <R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000 **Instrument Variable Name:** AHCL90T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

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

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

SkipInstructions: <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
 Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL90T
 [if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T

2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.336_01.000 **Instrument Variable Name:** AHCL91N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA91}?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.336_02.000 **Instrument Variable Name:** AHCL91T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL91T
[if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T

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

Question ID: AHB.010_00.000 **Instrument Variable Name:** SMKEV **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about cigarette smoking.

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

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

UniverseText: Sample adults 18+

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

Question ID: AHB.020_00.000 **Instrument Variable Name:** SMKREG **QuestionnaireFileName:** Sample Adult

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

* Enter '6' if less than 6 years old.

* Enter '95' if 95 years old or older.

* Enter '96' if never smoked regularly.

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

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <6-95,96,R,D> [goto SMKNOW]

[If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG]

Question ID: AHB.030_00.000 **Instrument Variable Name:** SMKNOW **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <1>[goto CIGSDA1]
<2> [goto CIGDAMO]
<3> [goto SMKQTNO]
<R,D> [goto VIGNO]

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

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]

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

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]

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

Question ID: AHB.090_01.000 **Instrument Variable Name:** VIGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]
<1-995>[goto VIGTP]

Question ID: AHB.090_02.000 **Instrument Variable Name:** VIGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for vigorous leisure-time physical activities.

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-4> goto VIGLNGNO

[if (VIGNO gt <4> and VIGTP eq <1>) or
(VIGNO gt <28> and VIGTP eq <2>) or
(VIGNO gt <31> and VIGTP eq <3>) or
(VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

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

Question ID: AHB.100_01.000 **Instrument Variable Name:** VIGLNGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995 1-995
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-995>[goto VIGLNGTP]
<R,D>[goto MODNO]

Question ID: AHB.100_02.000 **Instrument Variable Name:** VIGLNGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for length of vigorous leisure-time physical activities.

1 Minutes
2 Hours
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1,2>goto MODNO

if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP;

if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto
ERR2_VIGLNGTP

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

Question ID: AHB.110_01.000 **Instrument Variable Name:** MODNO **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]
<0, 996, R,D>[goto STRNGNO]

Question ID: AHB.110_02.000 **Instrument Variable Name:** MODTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for light or moderate leisure-time physical activities

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

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

SkipInstructions: <1-4> goto MODLNGNO
[if (MODNO gt <4> and MODTP eq <1>) or
(MODNO gt <28> and MODTP eq <2>) or
(MODNO gt <31> and MODTP eq <3>) or
(MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO

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

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

Question ID: AHB.130_01.000 **Instrument Variable Name:** STRNGNO **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

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

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do strengthening activities

SkipInstructions: <1-4> goto ALC1YR
 [If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or
 (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto
 ERR_STRNGTP]

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

Question ID: AHB.140_00.000 **Instrument Variable Name:** ALC1YR **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto ALCLIFE]

Question ID: AHB.150_00.000 **Instrument Variable Name:** ALCLIFE **QuestionnaireFileName:** Sample Adult

QuestionText: In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

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

UniverseText: Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto AHGT_FT]

Question ID: AHB.160_01.000 **Instrument Variable Name:** ALC12MNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

- 000 Never
- 001-365 1-365 day(s)
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life

SkipInstructions: <1-365>[goto ALC12MTP]
<0,R,D>[goto AHGT_FT]

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]

2007 NHIS Questionnaire - Sample Adult
Adult Health BehaviorsDocument Version Date: 27-May-08

Question ID: AHB.190_01.000 **Instrument Variable Name:** AHGT_FT **QuestionnaireFileName:** Sample Adult**QuestionText:** How tall are you without shoes?

* Enter "M" to record metric measurements

02-07 2-7 feet
97 Refused
99 Don't know
M Metric

UniverseText: Sample adults 18+**SkipInstructions:** <2-7> [goto AHGT_IN]
<R,D> [goto AWGT_LB]
<M> [goto AHGT_M]
[if AHGT_FT NE<2-7,D,R,M> goto ERR1_AHGT_FT]
[if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Question ID: AHB.190_02.000 **Instrument Variable Name:** AHGT_IN **QuestionnaireFileName:** Sample Adult**QuestionText:** How tall are you without shoes?

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

00-11 0-11 inches
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who answered their height in feet**SkipInstructions:** <0-11,R,D> [goto AWGT_LB]
<empty> [goto ERR_AHGT_IN]

Question ID: AHB.190_03.000 **Instrument Variable Name:** AHGT_M **QuestionnaireFileName:** Sample Adult**QuestionText:** How tall are you without shoes?

* Enter height in metric.

0-2 0-2 meters
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who choose to give their height in metric measurements**SkipInstructions:** <0-2> [goto AHGT_CM]
<R,D> [goto AWGT_LB]
<empty> [goto ERR_AHGT_M]

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

Question ID: AHB.190_04.000 **Instrument Variable Name:** AHGT_CM **QuestionnaireFileName:** Sample Adult

QuestionText:

*Enter centimeters.

000-241 0-241 centimeters
997 Refused
999 Don't know

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

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

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto ERR1_AHGT_CM
 <> goto ERR2_AHGT_CM
 [If AHGT_M eq <1> and AHGT_CM lt <20> or AHGT_M eq <0> and AHGT_CM lt <120>] goto ERR3_AHGT_CM]

Question ID: AHB.200_01.000 **Instrument Variable Name:** AWGT_LB **QuestionnaireFileName:** Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter "M" to record metric measurements

* Enter '500' for 500 pounds or more

050-500 50-500 pounds
997 Refused
999 Don't know
M Metric

UniverseText: Sample adults 18+

SkipInstructions: <50-500> [goto SLEEP]
 [if AWGT_LB lt <50> or gt <500> goto ERR_AWGT_LB
 <R,D>[goto SLEEP]
 <M> [goto AWGT_KG]

Question ID: AHB.200_02.000 **Instrument Variable Name:** AWGT_KG **QuestionnaireFileName:** Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter weight in kilograms

022-226 22-226 kilograms
997 Refused
999 Don't know

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

SkipInstructions: <22-226,R,D> [goto SLEEP]
 [If AWGT_KG lt <22> or K gt <226>goto ERR_AWGT_KG]

2007 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 27-May-08

Question ID: AHB.210_00.000 **Instrument Variable Name:** SLEEP **QuestionnaireFileName:** Sample Adult

QuestionText: On average, how many hours of sleep do you get in a 24-hour period?

* Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

01-24 1-24 hours
97 Refused
99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-24,R,D> [goto next section]
[If SLEEP eq <1-5> goto ERR_SLEEP]

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 AHCCHGYR]
<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]

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.061_01.000 **Instrument Variable Name:** AHCDLY_1 **QuestionnaireFileName:** Sample Adult

QuestionText:

There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

Question ID: AAU.061_02.000 **Instrument Variable Name:** AHCDLY_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

Question ID: AAU.061_03.000 **Instrument Variable Name:** AHCDLY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

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

UniverseText: Sample adults 18+

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

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.061_04.000 **Instrument Variable Name:** AHCDLY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

Question ID: AAU.061_05.000 **Instrument Variable Name:** AHCDLY_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_1]

Question ID: AAU.111_01.000 **Instrument Variable Name:** AHCAFY_1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_2]

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.111_02.000 **Instrument Variable Name:** AHCAFY_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000 **Instrument Variable Name:** AHCAFY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]

Question ID: AAU.111_04.000 **Instrument Variable Name:** AHCAFY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

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

UniverseText: Sample adults 18+

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

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

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]

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.141_03.000 **Instrument Variable Name:** AHCSY1_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, 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]

Question ID: AAU.141_04.000 **Instrument Variable Name:** AHCSY1_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, 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]

Question ID: AAU.141_05.000 **Instrument Variable Name:** AHCSY1_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, 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]

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.141_06.000 **Instrument Variable Name:** AHCSY1_6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, 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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[if SEX=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

Question ID: AAU.200_00.000 **Instrument Variable Name:** AHCSYR7 **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?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

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

UniverseText: Sample adults 18+ who are female

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 8]

Question ID: AAU.211_01.000 **Instrument Variable Name:** AHCSY8_ 8 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, 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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 9]

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.211_02.000 **Instrument Variable Name:** AHCSY8_9 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, 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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHCSYR10]
<2,R,D> [goto AHERNOYR]

Question ID: AAU.230_00.000 **Instrument Variable Name:** AHCSYR10 **QuestionnaireFileName:** Sample Adult

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

UniverseText: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

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

Question ID: AAU.240_00.000 **Instrument Variable Name:** AHERNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A12

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

UniverseText: Sample adults 18+

SkipInstructions: <0 - 8,R,D> [go to AHCHYR]

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & UtilizationDocument Version Date: 27-May-08

Question ID: AAU.250_00.000 **Instrument Variable Name:** AHCHYR **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1>[goto AHCHMOYR]
<2,R,D>[goto AHCNOYR]

Question ID: AAU.260_00.000 **Instrument Variable Name:** AHCHMOYR **QuestionnaireFileName:** Sample Adult**QuestionText:** During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

- 01-12 01-12 months
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months**SkipInstructions:** <1-12,R,D>[goto AHCHNOYR]

Question ID: AAU.270_00.000 **Instrument Variable Name:** AHCHNOYR **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A13

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

- 01 1
- 02 2-3
- 03 4-5
- 04 6-7
- 05 8-9
- 06 10-12
- 07 13-15
- 08 16 or more
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months**SkipInstructions:** <1-8,R,D>[goto AHCNOYR]

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.280_00.000 **Instrument Variable Name:** AHCNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A12

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]

Question ID: AAU.290_00.000 **Instrument Variable Name:** ASRGYR **QuestionnaireFileName:** Sample Adult

QuestionText: 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

UniverseText: Sample adults 18+

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

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.300_00.000 **Instrument Variable Name:** ASRGNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

01-94	1-94 Times
95	95+ times
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG]
<11-95> [goto ERR_ASGYR]

Question ID: AAU.305_00.000 **Instrument Variable Name:** AMDLONG **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A11 ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0	Never
1	6 months or less
2	More than 6 mos, but not more than 1 yr ago
3	More than 1 yr, but not more than 2 yrs ago
4	More than 2 yrs, but not more than 5 yrs ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto SHTFLUYR]

Question ID: AAU.310_00.000 **Instrument Variable Name:** SHTFLUYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.312_01.000 **Instrument Variable Name:** ASHFLU_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu shot?

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

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

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

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

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year	Year
9997	Refused
9999	Don't know

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

SkipInstructions: <valid year,R,D> [goto SPRFLUYR]
[If ASHFLU_M and ASHFLU_Y = a future date] goto ERR1_ASHFLU_Y
[If ASHFLU_M and ASHFLU_Y = a date prior to birth] goto ERR2_ASHFLU_Y
[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago] goto ERR3_ASHFLU_Y

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.315_00.000 **Instrument Variable Name:** SPRFLUYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPFLU_M]
[if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR
[if AGE GE 50] goto ERR2_SPRFLUYR
<2,D,R> [goto SHTPNUYR]

Question ID: AAU.318_01.000 **Instrument Variable Name:** ASPFLU_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

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

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

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & UtilizationDocument 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.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn't know the month**SkipInstructions:** <valid year, R,D> [goto SHTPNUYR]
[If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

Question ID: AAU.320_00.000 **Instrument Variable Name:** SHTPNUYR **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D> [goto APOX]

Question ID: AAU.330_00.000 **Instrument Variable Name:** APOX **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER had chickenpox?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+**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 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

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

UniverseText: Sample adults 18+ who have ever had chickenpox

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

Question ID: AAU.350_00.000 **Instrument Variable Name:** AHEP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had hepatitis?

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

UniverseText: Sample adults 18+

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

Question ID: AAU.360_00.000 **Instrument Variable Name:** AHEPLIV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

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

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

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

2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.370_00.000 **Instrument Variable Name:** SHTHEPB **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

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

UniverseText: Sample adults 18+

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

Question ID: AAU.380_00.000 **Instrument Variable Name:** SHEPDOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- 1 Received at least 3 doses
- 2 Received less than 3 doses
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

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

2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.010_00.000 **Instrument Variable Name:** BLDGV **QuestionnaireFileName:** Sample Adult

QuestionText: 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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto BLDG12M]
<2,R,D> [goto HIVTST]

Question ID: ADS.020_00.000 **Instrument Variable Name:** BLDG12M **QuestionnaireFileName:** Sample Adult

QuestionText: 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

UniverseText: Sample adults 18+ who have given blood since March 1985

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

Question ID: ADS.040_00.000 **Instrument Variable Name:** HIVTST **QuestionnaireFileName:** Sample Adult

QuestionText: 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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto TST12M_M]
<2> [goto WHYTST]
<R,D> [goto EXTST12M]

2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.050_00.000 **Instrument Variable Name:** WHYTST **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A14

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

UniverseText: Sample adults 18+ who have not been tested for HIV

SkipInstructions: <1-7,9,R,D> [goto EXTST12M]
<8> [goto WHYSPEC]

Question ID: ADS.055_00.000 **Instrument Variable Name:** WHYSPEC **QuestionnaireFileName:** Sample Adult

QuestionText: What was the main reason why you have not been tested?

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

UniverseText: Sample adults 18+ with some other reason for no HIV test

SkipInstructions: <20 char long> [goto EXTST12M]

2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.060_01.000 **Instrument Variable Name:** TST12M_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

[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]

Question ID: ADS.060_02.000 **Instrument Variable Name:** TST12M_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter year of last HIV test.

1985-2008	1985-2008
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their last HIV test or who didn't know the month

SkipInstructions: <1880-2030> [goto REATST]
<R,D> [goto TIMETST]
[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
- 7 Refused
- 9 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** Verbatim Response
- 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** Verbatim Response
- 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]

2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.070_00.000 **Instrument Variable Name:** LASTST **QuestionnaireFileName:** Sample Adult

QuestionText: (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]

Question ID: ADS.072_00.000 **Instrument Variable Name:** CLINTYP **QuestionnaireFileName:** Sample Adult

QuestionText: 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
- 7 Refused
- 9 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** Verbatim Response
- 7 Refused
 - 9 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
- 7 Refused
- 9 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
- 7 Refused
- 9 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

Question ID: ADS.140_00.000 **Instrument Variable Name:** CHNSADS **QuestionnaireFileName:** Sample Adult

QuestionText: What are your chances of GETTING HIV (the virus that causes AIDS)?

Would you say high, medium, low, or none?

- 1 High
- 2 Medium
- 3 Low
- 4 None
- 5 Already have HIV or AIDS
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ADS.150_00.000 **Instrument Variable Name:** STMTRU **QuestionnaireFileName:** Sample Adult

QuestionText: (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.

- (a) You have hemophilia and have received clotting factor concentrations.
- (b) You are a man who has had sex with other men, even just one time.
- (c) You have taken street drugs by needle, even just one time.
- (d) You have traded sex for money or drugs, even just one time.
- (e) You have tested positive for HIV (the virus that causes AIDS).
- (f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements.

- 1 Yes, at least one statement is true
- 2 No, none of these statements are true
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [If AGE GE <50> [go to TBHRD] else [go to STD]]

2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.160_00.000 **Instrument Variable Name:** STD **QuestionnaireFileName:** Sample Adult

QuestionText: 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]

Question ID: ADS.170_00.000 **Instrument Variable Name:** STDDOC **QuestionnaireFileName:** Sample Adult

QuestionText: 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]

Question ID: ADS.180_00.000 **Instrument Variable Name:** STDWHER **QuestionnaireFileName:** Sample Adult

QuestionText: 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]

2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.190_00.000 **Instrument Variable Name:** STDWOTH **QuestionnaireFileName:** Sample Adult

QuestionText: Where did you go to be checked?

Verbatim Verbatim Response

7 Refused

9 Don't know

UniverseText: Sample adults 18-49 who have had an STD other than HIV or AIDS who were tested at some other place

SkipInstructions: <20 char long> [goto TBHRD]

Question ID: ADS.200_00.000 **Instrument Variable Name:** TBHRD **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ADS.210_00.000 **Instrument Variable Name:** TBKNOW **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever personally known anyone who had TB?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have heard of tuberculosis

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

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]

2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

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?

- 1 High
- 2 Medium
- 3 Low
- 4 None
- 5 Already have TB
- 7 Refused
- 9 Don't know

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?)

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

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?

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

UniverseText: Sample adults 18+

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