2008 NHIS Questionnaire - Family
Family Identification
Document Version Date: 24-Apr-09

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

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

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

UniverseText: All nondeleted family members

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

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

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

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

UniverseText: HHCHANGE = 2 (No, not correct)

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

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

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

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

SkipInstructions: <1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
else GOTO FIDCC13
<2> GOTO ERR_HHCHANGE_1
2008 NHIS Questionnaire - Family
Family Identification
Document Version Date: 24-Apr-09

Question ID: FID.250_00.000  Instrument Variable Name: MARITAL  QuestionnaireFileName: Family

QuestionText: * ASK OR VERIFY

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

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

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

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

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

QuestionText: * ASK OR VERIFY

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: A potential spouse lives in the unit.

SkipInstructions: <1> If SPOUS2[PX] = null [goto SPOUS2]
else [goto FIDCCI3]
<2,R,D> [goto FIDCCI3]

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

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

[Display all possible spouse candidates]

01-25  Person # of spouse

UniverseText: Person has an unidentified spouse in the household.

SkipInstructions: Do not allow line number of the subject to be entered. If so [goto ERR_SPOUS2]
<1-25,R,D> [goto FIDCCI3]
### Question ID: FID.280_00.000  Instrument Variable Name: COHAB1  QuestionnaireFileName: Family

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

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

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

**SkipInstructions:**

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

---

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

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

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<table>
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<tbody>
<tr>
<td>1</td>
<td>Married</td>
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<tr>
<td>2</td>
<td>Widowed</td>
</tr>
<tr>
<td>3</td>
<td>Divorced</td>
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<tr>
<td>4</td>
<td>Separated</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Person has been married.

**SkipInstructions:**

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

---

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

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

[Display all possible cohabitation candidates]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-25</td>
<td>Person number</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

If line number of the subject is entered [goto ERR_COHAB3] <1-25,R,D> [goto FIDCCI3]
2008 NHIS Questionnaire - Family
Family Identification
Document Version Date: 24-Apr-09

Question ID: FID.322_00.000  Instrument Variable Name: DEGREE4  QuestionnaireFileName: Family

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

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

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

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

Question ID: FID.324_00.000  Instrument Variable Name: DEGREE5  QuestionnaireFileName: Family

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

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

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

SkipInstructions: <1> if AGEDIFF <12 [goto ERR_DEGREE5]
if ERR_DEGREE5 = 1 [goto FIDCCI4B]
else, reset DEGREE5 [goto DEGREE5] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]
2008 NHIS Questionnaire - Family
Family Identification
Document Version Date: 24-Apr-09

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

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

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

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

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

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

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

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

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

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

UniverseText: Mother is in the immediate family.

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

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

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

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

---

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

**QuestionText:** * Ask or verify

Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

* Enter the line number of the father or father-in-law.

* If the father is not a household member, enter '0'.

* If the person has no parents present but has a legal guardian, enter '96'.

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

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

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

**SkipInstructions:**
1-25 [goto FATHERCK_A]
<0,R,D> [goto FIDCCI4]
<96> [goto GUARD]
**2008 NHIS Questionnaire - Family**  
Family Identification  
Document Version Date: 24-Apr-09

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

**UniverseText:** Father has been identified

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

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

**UniverseText:** Father has been identified

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.360_01.000</th>
<th>Instrument Variable Name:</th>
<th>GUARD</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| QuestionText:| Who is [fill: your/ALIAS's ] legal guardian?  
* Enter the line number of [fill1: your/ALIAS's] guardian.  
* If the guardian is not a household member, enter '0'. |
| 00           | Guardian not a household member |
| 01-25        | Person # of guardian |
| 97           | Refused |
| 99           | Don't know |

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

**SkipInstructions:**  
<0-25,R,D> [goto FIDCCI4]
Question ID: FID.380_00.000  Instrument Variable Name: KNOW2  QuestionnaireFileName: Family

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

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

UniverseText: More than one adult

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

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

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

1 Present
2 Not present

UniverseText: All nondeleted persons >17 or emancipated minors

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

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

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

01-25 Person # of Family Respondent

UniverseText: More than 1 adult present.

SkipInstructions: goto HLTH_BEG
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: ? [F1]

[fill1: Are/Is]

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

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

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: goto PLAPLYUN

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

**QuestionText:**

> [F1]

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

* Read names

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

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

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

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

<2,R,D> [goto FLAADL]

---

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

**QuestionText:**  

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto PSPEDEM

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

---

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

**QuestionText:**

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

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

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

**SkipInstructions:** repeat this question for all persons listed at PSPEDEIS, then goto FLAADL
Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

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

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

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

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

Who is this?
(Anyone else?)

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

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

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**Question ID:** FHS.090_02.000  **Instrument Variable Name:** LADRESS  **QuestionnaireFileName:** Family

**QuestionText:**

* Read lead-in if necessary.

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

Dressing?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** goto LAEAT

---

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

**QuestionText:**

* Read lead-in if necessary.

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

Eating?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** goto LABED

---

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

**QuestionText:**

* Read lead-in if necessary.

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

Getting in or out of bed or chairs?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** goto LATOILT
* Read lead-in if necessary.

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

Using the toilet, including getting to the toilet?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto LAHOME

* Read lead-in if necessary.

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

Getting around inside the home?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAADL and goto FLAWKNOW; else, goto PLAADL]
<2,R,D> [goto FLAWKNOW]
Question ID: FHS.160_00.000  Instrument Variable Name: PLAIADL  QuestionnaireFileName: Family

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

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: goto FLAWKNOW

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

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

QuestionText: ? [F1]

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

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

from working at a job or business?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK; else, goto PLAWKNOW]
<2,R,D> [goto FLAWKLIM]
**Question ID:** FHS.180_00.000  
**Instrument Variable Name:** PLAWKNOW  
**QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

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

**QuestionText:**
? [F1]

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:**
<1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in PLAWKLIM and goto FLAWALK; else, goto PLAWKLIM]
<2,R,D> [goto FLAWALK]
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

Document Version Date: 24-Apr-09

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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto FLAWALK

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

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

**QuestionText:**  
? [F1] Because of a health problem, [fill: do you/does anyone in the family] have difficulty walking without using any special equipment?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families

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

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

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

Who is this?  
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

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

**SkipInstructions:** goto FLAREMEM

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

Document Version Date: 24-Apr-09

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

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

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

---

**Question Text:**

```
[fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because
[fill2: you/they] experience periods of confusion?
1 Yes
2 No
7 Refused
9 Don't know
```

**Universe Text:** All families

**Skip Instructions:**

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

---

**Question Text:**

```
* Ask or verify. Enter applicable line number(s), separate with commas.
Who is this?
(Anyone else?)
1 Yes
2 No
7 Refused
9 Don't know
```

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

**Skip Instructions:**

goto FLIMANY

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

---

**Question Text:**

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

* Read names

(fill roster of applicable persons)]

LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?
1 Yes
2 No
7 Refused
9 Don't know
```

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

**Skip Instructions:**

<1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY]
<2,R,D> [goto LAHCC]
* Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

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

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

goto LAHCC

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

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

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

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.
### Question ID: FHS.271_91.000  
**Instrument Variable Name:** LAHCC_S2  
**QuestionnaireFileName:** Family

**QuestionText:** * Read if necessary.

What is the other impairment or problem?

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

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

**SkipInstructions:** goto LHCL91N

---

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

**QuestionText:** 1 of 2

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

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

<table>
<thead>
<tr>
<th>01-94</th>
<th>1-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** `<1-95,D> [goto LHCL01T]`  
`<96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]`  
`<R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]`
## Question ID: FHS.280_02.000  Instrument Variable Name: LHCL01T  QuestionnaireFileName: Family

**QuestionText:**

2 of 2

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

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL01T]

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

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

**QuestionText:**

1 of 2

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

* Enter number for time with a hearing problem.

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

**UniverseText:**

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

**SkipInstructions:**

<1-95,D> [goto LHCL02T]

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

<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

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

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

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL03T]
<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date:** 24-Apr-09

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**Question ID:** FHS.284_02.000  **Instrument Variable Name:** LHCL03T  **QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with speech problem.

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

**UniverseText:**

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL03T]

if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1_LHCL03T

---

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

**QuestionText:**

1 of 2

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

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

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

**UniverseText:**

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

**SkipInstructions:**

<1-95,D> [goto LHCL04T]

<96> [fill "6" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2008 NHIS Questionnaire - Family
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Document Version Date: 24-Apr-09

Question ID: FHS.286_02.000  Instrument Variable Name: LHCL04T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL04T]

if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1_LHCL04T

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL06T]
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2008 NHIS Questionnaire - Family
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Document Version Date: 24-Apr-09

Question ID: FHS.288_02.000  Instrument Variable Name: LHCL06T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL06T]

if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1_LHCL06T

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL07T]
<96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL07T]
if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1_LHCL07T

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

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

<1-95,D> [goto LHCL08T]
<96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
### Question ID: FHS.292.02.000  Instrument Variable Name: LHCL08T  QuestionnaireFileName: Family

**QuestionText:** 2 of 2

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

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

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

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

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

### Question ID: FHS.294.01.000  Instrument Variable Name: LHCL09N  QuestionnaireFileName: Family

**QuestionText:** 1 of 2

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

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

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

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

**SkipInstructions:** <1-95,D> [goto LHCL09T]
<96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
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Question ID: FHS.294_02.000  Instrument Variable Name: LHCL09T  QuestionnaireFileName: Family

QuestionText: 2 of 2
* Enter time period for time with mental, emotional, or behavioral problem.

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

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

SkipInstructions:  <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL09T]
if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1_LHCL09T

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

QuestionText: 1 of 2
How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?

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

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

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

SkipInstructions:  <1-95,D> [goto LHCL10T]
<96> [fill "6" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date:** 24-Apr-09

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

**QuestionText:**  
2 of 2

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

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

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

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

---

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

**QuestionText:**  
1 of 2

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

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

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

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

**SkipInstructions:**  
1-95,D> [goto LHCL11T]
96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date: 24-Apr-09**

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

**QuestionText:**

2 of 2

* Enter time period for time with epilepsy or seizures.

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

**UniverseText:**

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL11T]

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

---

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

**QuestionText:**

1 of 2

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

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

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

**UniverseText:**

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

**SkipInstructions:**

<1-95,D> [goto LHCL12T]

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

<R> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

Document Version Date: 24-Apr-09

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**Question ID:** FHS.300_02.000  **Instrument Variable Name:** LHCL12T  **QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with learning disability.

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

**UniverseText:**

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL12T]

if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto ERR1_LHCL12T

---

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

**QuestionText:**

1 of 2

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

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

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

**UniverseText:**

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

**SkipInstructions:**

<1-95,D> [goto LHCL13T]

<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL13T]
if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1_LHCL13T

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHCL90T]
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**Question ID:** FHS.304_02.000  
**Instrument Variable Name:** LHCL90T  
**QuestionnaireFileName:** Family

**QuestionText:**  
2 of 2

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

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

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL90T]

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

---

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

**QuestionText:**  
1 of 2

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

* Enter number for time with [fill1: problem in LAHCC_S2].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94  
95  
96  
97  
99

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

**SkipInstructions:**

<1-95,D> [goto LHCL91T]

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

<R> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 2 of 2

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

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

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

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

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1_LHCL91T
What conditions or health problems cause [fill: your/ALIAS’s] limitations?

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

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

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

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

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

QuestionText: * Read if necessary.

Verbatim

What is the other impairment or problem?

7 Refused
9 Don't know

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

SkipInstructions: goto LHAL90N

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

QuestionText: * Read if necessary.

Verbatim

What is the other impairment or problem?

7 Refused
9 Don't know

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

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

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

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

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

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

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

All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL02T]
if LHAL02T = 4 and LHAL02N > AGE, goto ERR1_LHAL02T
How long [fill: have you/has ALIAS] had arthritis or rheumatism?

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

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

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

* 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

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

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

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

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

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

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

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

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

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

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

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

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL05T] if LHAL05T = 4 and LHAL05N > AGE, goto ERR1_LHAL05T
How long [fill1: have you/has ALIAS] had the other injury that caused [fill2: your/his/her] limitation?

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

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL06T]
if LHAL06T = 4 and LHAL06N > AGE, goto ERR1_LHAL06T
How long [fill: have you/has ALIAS] had a heart problem?

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

01-94
95
96
97
99

* Enter time period for time with heart problem.

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

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

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

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1_LHAL07T
### Question 1: How long have you had a stroke problem?

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

<table>
<thead>
<tr>
<th>01-94</th>
<th>1-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

### Question 2: Enter time period for time with stroke problem.

* Enter time period for time with stroke problem.

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

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

* 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
1 of 2

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

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

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

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

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

All persons 18 years of age or older who have a limitation due to diabetes and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

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

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

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

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

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL11T]
if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T
1 of 2

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

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

01-94
95
96
99

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

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

2 of 2

* Enter time period for time with cancer.

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

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

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

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

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

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

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

Day(s)
Week(s)
Month(s)
Year(s)
Since birth
Refused
Don't know

All persons 18 years of age or older who have a limitation due to mental retardation and 1-95, D was entered for the "number" part of this two-part question
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL15T]
if LHAL15T = 4 and LHAL15N > AGE, goto ERR1_LHAL15T
### Question ID: FHS.388_01.000  Instrument Variable Name: LHAL16N  QuestionnaireFileName: Family

**QuestionText:**
1 of 2

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-94</td>
<td>01-94</td>
</tr>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

**QuestionText:**
2 of 2

* Enter time period for time with senility.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T
How long [fill: have you/has ALIAS] had depression, anxiety, or an emotional problem?

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

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

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

Day(s)
Week(s)
Month(s)
Year(s)
Since birth
Refused
Don't know

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

Day(s)
Week(s)
Month(s)
Year(s)
Since birth
Refused
Don't know
How long [fill: have you/has ALIAS] had a weight problem?

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

01-94
95
96
97
99

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

SkipInstructions: <1-95,D> [goto LHAL18T]
<96> [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL19T]
if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T
How long [fill: have you/has ALIAS] had a kidney, bladder or renal problem?

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

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

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

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

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

<1-95,D> [goto LHAL20T]
<96> [fill "6" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
1 of 2

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

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

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

2 of 2

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

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

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

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

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

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

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

All persons 18 years of age or older who have a limitation due to benign tumors or cysts and 1-95, D was entered for the "number" part of this two-part question
### Question ID: FHS.402_01.000  Instrument Variable Name: LHAL23N  QuestionnaireFileName: Family

**QuestionText:**

1 of 2

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

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

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

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

**SkipInstructions:**

<1-95,D> [goto LHAL23T]

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

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

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

**QuestionText:**

2 of 2

* Enter time period for time with fibromyalgia or lupus.

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

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

<6> [goto ERR2_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T
How long [fill: have you/has ALIAS] had osteoporosis or tendonitis?

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

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

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

* Enter time period for time with osteoporosis or tendonitis.

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

All persons 18 years of age or older who have a limitation due to osteoporosis or tendonitis and 1-95, D was entered for the "number" part of this two-part question
Question ID: FHS.406_01.000  Instrument Variable Name: LHAL25N  QuestionnaireFileName: Family

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL25T]  
if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T
How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

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

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

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

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

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

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

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

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

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

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL27T]
if LHAL27T = 4 and LHAL27N > AGE, goto ERR1_LHAL27T
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL28T]
if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T
Question ID: FHS.414_01.000  Instrument Variable Name: LHAL29N  QuestionnaireFileName: Family

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

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

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

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

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

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

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

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

Day(s)
Week(s)
Month(s)
Year(s)
Since birth
Refused
Don't know

All persons 18 years of age or older who have a limitation due to a hernia and 1-95, D was entered for the "number" part of this two-part question
Question ID: FHS.418_01.000  Instrument Variable Name: LHAL31N  QuestionnaireFileName: Family

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with ulcer.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL31T]
if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T
**Question ID:** FHS.420_01.000  
**Instrument Variable Name:** LHAL32N  
**QuestionnaireFileName:** Family

**Question Text:**
1 of 2

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

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

01-94  
95  
96  
97  
99

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

**Skip Instructions:**

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

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

**Question Text:**
2 of 2

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

1  
2  
3  
4  
6  
7  
9

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

**Skip Instructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL32T]  
if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T
**Question ID:** FHS.422_01.000  **Instrument Variable Name:** LHAL33N  **QuestionnaireFileName:** Family

**QuestionText:**

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

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

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

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

**SkipInstructions:**

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

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

**QuestionText:**

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

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

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

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL33T]
if LHAL33T = 4 and LHAL33N > AGE, goto ERR1_LHAL33T
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL34T]
if LHAL34T = 4 and LHAL34N > AGE, goto ERR1_LHAL34T
How long [fill: have you/has ALIAS] had migraine headaches?

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

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

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

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

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL35T]

if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T
How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S1]?

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

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

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

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

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

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the "number" part of this two-part question
How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S2]?

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

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

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

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

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

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2 and 1-95, D was entered for the "number" part of this two-part question
<table>
<thead>
<tr>
<th>Question ID: FHS.500_00.000</th>
<th>Instrument Variable Name: PHSTAT</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Would you say [fill: your/ALIAS’s] health in general is excellent, very good, good, fair, or poor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Excellent</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Very good</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Fair</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: repeat for all persons in the family, goto FINJ3M</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

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

1  Yes
2  No
7  Refused
9  Don't know

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

Who was this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

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

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2008 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 24-Apr-09

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

QuestionText:  
? [F1] 
Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]? 

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText:  
? [F1] 
Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted? 

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

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

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

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

QuestionText:  
? [F1] 
DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes. 

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [If a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]
<2,R,D> [goto FDMED12M]
**Question ID:** FIJ.022_00.000  | **Instrument Variable Name:** WFPOI3M  | **QuestionnaireFileName:** Family

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

Who was this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

---

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

**QuestionText:** ? [F1]

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

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

**UniverseText:** All persons poisoned during the past 3 months

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

---

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

**QuestionText:** ? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** `<1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else, goto MTFPOI3M]`  
`<2,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]`
Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

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

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

<1-91>  [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
<R,D>  [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]
* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}
When did [fill1: your/ALIAS’] [fill2: injury/poisoning] happen for which a medical professional was consulted?

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

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

* Enter month.

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

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

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

* Enter day.

01-31 1-31
97 Refused
99 Don’t know

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

SkipInstructions: <1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]
**2008 NHIS Questionnaire - Family Injuries & Poisoning**

Document Version Date: 24-Apr-09

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

**Question Text:**

3 of 3

* Enter year.

- **Year**
  - **9997** Refused
  - **9999** Don't know

**Universe Text:** All injury/poisoning episodes where a valid day of episode was entered

**Skip Instructions:**

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

---

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

**Question Text:**

1 of 2

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

*Enter number for time since event.

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

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

**Skip Instructions:**

<1-91> [goto IPDATETP]  
<R,D> [goto IPHOW]

---

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

**Question Text:**

2 of 2

*Enter number for time period since event.

*IPDATENO…

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

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

**Skip Instructions:** goto IPHOW
Question ID: FIJ.052_00.000  Instrument Variable Name: IPDATEMT  QuestionnaireFileName: Family

QuestionText: (book) F3  ? [F1]

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

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

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

SkipInstructions: gotoIPHOW

Question ID: FIJ.060_00.000  Instrument Variable Name: IPHOW  QuestionnaireFileName: Family

QuestionText:  ? [F1]

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

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

Verbatim
7  Refused
9  Don't know

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

SkipInstructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC] <R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC] <D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.065_00.000</th>
<th>Instrument Variable Name:</th>
<th>ICAUS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>* Do not read.</td>
<td></td>
<td>Enter the number which best describes the cause of the person’s injury from the list below.</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>In a motor vehicle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>On a bike, scooter, skateboard, skates, skis, horse, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Pedestrian who was struck by a vehicle such as a car or bicycle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>In a boat, train, or plane</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Fall</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Burned or scalded by substances such as hot objects or liquids, fire, or chemicals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury episodes for which a medical professional was consulted and don't know or refused was not entered are at IPHOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto IJBODY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In this injury, what parts of [fill: your/ALIAS’s] body were hurt?

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

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

SkipInstructions: <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]
What other parts of the body were hurt?

Verbatim response

7  Refused
9  Don't know

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

(goto IJTYPE1)

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

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

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

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

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

Verbatim response

7  Refused
9  Don't know

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

(goto IJTYPE2 for next body part; if no more body parts, goto IPEV)
In what way was [fill1: your/ALIAS’s] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

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

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

SkipInstructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYPE2OS]
<R> [goto IPEV]

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

- Verbatim response (Verbatim)
- Refused (7)
- Don't know (9)

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

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV
2008 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 24-Apr-09

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

QuestionText: (book) F5

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

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

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

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

SkipInstructions: <1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYPE3OS]
<R> [goto IPEV]

Question ID: FIJ.077_00.000  Instrument Variable Name: IJTYPE3OS  QuestionnaireFileName: Family

QuestionText: * Read if necessary.

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

Verbatim
7 Verbatim response
9 Refused
9 Don't know

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

SkipInstructions: goto IJTYPE4 for next body part; if no more body parts, goto IPEV
In what way was your ALIAS’s fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

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

How else was your ALIAS’s fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim
7 Refused
9 Don't know

Did you get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from a phone call to a poison control center?

1 Yes
2 No
7 Refused
9 Don't know

A phone call to a poison control center?
### Question ID: FIJ.080_02.000
**Instrument Variable Name:** IPEV  
**QuestionnaireFileName:** Family

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

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

An emergency vehicle, such as an ambulance or fire truck

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

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

**SkipInstructions:**
- `<1,2,D> goto IPER`
- `<R> goto IPHOSP`

### Question ID: FIJ.080_03.000
**Instrument Variable Name:** IPER  
**QuestionnaireFileName:** Family

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

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

A visit to an emergency room

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

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

**SkipInstructions:**
- `<1,2,D> goto IPDO`
- `<R> goto IPHOSP`

### Question ID: FIJ.080_04.000
**Instrument Variable Name:** IPDO  
**QuestionnaireFileName:** Family

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

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

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

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

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

**SkipInstructions:**
- `<1,2,D> goto IPPCHCP`
- `<R> goto IPHOSP>`
2008 NHIS Questionnaire - Family
Injuries & Poisoning

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

QuestionText: 

* Read lead-in if necessary.

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText: 

* Read lead-in if necessary.

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

Any place else?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [goto IPOTHOS]
<1> [goto IPOTHOS]
<2> [if IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPHOSP; else goto IPHOSP]  
<2,D> [goto IPHOSP]

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

QuestionText: 

* Read lead-in if necessary.

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

Verbatim

7  Refused
9  Don't know

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

SkipInstructions: goto IPHOSP
**2008 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
**Document Version Date:** 24-Apr-09

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

**QuestionText:**  
* Please verify.  

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

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

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

**SkipInstructions:**  
<1> [if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning; else, if no more family members with an injury/poisoning, go to FPOI3M/FDMED12M]  
<2> [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]

---

**Question ID:** FIJ.090_00.000  
**Instrument Variable Name:** IPHOSP  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

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

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

**SkipInstructions:**  
<1> [goto IPIHNO]  
<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

---

**Question ID:** FIJ.091_00.000  
**Instrument Variable Name:** IPIHNO  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

How many nights [fill: were you/was ALIAS] in the hospital?  

* If still in hospital, ask how many nights up to today.  

* Enter '95' for 95 or more nights.

01-94  
95  
97  
99  

**UniverseText:**  
All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

**SkipInstructions:**  
<1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]  
<61-95> [goto ERR_IPIHNO]
**Question ID:** FJ1.109_00.000  
**Instrument Variable Name:** IMTRAF  
**QuestionnaireFileName:** Family

**Question Text:**

* Ask or verify.

Did this accident occur on a public highway, street, or road?

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

**Universe Text:** All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

**Skip Instructions:** goto IMVWHO

---

**Question ID:** FJ1.110_00.000  
**Instrument Variable Name:** IMVWHO  
**QuestionnaireFileName:** Family

**Question Text:**

*Read all categories.

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

1. The driver of a motor vehicle
2. A passenger in a motor vehicle
3. A pedestrian
4. A bicycle rider or tricycle rider
5. The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7. Refused
9. Don't know

**Universe Text:** All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

**Skip Instructions:** <1,2> [goto IMVTYP]  
<4,5> [goto IHELMT]  
<3,R,D> [goto IPWHAT]
What type of vehicle [fill: were you/was ALIAS] in?

01 Passenger car
02 Passenger truck, such as a pickup truck, van, or SUV
03 Bus
04 Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05 Motorcycle (including mopeds and minibikes)
06 All terrain vehicle or ski/snow-mobile
07 Farm equipment (such as a tractor)
08 Industrial or construction vehicle
09 Other
97 Refused
99 Don't know

All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

[goto ISBELT] <1,2,4>
[goto IHELMT] <5,6>
[goto IPWHAT] <3,7,8,9,R,D>

Were you/Was ALIAS restrained at the time of the accident?

1 Yes
2 No
7 Refused
9 Don't know

All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

goto IPWHAT
**2008 NHIS Questionnaire - Family**
**Injuries & Poisoning**

Document Version Date: 24-Apr-09

---

**Question ID:** FIJ.113_00.000  
**Instrument Variable Name:** IHELMT  
**QuestionnaireFileName:** Family

**QuestionText:**
> ? [F1]  
> * Ask or verify.

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?  

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

**UniverseText:** All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

**SkipInstructions:** goto IPWHAT

---

**Question ID:** FIJ.130_00.000  
**Instrument Variable Name:** IFALL  
**QuestionnaireFileName:** Family

**QuestionText:**
> *(book)* F7  
> * Enter up to 2 responses, separate with a comma.

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?  

01. Stairs, steps, or escalator  
02. Floor or level ground  
03. Curb (including sidewalk)  
04. Ladder or scaffolding  
05. Playground equipment  
06. Sports field, court, or rink  
07. Building or other structure  
08. Chair, bed, sofa, or other furniture  
09. Bathtub, shower, toilet, or commode  
10. Hole or other opening  
11. Other  
97. Refused  
99. Don't know

**UniverseText:** All medically-consulted injury episodes that occurred due to a fall

**SkipInstructions:** goto IFALLWHY
**Question ID:** FIJ.131_00.000  |  **Instrument Variable Name:** IFALLWHY  |  **QuestionnaireFileName:** Family

**QuestionText:**
*(book) F8*

*Ask or verify.*

What caused [fill: you/ALIAS] to fall?

1. Slipping or tripping
2. Jumping or diving
3. Bumping into an object or another person
4. Being shoved or pushed by another person
5. Losing balance or having dizziness (becoming faint or having a seizure)
6. Other
7. Refused
8. Don't know

**UniverseText:** All medically-consulted injury episodes that occurred due to a fall

**SkipInstructions:** goto IPWHAT

---

**Question ID:** FIJ.140_00.000  |  **Instrument Variable Name:** PPOIS  |  **QuestionnaireFileName:** Family

**QuestionText:**
*(book) F9  ? [F1]*

*Ask or verify.*

What did [fill: your/ALIAS’s] poisoning result from?

1. Swallowing a drug or medical substance mistakenly or in overdose
2. Swallowing or touching a harmful solid or liquid substance
3. Inhaling harmful gases or vapors
4. Eating a poisonous plant or other substance mistaken for food
5. Being bitten by a poisonous animal
6. Other, please specify
7. Refused
8. Don't know

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

**SkipInstructions:** <1-5,R,D> [goto IPWHAT]  
<6> [goto PPOISOS]

---

**Question ID:** FIJ.141_00.000  |  **Instrument Variable Name:** PPOISOS  |  **QuestionnaireFileName:** Family

**QuestionText:**
*Read if necessary.*

How did [fill: your/ALIAS’s] poisoning occur?

- **Verbatim**

  - Verbatim response
  - Refused
  - Don't know

**UniverseText:** All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

**SkipInstructions:** goto IPWHAT
### Questionnaire: Family Injuries & Poisoning

**Question ID:** FIJ.150_00.000  
**Instrument Variable Name:** IPWHAT  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F10  ? [F1]

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

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

<table>
<thead>
<tr>
<th>Number</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Driving or riding in a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>Working at a paid job</td>
</tr>
<tr>
<td>03</td>
<td>Working around the house or yard</td>
</tr>
<tr>
<td>04</td>
<td>Attending school</td>
</tr>
<tr>
<td>05</td>
<td>Unpaid work (such as volunteer work)</td>
</tr>
<tr>
<td>06</td>
<td>Sports and exercise</td>
</tr>
<tr>
<td>07</td>
<td>Leisure activity (excluding sports)</td>
</tr>
<tr>
<td>08</td>
<td>Sleeping, resting, eating, or drinking</td>
</tr>
<tr>
<td>09</td>
<td>Cooking</td>
</tr>
<tr>
<td>10</td>
<td>Being cared for (hands-on care from other person)</td>
</tr>
<tr>
<td>11</td>
<td>Other, please specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <1-10,R,D> [goto IPWHER]  
<11> [goto IPWHATOT]

---

### Questionnaire: Family Injuries & Poisoning

**Question ID:** FIJ.151_00.000  
**Instrument Variable Name:** IPWHATOT  
**QuestionnaireFileName:** Family

**QuestionText:**

* Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

**Verbatim**

Verbatim response

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

**UniverseText:** All medically-consulted injury/poisoning episodes that occurred in some "other" place

**SkipInstructions:** goto IPWHER

---
### Question ID: FIJ.160_00.000  
**Instrument Variable Name:** IPWHER  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F11  ? [F1]

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

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

- 01 Home (inside)
- 02 Home (outside)
- 03 School (not residential)
- 04 Child care center or preschool
- 05 Residential institution (excluding hospital)
- 06 Health care facility (including hospital)
- 07 Street or highway
- 08 Sidewalk
- 09 Parking lot
- 10 Sport facility, athletic field, or playground
- 11 Shopping center, restaurant, store, bank, gas station, or other place of business
- 12 Farm
- 13 Park or recreation area (include bike or jog path)
- 14 River, lake, stream, or ocean
- 15 Industrial or construction area
- 16 Other public building
- 17 Other
- 97 Refused
- 99 Don't know

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

**SkipInstructions:** if AGE lt 5 and the person has more injury/poisoning episodes, goto IPDATEM; else, if AGE lt 5 and the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if AGE lt 5 and no more family members with an injury/poisoning, goto FPOI3M/FDMED12M; else, if AGE ge 13, goto IPEMP; else, if AGE ge 5 and AGE le 12, goto IPSTU

### Question ID: FIJ.170_00.000  
**Instrument Variable Name:** IPEMP  
**QuestionnaireFileName:** Family

**QuestionText:**

? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

- 1 Full-time
- 2 Part-time
- 3 Not employed
- 7 Refused
- 9 Don't know

**UniverseText:** All medically-consulted injury/poisoning episodes for persons 13 years of age or older

**SkipInstructions:** <1,2> [goto IPWKLS]  
<3,R,D> [goto IPSTU]
2008 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 24-Apr-09

Question ID: FIJ.171_00.000  Instrument Variable Name: IPWKLS  QuestionnaireFileName: Family
QuestionText: As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?

1  None
2  Less than one day
3  One to five days
4  Six or more days
7  Refused
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode

SkipInstructions: goto IPSTU

Question ID: FIJ.180_00.000  Instrument Variable Name: IPSTU  QuestionnaireFileName: Family
QuestionText: At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?

1  Full-time
2  Part-time
3  Not a student
7  Refused
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

SkipInstructions: <1,2> [goto IPSCLS]
<3,R,D> [if person has more injury/poisoning episodes, goto IPDATEM for that person; else if person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning episode; else if no more family members with an injury/poisoning, goto FPOI3M/FDMED12M]

Question ID: FIJ.181_00.000  Instrument Variable Name: IPSCLS  QuestionnaireFileName: Family
QuestionText: As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

1  None
2  Less than one day
3  One to five days
4  Six or more days
7  Refused
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

SkipInstructions: if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FDMED12M
The following questions are about the use of health care. Do not include dental care.

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

1  Yes
2  No
7  Refused
9  Don't know

All families

<1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]
<2,R,D> [goto FNMED12M]

For which family member was medical care delayed?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

All families

<1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]
2008 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: FAU.040_00.000  Instrument Variable Name: PNMED12M  QuestionnaireFileName: Family

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: goto FHOSPYR

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

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

QuestionText: ?[F1]
[fill1: were you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

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

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: goto HOSPNO

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
### Question 1

**Question ID:** FAU.070_00.000  
**Instrument Variable Name:** HOSPNO  
**QuestionnaireFileName:** Family

**Question Text:**

> How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

- **001-365**  
  - 1-365 times
- **997**  
  - Refused
- **999**  
  - Don't know

**Universe Text:**  
All persons who had an overnight hospital stay during the past 12 months (excluding ER)

**Skip Instructions:**

- `<1-10> [goto HOSPNO]`
- `<11-365> [goto ERR_HOSPNO]`
- `<R,D> [goto HOSPNO]`

### Question 2

**Question ID:** FAU.110_00.000  
**Instrument Variable Name:** HPNITE  
**QuestionnaireFileName:** Family

**Question Text:**

> Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

- **001-365**  
  - 1-365 nights
- **997**  
  - Refused
- **999**  
  - Don't know

**Universe Text:**  
All persons who had an overnight hospital stay during the past 12 months (excluding ER)

**Skip Instructions:**

- `<1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]`
- `<51-365> [goto ERR1_HPNITE]`
- `if HOSPNO gt HPNITE, goto ERR2_HPNITE`
2008 NHIS Questionnaire - Family  
Family Access to Health Care & Utilization  
Document Version Date: 24-Apr-09

Question ID: FAU.120_00.000  Instrument Variable Name: FHCHM2W  QuestionnaireFileName: Family

QuestionText:  
? [F1]  

* Hand calendar card.  

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

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

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

1  Yes  
2  No  
7  Refused  
9  Don't know  

UniverseText: All families

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

Question ID: FAU.130_00.000  Instrument Variable Name: PHCHM2W  QuestionnaireFileName: Family

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

Who received care at home?  
(Anyone else?)  

1  Yes  
2  No  
7  Refused  
9  Don't know  

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

SkipInstructions: goto PHCHMN2W  

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2008 NHIS Questionnaire - Family**

**Family Access to Health Care & Utilization**

Document Version Date: 24-Apr-09

---

**Question ID:** FAU.140_00.000  
**Instrument Variable Name:** PHCHMN2W  
**QuestionnaireFileName:** Family

**QuestionText:** How many home visits did [fill: you/ALIAS] receive during those 2 WEEKS?

- * Enter ‘50’ for 50 or more visits.

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

**UniverseText:** All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

**SkipInstructions:** `<1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]  
<15-50> [goto ERR_PHCPHMN2W]`

---

**Question ID:** FAU.150_00.000  
**Instrument Variable Name:** FHCPH2W  
**QuestionnaireFileName:** Family

**QuestionText:** During those 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

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

**UniverseText:** All families

**SkipInstructions:** `<1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]  
<2,R,D> [goto FHCDV2W]`

---

**Question ID:** FAU.160_00.000  
**Instrument Variable Name:** PHCPH2W  
**QuestionnaireFileName:** Family

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

Who was the phone call about?  
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

**SkipInstructions:** goto PHCPHN2W

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Question ID: FAU.170_00.000  Instrument Variable Name: PHCPHN2W  QuestionnaireFileName: Family

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

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

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

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

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

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

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

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

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

UniverseText: All families

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

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

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

Who received care?
(Anyone else?)

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

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

SkipInstructions: goto PHCDVN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2008 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: FAU.200_00.000  Instrument Variable Name: PHCDVN2W  QuestionnaireFileName: Family

QuestionText: How many times did [fill: you/ALIAS] visit a doctor or other health care professional during those 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50  1-50 times
97    Refused
99    Don't know

UniverseText: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]
<15-50> [goto ERR_PHCDVN2W]

Question ID: FAU.210_00.000  Instrument Variable Name: F10DVYR  QuestionnaireFileName: Family

QuestionText: During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

1    Yes
2    No
7    Refused
9    Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]
<2,R,D> [goto FHICOV]

Question ID: FAU.220_00.000  Instrument Variable Name: P10DVYR  QuestionnaireFileName: Family

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

Who received care 10 or more times?
(Anyone else?)

1    Yes
2    No
7    Refused
9    Don't know

UniverseText: All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

SkipInstructions: goto FHICOV

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

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

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

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

* Enter all that apply, separate with commas.

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

All persons in families where FHICOV= yes, don't know, or refused
(book) F13
People covered by Medicare have a card that looks like this.
[fill: Are you/Is ALIAS] covered by Medicare?

1 Yes
2 No
7 Refused
9 Don't know

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

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

(books F14)
* Refer to flashcard F14 for state Medicaid names.

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: goto SINCOV

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: goto HICHANGE
Question ID: FHI.075_00.000  Instrument Variable Name: HICHANGE  QuestionnaireFileName: Family
QuestionText: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:
fill3: "HIKIND] / not covered by health insurance.]
Is this correct?
1 Yes
2 No
7 Refused
9 Don't know
UniverseText: All persons
SkipInstructions: <1,R,D> [repeat for all eligible persons, then goto MCPART]
<2> [goto ERR_HICHANGE]

Question ID: FHI.090_00.000  Instrument Variable Name: MCPART  QuestionnaireFileName: Family
QuestionText: {if subject ne respondent}:
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS’s Medicare card to determine the type of coverage?
{if subject eq respondent}:
* Read if necessary.
What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?
* Fill in appropriate coverage type below.
1 Part A - Hospital only
2 Part B - Medical only
3 Both Part A and Part B
7 Refused
9 Don't know
UniverseText: All persons with Medicare
SkipInstructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

Question ID: FHI.092_00.000  Instrument Variable Name: MCCARD  QuestionnaireFileName: Family
QuestionText: * Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?
1 Yes
2 No
UniverseText: All persons with Part A Medicare coverage, Part B Medicare coverage, or both
SkipInstructions: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE
Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

1  Yes
2  No
7  Refused
9  Don't know

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

goto MCHMO

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

What is the name of the HMO?

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

Verbatim response

7  Refused
9  Don't know

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

goto MCREF
**2008 NHIS Questionnaire - Family**

**Family Health Insurance**

Document Version Date: 24-Apr-09

---

**Question ID:** FHI.114_00.000

**Instrument Variable Name:** MCREF

**QuestionnaireFileName:** Family

**QuestionText:**

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

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** goto MCPAYPRE

---

**Question ID:** FHI.116_00.000

**Instrument Variable Name:** MCPAYPRE

**QuestionnaireFileName:** Family

**QuestionText:**

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

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** goto MCPARTD

---

**Question ID:** FHI.118_00.000

**Instrument Variable Name:** MCPARTD

**QuestionnaireFileName:** Family

**QuestionText:**

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

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All persons with Medicare

**SkipInstructions:** <1,2,7,9> [goto MCPART for next person with Medicare; else goto MACHMD]
**Question ID:** FHI.120_00.000  **Instrument Variable Name:** MACHMD  **QuestionnaireFileName:** Family

**QuestionText:**

*(book F14) ? [F1]*

* Refer to flashcard F14 for state Medicaid names.

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

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

**UniverseText:** All persons with Medicaid

**SkipInstructions:** <1,R,D> [goto MAPCMD]  
<2> [goto MACHMD1]  
<3> [goto MACHMD2]

---

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

**QuestionText:**

* Ask or verify.

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

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

**Verbatim**

Verbatim response
7  Refused
9  Don't know

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

**SkipInstructions:** goto MANAM

---

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

**QuestionText:**

* Ask or verify.

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

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

**Verbatim**

Verbatim response
7  Refused
9  Don't know

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

**SkipInstructions:** goto MANAM
? [F1]

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

1 Yes
2 No

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

SkipInstructions: goto MAPCMD

Question ID: FHI.140_00.000 Instrument Variable Name: MAPCMD QuestionnaireFileName: Family

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons with Medicaid

SkipInstructions: goto MAREF

Question ID: FHI.150_00.000 Instrument Variable Name: MAREF QuestionnaireFileName: Family

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons with Medicaid

SkipInstructions: goto MACHMD for the next person with Medicaid; else, goto SSTYPE2
**FAMILY HEALTH INSURANCE**

**Question Text:**

*(book) F15

* Enter all that apply, separate with commas.

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

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

**Universe Text:**

All persons with single service plans

**Skip Instructions:**

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

---

**Question Text:**

* Other type of single-service plan

**Verbatim**

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

**Universe Text:**

All persons with an "other" single service plan

**Skip Instructions:**

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

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

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

* Enter 1 to continue

1 Continue

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

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

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

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

Verbatim response

7 Refused
9 Don't know

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

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

1 Yes
2 No

All private health insurance plans where the plan name was entered at HIPNAM1

goto HIPNAM1B
Question ID: FHI.170_00.000  Instrument Variable Name: HIPNAM1B  QuestionnaireFileName: Family

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

Which family members are covered by this plan?

* Indicate each family member covered by this plan.

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <R,D> [if HIPNAM1 = R or D, goto STNAME] goto MORPLAN

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

Question ID: FHI.171_00.000  Instrument Variable Name: MORPLAN  QuestionnaireFileName: Family

QuestionText:  
* Ask if necessary

Are there any more private health insurance plans?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: FHI.172_00.000  Instrument Variable Name: HIPNAM2  QuestionnaireFileName: Family

QuestionText:  
What is the name of the next plan?

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

Verbatim  Verbatim response
7  Refused
9  Don't know

UniverseText: All families with a second private health insurance plan

SkipInstructions: <verbatim> [goto PCARD2] 
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]
**2008 NHIS Questionnaire - Family**

**Family Health Insurance**

**Document Version Date:** 24-Apr-09

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

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

1 Yes  
2 No

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

**SkipInstructions:** goto HIPNAM2B

---

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

**QuestionText:** *Ask or verify. Enter all that apply, separate with commas. Which family members are covered by that plan?*

* Indicate each family member covered by this plan.

1 Yes  
2 No  
7 Refused  
9 Don't know

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

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

---

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

**QuestionText:** *Ask if necessary*

Are there any more private health insurance plans?

1 Yes  
2 No  
7 Refused  
9 Don't know

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

**SkipInstructions:** <1> [goto HIPNAM3]  
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]
Question ID: FHI.175_00.000  Instrument Variable Name: HIPNAM3  QuestionnaireFileName: Family

QuestionText: What is the name of the next plan?

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

Verbatim

- 7 Refused
- 9 Don't know

UniverseText: All families with a third private health insurance plan

SkipInstructions:

- `<verbatim>` [goto PCARD3]
- `<R,D>` [prefill PCARD3 with a "2" and goto HIPNAM3B]

Question ID: FHI.175_01.000  Instrument Variable Name: PCARD3  QuestionnaireFileName: Family

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

- 1 Yes
- 2 No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM3

SkipInstructions: goto HIPNAM3B

Question ID: FHI.176_00.000  Instrument Variable Name: HIPNAM3B  QuestionnaireFileName: Family

QuestionText:

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

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

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

UniverseText: All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

SkipInstructions: `<R,D>` [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3
2008 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 24-Apr-09

Question ID: FHI.177_00.000  Instrument Variable Name: MORPLAN3  QuestionnaireFileName: Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: FHI.178_00.000  Instrument Variable Name: HIPNAM4  QuestionnaireFileName: Family

QuestionText: What is the name of the next plan?

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

Verbatim  Verbatim response
7  Refused
9  Don't know

UniverseText: All families with a fourth private health insurance plan

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

Question ID: FHI.178_01.000  Instrument Variable Name: PCARD4  QuestionnaireFileName: Family

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

1  Yes
2  No

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

SkipInstructions: goto HIPNAM4B
* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

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

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

<1> [goto HIVER2]
<2,R,D> [goto ERR_HIVER1]
### Question ID: FHI.190_00.000
#### Instrument Variable Name: HIVER2
#### QuestionnaireFileName: Family

**QuestionText:**

> Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

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

**UniverseText:**

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

**SkipInstructions:**

- <1-4> [update responses for HIPNAM1B/HPINAM2B/HPINAM3B/HPINAM4B and goto FHICCI8]
- <5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]
- <R,D> [goto FHICCI8]

---

### Question ID: FHI.195_01.000
#### Instrument Variable Name: FHICCI8
#### QuestionnaireFileName: Family

**QuestionText:**

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

* Enter 1 to continue.

1. Continue

**UniverseText:**

All families where a private health insurance plan was reported

**SkipInstructions:**

goto FHI200

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
2008 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 24-Apr-09

Question ID: FHI.200_01.000  Instrument Variable Name: FHI200  QuestionnaireFileName: Family

QuestionText: [F1]

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

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

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

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

UniverseText: All private health insurance plans

SkipInstructions: goto PLNWRK

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

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

QuestionText: (book) F16  ? [F1]

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

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

UniverseText: All private health insurance plans

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

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

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

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

**SkipInstructions:** goto PLNPAY

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

Who pays for this health insurance plan?

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

- 01 Self or family (living in the household)
- 02 Employer or union
- 03 Someone outside the household
- 04 Medicare
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP/SCHIP)
- 07 State or local government or community program
- 97 Refused
- 99 Don't know

**UniverseText:** All private health insurance plans

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

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

*Enter dollar amount for premium payments.

00001-99995 $1-$99,995
99997 Refused
99999 Don't know

All private health insurance plans paid for by self or family

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

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

* Enter time period for premium payments.

01 Once a week
02 Once every 2 weeks
03 Once a month
04 Twice a month
05 Every 2 months
06 Quarterly (every 3 months)
07 Once a year
08 Twice a year
97 Refused
99 Don't know

All private health insurance plans with a valid response to HICOSTN

goto PLNMGD

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1. HMO/IPA
2. PPO
3. POS
4. Fee-for-service/indemnity
5. Other
6. Refused
7. Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

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

Is the annual deductible for medical care for this plan less than $1,100 or $1,100 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1. Less than [$1,100/$2,200]
2. [$1,100/$2,200] or more
7. Refused
9. Don't know

UniverseText: All private health insurance plans

SkipInstructions: 1,R,D [goto MGCHMD]
2 [goto HSAHRA]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

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

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

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

1. Any doctor
2. Select from group/list
7. Refused
9. Don't know

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

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

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
2008 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 24-Apr-09

Question ID: FHI.246_01.000 Instrument Variable Name: MGPYMD QuestionnaireFileName: Family

QuestionText: If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans where covered persons must select from a group or list of doctors

SkipInstructions: goto MGPREF

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

Question ID: FHI.248_01.000 Instrument Variable Name: MGPREF QuestionnaireFileName: Family

QuestionText: ? [F1]

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto PRRXCOV

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

Question ID: FHI.249_01.000 Instrument Variable Name: PRRXCOV QuestionnaireFileName: Family


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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto PRDNCOV

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
### Question ID: FHI.249_05.000  Instrument Variable Name: PRDNCOV  QuestionnaireFileName: Family

**QuestionText:**

Does [fill 1: `^HIPNAM1` or `^HIPNAM2`, or `^HIPNAM3`, or `^HIPNAM4` or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for dental care?

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

**UniverseText:** All private health insurance plans

**SkipInstructions:**
goto FHICCI8 for the next private health insurance plan; else, goto STNAME1

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

---

### Question ID: FHI.250_00.000  Instrument Variable Name: STNAME1  QuestionnaireFileName: Family

**QuestionText:**

Earlier I recorded that [fill: you are/ALIAS is] covered by the Children’s Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

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

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

**UniverseText:** All persons with SCHIP

**SkipInstructions:**
goto STDOC1

---

### Question ID: FHI.251_00.000  Instrument Variable Name: STDOC1  QuestionnaireFileName: Family

**QuestionText:**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Any doctor</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Select from book/list</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Doctor is assigned</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Refused</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with SCHIP

**SkipInstructions:**
goto STPCMD1
2008 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.252_00.000</th>
<th>Instrument Variable Name: STPCMD1</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with SCHIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto STREF1</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
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<tr>
<th>Question ID:</th>
<th>FHI.253_00.000</th>
<th>Instrument Variable Name: STREF1</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1] Under [fill1: ^STNAME1/this SCHIP plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with SCHIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto STNAME1 for the next person with SCHIP; else, goto STNAME2</td>
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<td></td>
</tr>
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</table>

<table>
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<th>FHI.257_00.000</th>
<th>Instrument Variable Name: STNAME2</th>
<th>QuestionnaireFileName: Family</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan? * Read if necessary: Do you have a health plan card or something with the plan name on it?</td>
<td></td>
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</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons covered by a state sponsored health plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto STDOC2</td>
<td></td>
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</tbody>
</table>
Question ID: FHI.258_00.000  Instrument Variable Name: STDOC2  QuestionnaireFileName: Family

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

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

UniverseText:  All persons covered by a state sponsored health plan

SkipInstructions:  goto STPCMD2

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  All persons covered by a state sponsored health plan

SkipInstructions:  goto STREF2

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

QuestionText: ? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  All persons covered by a state sponsored health plan

SkipInstructions:  goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>Verbatim</th>
<th>UniverseText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI.264_00.000</td>
<td>STNAME3</td>
<td>Family</td>
<td>Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?</td>
<td></td>
<td>All persons covered by an &quot;other&quot; government plan</td>
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<tr>
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<td></td>
<td>* Read if necessary: Do you have a health plan card or something with the plan name on it?</td>
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<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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<td>SkipInstructions: goto STDOC3</td>
</tr>
<tr>
<td>FHI.265_00.000</td>
<td>STDOC3</td>
<td>Family</td>
<td>Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3:you/he/she] choose from a book or list of doctors or is the doctor assigned?</td>
<td></td>
<td>All persons covered by an &quot;other&quot; government plan</td>
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<td></td>
<td>1</td>
<td>Any doctor</td>
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<td></td>
<td>2</td>
<td>Select from book/list</td>
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<td></td>
<td>3</td>
<td>Doctor is assigned</td>
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<td>7</td>
<td>Refused</td>
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<td></td>
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<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
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<td></td>
<td>SkipInstructions: goto STPCMD3</td>
</tr>
<tr>
<td>FHI.266_00.000</td>
<td>STPCMD3</td>
<td>Family</td>
<td>[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.</td>
<td></td>
<td>All persons covered by an &quot;other&quot; government plan</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1</td>
<td>Yes</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
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<td></td>
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<td>Refused</td>
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<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SkipInstructions: goto STREF3</td>
</tr>
</tbody>
</table>
Under [fill1: this other government plan], if [fill2: you need] need approval or a referral? Do not include emergency care.

1  Yes
2  No
7  Refused
9  Don't know

All persons covered by an "other" government plan

Goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC

Earlier I recorded that [fill1: you are] covered by military health care. What types of military health care [fill2: are you] covered by?

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

All persons with military health care

<1> [goto MILMAN]
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]
<4> [goto MILSPCOT]

All persons with "other" military coverage

if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST
<table>
<thead>
<tr>
<th>Question ID: FHI.275_00.000</th>
<th>Instrument Variable Name: MILMAN</th>
<th>QuestionnaireFileName: Family</th>
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<tbody>
<tr>
<td>1</td>
<td>TRICARE Prime</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>TRICARE Extra</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>TRICARE Standard</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>TRICARE for life</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>TRICARE other (specify)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: All persons with TRICARE coverage

SkipInstructions: <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST] <5> [goto MILMANOT]

<table>
<thead>
<tr>
<th>Question ID: FHI.276_00.000</th>
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<tbody>
<tr>
<td>QuestionText: * Other type of TRICARE coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: All persons with "other" type of TRICARE coverage

SkipInstructions: goto MILSPC for the next person with military health care; else, goto HILAST

<table>
<thead>
<tr>
<th>Question ID: FHI.280_00.000</th>
<th>Instrument Variable Name: HILAST</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: (book) F17 ? [F1]</td>
<td>Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>6 months or less</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>More than 6 months, but not more than 1 year ago</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>More than 1 year, but not more than 3 years ago</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>More than 3 years</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: All persons without known health insurance or with only single service plans

SkipInstructions: goto HISTOP
(book) F18

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3: you do/ALIAS does] not have health insurance?]  
* Enter up to 5 reasons, separate with commas.  
01 Person in family with health insurance lost job or changed employers  
02 Got divorced or separated/death of spouse or parent  
03 Became ineligible because of age/left school  
04 Employer does not offer coverage/or not eligible for coverage  
05 Cost is too high  
06 Insurance company refused coverage  
07 Medicaid/Medical plan stopped after pregnancy  
08 Lost Medicaid/Medical plan because of new job or increase in income  
09 Lost Medicaid (other)  
10 Other (specify)  
97 Refused  
99 Don't know  

UniverseText: All persons without known health insurance or with only single service plans  
SkipInstructions: <1-9,R,D> [goto HCSPFYR]  
<10> [goto HISTOPOT]  

**Question ID:** FHI.291_00.000  
**Instrument Variable Name:** HISTOPOT  
**QuestionnaireFileName:** Family  

QuestionText: ? [F1]  
* Other reason for not having coverage  

Verbatim  
7 Refused  
9 Don't know  

UniverseText: All persons without known health insurance and an "other" reason for stopping or not having coverage  
SkipInstructions: goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR  

**Question ID:** FHI.300_00.000  
**Instrument Variable Name:** HINOTYR  
**QuestionnaireFileName:** Family  

QuestionText: In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?  

1 Yes  
2 No  
7 Refused  
9 Don't know  

UniverseText: All persons with known health insurance coverage except single service plans  
SkipInstructions: <1> [goto HINOTMYR]  
<2,R,D> [goto HCSPFYR]
Question ID: FHI.310_00.000  Instrument Variable Name: HINOTMYR  QuestionnaireFileName: Family

QuestionText: In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?

* If less than 1 month, enter '1'.

01-12 1-12 months
97 Refused
99 Don't know

UniverseText: All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

SkipInstructions: goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto HCSPFYR

Question ID: FHI.320_00.000  Instrument Variable Name: HCSPFYR  QuestionnaireFileName: Family

QuestionText: (book) F19

The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

0 Zero
1 Less than $500
2 $500 - $1,999
3 $2,000 - $2,999
4 $3,000 - $4,999
5 $5,000 or more
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: goto FSA

Question ID: FHI.330_00.000  Instrument Variable Name: FSA  QuestionnaireFileName: Family

QuestionText: [fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All Families

SkipInstructions: goto PLBORN
Question ID: FSD.001_00.000  Instrument Variable Name: PLBORN  QuestionnaireFileName: Family

QuestionText: [fill: Were you/WAS ALIAS] born in the United States?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons

SkipInstructions: <1> [store "1" in CITIZEN and goto PLBORN1]  
<2> [goto PLBORN2]  
<R,D> [goto CITIZEN]
In what state [fill: were you/was ALIAS] born?

01 Alabama
02 Alaska
03 Arizona
04 Arkansas
05 California
06 Colorado
07 Connecticut
08 Delaware
09 District of Columbia
10 Florida
11 Georgia
12 Hawaii
13 Idaho
14 Illinois
15 Indiana
16 Iowa
17 Kansas
18 Kentucky
19 Louisiana
20 Maine
21 Maryland
22 Massachusetts
23 Michigan
24 Minnesota
25 Mississippi
26 Missouri
27 Montana
28 Nebraska
29 Nevada
30 New Hampshire
31 New Jersey
32 New Mexico
33 New York
34 North Carolina
35 North Dakota
36 Ohio
37 Oklahoma
38 Oregon
39 Pennsylvania
40 Rhode Island
41 South Carolina
42 South Dakota
43 Tennessee
44 Texas
45 Utah
46 Vermont
47 Virginia
48  Washington
49  West Virginia
50  Wisconsin
51  Wyoming
57  United States (state unknown)

UniverseText:  All persons born in the United States

SkipInstructions:  <1-51,57> [goto HEADST]
In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

060  AMERICAN SAMOA
061  AM SAMOA
062  BAKER ISLAND
063  GUAM
064  HOWLAND ISLAND
065  JARVIS ISLAND
066  JOHNSTON ATOLL
067  KINGMAN REEF
068  MANUA ISLANDS
069  MIDWAY ISLANDS
070  NAVASSA ISLAND
071  NORTHERN MARIANAS
072  PALMYRA ATOLL
073  PUERTO RICO
074  ROTA
075  SAIPAN
076  SAND ISLAND
077  ST CROIX
078  ST JOHN
079  ST THOMAS
080  TINIAN
081  US OUTLYING AREA
082  US VIRGIN ISLANDS
083  USVI
084  VIRGIN ISLANDS
085  WAKE ISLAND
100  ABROAD
101  ABU DHABI
102  ADEN
103  AFGHANISTAN
104  AFRICA
105  ALBANIA
106  ALBERTA
107  ALGERIA
108  ALGIERS
109  ALSACE-LORRAINE
110  AMSTERDAM
111  ANEGADA
112  ANGOLA
113  ANGUILLA
114  ANGUILLA BWI
115  ANOJOUAN
116  ANTARCTICA
117  ANTIGUA
118  ANTIGUA & BARBUDA
119  ANTIGUA WI
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Document Version Date: 24-Apr-09

CORSICA
COSTA RICA
COTE D’IVOIRE
CRETE
CRIMEA
CRISTOBAL
CROATIA
CUBA
CURACAO
CYPRUS
CZ
CZECH REPUBLIC
CZECHOSLOVAKIA
DA LAT
DA NANG
DAKAR
DANZIG
DELHI
DEMO PEOPLE’S REP OF KOREA
DEMO REP OF CONGO
DENMARK
DISTRITO FEDERAL
DJIBOUTI
DOM REP
DOMINICA
DOMINICA BWI
DOMINICA WI
DOMINICAN REPUBLIC
DUBAI
DUBLIN
DURANGO
DUTCH EAST INDIES
DUTCH GUIANA
DUTCH INDONESIA
DUTCH NEW GUINEA
EAST PAKISTAN
EAST PRUSSIA
EASTERN ISLAND
EASTERN AFRICA
ECUADOR
EGYPT
EIRE
EL SALVADOR
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| 281 | FILIPINES        |
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| 283 | FOREIGN COUNTRY  |
| 284 | FORMOSA          |
| 285 | FRANCE           |
| 286 | FRANKFURT        |
| 287 | FRENCH GUIANA    |
| 288 | FRENCH MOROCCO   |
| 289 | FRENCH POLYNESIA |
| 290 | GABON            |
| 291 | GALAPAGOS ISLANDS |
| 292 | GALWAY           |
| 293 | GAMBIA           |
| 294 | GAZA STRIP       |
| 295 | GEORGIA          |
| 296 | GERMANY          |
| 297 | GHANA            |
| 298 | GIA DINH         |
| 299 | GIBRALTER        |
| 300 | GLORIOSO ISLANDS |
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| 302 | GRAND BAHAMA     |
| 303 | GRAND CAYMAN     |
| 304 | GRAND TURK       |
| 305 | GREAT BRITAIN    |
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| 307 | GREECE           |
| 308 | GREENLAND        |
| 309 | GRENADA          |
| 310 | GUADALAJARA      |
| 311 | GUADELOUPE       |
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| 313 | GUATEMALA        |
| 314 | GUERNSEY         |
| 315 | GUERRERO         |
| 316 | GUIANA           |
| 317 | GUINEA           |
| 318 | GUINEA-BISSAU    |
| 319 | GUYANA           |
| 320 | HA DONG          |
| 321 | HAI PHONG        |
| 322 | HAITI            |
| 323 | HAMBURG          |
| 324 | HANOI            |
| 325 | HANOVER          |
| 326 | HAVANA           |
| 327 | HEARD & MCDONALD ISLANDS |
HERZEGOVINA
HESSE
HIDALGO
HIGH SEAS
HOLLAND
HONDURAS
HONG KONG
HUNGARY
HYDERABAD
ICELAND
INDIA
INDONESIA
INTERNATIONAL WATERS
IRAN
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IRIAN JAYA
IRISH REPUBLIC
ISLE OF MAN
ISRAEL
ITALY
IVORY COAST
JALISCO
JAMAICA
JAN MEYAN
JAPAN
JAVA
JERSEY
JIBUTI
JORDAN
JUAN DE NOVA ISLAND
JUGOSLAVIA
KALININGRAD
KAMPUCHEA
KASHMIR
KAZAKHSTAN
KENYA
KHANH HUNG
KINSHASA
KIRIBATI
KOREA
KORO ISLAND
KWANTUNG
KYRGYZSTAN
LABRADOR
LABUAN
LAOS
LATAKIA
LATIN AMERICA
LATVIA
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LEBANON
LEEWARD ISLANDS
LESOTHO
LIBERIA
LIBYA
LIECHTENSTEIN
LITHUANIA
LOAS
LONDONERRY
LONG XUYEN
LORRAINE
LUBECK
LUXEMBOURG
MACAO
MACAU
MACEDONIA
MADAGASCAR
MADEIRA ISLANDS
MAINLAND CHINA
MAJORCA
MALAGASY REPUBLIC
MALAWI
MALAYSIA
MALDIVES
MALI
MALLORCA
MALTA
MACHURIA
MANICA
MANILA
MANITOBA
MARSHALL ISLANDS
MARTINIQUE
MAURITANIA
MAURITIUS
MAYOTTE ISLAND
MELANESIA
MEXICO
MICHOACAN
MICRONESIA
MIDDLE EAST
MOLDAVIA
MOLDOVA
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MONTSERRAT
MORELOS
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2008 NHIS Questionnaire - Family
Family Socio-Demographic
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537 SAUDI ARABIA
538 SAXONY
539 SCOTLAND
540 SENEGAL
541 SEOUL
542 SERBIA
543 SEYCHELLES
544 SHANGHAI
545 SHARJAH
546 SIBERIA
547 SICILY
548 SIERRA LEONE
549 SIKKIM
550 SINALOA
551 SINGAPORE
552 SLAVONIA
553 SLOVAK REPUBLIC
554 SLOVAKIA
555 SLOVENIA
556 SOLOMAN ISLANDS
557 SOMALIA
558 SONORA
559 SOUTH AFRICA
560 SOUTH AMERICA
561 SOUTH AUSTRALIA
562 SOUTH KOREA
563 SOUTH VIETNAM
564 SOUTH WALES
565 SOUTH YEMEN
566 SOUTHEAST ASIA
567 SOUTHERN AFRICA
568 SOUTHERN RHODESIA
569 SOVIET UNION
570 SPAIN
571 SPRATLEY ISLANDS
572 SRI LANKA
573 ST BARTHELEMY
574 ST BARTS
575 ST CHRISTOPHER
576 ST CHRISTOPHER-NEVIS
577 ST EUSTATIUS
578 ST HELENA
579 ST KITTS
580 ST KITTS-NEVIS
581 ST LUCIA
582 ST MAARTEN
583 ST MARTIN
584 ST PIERRE & MIQUELON
585 ST VINCENT
586 ST VINCENT & THE GRENADINES
587 SUDAN
588 SUMATRA
UNION ISLANDS
UNION OF SOUTH AFRICA
UNION OF SOVIET SOCIALIST REPUBLICS
UNITED ARAB EMIRATES
UNITED KINGDOM
UPPER VOLTA
URUGUAY
USSR
USBEKISTAN
VANCOUVER
VANUATU
VATICAN CITY
VENEZUELA
VERACRUZ
VICTORIA
VIETNAM
VINH LONG
VUNG TAU
WALES
WALLIS & FUTUNA ISLANDS
WEST AFRICA
WEST BANK
WEST BENGAL
WEST INDIES
WEST PAKISTAN
WESTERN AUSTRALIA
WESTERN SAHARA
WESTERN SAMOA
WHITE RUSSIA
WINDWARD ISLANDS
WINNIPEG
WURZBERG
YAP
YAR
YEMEN
YEMEN ARAB REPUBLIC
YEREVAN
YUCATAN
YUGOSLAVIA
YUKON TERRITORY
ZACATECAS
ZADAR
ZAIRE
ZAMBIA
ZANZIBAR
ZIMBABWE
ZURICH
ANDORRA
BRITISH INDIAN OCEAN TERRITORY
DEUTSCHLAND
FRENCH SOUTHERN AND ANTARCTIC LANDS
GRENADINES, THE
In what year did [fill3: you/ALIAS] come to the United States to stay?

- 1880-Current Year
- 9997 Refused
- 9999 Don't know

UniverseText: All persons not born in the United States

SkipInstructions: <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]
<R,D> [goto USLONG]

NOTE: The "*Read if necessary…Earlier I recorded…” portion of this question is included for persons with complete date of birth information.

About how long [fill1: have you/has ALIAS] been in the United States?

- 00-94 years
- 95 95+ years
- 97 Refused
- 99 Don't know

UniverseText: All persons not born in the United States and refused or don't know was reported for USYR

SkipInstructions: <0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]
<R,D> [goto CITIZEN]
**Question ID:** FSD.006_00.000  
**Instrument Variable Name:** CITIZEN  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F20  

(fill: Are you/Is ALIAS) a CITIZEN of the United States?

1. Yes, born in one of the 50 United States or the District of Columbia
2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3. Yes, born abroad to American parent(s)
4. Yes, U.S. citizen by naturalization
5. Yes, not a citizen of the United States
6. No
7. Refused
8. Don't know

**UniverseText:** All persons not born in the United States or a United States territory

**SkipInstructions:**

<1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]
<R,D> [goto HEADST]

---

**Question ID:** FSD.007_00.000  
**Instrument Variable Name:** HEADST  
**QuestionnaireFileName:** Family

**QuestionText:**

(fill: ALIAS) now attending Head Start?

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

**UniverseText:** All persons less than 7 years of age

**SkipInstructions:**

<1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]
<2,R,D> [goto HEADSTEV]

---

**Question ID:** FSD.008_00.000  
**Instrument Variable Name:** HEADSTEV  
**QuestionnaireFileName:** Family

**QuestionText:**

Has [fill: ALIAS] ever attended Head Start?

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

**UniverseText:** All persons less than 18 years of age and not currently enrolled in Head Start

**SkipInstructions:**

if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person
What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

* Enter highest level of school completed.

00 Never attended/Kindergarten only
01 1st grade
02 2nd grade
03 3rd grade
04 4th grade
05 5th grade
06 6th grade
07 7th grade
08 8th grade
09 9th grade
10 10th grade
11 11th grade
12 12th grade, no diploma
13 GED or equivalent
14 High School Graduate
15 Some college, no degree
16 Associate degree: occupational, technical, or vocational program
17 Associate degree: academic program
18 Bachelor's degree (Example: BA, AB, BS, BBA)
19 Master's degree (Example: MA, MS, MEng, Med, MBA)
20 Professional School degree (Example: MD, DDS, DVM, JD)
21 Doctoral degree (Example: PhD, EdD)
96 Child under 5 years old
97 Refused
99 Don't know

UniverseText: All persons 5 years of age or older

SkipInstructions: repeat for all eligible persons, then goto FMLTRY
Question ID: FSD.041.00.000  Instrument Variable Name: FMILTRY  QuestionnaireFileName: Family

QuestionText: [fill: Have you/Has any family member, that is

*Read names

(fill roster of people ge 18 years of age)]

ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: FSD.042.00.000  Instrument Variable Name: PMILTRY  QuestionnaireFileName: Family

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

Who was this?

* Indicate each family member with honorable discharge.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one was honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard

SkipInstructions: goto DOINGLW

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

Which of the following [fill: were you/was ALIAS] doing 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

All persons 18 years of age or older

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

01. Taking care of house or family
02. Going to school
03. Retired
04. On a planned vacation from work
05. On family or maternity leave
06. Temporarily unable to work for health reasons
07. Have job/contract and off-season
08. On layoff
09. Disabled
10. Other
97. Refused
99. Don't know

All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work
2008 NHIS Questionnaire - Family
Family Socio-Demo Graphic

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Question ID: FSD.070_00.000  Instrument Variable Name: WRKHRS1  QuestionnaireFileName: Family

QuestionText: [F1] How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?  
001-168 1-168 hours
997 Refused
999 Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season

SkipInstructions: <1-34,R,D> [goto WRKFTALL]  
<35-94> [goto WRKLYR]  
<95-168> [goto ERR1_WRKHRS]

Question ID: FSD.080_00.000  Instrument Variable Name: WRKFTALL  QuestionnaireFileName: Family

QuestionText: [F1] [fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?  
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

SkipInstructions: [goto WRKLYR]

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

Question ID: FSD.100_00.000  Instrument Variable Name: WRKLYR  QuestionnaireFileName: Family

QuestionText: [F1] Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?  
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older

SkipInstructions: <1> [goto WRKMYR]  
<2,R,D> [goto HIEMPOF]
**2008 NHIS Questionnaire - Family**

**Family Socio-Demographic**

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---

**Question ID:** FSD.110_00.000  
**Instrument Variable Name:** WRKMYR  
**QuestionnaireFileName:** Family

**QuestionText:**

How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

* If less than one month, enter '1'.

01 1 month or less  
02-12 2-12 months  
97 Refused  
99 Don't know

**UniverseText:** All persons 18 years of age or older who worked last year

**SkipInstructions:** goto ERNYR

---

**Question ID:** FSD.120_00.000  
**Instrument Variable Name:** ERNYR  
**QuestionnaireFileName:** Family

**QuestionText:**

What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

Include hourly wages, salaries, tips and commissions.

* Enter '999,995' if the reported income is greater than $999,995.

000001-999994 $1-$999,994  
999995 $999,995+  
999997 Refused  
999999 Don't know

**UniverseText:** All persons 18 years of age or older who worked last year

**SkipInstructions:** goto HIEMPOF

---

**Question ID:** FSD.130_00.000  
**Instrument Variable Name:** HIEMPOF  
**QuestionnaireFileName:** Family

**QuestionText:**

Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

**SkipInstructions:** goto INTROINC

**NOTE ON QUESTIONNAIRE FLOW:** The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.
* Read the following.

The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

1. Enter 1 to continue

UniverseText: All families

SkipInstructions: goto FSAL

--

? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).]

Did any family members 18 and older, that is * Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

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

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

SkipInstructions: <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]
2008 NHIS Questionnaire - Family
Family Income
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Question ID: FIN.040_00.000  Instrument Variable Name: PSAL  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year

SkipInstructions: goto FSEINC

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

Question ID: FIN.050_00.000  Instrument Variable Name: FSEINC  QuestionnaireFileName: Family

QuestionText: [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did any family members 18 and older, that is

*Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]
<2,R,D> [goto FSSRR]
## 2008 NHIS Questionnaire - Family
### Family Income

**Question ID:** FIN.060_00.000  **Instrument Variable Name:** PSEINC  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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<td>No</td>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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**UniverseText:**
All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year

**SkipInstructions:**
`goto FSSRR`

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

---

**Question ID:** FIN.070_00.000  **Instrument Variable Name:** FSSRR  **QuestionnaireFileName:** Family

**QuestionText:**
Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?

* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month.

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<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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**UniverseText:**
All families

**SkipInstructions:**
`<1> [if a single-person family, store the person number in PSSRR and goto FSSRRD; else, goto PSSRR]`
`<2,R,D> [goto FPENS]`
### Question ID: FIN.080_00.000
#### Instrument Variable Name: PSSRR
#### QuestionnaireFileName: Family

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

Who received this? (Anyone else?)

* Indicate each family member with this income.

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<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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**UniverseText:**
All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

**SkipInstructions:**
`goto FSSRRD`

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

### Question ID: FIN.082_00.000
#### Instrument Variable Name: FSSRRD
#### QuestionnaireFileName: Family

**QuestionText:**
Was [fill: your/any family member's *Read names](fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

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<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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**UniverseText:**
All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

**SkipInstructions:**
`<1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]`
`<2,R,D> [goto FPENS]`
Who received Social Security or Railroad Retirement as a disability benefit? (Anyone else?)

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

All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit.

Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

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

All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year.

Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

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

All families
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Family Income
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**Question ID:** FIN.100_00.000  **Instrument Variable Name:** PPENS  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

*Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

**SkipInstructions:** goto FOPENS

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

---

**Question ID:** FIN.102_00.000  **Instrument Variable Name:** FOPENS  **QuestionnaireFileName:** Family

**QuestionText:** Did [fill1: you/any family members living here] receive income from any retirement or survivor pension other [fill2: than Social Security or Railroad Retirement/than a disability pension/than Social Security, Railroad Retirement, or a disability pension]?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families

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

---

**Question ID:** FIN.104_00.000  **Instrument Variable Name:** POPENS  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families with two or more persons and at least one received income from a retirement or survivor pension in the last calendar year

**SkipInstructions:** goto FSSI

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
### 2008 NHIS Questionnaire - Family
#### Family Income

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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.110_00.000</th>
<th>Instrument Variable Name:</th>
<th>FSSI</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
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<td></td>
<td>Did [fill: you/any family members] receive Supplemental Security Income (SSI)?</td>
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<td>* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month.</td>
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<td>Yes</td>
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</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto FTANF]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.120_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSSI</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Ask or verify. Enter applicable line number(s), separate with commas. Who in the family received this? (Anyone else?) *Indicate each family member with this income.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>goto PSSID</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.122_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSSID</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All persons who received SSI in the last calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>repeat for all eligible persons, then goto FTANF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: FIN.150_00.000  
**Instrument Variable Name:** FTANF  
**QuestionnaireFileName:** Family

**QuestionText:** *(book) F23  
At any time during [fill1: last calendar year in 4-digit format], even for one month, did [fill2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (* fill specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

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

**UniverseText:** All families

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

### Question ID: FIN.160_00.000  
**Instrument Variable Name:** PTANF  
**QuestionnaireFileName:** Family

**QuestionText:** *Ask or verify. Enter applicable line number(s), separate with commas.
Who in the family received this?  
(Anyone else?)

*Indicate each family member with this income.

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

**UniverseText:** All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year

**SkipInstructions:** goto FOWBEN

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

### Question ID: FIN.164_00.000  
**Instrument Variable Name:** FOWBEN  
**QuestionnaireFileName:** Family

**QuestionText:** At any time during [fill1: last calendar year in 4-digit format], did [fill2: you/any family members living here] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]  
<2,R,D> [goto FINTRST]
2008 NHIS Questionnaire - Family
Family Income
Document Version Date: 24-Apr-09

Question ID: FIN.166_00.000  Instrument Variable Name: POWBEN  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

SkipInstructions: goto FINTRST

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

Question ID: FIN.170_00.000  Instrument Variable Name: FINTRST  QuestionnaireFileName: Family

QuestionText: Did [fill: you/any family members living here] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

* Do not include dividends

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

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

Question ID: FIN.180_00.000  Instrument Variable Name: PINTRST  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received interest income in the last calendar year

SkipInstructions: goto FDIVD

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2008 NHIS Questionnaire - Family
Family Income
Document Version Date: 24-Apr-09

**Question ID:** FIN.190_00.000  **Instrument Variable Name:** FDIVD  **QuestionnaireFileName:** Family

**QuestionText:** Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families

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

**Question ID:** FIN.200_00.000  **Instrument Variable Name:** PDIVD  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families with two or more persons and at least one received dividend or net rental income in the last calendar year

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

**Question ID:** FIN.210_00.000  **Instrument Variable Name:** FCHLDSP  **QuestionnaireFileName:** Family

**QuestionText:** ? [F1] Did [fill: you/any family members living here] receive income from child support?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP]
<2,R,D> [goto FINCOT]
### 2008 NHIS Questionnaire - Family
#### Family Income

**Document Version Date:** 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID: FIN.220_00.000</th>
<th>Instrument Variable Name: PCHLDSP</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:** *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent. |
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** All families with two or more persons and at least received income from child support in the last calendar year

**SkipInstructions:** goto FINCOT

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

<table>
<thead>
<tr>
<th>Question ID: FIN.230_00.000</th>
<th>Instrument Variable Name: FINCOT</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker’s Compensation, or unemployment compensation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families

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

<table>
<thead>
<tr>
<th>Question ID: FIN.240_00.000</th>
<th>Instrument Variable Name: PINCOT</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:** * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income |
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** All families with two or more persons and at least one received some "other" source of income in the last calendar year

**SkipInstructions:** goto FINCTOT

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**Question ID:** FIN.250_00.000  **Instrument Variable Name:** FINCTOT  **QuestionnaireFileName:** Family

**QuestionText:**

When answering this next question, please remember to include your income PLUS the income of all family members living in this household.

What is your best estimate of your total income/the total income of all family members from all sources, before taxes, in the last calendar year in 4 digit format?

* Enter ‘999,995’ if the reported income is greater than $999,995.

000000-999994 $0-$999,994
999995 $999,995+
999997 Refused
999999 Don't know

**UniverseText:** All families

**SkipInstructions:**

<0-999> goto ERR1_FINCTOT
<1000-250000> goto HOUSEOWN
<250001-999995> goto ERR2_FINCTOT
<D,R> goto FINC50

---

**Question ID:** FIN.255_00.000  **Instrument Variable Name:** FINC50  **QuestionnaireFileName:** Family

**QuestionText:** Was your total family income from all sources less than $50,000 or $50,000 or more?

1 Less than $50,000
2 $50,000 or more
7 Refused
9 Don't know

**UniverseText:** Respondents who don't know or refuse their income

**SkipInstructions:**

<1> [goto FINC35]
<2> [goto FINC100]
<R,D> [HOUSEOWN]

---

**Question ID:** FIN.260_00.000  **Instrument Variable Name:** FINC35  **QuestionnaireFileName:** Family

**QuestionText:** Was your total family income from all sources less than $35,000 or $35,000 or more?

1 Less than $35,000
2 $35,000 or more
7 Refused
9 Don't know

**UniverseText:** The respondent answered Less than $50,000

**SkipInstructions:**

<1> [goto FINCPOV]
<2,R,D> [goto HOUSEOWN]
Was your total [fill1: family] income from all sources less than [fill2: fill based on poverty threshold] or [fill2: fill based on poverty threshold] or more?

1. Less than [fill2: $10,000/$12,500/$16,500/$21,000/$25,000/$28,000/$32,000]
2. [fill2: $10,000/$12,500/$16,500/$21,000/$25,000/$28,000/$32,000] or more
7. Refused
9. Don't know

The respondent answered Less than $35,000

Was your total [fill: family] income from all sources less than $100,000 or $100,000 or more?

1. Less than $100,000
2. $100,000 or more
7. Refused
9. Don't know

The respondent answered More than $50,000

Was your total [fill: family] income from all sources less than $75,000 or $75,000 or more?

1. Less than $75,000
2. $75,000 or more
7. Refused
9. Don't know

The respondent answered Less than $100,000

Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?

1. Owned or being bought
2. Rented
3. Other arrangement
7. Refused
9. Don't know

All families

<1> [goto FINC75] <2,R,D> [goto HOUSEOWN]

<1,2,R,D> [HOUSEOWN]
Question ID: FIN.282_00.000  Instrument Variable Name: FGAH  QuestionnaireFileName: Family

QuestionText: ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families that rent their house/apartment

SkipInstructions: goto FSSAPL

Question ID: FIN.300_00.000  Instrument Variable Name: FSSAPL  QuestionnaireFileName: Family

QuestionText: [fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

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

Question ID: FIN.310_00.000  Instrument Variable Name: PSSAPL  QuestionnaireFileName: Family

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

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for SSI benefits.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one applied for SSI

SkipInstructions: goto FSDAPL

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2008 NHIS Questionnaire - Family
Family Income

Document Version Date: 24-Apr-09

Question ID: FIN.330_00.000  Instrument Variable Name: FSDAPL  QuestionnaireFileName: Family

QuestionText: [fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All Families

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

Question ID: FIN.340_00.000  Instrument Variable Name: PSDAPL  QuestionnaireFileName: Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for Social Security Disability benefits.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one applied for Social Security Disability benefits

SkipInstructions: goto TANFMYR

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.350_00.000  Instrument Variable Name: TANFMYR  QuestionnaireFileName: Family

QuestionText: ? [F1]

Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?

*Enter '1' if less than one month.

01-12 1-12 months
97 Refused
99 Don't know

UniverseText: All persons who received cash assistance from public assistance programs in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FFSTIP
2008 NHIS Questionnaire - Family
Family Income
Document Version Date: 24-Apr-09

Question ID: FIN.360_00.000  Instrument Variable Name: FFSTIP  QuestionnaireFileName: Family

QuestionText: ? [F1]

(fill1: Were you/Was anyone in the family] authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during [fill2: last calendar year in 4-digit format]?

*An authorized person is one whose name appears on a certification card.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PFSTP and goto FSTPMYR; else, goto PFSTP]
<2,R,D> [goto FINWIC]

Question ID: FIN.370_00.000  Instrument Variable Name: PFSTP  QuestionnaireFileName: Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was authorized to receive food stamps?

* Indicate family members who were authorized to receive food stamps.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one was authorized to receive food stamps in the last calendar year

SkipInstructions: goto FSTPMYR

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIN.380_00.000  Instrument Variable Name: FSTPMYR  QuestionnaireFileName: Family

QuestionText: During [fill1: last calendar year in 4-digit format], about how many months [fill2: were you/was ALIAS] authorized to receive food stamps?

* Enter '1' if less than 1 month

01-12 1-12 months
97 Refused
99 Don't know

UniverseText: All persons authorized to receive food stamps in the last calendar year

SkipInstructions: goto FINWIC
At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

1  Yes
2  No
7  Refused
9  Don't know

All families with females 12-55 years of age or children 0-5 years of age

* Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family received this?
(Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

1  Yes
2  No
7  Refused
9  Don't know

All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.