
2009 NHIS Questionnaire - Family
Family Disability: Version 1
Document Version Date: 30-Apr-10

Question ID: FDA.010_00.000 **Instrument Variable Name:** F1DFHEAR **QuestionnaireFileName:** Family

QuestionText: With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

[fill 1: Please answer this question for family members age 1 or older./]

[fill 2: Are you/Is anyone] deaf or [fill 3: do you/does anyone] have serious difficulty hearing?

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

UniverseText: All families with one or more persons age 1 or older and random number generator=1

SkipInstructions: <1> If only 1 person in the family age 1 or older, store person number in P1DFHEAR and goto F1DFSEE; else, goto P1DFHEAR
<2,D,R> [goto F1DFSEE]

Question ID: FDA.020_00.000 **Instrument Variable Name:** P1DFHEAR **QuestionnaireFileName:** Family

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

Who is it?
(Anyone else? * Repeat if necessary: Is anyone else deaf or does anyone else have serious difficulty hearing?)

01-25 Person number

UniverseText: One or more persons are deaf or have difficulty hearing, and there is more than one person in the family age 1 or older

SkipInstructions: goto F1DFSEE

Question ID: FDA.030_00.000 **Instrument Variable Name:** F1DFSEE **QuestionnaireFileName:** Family

QuestionText: [fill 1: Please answer this question for family members age 1 or older./]

[fill 2: Are you/Is anyone] blind or [fill 3: do you/does anyone] have serious difficulty seeing even when wearing glasses?

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

UniverseText: All families with one or more persons age 1 or older and random number generator=1

SkipInstructions: <1> If only 1 person in the family age 1 or older, store person number in P1DFSEE and goto F1DFCON; else, goto P1DFSEE
<2,D,R> [goto F1DFCON]

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Question ID: FDA.040_00.000 **Instrument Variable Name:** P1DFSEE **QuestionnaireFileName:** Family

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

Who is it?
(Anyone else? * Repeat if necessary: Is anyone else blind or does anyone else have serious difficulty seeing even when wearing glasses?)

01-25 Person number

UniverseText: One or more persons are blind or have serious difficulty seeing, and there is more than one person in the family age 1 or older

SkipInstructions: goto F1DFCON

Question ID: FDA.050_00.000 **Instrument Variable Name:** F1DFCON **QuestionnaireFileName:** Family

QuestionText: [fill 1: Please answer this question for family members age 5 or older./]

Because of a physical, mental, or emotional condition, [fill 2: do you/does anyone] have serious difficulty concentrating, remembering, or making decisions?

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

UniverseText: All families with one or more persons age 5 or older and random number generator=1

SkipInstructions: <1> If only 1 person in the family age 5 or older, store person number in P1DFCON and goto F1DFWALK; else, goto P1DFCON
<2,D,R> [goto F1DFWALK]

Question ID: FDA.060_00.000 **Instrument Variable Name:** P1DFCON **QuestionnaireFileName:** Family

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

Who is it?
(Anyone else? * Repeat if necessary: Does anyone else have serious difficulty concentrating, remembering, or making decisions?)

01-25 Person number

UniverseText: One or more persons have serious difficulty concentrating, remembering, or making decisions, and there is more than one person age 5 or older

SkipInstructions: goto F1DFWALK

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Question ID: FDA.070_00.000 **Instrument Variable Name:** F1DFWALK **QuestionnaireFileName:** Family

QuestionText: [fill 1: Please answer this question for family members age 5 or older./]

[fill 2: Do you/Does anyone] have serious difficulty walking or climbing stairs?

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

UniverseText: All families with one or more persons age 5 or older and random number generator=1

SkipInstructions: <1> If only 1 person in the family age 5 or older, store person number in P1DFWALK and goto F1DFDRES; else, goto P1DFWALK
<2,D,R> [goto F1DFDRES]

Question ID: FDA.080_00.000 **Instrument Variable Name:** P1DFWALK **QuestionnaireFileName:** Family

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

Who is it?
(Anyone else? * Repeat if necessary: Does anyone else have serious difficulty walking or climbing stairs?)

01-25 Person number

UniverseText: One or more persons have serious difficulty walking or climbing stairs, and there is more than one person age 5 or older

SkipInstructions: goto F1DFDRES

Question ID: FDA.090_00.000 **Instrument Variable Name:** F1DFDRES **QuestionnaireFileName:** Family

QuestionText: [fill 1: Please answer this question for family members age 5 or older./]

[fill 2: Do you/Does anyone] have difficulty dressing or bathing?

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

UniverseText: All families with one or more persons age 5 or older and random number generator=1

SkipInstructions: <1> If only 1 person in the family age 5 or older, store person number in P1DFDRES and goto F1DFERR; else, goto P1DFDRES
<2,D,R> [goto F1DFERR]

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Family Disability: Version 1
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Question ID: FDA.100_00.000 **Instrument Variable Name:** P1DFDRES **QuestionnaireFileName:** Family

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

Who is it?
(Anyone else? * Repeat if necessary: Does anyone else have difficulty dressing or bathing?)

01-25 Person number

UniverseText: One or more persons have difficulty dressing or bathing, and there is more than one person age 5 or older

SkipInstructions: goto F1DFERR

Question ID: FDA.110_00.000 **Instrument Variable Name:** F1DFERR **QuestionnaireFileName:** Family

QuestionText: [fill 1: Please answer this question for family members age 15 or older./]

Because of a physical, mental, or emotional condition, [fill 2: do you/does anyone] have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

UniverseText: All families with one or more persons age 15 or older and random number generator=1

SkipInstructions: <1> If only 1 person in the family age 15 or older, store person number in P1DFERR and goto end of section;
else, goto P1DFERR
<2,D,R> [goto end of section]

Question ID: FDA.120_00.000 **Instrument Variable Name:** P1DFERR **QuestionnaireFileName:** Family

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

Who is it?
(Anyone else? * Repeat if necessary: Does anyone else have difficulty doing errands alone such as visiting a doctor's office or shopping?)

01-25 Person number

UniverseText: One or more persons have difficulty doing errands alone, and there is more than one person age 15 or older

SkipInstructions: goto end of section

2009 NHIS Questionnaire - Family
Family Disability: Version 2
Document Version Date: 30-Apr-10

Question ID: FDB.020_00.000 **Instrument Variable Name:** P2DFHEAR **QuestionnaireFileName:** Family

QuestionText: With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

[fill 1: Are you/Is ALIAS] deaf or [fill 2: do you/does ALIAS] have serious difficulty hearing?

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

UniverseText: All persons age 1 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFSEE

Question ID: FDB.040_00.000 **Instrument Variable Name:** P2DFSEE **QuestionnaireFileName:** Family

QuestionText: [fill 1: Are you/Is ALIAS] blind or [fill 2: do you/does ALIAS] have serious difficulty seeing even when wearing glasses?

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

UniverseText: All persons age 1 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFCON

Question ID: FDB.060_00.000 **Instrument Variable Name:** P2DFCON **QuestionnaireFileName:** Family

QuestionText: Because of a physical, mental, or emotional condition, [fill: do you/does ALIAS] have serious difficulty concentrating, remembering, or making decisions?

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

UniverseText: All persons age 5 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFWALK

2009 NHIS Questionnaire - Family
Family Disability: Version 2
Document Version Date: 30-Apr-10

Question ID: FDB.080_00.000 **Instrument Variable Name:** P2DFWALK **QuestionnaireFileName:** Family

QuestionText: [fill: Do you/Does ALIAS] have serious difficulty walking or climbing stairs?

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

UniverseText: All persons age 5 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFDRES

Question ID: FDB.100_00.000 **Instrument Variable Name:** P2DFDRES **QuestionnaireFileName:** Family

QuestionText: [fill: Do you/Does ALIAS] have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don' know

UniverseText: All persons age 5 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFERR

Question ID: FDB.120_00.000 **Instrument Variable Name:** P2DFERR **QuestionnaireFileName:** Family

QuestionText: Because of a physical, mental, or emotional condition, [fill: do you/does ALIAS] have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

UniverseText: All persons age 15 or older and random number generator=2

SkipInstructions: <1,2,D,R> if no more persons age 1 or older, goto end of section; else return to P2DFHEAR for next person age 1 or older
