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**2010 NHIS Questionnaire - Family**  
**Family Identification**  
**Document Version Date: 18-Apr-11**

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**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]

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**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]

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**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]

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**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]

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

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

[Display all possible spouse candidates]

**01-25**      Person # of spouse

**UniverseText:**      Person has an unidentified spouse in the household.

**SkipInstructions:**    Do not allow line number of the subject to be entered. If so [goto ERR\_SPOUS2]  
                          <1-25,R,D> [goto FIDCCI3]

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**Question ID:** FID.280\_00.000    **Instrument Variable Name:** COHAB1    **QuestionnaireFileName:** Family

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

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

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

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

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

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

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 7 Refused
- 9 Don't know

**UniverseText:** Person is currently cohabiting and has been married.

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

---

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

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

[Display all possible cohabitation candidates]

01-25 Person number

**UniverseText:** Cohabiting partner has yet to be identified.

**SkipInstructions:** If line number of the subject is entered [goto ERR\_COHAB3]  
<1-25,R,D> [goto FIDCCI3]

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

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

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

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

**SkipInstructions:** <1> if AGEDIFF <12 [goto ERR\_DEGREE4]  
if ERR\_DEGREE4 = 1 [goto FIDCCI4B]  
else reset DEGREE4 [goto DEGREE4] endif  
else [goto FIDCCI4B]  
<2-5,R,D> [goto FIDCCI4B]

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

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

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

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

**SkipInstructions:** <1> if AGEDIFF <12 [goto ERR\_DEGREE5]  
if yes, continue the interview [goto FIDCCI4B]  
else, reset DEGREE5 [goto DEGREE5] endif  
else [goto FIDCCI4B]  
<2-5,R,D> [goto FIDCCI4B]

---

**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]

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**2010 NHIS Questionnaire - Family**  
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**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.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]

**2010 NHIS Questionnaire - Family**  
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**Question ID:** FID.350\_01.000    **Instrument Variable Name:** FATHERCK\_A    **QuestionnaireFileName:** Family

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

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

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

**SkipInstructions:** <1> If AGEDIFF <12 [goto ERR\_FATHERCK\_A]  
if ERRFATHERCK\_A = <1> [goto FIDCCI4]  
elseif <2> [goto FATHER]  
elseif <3> reset FATHERCK\_A  
[goto FATHERCK\_A] endif  
else [goto FIDCCI4]  
<2-5,R,D> [goto FIDCCI4]

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

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

\* Enter the line number of [fill: 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:** Mother or father was identified as legal guardian of child 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 FINTR02]  
else [goto KNOWSC2]

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**2010 NHIS Questionnaire - Family**  
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**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]

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

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

- 01-25      Person # of Family Respondent

**UniverseText:**      More than 1 adult present.

**SkipInstructions:**      goto HLTH\_BEG

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
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**Question ID:** FHS.005\_00.000    **Instrument Variable Name:** FLAPLYLM    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

[fill1: Are/Is]

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

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

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

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

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

---

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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto PLAPLYUN

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

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

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

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

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

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

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
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**Question ID:** FHS.050\_00.000    **Instrument Variable Name:** FSPPEDEIS    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

\* Read names

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

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

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

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

---

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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto PPSPEDEM

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

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

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

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

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

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

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
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**Question ID:** FHS.070\_00.000    **Instrument Variable Name:** FLAADL    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

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

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

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

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

---

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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto LABATH

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

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

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

Bathing or showering?

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

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

**SkipInstructions:** goto LADDRESS

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**2010 NHIS Questionnaire - Family**  
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**Question ID:** FHS.090\_02.000    **Instrument Variable Name:** LADDRESS    **QuestionnaireFileName:** Family

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

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

Dressing?

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

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

**SkipInstructions:**    goto LAEAT

---

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

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

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

Eating?

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

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

**SkipInstructions:**    goto LABED

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

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

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

Getting in or out of bed or chairs?

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

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

**SkipInstructions:**    goto LATOILT

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

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

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

Using the toilet, including getting to the toilet?

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

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

**SkipInstructions:**    goto LAHOME

---

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

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

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

Getting around inside the home?

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

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

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

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

**QuestionText:**    ? [F1]

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

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

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

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

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

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

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**Question ID:** FHS.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:**    all persons selected goto FLAWALK; else, goto FLAWKLIM

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

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

**QuestionText:**    ? [F1]

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

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

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

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

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

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

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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto FLAWALK

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

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

**QuestionText:** ? [F1]

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

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

**UniverseText:** All families

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

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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto FLAREMEM

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

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

**QuestionText:** ? [F1]

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

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

**UniverseText:** All families

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

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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto FLIMANY

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

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

**QuestionText:** ? [F1]

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

\* Read names  
(fill roster of applicable persons)]

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

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

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

**SkipInstructions:** <1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY]  
<2,R,D> [goto LAHCC]

---



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

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:**    goto LAHCC

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

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

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

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

\* Enter all that apply, separate with commas.

\* Do not probe except to clarify answer.

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

**UniverseText:** All persons less than 18 years of age who have at least one reported limitation

**SkipInstructions:** <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]  
 <5> [fill "96" in LHCL05N and fill "6" in LHCL05T]  
 <90> [goto LAHCC\_S1]  
 <91> [goto LAHCC\_S2]  
 <R,D> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA]

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

**Question ID:** FHS.271\_90.000    **Instrument Variable Name:** LAHCC\_S1    **QuestionnaireFileName:** Family

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

What is the other impairment or problem?

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

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

**SkipInstructions:** goto LHCL90N

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**Question ID:** FHS.271\_91.000    **Instrument Variable Name:** LAHCC\_S2    **QuestionnaireFileName:** Family

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

What is the other impairment or problem?

**Verbatim**    Verbatim response

7    Refused

9    Don't know

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

**SkipInstructions:**    goto LHCL91N

---

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

**QuestionText:**    1 of 2

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

\* Enter number for time with a vision problem or problem seeing.

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

01-94    1-94

95    95+

96    Since birth

97    Refused

99    Don't know

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

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

---

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL01T]

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1\_LHCL01T

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

**QuestionText:** 1 of 2

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

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

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

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

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with hearing problem.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL02T]

if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto ERR1\_LHCL02T

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

**QuestionText:** 1 of 2

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

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

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

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

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with speech problem.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL03T]  
  
 if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1\_LHCL03T

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

**QuestionText:** 1 of 2

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

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

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

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

**SkipInstructions:** <1-95,D> [goto LHCL04T]  
 <96> [fill "6" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL04T]  
 if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1\_LHCL04T

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

**QuestionText:** 1 of 2

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

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

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

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL06T]

if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1\_LHCL06T

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

**QuestionText:** 1 of 2

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

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

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

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

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



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**Question ID:** FHS.290\_02.000    **Instrument Variable Name:** LHCL07T    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

\* Enter time period for time with mental retardation.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL07T]

if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1\_LHCL07T

**Question ID:** FHS.292\_01.000    **Instrument Variable Name:** LHCL08N    **QuestionnaireFileName:** Family

**QuestionText:** 1 of 2

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

\* Enter number for time with a developmental problem.

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL08T]

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1\_LHCL08T

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

**QuestionText:** 1 of 2

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

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

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

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL09T]

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1\_LHCL09T

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

**QuestionText:** 1 of 2

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

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

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

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL10T]

if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1\_LHCL10T

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

**QuestionText:** 1 of 2

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

\* Enter number for time with 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 less than 18 years of age who have a limitation due to epilepsy or seizures

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with epilepsy or seizures.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL11T]

if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto ERR1\_LHCL11T

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

**QuestionText:** 1 of 2

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

\* Enter number for time with a learning disability.

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

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

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

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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]

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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]

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 2 of 2

\* Enter time period for time with [fill: problem in LAHCC\_S1].

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

**UniverseText:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC\_S1 and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
 <6> [goto ERR2\_LHCL90T]

if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1\_LHCL90T

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

**QuestionText:** 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC\_S2]?

\* Enter number for time with [fill1: problem in LAHCC\_S2].

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

**UniverseText:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC\_S2

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



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

**QuestionText:** 2 of 2

\* Enter time period for time with [fill: problem in LAHCC\_S2].

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

**UniverseText:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC\_S2 and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL91T]

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1\_LHCL91T

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**2010 NHIS Questionnaire - Family**  
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Document Version Date: 16-Apr-11

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

**QuestionText:** (book) F2

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

\* Enter all that apply, separate with commas.

\* Do not probe except to clarify answer.

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

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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.

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**Question ID:** FHS.351\_90.000    **Instrument Variable Name:** LAHCA\_S1    **QuestionnaireFileName:** Family

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

What is the other impairment or problem?

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

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

**SkipInstructions:** goto LHAL90N

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**Question ID:** FHS.351\_91.000    **Instrument Variable Name:** LAHCA\_S2    **QuestionnaireFileName:** Family

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

What is the other impairment or problem?

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

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

**SkipInstructions:** goto LHAL91N

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

**SkipInstructions:** <1-95,D> [goto LHAL01T]  
 <96> [fill "6" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <R> [store "R" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL01T]

if LHAL01T = 4 and LHAL01N > AGE, goto ERR1\_LHAL01T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with arthritis or rheumatism.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL03T]

if LHAL03T = 4 and LHAL03N > AGE, goto ERR1\_LHAL03T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL04T]

if LHAL04T = 4 and LHAL04N > AGE, goto ERR1\_LHAL04T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL05T]

if LHAL05T = 4 and LHAL05N > AGE, goto ERR1\_LHAL05T



**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL06T]

if LHAL06T = 4 and LHAL06N > AGE, goto ERR1\_LHAL06T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

---

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

**QuestionText:** 2 of 2

\* Enter time period for time with heart problem.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL07T]

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1\_LHAL07T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

---

**Question ID:** FHS.374\_02.000    **Instrument Variable Name:** LHAL08T    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

\* Enter time period for time with stroke problem.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1\_LHAL08T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL09T]

if LHAL09T = 4 and LHAL09N > AGE, goto ERR1\_LHAL09T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with diabetes.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL10T]

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1\_LHAL10T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL11T]

if LHAL11T = 4 and LHAL11N > AGE, goto ERR1\_LHAL11T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

---

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

**QuestionText:** 2 of 2

\* Enter time period for time with cancer.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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**Question ID:** FHS.384\_01.000    **Instrument Variable Name:** LHAL14N    **QuestionnaireFileName:** Family

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

---

**Question ID:** FHS.384\_02.000    **Instrument Variable Name:** LHAL14T    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

\* Enter time period for time with mental retardation.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1\_LHAL14T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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).

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with senility.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL16T]

if LHAL16T = 4 and LHAL16N > AGE, goto ERR1\_LHAL16T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL17T]

if LHAL17T = 4 and LHAL17N > AGE, goto ERR1\_LHAL17T

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**2010 NHIS Questionnaire - Family  
Family Health Status & Limitations**Document Version Date: 16-Apr-11

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**Question ID:** FHS.392\_01.000    **Instrument Variable Name:** LHAL18N    **QuestionnaireFileName:** Family**QuestionText:** 1 of 2

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

\* Enter number for time with a weight problem.

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

---

**Question ID:** FHS.392\_02.000    **Instrument Variable Name:** LHAL18T    **QuestionnaireFileName:** Family**QuestionText:** 2 of 2

\* Enter time period for time with weight problem.

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

**UniverseText:** All persons 18 years of age or older who have a limitation due to a weight problem and 1-95, D was entered for the "number" part of this two-part question**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL18T]if LHAL18T = 4 and LHAL18N > AGE, goto ERR1\_LHAL18T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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).

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

---

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL20T]

if LHAL20T = 4 and LHAL20N > AGE, goto ERR1\_LHAL20T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL21T]

if LHAL21T = 4 and LHAL21N > AGE, goto ERR1\_LHAL21T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**Question ID:** FHS.400\_01.000    **Instrument Variable Name:** LHAL22N    **QuestionnaireFileName:** Family

**QuestionText:** 1 of 2

How long [fill: have you/has ALIAS] had benign tumors or cysts?

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

**SkipInstructions:** <1-95,D> [goto LHAL22T]  
 <96> [fill "6" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <R> [store "R" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

**Question ID:** FHS.400\_02.000    **Instrument Variable Name:** LHAL22T    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL22T]

if LHAL22T = 4 and LHAL22N > AGE, goto ERR1\_LHAL22T



**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with fibromyalgia or lupus.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1\_LHAL23T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

---

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

**QuestionText:** 2 of 2

\* Enter time period for time with osteoporosis or tendinitis.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL24T]

if LHAL24T = 4 and LHAL24N > AGE, goto ERR1\_LHAL24T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL26T]

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1\_LHAL26T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL27T]

if LHAL27T = 4 and LHAL27N > AGE, goto ERR1\_LHAL27T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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).

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with hernia.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL30T]

if LHAL30T = 4 and LHAL30N > AGE, goto ERR1\_LHAL30T



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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

---

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL32T]

if LHAL32T = 4 and LHAL32N > AGE, goto ERR1\_LHAL32T

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**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

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

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

---

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

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**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.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	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.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	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

---

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

**Question ID:** FHS.426\_01.000    **Instrument Variable Name:** LHAL35N    **QuestionnaireFileName:** Family

**QuestionText:** 1 of 2

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

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

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

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

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

**Question ID:** FHS.426\_02.000    **Instrument Variable Name:** LHAL35T    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

\* Enter time period for time with migraine headaches.

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

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

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL35T]

if LHAL35T = 4 and LHAL35N > AGE, goto ERR1\_LHAL35T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA\_S1]?

- \* Enter number for time with [fill1: LAHCA\_S1].
- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S1

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with [fill: LAHCA\_S1].

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

**UniverseText:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S1 and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL90T]

if LHAL90T = 4 and LHAL90N > AGE, goto ERR1\_LHAL90T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA\_S2]?

- \* Enter number for time with [fill1: LAHCA\_S2].
- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S2

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

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

**QuestionText:** 2 of 2

\* Enter time period for time with [fill: LAHCA\_S2].

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

**UniverseText:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S2 and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <6> [goto ERR2\_LHAL91T]

if LHAL91T = 4 and LHAL91N > AGE, goto ERR1\_LHAL91T

**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date: 16-Apr-11**

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

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

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

**UniverseText:**        All persons

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



**2010 NHIS Questionnaire - Family  
Injuries & Poisoning**  
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**Question ID:** FIJ.010\_00.000      **Instrument Variable Name:** FINJ3M      **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

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

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

**UniverseText:** All families

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

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

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

Who was this?  
(Anyone else?)

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

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

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

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

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

**QuestionText:** ? [F1]

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

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

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

**SkipInstructions:** <1-10,D> [goto MFINJ3M]  
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]  
<11-91> [goto ERR\_TFINJ3M]

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**Injuries & Poisoning**  
**Document Version Date: 16-Apr-11**

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

**QuestionText:** ? [F1]

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

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

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

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

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

**QuestionText:** ? [F1]

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

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

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

**SkipInstructions:** <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1\_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2\_MTFINJ3M; else, goto IPDATEM]  
 <R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

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

**QuestionText:** ? [F1]

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

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

**UniverseText:** All families

**SkipInstructions:** <1> [if single-person family, store person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]  
 <2,DK,R> [goto next section]

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

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

Who was this?  
(Anyone else?)

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

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

**SkipInstructions:** <1-25> [All family members. Avoid duplicate; goto TFPOI3M]  
<DK,R> [goto next section]

---

**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:** <01-10, DK> [goto MFPOI3M]  
<R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]  
<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,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]

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**2010 NHIS Questionnaire - Family  
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**Question ID:** FIJ.028\_00.000      **Instrument Variable Name:** MTFPOI3M      **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

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

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

**SkipInstructions:**        <01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1\_MTFPOI3M; else, goto IPDATEM]  
                                 <DK, R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]

                                 If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR\_MTFPOI3M]:

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

**QuestionText:** 1 of 3

\* Please hand the calendar card to the respondent.

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

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

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

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

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

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

\* Enter month.

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

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

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

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

**QuestionText:** 2 of 3

\* Enter day.

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

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

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

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

**QuestionText:** 3 of 3

\* Enter year.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	Don't know

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

**SkipInstructions:** if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR\_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1\_IPDATEY; else, goto IPHOW

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

**QuestionText:** 1 of 2

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

\*Enter number for time since event.

<b>001-096</b>	001-096
<b>997</b>	Refused
<b>999</b>	Don't know

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

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

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

**QuestionText:** 2 of 2

\*Enter number for time period since event.

^IPDATENO...

<b>1</b>	Days
<b>2</b>	Weeks
<b>3</b>	Months
<b>7</b>	Refused
<b>9</b>	Don't know

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

**SkipInstructions:** goto IPHOW

**2010 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
**Document Version Date: 16-Apr-11**

**Question ID:** FIJ.052\_00.000      **Instrument Variable Name:** IPDATEMT      **QuestionnaireFileName:** Family

**QuestionText:** (book) F3      ? [F1]

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

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

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

**SkipInstructions:**      gotoIPHOW

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

**QuestionText:**      ? [F1]

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

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

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

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

**SkipInstructions:**      <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]  
 <R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]  
 <D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]

**2010 NHIS Questionnaire - Family  
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**Question ID:** FIJ.065\_00.000    **Instrument Variable Name:** ICAUS    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Do not read.

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

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

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

**SkipInstructions:** goto IJBODY

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**Question ID:** FIJ.070\_00.000      **Instrument Variable Name:** IJBODY      **QuestionnaireFileName:** Family

**QuestionText:** (book) F4

\* Enter up to 4 responses, separate with commas.

\* Ask or verify.

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

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

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

**SkipInstructions:** <1-28> [goto IJTYPE1]  
<29> [goto IJBODYOS]  
<R,D> [goto IPEV]

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

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

What other parts of the body were hurt?

**Verbatim**      Verbatim response

7      Refused

9      Don't know

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

**SkipInstructions:**      goto IJTYPE1

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

**QuestionText:**      (book) F5

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

\* Ask or verify.

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

01      Broken bone or fracture

02      Sprain, strain, or twist

03      Cut

04      Scrape

05      Bruise

06      Burn

07      Insect bite

08      Animal bite

09      Other, specify

97      Refused

99      Don't know

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

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

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

**QuestionText:**      ? [F1]

\* Read if necessary.

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

**Verbatim**      Verbatim response

7      Refused

9      Don't know

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

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

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

**QuestionText:** (book) F5

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

\* Ask or verify.

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

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

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

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

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

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

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

- |                 |                   |
|-----------------|-------------------|
| <b>Verbatim</b> | Verbatim response |
| <b>7</b>        | Refused           |
| <b>9</b>        | Don't know        |

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

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

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

**QuestionText:** (book) F5

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

\* Ask or verify.

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

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

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

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

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

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

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

- |                 |                   |
|-----------------|-------------------|
| <b>Verbatim</b> | Verbatim response |
| <b>7</b>        | Refused           |
| <b>9</b>        | Don't know        |

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

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

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**Question ID:** FIJ.078\_00.000      **Instrument Variable Name:** IJTYPE4      **QuestionnaireFileName:** Family

**QuestionText:** (book) F5

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

\* Ask or verify.

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

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

**UniverseText:** All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

**SkipInstructions:** <1-8,R,D> [goto IPEV]  
<9> [goto IJTYP4OS]

**Question ID:** FIJ.079\_00.000      **Instrument Variable Name:** IJTYP4OS      **QuestionnaireFileName:** Family

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

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

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

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

**SkipInstructions:** if a poisoning episode, goto PPCC; else, goto IPEV

**Question ID:** FIJ.080\_01.000      **Instrument Variable Name:** PPCC      **QuestionnaireFileName:** Family

**QuestionText:** Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..

A phone call to a poison control center?

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

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

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



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

**QuestionText:** ? [F1]

\* Read lead-in if necessary.

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

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

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

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

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

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

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

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

Any place else?

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

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

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

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

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

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

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

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

**SkipInstructions:** goto IPHOSP

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

**QuestionText:** \* Please verify.

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

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

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

**SkipInstructions:** <1> [If the subject HAS more injury/poisoning episodes, then go to FIJ.050\_1 for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to next section.]  
<2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]

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

**QuestionText:** ? [F1]

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

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

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

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

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

**QuestionText:** ? [F1]

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

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

\* Enter '95' for 95 or more nights.

- 01-94 1-94 nights
- 95 95+ nights
- 97 Refused
- 99 Don't know

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

**SkipInstructions:** <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]  
<61-95> [goto ERR\_IPIHNO]



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**Question ID:** FIJ.109\_00.000    **Instrument Variable Name:** IMTRAF    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Ask or verify.

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

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

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

**SkipInstructions:** goto IMVWHO

---

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

**QuestionText:** \*Read all categories.

\* Ask or verify.

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

\* Read answer categories.

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

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

**SkipInstructions:** <1,2> [goto IMVTYP]  
<4,5> [goto IHELMT]  
<3,R,D> [goto IPWHAT]

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**Question ID:** FIJ.111\_00.000      **Instrument Variable Name:** IMVTYP      **QuestionnaireFileName:** Family

**QuestionText:** (book) F6      ? [F1]

\* Ask or verify.

What type of vehicle [fill: were you/was ALIAS] in?

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

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

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

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**Question ID:** FIJ.112\_00.000      **Instrument Variable Name:** ISBELT      **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Ask or verify.

[fill: Were you/Was ALIAS] restrained at the time of the accident?

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

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

**SkipInstructions:** goto IPWHAT

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

**QuestionText:** ? [F1]

\* Ask or verify.

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

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

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

**SkipInstructions:** goto IPWHAT

---

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

**QuestionText:** (book) F7

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

\* Ask or verify.

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

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

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

**SkipInstructions:** goto IFALLWHY

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**Question ID:** FIJ.131\_00.000    **Instrument Variable Name:** IFALLWHY    **QuestionnaireFileName:** Family

**QuestionText:** (book) F8

\* Ask or verify.

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

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

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

**SkipInstructions:** goto IPWHAT

---

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

**QuestionText:** (book) F9    ? [F1]

\* Ask or verify.

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

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

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

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

---

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

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

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

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

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

**SkipInstructions:** goto IPWHAT

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

**QuestionText:** (book) F10 ? [F1]

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

\* Ask or verify.

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

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

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

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

---

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

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

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

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

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

**SkipInstructions:** goto IPWHER

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

**QuestionText:** (book) F11 ? [F1]

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

\* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

- 01 Home (inside)
- 02 Home (outside)
- 03 School (not residential)
- 04 Child care center or preschool
- 05 Residential institution (excluding hospital)
- 06 Health care facility (including hospital)
- 07 Street or highway
- 08 Sidewalk
- 09 Parking lot
- 10 Sport facility, athletic field, or playground
- 11 Shopping center, restaurant, store, bank, gas station, or other place of business
- 12 Farm
- 13 Park or recreation area (include bike or jog path)
- 14 River, lake, stream, or ocean
- 15 Industrial or construction area
- 16 Other public building
- 17 Other
- 97 Refused
- 99 Don't know

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

**SkipInstructions:** <01-17,R,DK> [If AGE lt 5 and person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if AGE lt 5 and person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if AGE lt 5 and no more family members with an injury/poisoning, go to FPOI3M/next section; 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]

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**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,DK> [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; else if no more family members with an injury/poisoning, goto next section]

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**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:** <1-4,R,DK>[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; else if no more family members with an injury/poisoning, goto next section]

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**Question ID:** FAU.010\_00.000    **Instrument Variable Name:** FDMED12M    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]  
<2,R,D> [goto FNMED12M]

---

**Question ID:** FAU.020\_00.000    **Instrument Variable Name:** PDMED12M    **QuestionnaireFileName:** Family

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

For which family member was medical care delayed?  
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

**SkipInstructions:** goto FNMED12M

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

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**Question ID:** FAU.030\_00.000    **Instrument Variable Name:** FNMED12M    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]  
<2,R,D> [goto FHOSPYR]

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**2010 NHIS Questionnaire - Family**  
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**Question ID:** FAU.040\_00.000    **Instrument Variable Name:** PNMED12M    **QuestionnaireFileName:** Family

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

Who didn't get needed care?  
(Anyone else?)

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

**UniverseText:**      All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

**SkipInstructions:**    goto FHOSPYR

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

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**Question ID:** FAU.050\_00.000    **Instrument Variable Name:** FHOSPYR    **QuestionnaireFileName:** Family

**QuestionText:**    ?[F1]

[fill1: were you/including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

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

**UniverseText:**      All families

**SkipInstructions:**    <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]  
<2,R,D> [goto FHCHM2W]

---

**Question ID:** FAU.060\_00.000    **Instrument Variable Name:** PHOSPYR    **QuestionnaireFileName:** Family

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

Who was in a hospital overnight?  
(Anyone else?)

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

**UniverseText:**      All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)

**SkipInstructions:**    goto HOSPNO

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

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**Question ID:** FAU.070\_00.000    **Instrument Variable Name:** HOSPNO    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

- 001-365 1-365 times
- 997 Refused
- 999 Don't know

**UniverseText:** All persons who had an overnight hospital stay during the past 12 months (excluding ER)

**SkipInstructions:** <1-10> [goto HPNITE]  
<11-365> [goto ERR\_HOSPNO]  
<R,D> [goto HPNITE]

---

**Question ID:** FAU.110\_00.000    **Instrument Variable Name:** HPNITE    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

- 001-365 1-365 nights
- 997 Refused
- 999 Don't know

**UniverseText:** All persons who had an overnight hospital stay during the past 12 months (excluding ER)

**SkipInstructions:** <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]  
<51-365> [goto ERR1\_HPNIITE]  
  
if HOSPNO gt HPNITE, goto ERR2\_HPNIITE

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**2010 NHIS Questionnaire - Family**  
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**Question ID:** FAU.120\_00.000    **Instrument Variable Name:** FHCHM2W    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Hand calendar card.

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

Do not include dental care. Do not include care while an overnight patient in a hospital.

During those 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]  
<2,R,D> [goto FHCPH2W]

---

**Question ID:** FAU.130\_00.000    **Instrument Variable Name:** PHCHM2W    **QuestionnaireFileName:** Family

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

Who received care at home?  
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

**SkipInstructions:** goto PHCHMN2W

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

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**2010 NHIS Questionnaire - Family**  
**Family Access to Health Care & Utilization**  
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**Question ID:** FAU.140\_00.000    **Instrument Variable Name:** PHCHMN2W    **QuestionnaireFileName:** Family

**QuestionText:** How many home visits did [fill: you/ ALIAS] receive during those 2 WEEKS?

\* Enter '50' for 50 or more visits.

**01-50**    1-50 home visits  
**97**       Refused  
**99**       Don't know

**UniverseText:** All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

**SkipInstructions:** <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]  
<15-50> [goto ERR\_PHCPHMN2W]

---

**Question ID:** FAU.150\_00.000    **Instrument Variable Name:** FHCPH2W    **QuestionnaireFileName:** Family

**QuestionText:** During those 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]  
<2,R,D> [goto FHCDV2W]

---

**Question ID:** FAU.160\_00.000    **Instrument Variable Name:** PHCPH2W    **QuestionnaireFileName:** Family

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

Who was the phone call about?  
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

**SkipInstructions:** goto PHCPHN2W

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

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**2010 NHIS Questionnaire - Family**  
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**Question ID:** FAU.170\_00.000    **Instrument Variable Name:** PHCPHN2W    **QuestionnaireFileName:** Family

**QuestionText:** During those 2 WEEKS, how many telephone calls [fill: did you make/were made about ALIAS]?

\* Enter '50' for 50 or more phone calls.

**01-50**    1-50 calls  
**97**        Refused  
**99**        Don't know

**UniverseText:** All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

**SkipInstructions:** <1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]  
<15-50> [goto ERR\_PHCPHN2W]

**Question ID:** FAU.180\_00.000    **Instrument Variable Name:** FHCDV2W    **QuestionnaireFileName:** Family

**QuestionText:** During those 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?

[fill2: Do not include times during an overnight hospital stay.]

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]  
<2,R,D> [goto F10DVYR]

**Question ID:** FAU.190\_00.000    **Instrument Variable Name:** PHCDV2W    **QuestionnaireFileName:** Family

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

Who received care?  
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

**SkipInstructions:** goto PHCDVN2W

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

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**2010 NHIS Questionnaire - Family**  
**Family Access to Health Care & Utilization**  
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**Question ID:** FAU.200\_00.000    **Instrument Variable Name:** PHCDVN2W    **QuestionnaireFileName:** Family

**QuestionText:** How many times did [fill: you/ALIAS] visit a doctor or other health care professional during those 2 WEEKS?

\* Enter '50' for 50 or more visits.

**01-50**    1-50 times  
**97**      Refused  
**99**      Don't know

**UniverseText:** All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

**SkipInstructions:** <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]  
<15-50> [goto ERR\_PHCDVN2W]

---

**Question ID:** FAU.210\_00.000    **Instrument Variable Name:** F10DVYR    **QuestionnaireFileName:** Family

**QuestionText:** During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]  
<2,R,D> [goto FHICOV]

---

**Question ID:** FAU.220\_00.000    **Instrument Variable Name:** P10DVYR    **QuestionnaireFileName:** Family

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

Who received care 10 or more times?  
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

**SkipInstructions:** goto FHICOV

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

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**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 16-Apr-11**

**Question ID:** FHI.050\_00.000    **Instrument Variable Name:** FHICOV    **QuestionnaireFileName:** Family

**QuestionText:** (book) F12 and (book) F14

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[fill: Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

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

**UniverseText:** All families

**SkipInstructions:** <1,R,D> [goto HIKIND]  
 <2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

**Question ID:** FHI.070\_00.000    **Instrument Variable Name:** HIKIND    **QuestionnaireFileName:** Family

**QuestionText:** (book) F12 and (book) F14 ? [F1]

What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

\* Enter all that apply, separate with commas.

- 01 Private health insurance
- 02 Medicare
- 03 Medi-Gap
- 04 Medicaid
- 05 CHIP (SCHIP/Children's Health Insurance Program)
- 06 Military health care (TRICARE/VA/CHAMP-VA)
- 07 Indian Health Service
- 08 State-sponsored health plan
- 09 Other government program
- 10 Single service plan (e.g., dental, vision, prescriptions)
- 11 No coverage of any type
- 97 Refused
- 99 Don't know

**UniverseText:** All persons in families where FHICOV= yes, don't know, or refused

**SkipInstructions:** <R,D> [goto HCSPFYR]  
 <1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]  
 <11> [if HIKIND = 1-10, goto ERR\_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]

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**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 16-Apr-11**

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**Question ID:** FHI.072\_00.000      **Instrument Variable Name:** MCAREPRB      **QuestionnaireFileName:** Family

**QuestionText:** (book) F13  
People covered by Medicare have a card that looks like this.  
[fill: Are you/Is ALIAS] covered by Medicare?

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

**UniverseText:** All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

**SkipInstructions:** if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

---

**Question ID:** FHI.073\_00.000      **Instrument Variable Name:** MCAIDPRB      **QuestionnaireFileName:** Family

**QuestionText:** (book F14)

\* Refer to flashcard F14 for state Medicaid names.

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (\* fill State name). [fill: Are you/Is ALIAS] covered by Medicaid?

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

**UniverseText:** All persons less than 65 years of age with no insurance coverage of any type

**SkipInstructions:** goto SINCOV

---

**Question ID:** FHI.074\_00.000      **Instrument Variable Name:** SINCOV      **QuestionnaireFileName:** Family

**QuestionText:** [fill: Do you/Does ALIAS] have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

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

**UniverseText:** All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND

**SkipInstructions:** goto HICHANGE

---



**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 16-Apr-11**

**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

**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
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**Question ID:** FHI.095\_00.000    **Instrument Variable Name:** MCCHOICE    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

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

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:** goto MCHMO

**Question ID:** FHI.100\_00.000    **Instrument Variable Name:** MCHMO    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

[fill: Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

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

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:** <1> [goto MCANAME]  
<2,R,D> [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCREf]

**Question ID:** FHI.112\_00.000    **Instrument Variable Name:** MCANAME    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

What is the name of [fill 1: your/ALIAS's] Medicare Advantage or Medicare HMO plan?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:** All persons that had either a Medicare Advantage plan or a Medicare HMO plan

**SkipInstructions:** <allow 80,R,D> goto MCPREM

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**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
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**Question ID:** FHI.113\_00.000    **Instrument Variable Name:** MCPREM    **QuestionnaireFileName:** Family

**QuestionText:** Besides [fill 1: your/ALIAS's] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?

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

**UniverseText:** All persons that had either a Medicare Advantage plan or a Medicare HMO plan

**SkipInstructions:** <1,2,R,D> goto MCREF

---

**Question ID:** FHI.114\_00.000    **Instrument Variable Name:** MCREF    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

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

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:** goto MCPAYPRE

---

**Question ID:** FHI.118\_00.000    **Instrument Variable Name:** MCPARTD    **QuestionnaireFileName:** Family

**QuestionText:** [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

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

**UniverseText:** All persons with Medicare

**SkipInstructions:** <1,2,7,9> [goto MCPART for next person with Medicare; else goto MACHMD]

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**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 16-Apr-11**

**Question ID:** FHI.120\_00.000    **Instrument Variable Name:** MACHMD    **QuestionnaireFileName:** Family

**QuestionText:** (book F14) ? [F1]

\* Refer to flashcard F14 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (\* fill State Name). [fill1: You are/ALIAS is] listed as having Medicaid coverage. Can [fill2: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill3: you/he/she] choose from a book or list of doctors or is a doctor assigned?

- 1 Any doctor
- 2 Select from book/list
- 3 Doctor is assigned
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicaid

**SkipInstructions:** <1,R,D> [goto MAPCMD]  
 <2> [goto MACHMD1]  
 <3> [goto MACHMD2]

**Question ID:** FHI.130\_00.000    **Instrument Variable Name:** MACHMD1    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask or verify.

What is the name of the health plan that provided the book or list?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list of doctors

**SkipInstructions:** goto MANAM

**Question ID:** FHI.131\_00.000    **Instrument Variable Name:** MACHMD2    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask or verify.

What is the name of the health plan that assigned the doctor?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:** All persons with Medicaid for whom a doctor is assigned

**SkipInstructions:** goto MANAM

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**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
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**Question ID:** FHI.132\_00.000    **Instrument Variable Name:** MANAM    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?

- 1 Yes
- 2 No

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned

**SkipInstructions:** goto MAPCMD

---

**Question ID:** FHI.140\_00.000    **Instrument Variable Name:** MAPCMD    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

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

**UniverseText:** All persons with Medicaid

**SkipInstructions:** goto MAREF

---

**Question ID:** FHI.150\_00.000    **Instrument Variable Name:** MAREF    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1: your/ALIAS's] Medicaid plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

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

**UniverseText:** All persons with Medicaid

**SkipInstructions:** goto MACHMD for the next person with Medicaid; else, goto SSTYPE2

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**2010 NHIS Questionnaire - Family**  
**Family Health Insurance**  
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**Question ID:** FHI.156\_00.000      **Instrument Variable Name:** SSTYPE2      **QuestionnaireFileName:** Family

**QuestionText:** (book) F15

\* Enter all that apply, separate with commas.

You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?

- 01 Accidents
- 02 AIDS care
- 03 Cancer treatment
- 04 Catastrophic care
- 05 Dental care
- 06 Disability insurance
- 07 Hospice care
- 08 Hospitalization only
- 09 Long-term care
- 10 Prescriptions
- 11 Vision care
- 12 Other (specify)
- 97 Refused
- 99 Don't know

**UniverseText:** All persons with single service plans

**SkipInstructions:** <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]  
 <12> [goto SSOTHER]

**Question ID:** FHI.157\_00.000      **Instrument Variable Name:** SSOTHER      **QuestionnaireFileName:** Family

**QuestionText:** \* Other type of single-service plan

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

**UniverseText:** All persons with an "other" single service plan

**SkipInstructions:** goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6

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**Question ID:** FHI.158\_00.000    **Instrument Variable Name:** FHICCI6    **QuestionnaireFileName:** Family

**QuestionText:** The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

\* Read names.  
(display roster of eligible persons)]

\* Enter 1 to continue

1        Continue

**UniverseText:** All families with at least one person covered by private health insurance

**SkipInstructions:** goto HIPNAM1

---

**Question ID:** FHI.160\_00.000    **Instrument Variable Name:** HIPNAM1    **QuestionnaireFileName:** Family

**QuestionText:** It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

\* Read if necessary: Do you have your health plan card or something with the plan name on it?

**Verbatim**    Verbatim response

7        Refused

9        Don't know

**UniverseText:** All families with at least one person covered by private health insurance

**SkipInstructions:** <verbatim> [goto PCARD1]  
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

---

**Question ID:** FHI.160\_01.000    **Instrument Variable Name:** PCARD1    **QuestionnaireFileName:** Family

**QuestionText:** \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1        Yes

2        No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM1

**SkipInstructions:** goto HIPNAM1B

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**Question ID:** FHI.170\_00.000    **Instrument Variable Name:** HIPNAM1B    **QuestionnaireFileName:** Family

**QuestionText:**

\* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by this plan?

\* Indicate each family member covered by this plan.

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

**UniverseText:** All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

**SkipInstructions:** <R,D> [if HIPNAM1= R or D, goto STNAME]  
goto MORPLAN

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

**Question ID:** FHI.171\_00.000    **Instrument Variable Name:** MORPLAN    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask if necessary

Are there any more private health insurance plans?

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

**UniverseText:** All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

**SkipInstructions:** <1> [goto HIPNAM2]  
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

**Question ID:** FHI.172\_00.000    **Instrument Variable Name:** HIPNAM2    **QuestionnaireFileName:** Family

**QuestionText:** What is the name of the next plan?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:** All families with a second private health insurance plan

**SkipInstructions:** <verbatim> [goto PCARD2]  
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]



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**Question ID:** FHI.172\_01.000    **Instrument Variable Name:** PCARD2    **QuestionnaireFileName:** Family

**QuestionText:**    \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

- 1      Yes
- 2      No

**UniverseText:**      All private health insurance plans where the plan name was entered at HIPNAM2

**SkipInstructions:**    goto HIPNAM2B

---

**Question ID:** FHI.173\_00.000    **Instrument Variable Name:** HIPNAM2B    **QuestionnaireFileName:** Family

**QuestionText:**    \* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

\* Indicate each family member covered by this plan.

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

**UniverseText:**      All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

**SkipInstructions:**    <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

---

**Question ID:** FHI.174\_00.000    **Instrument Variable Name:** MORPLAN2    **QuestionnaireFileName:** Family

**QuestionText:**    \* Ask if necessary

Are there any more private health insurance plans?

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

**UniverseText:**      All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

**SkipInstructions:**    <1> [goto HIPNAM3]  
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]

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**Question ID:** FHI.175\_00.000    **Instrument Variable Name:** HIPNAM3    **QuestionnaireFileName:** Family

**QuestionText:** What is the name of the next plan?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

**Verbatim**    Verbatim response

7    Refused

9    Don't know

**UniverseText:** All families with a third private health insurance plan

**SkipInstructions:** <verbatim> [goto PCARD3]  
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

---

**Question ID:** FHI.175\_01.000    **Instrument Variable Name:** PCARD3    **QuestionnaireFileName:** Family

**QuestionText:** \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1    Yes

2    No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM3

**SkipInstructions:** goto HIPNAM3B

---

**Question ID:** FHI.176\_00.000    **Instrument Variable Name:** HIPNAM3B    **QuestionnaireFileName:** Family

**QuestionText:**

\* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

\* Indicate each family member covered by this plan.

1    Yes

2    No

7    Refused

9    Don't know

**UniverseText:** All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

**SkipInstructions:** <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3]  
goto MORPLAN3

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**Question ID:** FHI.177\_00.000    **Instrument Variable Name:** MORPLAN3    **QuestionnaireFileName:** Family

**QuestionText:**    \* Ask if necessary

Are there any more private health insurance plans?

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

**UniverseText:**      All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

**SkipInstructions:**    <1> [goto HIPNAM4]  
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

---

**Question ID:** FHI.178\_00.000    **Instrument Variable Name:** HIPNAM4    **QuestionnaireFileName:** Family

**QuestionText:**    What is the name of the next plan?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:**      All families with a fourth private health insurance plan

**SkipInstructions:**    <verbatim> [goto PCARD4]  
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

---

**Question ID:** FHI.178\_01.000    **Instrument Variable Name:** PCARD4    **QuestionnaireFileName:** Family

**QuestionText:**    \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

- 1      Yes
- 2      No

**UniverseText:**      All private health insurance plans where the plan name was entered at HIPNAM4

**SkipInstructions:**    goto HIPNAM4B

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**Question ID:** FHI.179\_00.000    **Instrument Variable Name:** HIPNAM4B    **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 fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

**SkipInstructions:** <R,D> [if HIPNAM4 eq R or D and 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]  
goto FHICCI8

---

**Question ID:** FHI.180\_00.000    **Instrument Variable Name:** HIVER1    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

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

**UniverseText:** All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**SkipInstructions:** <1> [ goto HIVER2]  
<2,R,D> [goto ERR\_HIVER1]

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**Question ID:** FHI.190\_00.000    **Instrument Variable Name:** HIVER2    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Enter all that apply, separate with commas.

Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

- 1 1st plan mentioned (^HIPNAM1)
- 2 2nd plan mentioned (^HIPNAM2)
- 3 3rd plan mentioned (^HIPNAM3)
- 4 4th plan mentioned (^HIPNAM4)
- 5 Some other plan not already mentioned
- 7 Refused
- 9 Don't know

**UniverseText:** All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**SkipInstructions:** <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]  
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]  
<R,D> [goto FHICCI8]

---

**Question ID:** FHI.195\_01.000    **Instrument Variable Name:** FHICCI8    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

\* Enter 1 to continue.

- 1 Continue

**UniverseText:** All families where a private health insurance plan was reported

**SkipInstructions:** goto FHI200

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.200\_01.000    **Instrument Variable Name:** FHI200    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

\* Enter line number of family member (from list below) in whose name this plan is held.

\* Enter 0 if the policyholder is not on the family roster."

**00**      Policyholder not on family roster  
**01-25**    Two-digit person number  
**97**      Refused  
**99**      Don't know

**UniverseText:**      All private health insurance plans

**SkipInstructions:**    goto PLNWRK

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.210\_01.000    **Instrument Variable Name:** PLNWRK    **QuestionnaireFileName:** Family

**QuestionText:** (book) F16 ? [F1]

Which one of these categories best describes how this plan was obtained?

**01**      Through employer  
**02**      Through union  
**03**      Through workplace, but don't know if employer or union  
**04**      Through workplace, self-employed or professional association  
**05**      Purchased directly  
**06**      Through a state/local government or community program  
**07**      Other, specify  
**97**      Refused  
**99**      Don't know

**UniverseText:**      All private health insurance plans

**SkipInstructions:**    <1-6,R,D> [goto PLNPAY]  
                             <7> [goto PLNWKSP]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.211\_01.000    **Instrument Variable Name:** PLNWKSP    **QuestionnaireFileName:** Family

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

How was this plan obtained?

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

**UniverseText:**            All private health insurance plans where the plan was obtained through an "other" source

**SkipInstructions:**        goto PLNPAY

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.220\_10.000    **Instrument Variable Name:** PLNPAY    **QuestionnaireFileName:** Family

**QuestionText:**    ? [F1]

\* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

\* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

**01**            Self or family (living in the household)  
**02**            Employer or union  
**03**            Someone outside the household  
**04**            Medicare  
**05**            Medicaid  
**06**            Children's Health Insurance Program (CHIP/SCHIP)  
**07**            State or local government or community program  
**97**            Refused  
**99**            Don't know

**UniverseText:**            All private health insurance plans

**SkipInstructions:**        <1> [goto HICOSTN]  
                                 <2-7,R,D> [if PLNPAY=1, goto HICOSTN; else, goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.230\_11.000    **Instrument Variable Name:** HICOSTN    **QuestionnaireFileName:** Family

**QuestionText:** 1 of 2 ? [F1]

How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

\*Enter dollar amount for premium payments.

**00001-99995**    \$1-\$99,995  
**99997**    Refused  
**99999**    Don't know

**UniverseText:** All private health insurance plans paid for by self or family

**SkipInstructions:** <1-99995> [goto HICOSTT]  
 <R> [store "R" in HICOSTT and goto PLNMGD]  
 <D> [store "D" in HICOSTT and goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.230\_12.000    **Instrument Variable Name:** HICOSTT    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2 ? [F1]

\* Enter time period for premium payments.

**01**    Once a week  
**02**    Once every 2 weeks  
**03**    Once a month  
**04**    Twice a month  
**05**    Every 2 months  
**06**    Quarterly (every 3 months)  
**07**    Once a year  
**08**    Twice a year  
**97**    Refused  
**99**    Don't know

**UniverseText:** All private health insurance plans with a valid response to HICOSTN

**SkipInstructions:** goto PLNMGD

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.



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**Question ID:** FHI.240\_01.000    **Instrument Variable Name:** PLNMGD    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

- 1      HMO/IPA
- 2      PPO
- 3      POS
- 4      Fee-for-service/indemnity
- 5      Other
- 7      Refused
- 9      Don't know

**UniverseText:**            All private health insurance plans

**SkipInstructions:**        goto HDHP

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

---

**Question ID:** FHI.241\_01.000    **Instrument Variable Name:** HDHP    **QuestionnaireFileName:** Family

**QuestionText:** ?[F1]

[If only one person covered by this plan:]

Is the annual deductible for medical care for this plan less than \$1,200 or \$1,200 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

[If two or more persons in the family are covered by this plan:]

Is the family annual deductible for medical care for this plan less than \$2,400 or \$2,400 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 [\$1,150/\$2,300]
- 2      [\$1,150/\$2,300] or more
- 7      Refused
- 9      Don't know

**UniverseText:**            All private health insurance plans

**SkipInstructions:**        1,R,D [goto MGCHMD]  
                                 2 [goto HSAHRA]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.242\_01.000    **Instrument Variable Name:** HSAHRA    **QuestionnaireFileName:** Family

**QuestionText:**    ?[F1]

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

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

**UniverseText:**        All high deductible private health plans

**SkipInstructions:**    1,2,R,D [goto MGCHMD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

---

**Question ID:** FHI.243\_01.000    **Instrument Variable Name:** MGCHMD    **QuestionnaireFileName:** Family

**QuestionText:**    Under this plan, can [fill1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?

- 1        Any doctor
- 2        Select from group/list
- 7        Refused
- 9        Don't know

**UniverseText:**        All private health insurance plans

**SkipInstructions:**    <1> [goto MGPRMD]  
<2> [goto MGPYMD]  
<R,D> [goto MGPREF]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.244\_01.000    **Instrument Variable Name:** MGPRMD    **QuestionnaireFileName:** Family

**QuestionText:**    [fill: Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

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

**UniverseText:**        All private health insurance plans where covered persons can choose any doctor

**SkipInstructions:**    goto MGPREF

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**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

**QuestionText:** Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

\* Read if necessary: Does this plan have a drug benefit?

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

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto 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.

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**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?

1      Yes  
2      No  
7      Refused  
9      Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto FHICCI8 for the next private health insurance plan; else, goto 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.

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**Question ID:** FHI.250\_00.000    **Instrument Variable Name:** STNAME1    **QuestionnaireFileName:** Family

**QuestionText:** Earlier I recorded that [fill: you are/ALIAS is] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STDOC1

---

**Question ID:** FHI.251\_00.000    **Instrument Variable Name:** STDOC1    **QuestionnaireFileName:** Family

**QuestionText:** Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1      Any doctor  
2      Select from book/list  
3      Doctor is assigned  
7      Refused  
9      Don't know

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STPCMD1

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**Family Health Insurance**  
**Document Version Date: 16-Apr-11**

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**Question ID:** FHI.252\_00.000    **Instrument Variable Name:** STPCMD1    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

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

**UniverseText:**            All persons with SCHIP

**SkipInstructions:**        goto STREF1

---

**Question ID:** FHI.253\_00.000    **Instrument Variable Name:** STREF1    **QuestionnaireFileName:** Family

**QuestionText:**        ? [F1]

Under [fill1: ^STNAME1/this SCHIP plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

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

**UniverseText:**            All persons with SCHIP

**SkipInstructions:**        goto STNAME1 for the next person with SCHIP; else, goto STNAME2

---

**Question ID:** FHI.257\_00.000    **Instrument Variable Name:** STNAME2    **QuestionnaireFileName:** Family

**QuestionText:**        Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:**            All persons covered by a state sponsored health plan

**SkipInstructions:**        goto STDOC2

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**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

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**Question ID:** FHI.264\_00.000    **Instrument Variable Name:** STNAME3    **QuestionnaireFileName:** Family

**QuestionText:** Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

**Verbatim**    Verbatim response

7    Refused

9    Don't know

**UniverseText:**    All persons covered by an "other" government plan

**SkipInstructions:**    goto STDOC3

---

**Question ID:** FHI.265\_00.000    **Instrument Variable Name:** STDOC3    **QuestionnaireFileName:** Family

**QuestionText:** Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3:you/he/she] choose from a book or list of doctors or is the doctor assigned?

1    Any doctor

2    Select from book/list

3    Doctor is assigned

7    Refused

9    Don't know

**UniverseText:**    All persons covered by an "other" government plan

**SkipInstructions:**    goto STPCMD3

---

**Question ID:** FHI.266\_00.000    **Instrument Variable Name:** STPCMD3    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1    Yes

2    No

7    Refused

9    Don't know

**UniverseText:**    All persons covered by an "other" government plan

**SkipInstructions:**    goto STREF3

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**Question ID:** FHI.267\_00.000    **Instrument Variable Name:** STREF3    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1: ^ STNAME3/this other government plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

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

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC

---

**Question ID:** FHI.270\_00.000    **Instrument Variable Name:** MILSPC    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Enter all that apply, separate with commas.

Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

- 1 TRICARE
- 2 VA
- 3 CHAMP-VA
- 4 Other military coverage (specify)
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with military health care

**SkipInstructions:** <1> [goto MILMAN]  
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]  
<4> [goto MILSPCOT]

---

**Question ID:** FHI.271\_00.000    **Instrument Variable Name:** MILSPCOT    **QuestionnaireFileName:** Family

**QuestionText:** \* Other military coverage

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

**UniverseText:** All persons with "other" military coverage

**SkipInstructions:** if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST

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**Question ID:** FHI.275\_00.000    **Instrument Variable Name:** MILMAN    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

- 1 TRICARE Prime
- 2 TRICARE Extra
- 3 TRICARE Standard
- 4 TRICARE for life
- 5 TRICARE other (specify)
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with TRICARE coverage

**SkipInstructions:** <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]  
<5> [goto MILMANOT]

---

**Question ID:** FHI.276\_00.000    **Instrument Variable Name:** MILMANOT    **QuestionnaireFileName:** Family

**QuestionText:** \* Other type of TRICARE coverage

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

**UniverseText:** All persons with "other" type of TRICARE coverage

**SkipInstructions:** goto MILSPC for the next person with military health care; else, goto HILAST

---

**Question ID:** FHI.280\_00.000    **Instrument Variable Name:** HILAST    **QuestionnaireFileName:** Family

**QuestionText:** (book) F17 ? [F1]

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** All persons without known health insurance or with only single service plans

**SkipInstructions:** goto HISTOP

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**Question ID:** FHI.290\_00.000    **Instrument Variable Name:** HISTOP    **QuestionnaireFileName:** Family

**QuestionText:** (book) F18

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you do/ALIAS does] not have health insurance?]

\* Enter up to 5 reasons, separate with commas.

- 01 Person in family with health insurance lost job or changed employers
- 02 Got divorced or separated/death of spouse or parent
- 03 Became ineligible because of age/left school
- 04 Employer does not offer coverage/or not eligible for coverage
- 05 Cost is too high
- 06 Insurance company refused coverage
- 07 Medicaid/Medical plan stopped after pregnancy
- 08 Lost Medicaid/Medical plan because of new job or increase in income
- 09 Lost Medicaid (other)
- 10 Other (specify)
- 97 Refused
- 99 Don't know

**UniverseText:** All persons without known health insurance or with only single service plans

**SkipInstructions:** <1-9,R,D> [goto HCSPFYR]  
<10> [goto HISTOPOT]

**Question ID:** FHI.291\_00.000    **Instrument Variable Name:** HISTOPOT    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Other reason for not having coverage

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

**UniverseText:** All persons without known health insurance and an "other" reason for stopping or not having coverage

**SkipInstructions:** goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR

**Question ID:** FHI.300\_00.000    **Instrument Variable Name:** HINOTYR    **QuestionnaireFileName:** Family

**QuestionText:** In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?

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

**UniverseText:** All persons with known health insurance coverage except single service plans

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

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**Question ID:** FHL310\_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:** FHL320\_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:** FHL330\_00.000    **Instrument Variable Name:** FSA    **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

1        Yes  
2        No  
7        Refused  
9        Don't know

**UniverseText:** All Families

**SkipInstructions:** goto PLBORN

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**Question ID:** FSD.001\_00.000    **Instrument Variable Name:** PLBORN    **QuestionnaireFileName:** Family

**QuestionText:** [fill: Were you/Was ALIAS] born in the United States?

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

**UniverseText:** All persons

**SkipInstructions:** <1> [store "1" in CITIZEN and goto PLBORN1]  
<2> [goto PLBORN2]  
<R,D> [goto CITIZEN]

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**Question ID:** FSD.002\_00.000    **Instrument Variable Name:** PLBORN1    **QuestionnaireFileName:** Family

**QuestionText:** In what state [fill: were you/was ALIAS] born?

- 01 Alabama
  - 02 Alaska
  - 03 Arizona
  - 04 Arkansas
  - 05 California
  - 06 Colorado
  - 07 Connecticut
  - 08 Delaware
  - 09 District of Columbia
  - 10 Florida
  - 11 Georgia
  - 12 Hawaii
  - 13 Idaho
  - 14 Illinois
  - 15 Indiana
  - 16 Iowa
  - 17 Kansas
  - 18 Kentucky
  - 19 Louisiana
  - 20 Maine
  - 21 Maryland
  - 22 Massachusetts
  - 23 Michigan
  - 24 Minnesota
  - 25 Mississippi
  - 26 Missouri
  - 27 Montana
  - 28 Nebraska
  - 29 Nevada
  - 30 New Hampshire
  - 31 New Jersey
  - 32 New Mexico
  - 33 New York
  - 34 North Carolina
  - 35 North Dakota
  - 36 Ohio
  - 37 Oklahoma
  - 38 Oregon
  - 39 Pennsylvania
  - 40 Rhode Island
  - 41 South Carolina
  - 42 South Dakota
  - 43 Tennessee
  - 44 Texas
  - 45 Utah
  - 46 Vermont
  - 47 Virginia
-

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- 48 Washington
- 49 West Virginia
- 50 Wisconsin
- 51 Wyoming
- 57 United States (state unknown)

**UniverseText:** All persons born in the United States

**SkipInstructions:** <1-51,57> [goto HEADST]

---

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Question ID: FSD.003\_00.000    Instrument Variable Name: PLBORN2    QuestionnaireFileName: Family

QuestionText: In what country [fill: were you/was ALIAS] born?

\* Please record country of birth. If country not found, type "ZZ"

060 AMERICAN SAMOA  
061 AM SAMOA  
062 BAKER ISLAND  
063 GUAM  
064 HOWLAND ISLAND  
065 JARVIS ISLAND  
066 JOHNSTON ATOLL  
067 KINGMAN REEF  
068 MANUA ISLANDS  
069 MIDWAY ISLANDS  
070 NAVASSA ISLAND  
071 NORTHERN MARIANAS  
072 PALMYRA ATOLL  
073 PUERTO RICO  
074 ROTA  
075 SAIPAN  
076 SAND ISLAND  
077 ST CROIX  
078 ST JOHN  
079 ST THOMAS  
080 TINIAN  
081 US OUTLYING AREA  
082 US VIRGIN ISLANDS  
083 USVI  
084 VIRGIN ISLANDS  
085 WAKE ISLAND  
100 ABROAD  
101 ABU DHABI  
102 ADEN  
103 AFGHANISTAN  
104 AFRICA  
105 ALBANIA  
106 ALBERTA  
107 ALGERIA  
108 ALGIERS  
109 ALSACE-LORRAINE  
110 AMSTERDAM  
111 ANEGADA  
112 ANGOLA  
113 ANGUILLA  
114 ANGUILLA BWI  
115 ANOJOUAN  
116 ANTARCTICA  
117 ANTIGUA  
118 ANTIGUA & BARBUDA  
119 ANTIGUA WI

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120	ANTILLES
121	ARAB PALESTINE
122	ARABIA
123	ARGENTINA
124	ARMENIA
125	ARUBA
126	ARUBA DWI
127	ARUBA NETHERLANDS
128	ASCENSION ISLAND
129	ASIA
130	ASIA MINOR
131	ASSAM
132	AT SEA
133	AUSTRALIA
134	AUSTRIA
135	AUSTRIA-HUNGARY
136	AZERBAIJAN
137	AZORES ISLANDS
138	BAHAMAS
139	BAHAMAS UK
140	BAHRAIN
141	BAJA CAL
142	BAJA CAL SUR
143	BALBOA
144	BANGLADESH
145	BARBADOS
146	BARBUDA
147	BAVARIA
148	BELARUS
149	BELFAST
150	BELGIAN CONGO
151	BELGIUM
152	BELIZE
153	BENIN
154	BERLIN
155	BERMUDA
156	BESSARABIA
157	BHUTAN
158	BOHEMIA
159	BOLIVIA
160	BONAIRE
161	BORNEO
162	BOSNIA
163	BOSNIA & HERZEGOVINA
164	BOTSWANA
165	BRASIL
166	BRAZIL
167	BRAZZAVILLE
168	BREMEN
169	BRITAIN
170	BRITISH COLUMBIA
171	BRITISH EAST AFRICA

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172 BRITISH GUIANA  
173 BRITISH GUYANA  
174 BRITISH HONDURAS  
175 BRITISH HONG KONG  
176 BRITISH ISLES  
177 BRITISH VI  
178 BRITISH VIRGIN IS  
179 BRITISH WEST INDIES  
180 BRITISH WI  
181 BRUNEI  
182 BULGARIA  
183 BURKINA FASO  
184 BURMA  
185 BURUNDI  
186 BWI  
187 BYELARUS  
188 BYELORUSSIA  
189 CAICOS ISLANDS  
190 CAM PHA  
191 CAM RANH  
192 CAMBODIA  
193 CAMEROON  
194 CAN THO  
195 CANADA  
196 CANAL ZONE  
197 CANARY ISLANDS  
198 CANTON & ENDERBURY IS  
199 CANTON ISLAND  
200 CAPE VERDE  
201 CARIBBEAN  
202 CAYMAN ISLANDS  
203 CENTRAL AFRICA  
204 CENTRAL AFRICAN REP  
205 CENTRAL AMERICA  
206 CEYLON  
207 CHAD  
208 CHANNEL ISLANDS  
209 CHIAPAS  
210 CHIHUAHUA  
211 CHILE  
212 CHINA  
213 CHINA HONG KONG  
214 CHRISTMAS ISLAND  
215 CHRISTMAS ISLAND, INDIAN OCEAN  
216 COAHUILA  
217 COLIMA  
218 COLOMBIA  
219 COMOROS  
220 CONGO  
221 COOK ISLANDS  
222 CORAL SEA ISLANDS  
223 CORK

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224 CORSICA  
225 COSTA RICA  
226 COTE D'IVORIE  
227 CRETE  
228 CRIMEA  
229 CRISTOBAL  
230 CROATIA  
231 CUBA  
232 CURACAO  
233 CYPRUS  
234 CZ  
235 CZECH REPUBLIC  
236 CZECHOSLOVAKIA  
237 DA LAT  
238 DA NANG  
239 DAKAR  
240 DANZIG  
241 DELHI  
242 DEMO PEOPLE'S REP OF KOREA  
243 DEMO REP OF CONGO  
244 DENMARK  
245 DISTRITO FEDERAL  
246 DJIBOUTI  
247 DOM REP  
248 DOMINICA  
249 DOMINICA BWI  
250 DOMINICA WI  
251 DOMINICAN REPUBLIC  
252 DUBAI  
253 DUBLIN  
254 DURANGO  
255 DUTCH EAST INDIES  
256 DUTCH GUIANA  
257 DUTCH INDONESIA  
258 DUTCH NEW GUINEA  
259 EAST PAKISTAN  
260 EAST PRUSSIA  
261 EASTER ISLAND  
262 EASTERN AFRICA  
263 ECUADOR  
264 EGYPT  
265 EIRE  
266 EL SALVADOR  
267 ENGLAND  
268 EQUATORIAL GUINEA  
269 ERITREA  
270 ESPANA  
271 ESTONIA  
272 ETHIOPIA  
273 EUROPA ISLAND  
274 EUROPE  
275 FALKLAND ISLANDS

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276 FAROE ISLANDS  
277 FEDERAL DISTRICT  
278 FEDERAL REPUBLIC OF YUGOSLAVIA  
279 FEDERATED STATES OF MICRONESIA  
280 FIJI  
281 FILIPINES  
282 FINLAND  
283 FOREIGN COUNTRY  
284 FORMOSA  
285 FRANCE  
286 FRANKFURT  
287 FRENCH GUIANA  
288 FRENCH MOROCCO  
289 FRENCH POLYNESIA  
290 GABON  
291 GALAPAGOS ISLANDS  
292 GALWAY  
293 GAMBIA  
294 GAZA STRIP  
295 GEORGIA  
296 GERMANY  
297 GHANA  
298 GIA DINH  
299 GIBRALTER  
300 GLORIOSO ISLANDS  
301 GOA  
302 GRAND BAHAMA  
303 GRAND CAYMAN  
304 GRAND TURK  
305 GREAT BRITAIN  
306 GREAT COMORE  
307 GREECE  
308 GREENLAND  
309 GRENADA  
310 GUADALAJARA  
311 GUADELOUPE  
312 GUANAJUATO  
313 GUATEMALA  
314 GUERNSEY  
315 GUERRERO  
316 GUIANA  
317 GUINEA  
318 GUINEA-BISSAU  
319 GUYANA  
320 HA DONG  
321 HAI PHONG  
322 HAITI  
323 HAMBURG  
324 HANOI  
325 HANOVER  
326 HAVANA  
327 HEARD & MCDONALD ISLANDS

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328 HERZEGOVINA  
329 HESSE  
330 HIDALGO  
331 HIGH SEAS  
332 HOLLAND  
333 HONDURAS  
334 HONG KONG  
335 HUNGARY  
336 HYDERABAD  
337 ICELAND  
338 INDIA  
339 INDONESIA  
340 INTERNATIONAL WATERS  
341 IRAN  
342 IRAQ  
343 IRELAND  
344 IRIAN JAYA  
345 IRISH REPUBLIC  
346 ISLE OF MAN  
347 ISRAEL  
348 ITALY  
349 IVORY COAST  
350 JALISCO  
351 JAMAICA  
352 JAN MEYAN  
353 JAPAN  
354 JAVA  
355 JERSEY  
356 JIBUTI  
357 JORDAN  
358 JUAN DE NOVA ISLAND  
359 JUGOSLAVIA  
360 KALININGRAD  
361 KAMPUCHEA  
362 KASHMIR  
363 KAZAKHSTAN  
364 KENYA  
365 KHANH HUNG  
366 KINSHASA  
367 KIRIBATI  
368 KOREA  
369 KORO ISLAND  
370 KUWAIT  
371 KWAJALEIN  
372 KWANTUNG  
373 KYRGYZSTAN  
374 LABRADOR  
375 LABUAN  
376 LAOS  
377 LATAKIA  
378 LATIN AMERICA  
379 LATVIA

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380 LEBANON  
381 LEEWARD ISLANDS  
382 LESOTHO  
383 LIBERIA  
384 LIBYA  
385 LIECHTENSTEIN  
386 LITHUANIA  
387 LOAS  
388 LONDONDERRY  
389 LONG XUYEN  
390 LORRAINE  
391 LUBECK  
392 LUXEMBOURG  
393 MACAO  
394 MACAU  
395 MACEDONIA  
396 MADAGASCAR  
397 MADEIRA ISLANDS  
398 MAINLAND CHINA  
399 MAJORCA  
400 MALAGASY REPUBLIC  
401 MALAWI  
402 MALAYSIA  
403 MALDIVES  
404 MALI  
405 MALLORCA  
406 MALTA  
407 MACHURIA  
408 MANICA  
409 MANILA  
410 MANITOBA  
411 MARSHALL ISLANDS  
412 MARTINIQUE  
413 MAURITANIA  
414 MAURITIUS  
415 MAYOTTE ISLAND  
416 MELANESIA  
417 MEXICO  
418 MICHOACAN  
419 MICRONESIA  
420 MIDDLE EAST  
421 MOLDAVIA  
422 MOLDOVA  
423 MONACO  
424 MONAGAS  
425 MONGOLIA  
426 MONTENEGRO  
427 MONTSERRAT  
428 MORELOS  
429 MOROCCO  
430 MOZAMBIQUE  
431 MY THO

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432 N. IRELAND  
433 NAM DINH  
434 NAMIBIA  
435 NAURU  
436 NAYARIT  
437 NEPAL  
438 NETHERLANDS  
439 NETH. ANTILLES  
440 NETH. EAST INDIES  
441 NEVIS ISLAND  
442 NEW BRUNSWICK  
443 NEW CALEDONIA  
444 NEW GUINEA  
445 NEW HEBRIDES  
446 NEW SOUTH WALES  
447 NEW ZEALAND  
448 NEWFOUNDLAND  
449 NHA TRANG  
450 NICARAGUA  
451 NIGER  
452 NIGERIA  
453 NIUE ISLAND  
454 NORFOLK ISLAND  
455 NORTH AFRICA  
456 NORTH AMERICA  
457 NORTH KOREA  
458 NORTH VIETNAM  
459 NORTHERN IRELAND  
460 NORTHERN TERRITORY  
461 NORWAY  
462 NOVA SCOTIA  
463 NUEVO LEON  
464 OAXACA  
465 OCEANIA  
466 OKINAWA  
467 OMAN  
468 ONTARIO  
469 OVERSEAS  
470 PAKISTAN  
471 PALAU  
472 PALESTINE  
473 PANAMA  
474 PANAMA CANAL ZONE  
475 PAPUA NEW GUINEA  
476 PARACEL ISLANDS  
477 PARAGUAY  
478 PELAGOSA  
479 PEOPLE'S REP. OF CHINA  
480 PEOPLE'S REP. OF CONGO  
481 PERSIA  
482 PERU  
483 PHAN THIET

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484 PHILIPPINES  
485 PITCAIRN ISLAND  
486 POLAND  
487 POLYNESIA  
488 PONAPE  
489 PORTUGAL  
490 PORTUGUESE INDIA  
491 PRINCE EDWARD ISLAND  
492 PRINCIPE ISLAND  
494 PRUSSIA  
495 PUEBLA  
496 PUNJAB  
497 PUNJAB, INDIA  
498 PUNJAB, PAKISTAN  
499 QATAR  
500 QUANG LONG  
501 QUEBEC  
502 QUEENSLAND  
503 QUERETARO  
504 QUI NHON  
505 RACH GIA  
506 RAJASTHAN  
507 RED CHINA  
508 REPUBLIC OF CHINA  
509 REPUBLIC OF CYPRUS  
510 REPUBLIC OF IRELAND  
511 REPUBLIC OF KOREA  
512 REPUBLIC OF PANAMA  
513 REP. OF PHILIPPINES  
514 REP. OF SOUTH AFRICA  
515 REPUBLICA DOMINICANA  
516 REUNION ISLAND  
517 RHODESIA  
518 ROC  
519 ROK  
520 ROMANIA  
521 ROTTERDAM  
522 RUMANIA  
523 RUSSIA  
524 RUSSIAN FEDERATION  
525 RWANDA  
526 SAIGON  
527 SALVADOR  
528 SAMOA  
529 SAN ANDRES  
530 SAN LUIS POTOSI  
531 SAN MARINO  
532 SAN SALVADOR  
533 SAO TOME ISLAND  
534 SAO TOME & PRINCIPE  
535 SARAWAK  
536 SASKATCHEWAN

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537 SAUDI ARABIA  
538 SAXONY  
539 SCOTLAND  
540 SENEGAL  
541 SEOUL  
542 SERBIA  
543 SEYCHELLES  
544 SHANGHAI  
545 SHARJAH  
546 SIBERIA  
547 SICILY  
548 SIERRA LEONE  
549 SIKKIM  
550 SINALOA  
551 SINGAPORE  
552 SLAVONIA  
553 SLOVAK REPUBLIC  
554 SLOVAKIA  
555 SLOVENIA  
556 SOLOMAN ISLANDS  
557 SOMALIA  
558 SONORA  
559 SOUTH AFRICA  
560 SOUTH AMERICA  
561 SOUTH AUSTRALIA  
562 SOUTH KOREA  
563 SOUTH VIETNAM  
564 SOUTH WALES  
565 SOUTH YEMEN  
566 SOUTHEAST ASIA  
567 SOUTHERN AFRICA  
568 SOUTHERN RHODESIA  
569 SOVIET UNION  
570 SPAIN  
571 SPRATLEY ISLANDS  
572 SRI LANKA  
573 ST BARTHELEMY  
574 ST BARTS  
575 ST CHRISTOPHER  
576 ST CHRISTOPHER-NEVIS  
577 ST EUSTATIUS  
578 ST HELENA  
579 ST KITTS  
580 ST KITTS-NEVIS  
581 ST LUCIA  
582 ST MAARTEN  
583 ST MARTIN  
584 ST PIERRE & MIQUELON  
585 ST VINCENT  
586 ST VINCENT & THE GRENADINES  
587 SUDAN  
588 SUMATRA

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589 SURINAM  
590 SURINAME  
591 SVALBARD  
592 SWAZILAND  
593 SWEDEN  
594 SWITZERLAND  
595 SYRIA  
596 SYRIAN ARAB REP  
597 TABASCO  
598 TADZHIK  
599 TAHITI  
600 TAIWAN  
601 TAIWAN ROC  
602 TAJIKISTAN  
603 TAMAULIPAS  
604 TANGANYIKA  
605 TANGIER  
606 TANZANIA  
607 TASMANIA  
608 THAILAND  
609 THANH HOA  
610 THE GRENADINES  
611 TIBET  
612 TIJUANA  
613 TLAXCALA  
614 TOBAGO  
615 TOGO  
616 TOGOLAND  
617 TOKELAU  
618 TONGA  
619 TORTOISE ISLANDS  
620 TORTOLA  
621 TRANSVAAL  
622 TRANSYLVANIA  
623 TRIESTE  
624 TRINIDAD  
625 TRINIDAD & TOBAGO  
626 TRIPOLI  
627 TROMELIN ISLAND  
628 TRUK  
629 TUNIS  
630 TUNISIA  
631 TURKEY  
632 TURKMENISTAN  
633 TURKS & CAICOS IS  
634 TURK ISLANDS  
635 TUVALU  
636 TUY HOA  
637 UGANDA  
638 UK  
639 UKRAINE  
640 UKRAINIA

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641 UNION ISLANDS  
642 UNION OF SOUTH AFRICA  
643 UNION OF SOVIET SOCIALIST REPUBLICS  
644 UNITED ARAB EMIRATES  
645 UNITED KINGDOM  
646 UPPER VOLTA  
647 URUGUAY  
648 USSR  
649 USBEKISTAN  
650 VANCOUVER  
651 VANUATU  
652 VATICAN CITY  
653 VENEZUELA  
654 VERACRUZ  
655 VICTORIA  
656 VIETNAM  
657 VINH LONG  
658 VUNG TAU  
659 WALES  
660 WALLIS & FUTUNA ISLANDS  
661 WEST AFRICA  
662 WEST BANK  
663 WEST BENGAL  
664 WEST INDIES  
665 WEST PAKISTAN  
666 WESTERN AUSTRALIA  
667 WESTERN SAHARA  
668 WESTERN SAMOA  
669 WHITE RUSSIA  
670 WINDWARD ISLANDS  
671 WINNIPEG  
672 WURZBERG  
673 YAP  
674 YAR  
675 YEMEN  
676 YEMEN ARAB REPUBLIC  
677 YEREVAN  
678 YUCATAN  
679 YUGOSLAVIA  
680 YUKON TERRITORY  
681 ZACATECAS  
682 ZADAR  
683 ZAIRE  
684 ZAMBIA  
685 ZANZIBAR  
686 ZIMBABWE  
687 ZURICH  
688 ANDORRA  
689 BRITISH INDIAN OCEAN TERRITORY  
690 DEUTSCHLAND  
691 FRENCH SOUTHERN AND ANTARCTIC LANDS  
692 GRENADINES, THE

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693 KOSOVO  
 694 MYANMAR  
 695 NORTHWEST TERRITORY  
 696 NUNAVUT TERRITORY  
 996 Country not listed  
 997 Refused  
 999 Don't know

**UniverseText:** All persons not born in the United States

**SkipInstructions:** <60-85> [store "2" in CITIZEN and goto USYR]  
 <100-696,996,R,D> [goto USYR]

**Question ID:** FSD.004\_00.000    **Instrument Variable Name:** USYR    **QuestionnaireFileName:** Family

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

Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].

In what year did [fill3: you/ALIAS] come to the United States to stay?

**1880-Current Year** 1880-Current Year  
 9997 Refused  
 9999 Don't know

**UniverseText:** All persons not born in the United States

**SkipInstructions:** <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2\_USYR; else, goto CITIZEN]  
 <R,D> [goto USLONG]

NOTE: The "\*Read if necessary...Earlier I recorded..." portion of this question is included for persons with complete date of birth information.

**Question ID:** FSD.005\_00.000    **Instrument Variable Name:** USLONG    **QuestionnaireFileName:** Family

**QuestionText:** About how long [fill1: have you/has ALIAS] been in the United States?

\* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.

\*Enter '95' for 95 or more years.

\*If less than 1 year given as a response, code the answer as '0'.

**00-94** 00-94 years  
 95 95+ years  
 97 Refused  
 99 Don't know

**UniverseText:** All persons not born in the United States and refused or don't know was reported for USYR

**SkipInstructions:** <0-95> [if USLONG gt AGE, goto ERR\_USLONG; else, goto CITIZEN]  
 <R,D> [goto CITIZEN]

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**Question ID:** FSD.006\_00.000    **Instrument Variable Name:** CITIZEN    **QuestionnaireFileName:** Family

**QuestionText:** (book) F20    ?[F1]

[fill: Are you/Is ALIAS] a CITIZEN of the United States?

- 1 Yes, born in one of the 50 United States or the District of Columbia
- 2 Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
- 3 Yes, born abroad to American parent(s)
- 4 Yes, U.S. citizen by naturalization
- 5 No, not a citizen of the United States
- 7 Refused
- 9 Don't know

**UniverseText:** All persons not born in the United States or a United States territory

**SkipInstructions:** <1> [if PLBORN eq 2, goto ERR1\_CITIZEN; else, if PLBORN eq R, goto ERR3\_CITIZEN; else, goto HEADST]  
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2\_CITIZEN; else, goto HEADST]  
<R,D> [goto HEADST]

---

**Question ID:** FSD.007\_00.000    **Instrument Variable Name:** HEADST    **QuestionnaireFileName:** Family

**QuestionText:** ?[F1]

Is [fill: ALIAS] now attending Head Start?

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

**UniverseText:** All persons less than 7 years of age

**SkipInstructions:** <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]  
<2,R,D> [ goto HEADSTEV]

---

**Question ID:** FSD.008\_00.000    **Instrument Variable Name:** HEADSTEV    **QuestionnaireFileName:** Family

**QuestionText:** Has [fill: ALIAS] ever attended Head Start?

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

**UniverseText:** All persons less than 18 years of age and not currently enrolled in Head Start

**SkipInstructions:** if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person

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**Question ID:** FSD.010\_00.000    **Instrument Variable Name:** EDUC    **QuestionnaireFileName:** Family

**QuestionText:** (book) F21    ?[F1]

What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

\* Enter highest level of school completed.

- 00 Never attended/kindergarten only
- 01 1st grade
- 02 2nd grade
- 03 3rd grade
- 04 4th grade
- 05 5th grade
- 06 6th grade
- 07 7th grade
- 08 8th grade
- 09 9th grade
- 10 10th grade
- 11 11th grade
- 12 12th grade, no diploma
- 13 GED or equivalent
- 14 High School Graduate
- 15 Some college, no degree
- 16 Associate degree: occupational, technical, or vocational program
- 17 Associate degree: academic program
- 18 Bachelor's degree (Example: BA, AB, BS, BBA)
- 19 Master's degree (Example: MA, MS, MEng, MEd, MBA)
- 20 Professional School degree (Example: MD, DDS, DVM, JD)
- 21 Doctoral degree (Example: PhD, EdD)
- 96 Child under 5 years old
- 97 Refused
- 99 Don't know

**UniverseText:** All persons 5 years of age or older

**SkipInstructions:** repeat for all eligible persons, then goto FMILTRY

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**Question ID:** FSD.041\_00.000    **Instrument Variable Name:** FMILTRY    **QuestionnaireFileName:** Family

**QuestionText:** [fill: Have you/Has any family member, that is

\*Read names

(fill roster of people ge 18 years of age)]

ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

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

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

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

---

**Question ID:** FSD.042\_00.000    **Instrument Variable Name:** PMILTRY    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask or verify. Enter all that apply, separate with commas.

Who was this?

\* Indicate each family member with honorable discharge.

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

**UniverseText:** All families with two or more persons 18 years of age or older and at least one was honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard

**SkipInstructions:** goto DOINGLW

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

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**Question ID:** FSD.050\_00.000    **Instrument Variable Name:** DOINGLW    **QuestionnaireFileName:** Family

**QuestionText:** (book) F22 ? [F1]

The next few questions are about employment status.

Which of the following [fill: were you/was ALIAS] doing last week?

\* Read answer categories.

- 1 Working for pay at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Working, but not for pay, at a family-owned job or business
- 5 Not working at a job or business and not looking for work
- 7 Refused
- 9 Don't know

**UniverseText:** All persons 18 years of age or older

**SkipInstructions:** <1,4> [goto WRKHRS]  
<2,5> [goto WHYNOWRK]  
<3,R,D> [goto WRKLYR]

NOTE: A flashcard was added to this question in quarter 3 of 2005.

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**Question ID:** FSD.060\_00.000    **Instrument Variable Name:** WHYNOWRK    **QuestionnaireFileName:** Family

**QuestionText:** ?[F1]

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

- 01 Taking care of house or family
- 02 Going to school
- 03 Retired
- 04 On a planned vacation from work
- 05 On family or maternity leave
- 06 Temporarily unable to work for health reasons
- 07 Have job/contract and off-season
- 08 On layoff
- 09 Disabled
- 10 Other
- 97 Refused
- 99 Don't know

**UniverseText:** All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work

**SkipInstructions:** <1-3,8-10,R,D> [goto WRKLYR]  
<4-7> [goto WRKHRS]

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**Question ID:** FSD.110\_00.000    **Instrument Variable Name:** WRKMYR    **QuestionnaireFileName:** Family

**QuestionText:** How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

\* If less than one month, enter '1'.

01	1 month or less
02-12	2-12 months
97	Refused
99	Don't know

**UniverseText:** All persons 18 years of age or older who worked last year

**SkipInstructions:** goto ERNYR

---

**Question ID:** FSD.120\_00.000    **Instrument Variable Name:** ERNYR    **QuestionnaireFileName:** Family

**QuestionText:** ?[F1]

What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

Include hourly wages, salaries, tips and commissions.

\* Enter '999,995' if the reported income is greater than \$999,995.

000001-999994	\$1-\$999,994
999995	\$999,995+
999997	Refused
999999	Don't know

**UniverseText:** All persons 18 years of age or older who worked last year

**SkipInstructions:** goto HIEMPOF

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**Question ID:** FSD.130\_00.000    **Instrument Variable Name:** HIEMPOF    **QuestionnaireFileName:** Family

**QuestionText:** Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

1	Yes
2	No
7	Refused
9	Don't know

**UniverseText:** All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

**SkipInstructions:** goto INTROINC

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.

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**Question ID:** FIN.080\_00.000    **Instrument Variable Name:** PSSRR    **QuestionnaireFileName:** Family

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

Who received this?  
(Anyone else?)

\* Indicate each family member with this income.

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

**UniverseText:**      All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

**SkipInstructions:**    goto FSSRRD

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

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**Question ID:** FIN.082\_00.000    **Instrument Variable Name:** FSSRRD    **QuestionnaireFileName:** Family

**QuestionText:**    Was [fill: your/any family member's \*Read names

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

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

**UniverseText:**      All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

**SkipInstructions:**    <1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]  
<2,R,D> [goto FPENS]

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**Question ID:** FIN.084\_00.000    **Instrument Variable Name:** PSSRRDB    **QuestionnaireFileName:** Family

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

Who received Social Security or Railroad Retirement as a disability benefit?  
(Anyone else?)

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

**UniverseText:**      All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit

**SkipInstructions:**    goto PSSRRD

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

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**Question ID:** FIN.086\_00.000    **Instrument Variable Name:** PSSRRD    **QuestionnaireFileName:** Family

**QuestionText:**    Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

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

**UniverseText:**      All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

**SkipInstructions:**    repeat for all eligible persons, then goto FPENS

---

**Question ID:** FIN.090\_00.000    **Instrument Variable Name:** FPENS    **QuestionnaireFileName:** Family

**QuestionText:**    Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

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

**UniverseText:**      All families

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

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**Question ID:** FIN.100\_00.000    **Instrument Variable Name:** PPENS    **QuestionnaireFileName:** Family

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

Who received this?  
(Anyone else?)

\*Indicate each family member with this income.

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

**UniverseText:**    All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

**SkipInstructions:**    goto 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.

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**2010 NHIS Questionnaire - Family**  
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**Question ID:** FIN.110\_00.000    **Instrument Variable Name:** FSSI    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Did [fill: you/any family members] receive Supplemental Security Income (SSI)?

\* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month.

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, fill the person number in PSSSI and goto PSSID; else, goto PSSSI]  
<2,R,D> [goto FTANF]

---

**Question ID:** FIN.120\_00.000    **Instrument Variable Name:** PSSSI    **QuestionnaireFileName:** Family

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

Who in the family received this?  
(Anyone else?)

\*Indicate each family member with this income.

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

**UniverseText:** All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

**SkipInstructions:** goto PSSID

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

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**Question ID:** FIN.122\_00.000    **Instrument Variable Name:** PSSID    **QuestionnaireFileName:** Family

**QuestionText:** Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

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

**UniverseText:** All persons who received SSI in the last calendar year

**SkipInstructions:** repeat for all eligible persons, then goto FTANF

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**Question ID:** FIN.150\_00.000    **Instrument Variable Name:** FTANF    **QuestionnaireFileName:** Family

**QuestionText:** \*(book) F23 ? [F1]

At any time during [fill1: last calendar year in 4-digit format], even for one month, did [fill2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (\* fill specific program name)?

\* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

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

**UniverseText:** All families

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

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**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.

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**Question ID:** FIN.164\_00.000    **Instrument Variable Name:** FOWBEN    **QuestionnaireFileName:** Family

**QuestionText:** At any time during [fill1: last calendar year in 4-digit format], did [fill2: you/any family members living here] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

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

**UniverseText:** All families

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

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**2010 NHIS Questionnaire - Family**  
**Family Income**  
Document Version Date: 16-Apr-11

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**Question ID:** FIN.166\_00.000    **Instrument Variable Name:** POWBEN    **QuestionnaireFileName:** Family

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

Who received this?  
(Anyone else?)

\* Indicate each family member with this income.

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

**UniverseText:**      All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

**SkipInstructions:**    goto 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.

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**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]

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**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.

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**2010 NHIS Questionnaire - Family**  
**Family Income**  
**Document Version Date: 16-Apr-11**

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**Question ID:** FIN.190\_00.000    **Instrument Variable Name:** FDIVD    **QuestionnaireFileName:** Family

**QuestionText:** Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

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

**UniverseText:** All families

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

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**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.

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**Question ID:** FIN.210\_00.000    **Instrument Variable Name:** FCHLDSP    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Did [fill: you/any family members living here] receive income from child support?

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

**UniverseText:** All families

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

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**2010 NHIS Questionnaire - Family**  
**Family Income**  
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**Question ID:** FIN.220\_00.000    **Instrument Variable Name:** PCHLDSP    **QuestionnaireFileName:** Family

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

Who received this?  
(Anyone else?)

\* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

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

**UniverseText:**      All families with two or more persons and at least one 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.

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**Question ID:** FIN.230\_00.000    **Instrument Variable Name:** FINCOT    **QuestionnaireFileName:** Family

**QuestionText:**    Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

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

**UniverseText:**      All families

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

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**Question ID:** FIN.240\_00.000    **Instrument Variable Name:** PINCOT    **QuestionnaireFileName:** Family

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

Who received this?  
(Anyone else?)

\* Indicate each family member with this income

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

**UniverseText:**      All families with two or more persons and at least one received some "other" source of income in the last calendar year

**SkipInstructions:**    goto FINCTOT

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

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**2010 NHIS Questionnaire - Family**  
**Family Income**

Document Version Date: 16-Apr-11

**Question ID:** FIN.250\_00.000    **Instrument Variable Name:** FINCTOT    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]

What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]?

\* Enter '999,995' if the reported income is greater than \$999,995.

**000000-999994**    \$0-\$999,994  
**999995**    \$999,995+  
**999997**    Refused  
**999999**    Don't know

**UniverseText:** All families

**SkipInstructions:** <0-999> goto ERR1\_FINCTOT  
 <1000-250000> goto HOUSEOWN  
 <250001-999995> goto ERR2\_FINCTOT  
 <D,R> goto FINC50

**Question ID:** FIN.255\_00.000    **Instrument Variable Name:** FINC50    **QuestionnaireFileName:** Family

**QuestionText:** Was your total [fill: family] income from all sources less than \$50,000 or \$50,000 or more?

**1**    Less than \$50,000  
**2**    \$50,000 or more  
**7**    Refused  
**9**    Don't know

**UniverseText:** Respondents who don't know or refuse their income

**SkipInstructions:** <1> [goto FINC35]  
 <2> [goto FINC100]  
 <R,D> [HOUSEOWN]

**Question ID:** FIN.260\_00.000    **Instrument Variable Name:** FINC35    **QuestionnaireFileName:** Family

**QuestionText:** Was your total [fill: family] income from all sources less than \$35,000 or \$35,000 or more?

**1**    Less than \$35,000  
**2**    \$35,000 or more  
**7**    Refused  
**9**    Don't know

**UniverseText:** The respondent answered Less than \$50,000 in FINC50

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

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**2010 NHIS Questionnaire - Family**  
**Family Income**  
**Document Version Date: 16-Apr-11**

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**Question ID:** FIN.265\_00.000    **Instrument Variable Name:** FINCPOV    **QuestionnaireFileName:** Family

**QuestionText:** Was your total [fill1: family] income from all sources less than [fill2: fill based on poverty threshold] or [fill2: fill based on poverty threshold] or more?

- 1 Less than [\$10,000/\$11,000/\$13,000/\$14,500/\$17,000/\$22,000/\$26,000/\$29,000/\$33,500]
- 2 [\$10,000/\$11,000/\$13,000/\$14,500/\$17,000/\$22,000/\$26,000/\$29,000/\$33,500] or more
- 7 Refused
- 9 Don't know

**UniverseText:** The respondent answered Less than \$35,000

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

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**Question ID:** FIN.270\_00.000    **Instrument Variable Name:** FINC100    **QuestionnaireFileName:** Family

**QuestionText:** Was your total [fill: family] income from all sources less than \$100,000 or \$100,000 or more?

- 1 Less than \$100,000
- 2 \$100,000 or more
- 7 Refused
- 9 Don't know

**UniverseText:** The respondent answered More than \$50,000 in FINC50

**SkipInstructions:** <1> [goto FINC75] <2,R,D> [goto HOUSEOWN]

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**Question ID:** FIN.275\_00.000    **Instrument Variable Name:** FINC75    **QuestionnaireFileName:** Family

**QuestionText:** Was your total [fill: family] income from all sources less than \$75,000 or \$75,000 or more?

- 1 Less than \$75,000
- 2 \$75,000 or more
- 7 Refused
- 9 Don't know

**UniverseText:** The respondent answered Less than \$100,000 in FINC100

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

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**Question ID:** FIN.280\_00.000    **Instrument Variable Name:** HOUSEOWN    **QuestionnaireFileName:** Family

**QuestionText:** Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?

- 1 Owned or being bought
- 2 Rented
- 3 Other arrangement
- 7 Refused
- 9 Don't know

**UniverseText:** All families

**SkipInstructions:** <1,3,R,D> [goto FSSAPL]  
<2> [goto FGAH]

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**2010 NHIS Questionnaire - Family**  
**Family Income**  
**Document Version Date: 16-Apr-11**

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**Question ID:** FIN.282\_00.000    **Instrument Variable Name:** FGAH    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

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

**UniverseText:** All families that rent their house/apartment

**SkipInstructions:** goto FSSAPL

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**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]

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**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.

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**2010 NHIS Questionnaire - Family**  
**Family Income**

Document Version Date: 16-Apr-11

**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



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**2010 NHIS Questionnaire - Family**  
**Family Income**  
Document Version Date: 16-Apr-11

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**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.

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**Question ID:** FIN.380\_00.000    **Instrument Variable Name:** FSTPMYR    **QuestionnaireFileName:** Family

**QuestionText:** During [fill1: last calendar year in 4-digit format], about how many months [fill2: were you/was ALIAS] authorized to receive food stamps?

\* Enter '1' if less than 1 month

- 01-12 1-12 months
- 97 Refused
- 99 Don't know

**UniverseText:** All persons authorized to receive food stamps in the last calendar year

**SkipInstructions:** goto FINWIC

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**2010 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date: 16-Apr-11**

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**Question ID:** FIN.384\_00.000    **Instrument Variable Name:** FINWIC    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

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

**UniverseText:** All families with females 12-55 years of age or children 0-5 years of age

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

---

**Question ID:** FIN.385\_00.000    **Instrument Variable Name:** PWIC    **QuestionnaireFileName:** Family

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

Who in the family received this?  
(Anyone else?)

\* Indicate family members who were authorized to receive WIC benefits.

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

**UniverseText:** All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

**SkipInstructions:** goto FMSSN

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

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