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

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

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

UniverseText: All nondeleted family members

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

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

QuestionText: * Change(s) needed for [ALIAS].

* Enter each number that applies. If a wrong choice, type that choice again.

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

UniverseText: HHCHANGE = 2 (No, not correct)

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

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

QuestionText: * ASK OR VERIFY

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

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

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

SkipInstructions: <1> [goto SPFLAG]
<2-5, R, D> [goto FIDCCI3]
<6> if LINTAL[FAMINT] = 1 [goto FIDCCI4]
else [goto COHAB1]
**Question ID:** FID.260_00.000  
**Instrument Variable Name:** SPOUS  
**QuestionnaireFileName:** Family

**QuestionText:**  
* ASK OR VERIFY

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

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** A potential spouse lives in the unit.

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

---

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

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

[Display all possible spouse candidates]

01-25  Person # of spouse

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

**SkipInstructions:**<1-25,R,D> [goto FIDCCI3]

---

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

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

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]
**2010 NHIS Questionnaire - Family**

*Family Identification*

Document Version Date: 18-Apr-11

---

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

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

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

**Universe Text:**
Person is currently cohabiting and has been married.

**Skip Instructions:**
<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

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

[Display all possible cohabitation candidates]

01-25 Person number

**Universe Text:**
Cohabiting partner has yet to be identified.

**Skip Instructions:**
If line number of the subject is entered [goto ERR_COHAB3]
<1-25,R,D> [goto FIDCCI3]

---

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

**Question Text:**
I noted that [father's fullname] is the father of [child's full name]. Is [child's full name] 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

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

**Skip Instructions:**
<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]
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
6 Refused
7 Don't know

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

* 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

Potential mother in the Family, mother not already identified

<01-25> [goto MOTHERCK_A]
<0,R,D> [goto FIDCCI5]
<96> [goto GUARD]
2010 NHIS Questionnaire - Family
Family Identification

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]
eelseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
e 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
Family Identification
Document Version Date: 18-Apr-11

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]
else <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 [fill1: your/ALIAS's] guardian.
* If the guardian is not a household member, enter '0'.

00  Guardian not a household member
01-25 Person # of guardian
97  Refused
99  Don't know

UniverseText: 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 FINTRO2]
else [goto KNOWSC2]
**2010 NHIS Questionnaire - Family**

**Family Identification**

Document Version Date: 18-Apr-11

---

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

**QuestionText:**

* Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.
[Display all family members who are not deleted and >17 or emancipated minors]

* If any persons listed are not present, say:
  We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now?

* If yes, ask: Could they join us?

* If nobody is presently available, enter "96" to proceed to a callback screen.

1  Present
2  Not present

**UniverseText:** All nondeleted persons >17 or emancipated minors

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

---

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

**QuestionText:**

* Ask if necessary: With whom am I speaking?

* Enter the line number of the person you consider to be the main respondent for this family's health questions.

01-25  Person # of Family Respondent

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

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

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

QuestionText:  Are/Is  Read names  (fill roster of persons age 0-4)  limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?

1  Yes  2  No  7  Refused  9  Don't know

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

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

---

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

QuestionText:  Ask or verify. Enter applicable line number(s), separate with commas.  Who is this?  (Anyone else?)

1  Yes  2  No  7  Refused  9  Don't know

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

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

---

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

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

1  Yes  2  No  7  Refused  9  Don't know

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

SkipInstructions: repeat this question for all persons listed at PLAPLYLM, then goto FSPEDEIS
**2010 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 16-Apr-11

**Question ID:** FHS.050_00.000  
**Instrument Variable Name:** FSPEDEIS  
**QuestionnaireFileName:** Family

**QuestionText:**  
[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 PSPEDEIS and goto PSPEDEM; else, goto PSPEDEIS]  
<2,R,D> [goto FLAADL]

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

**QuestionText:** * Ask or verify. Enter applicable line number(s), separate with commas.  
Who is this?  
(Anyone else?)

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 PSPEDEM

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

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

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

Bathing or showering?

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

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<td>Yes</td>
<td>2</td>
<td>No</td>
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</table>

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

**SkipInstructions:** goto LAEAT

### Eating

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

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<td>Yes</td>
<td>2</td>
<td>No</td>
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</table>

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

**SkipInstructions:** goto LABED

### Getting in or out of bed or chairs

* [fill: Do you/Does ALIAS] need the help of other persons with getting in or out of bed or chairs?

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<td>Yes</td>
<td>2</td>
<td>No</td>
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</table>

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

**SkipInstructions:** goto LATOILT
**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

---

**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 PLAIADL and goto FLAWKNOW; else, goto PLAIADL]  
<2,R,D> [goto FLAWKNOW]
* Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

from working at a job or business?

1  Yes
2  No
7  Refused
9  Don't know

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

<1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK; else, goto PLAWKNOW]
<2,R,D> [goto FLAWKLIM]
**2010 NHIS Questionnaire - Family**  
*Family Health Status & Limitations*

**Document Version Date:** 16-Apr-11

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

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?)

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<td>Limited in work</td>
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<td>2</td>
<td>Not limited in work</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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UniverseText: All families with two or more persons 18 years of age or older 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?

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in FLAWALK 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?)

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<td>No</td>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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UniverseText: All families with two or more persons 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.
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]

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.

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]

---

2010 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 16-Apr-11
* Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

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

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

goto LAHCC

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

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

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

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_91.000  Instrument Variable Name: LAHCC_S2  QuestionnaireFileName: Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim

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

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

**QuestionText:**

* Enter time period for time with hearing problem.

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

**UniverseText:**

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

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

**UniverseText:**

All persons 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]
### Question ID: FHS.284_02.000  
**Instrument Variable Name:** LHCL03T  
**QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with speech problem.

<table>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
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<tr>
<td></td>
<td>Day(s)</td>
<td>Week(s)</td>
<td>Month(s)</td>
<td>Year(s)</td>
<td>Since birth</td>
<td>Refused</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01-94</td>
<td>95</td>
<td>96</td>
<td>Since birth</td>
<td>Refused</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)
5. Since birth
6. Refused
7. 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.

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

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

**SkipInstructions:** <1-95,D> [goto LHCL06T]
<6> [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]
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  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]
### Question ID: FHS.290_02.000 | Instrument Name: LHCL07T | Questionnaire FileName: 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)
5. Since birth
6. Refused
7. 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]
<br>
<6> [goto ERR2_LHCL07T]
<br>
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 Name: LHCL08N | Questionnaire FileName: 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]
<br>
<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]
<br>
<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]`
2010 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 16-Apr-11

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]
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]
2010 NHIS Questionnaire - Family
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Question ID: FHS.296_02.000 Instrument Variable Name: LHCL10T QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
6. [goto ERR2_LHCL10T]

if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1_LHCL10T

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

QuestionText: 1 of 2

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

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

01-94
95
96
97
99

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]
**2010 NHIS Questionnaire - Family**

*Family Health Status & Limitations*

**Document Version Date:** 16-Apr-11

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

**QuestionText:** 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL11T]

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

---

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

**QuestionText:** 1 of 2

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

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

01-94 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]
**Family Health Status & Limitations**

**Question ID:** FHS.300_02.000  
**Instrument Variable Name:** LHCL12T  
**QuestionnaireFileName:** Family  
**Document Version Date:** 16-Apr-11

**Question Text:**

2 of 2  
* Enter time period for time with learning disability.

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

**Universe Text:**

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.

**Skip Instructions:**

<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  
**Document Version Date:** 16-Apr-11

**Question Text:**

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  
95  
96  
97  
99

**Universe Text:**

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

**Skip Instructions:**

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

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

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL91T]

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

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

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

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
7 Refused
9 Don't know

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

SkipInstructions: goto LHAL90N

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

QuestionText: * Read if necessary.
What is the other impairment or problem?

Verbatim
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
### 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.

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

**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.

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

**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
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

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

2 of 2

* Enter time period for time with hearing problem.

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

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
How long have you/have ALIAS had arthritis or rheumatism?

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

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

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

* Enter time period for time with arthritis or rheumatism.

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

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

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

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

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

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

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

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

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

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

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

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

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

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
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.

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

* Enter time period for time with other 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 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]
How long [fill: have you/has ALIAS] had a heart problem?

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

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

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

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]

* Enter time period for time with heart problem.

1    Day(s)
2    Week(s)
3    Month(s)
4    Year(s)
96   Since birth
97   Refused
99   Don't know

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

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
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.

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

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

* Enter time period for time with stroke problem.

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

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

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

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

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

<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]

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

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

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

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

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

* Enter time period for time with diabetes.

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

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

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T
How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

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

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

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

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

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

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
1 of 2

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

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

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

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

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

2 of 2

* Enter time period for time with cancer.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL12T]
if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T
How long [fill: have you/has ALIAS] had mental retardation?

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

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

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

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

All persons 18 years of age or older who have a limitation due to mental retardation and 1-95, D was entered for the "number" part of this two-part question
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
95
96 Since birth
97 Refused
99 Don't know

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

* 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

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

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.

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

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

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

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

SkipInstructions:  <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL16T]
if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T
How long [fill: have you/has ALIAS] had depression, anxiety, or an emotional problem?

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

01-94
95
96
97
99

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

if LHAL17T = 4 and LHAL17N > AGE, goto ERR1_LHAL17T
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.

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

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

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

UniverseText: All persons 18 years of age or older who have a limitation due to a 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
2010 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 16-Apr-11

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL19T]
<1-95, R, D, E> [goto ERR1_LHAL19T]
if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T
How long [fill: have you/has ALIAS] had a kidney, bladder or renal problem?

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

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

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

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

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

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

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

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

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

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

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

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

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

<1-4,R,D> [goto LHAL21T]
<6> [goto ERR2_LHAL21T]
How long [fill: have you/has ALIAS] had benign tumors or cysts?

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

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

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

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

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

01-94
95
96
97
99

2 of 2

* Enter time period for time with fibromyalgia or lupus.

1
2
3
4
5
6
7
9

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

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
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.

01-94
95
96
97
99

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]

2 of 2

* Enter time period for time with osteoporosis or tendinitis.

1
2
3
4
5
6
7
9

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
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.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had Parkinson’s disease or tremors?

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

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

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

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

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

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

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

**QuestionText:**  
1 of 2

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

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

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<td>95+</td>
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<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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**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).

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<td>Day(s)</td>
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<td>Year(s)</td>
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<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons 18 years of age or older who have a limitation due to 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 LHAL29T]  
<6> [goto ERR2_LHAL29T]  
If LHAL29T = 4 and LHAL29N > AGE, goto ERR1_LHAL29T
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.

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

2 of 2

* Enter time period for time with hernia.

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

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

<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]
1 of 2

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

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

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

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

2 of 2

* Enter time period for time with ulcer.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL31T]

if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T
1 of 2

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

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

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

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

2 of 2

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

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

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

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

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

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

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

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

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

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

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

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

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

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

* Enter time period for time with migraine headaches.

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

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

if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T
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.

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

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

SkipInstructions: <1-95,D> [goto LHAL90T]  
<95> [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].

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

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.452_01.000</th>
<th>Instrument Variable Name: LHAL91N</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| QuestionText:      | 1 of 2         | * Enter number for time with [fill1: LAHCA_S2].  
* Enter '95' for 95 or more.  
* Enter '96' if since birth. |
| UniverseText:      | All persons 18 years of age or older who have a limitation due to 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] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.452_02.000</th>
<th>Instrument Variable Name: LHAL91T</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| QuestionText:      | 2 of 2         | * Enter time period for time with [fill: LAHCA_S2].  
1 Day(s)  
2 Week(s)  
3 Month(s)  
4 Year(s)  
6 Since birth  
7 Refused  
9 Don't know |
| 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 |
**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  
6. Refused  
7. Don't know

**UniverseText:** All persons

**SkipInstructions:** repeat for all persons in the family, goto FINJ3M
### 2010 NHIS Questionnaire - Family
#### Injuries & Poisoning

**Document Version Date:** 16-Apr-11

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.010_00.000</th>
<th>Instrument Variable Name:</th>
<th>FINJ3M</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>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)]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto FPOI3M]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.012_00.000</th>
<th>Instrument Variable Name:</th>
<th>WFINJ3M</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who was this?</td>
<td>(Anyone else?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All families with two or more persons and at least one person was injured during the past 3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;R,D&gt; [goto FPOI3M]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>else, goto TFINJ3M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.014_00.000</th>
<th>Instrument Variable Name:</th>
<th>TFINJ3M</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] injured?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>01-91</td>
<td>1-91 times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QuestionText:</strong></td>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All persons injured during the past 3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-10,D&gt; [goto MFINJ3M]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;11-91&gt; [goto ERR_TFINJ3M]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2010 NHIS Questionnaire - Family
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]
**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 WFPOI3M]
<K> [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.

00-90 01-91 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]
<11-90> [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 MFPOI3M and goto IPDATEM; else goto MFPOI3M]
<2,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]
Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

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

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

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M:
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.050_01.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATEM</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 3</td>
<td>* Please hand the calendar card to the respondent.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>{if only 1 injury/poisoning episode for the person}</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>When did [fill1: your/ALIAS’s] [fill2: injury/poisoning] happen for which a medical professional was consulted?</td>
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<tr>
<td></td>
<td></td>
<td>{first of multiple injury/poisoning episodes for the person}</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Now I’m going to ask a few questions about the [fill3: *MTFINJ3M/*MTFPOI3M] times [fill4: you were/ALIAS was]</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>[fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>[fill2: injury/poisoning] happen?</td>
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<tr>
<td></td>
<td></td>
<td>{second plus of multiple injury/poisoning episodes for the person}</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>You just told me about [fill1: your/ALIAS’s] [fill6: (month, day of previous event)] [fill7:most recent/second most</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning]</td>
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<td></td>
<td></td>
<td>before that for which a medical professional was consulted?</td>
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<tr>
<td></td>
<td></td>
<td>* Enter month.</td>
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<tr>
<td></td>
<td></td>
<td>01 January</td>
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<td></td>
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<td>02 February</td>
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<td>03 March</td>
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<td>04 April</td>
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<td>05 May</td>
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<td>07 July</td>
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<td>08 August</td>
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<td>09 September</td>
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<td>10 October</td>
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<td>11 November</td>
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<td>12 December</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>97 Refused</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>99 Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SkipInstructions: 

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.050_02.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATED</th>
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<th>Family</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>2 of 3</td>
<td>* Enter day.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>01-31</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>1-31</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>97 Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>99 Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SkipInstructions: 

<1-31> [goto IPDATEY] 
<R> [goto IPHOW] 
<D> [goto IPDATEMT]
<table>
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<th>FIJ.050_03.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATEY</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>3 of 3</td>
<td>* Enter year.</td>
<td>Year</td>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes where a valid day of episode was entered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.051_01.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATENO</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td>Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?</td>
<td></td>
<td>001-096</td>
<td>001-096</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>999</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes where don't know was entered for month of episode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-91&gt; [goto IPDATETP]</td>
<td>&lt;R,D&gt; [goto IPHOW]</td>
<td></td>
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<tr>
<th>Question ID:</th>
<th>FIJ.051_02.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATETP</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>2 of 2</td>
<td>*Enter number for time period since event.</td>
<td>^IPDATENO…</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>Weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>Months</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the &quot;number&quot; part of this two-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto IPHOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: FIJ.052_00.000  
Instrument Variable Name: IPDATEMT  
QuestionnaireFileName: Family  

QuestionText:  
(book) F3 ? [F1]  
Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?  
1  Beginning  
2  Middle  
3  End  
7  Refused  
9  Don't know  

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

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

QuestionText:  
? [F1]  
[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: injury/poisoning], and any objects, substances, or other people involved.  
* Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding the event. Record all volunteered information.  

Verbatim  
7  Refused  
9  Don't know  

UniverseText: All injury/poisoning episodes for which a medical professional was consulted  
SkipInstructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]  
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]  
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
* 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

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

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 IJTYPE1OS] <R> [goto IPEV]

Question ID: FIJ.073_00.000  Instrument Variable Name: IJTYPE1OS  QuestionnaireFileName: Family

QuestionText: ? [F1]

* Read if necessary.

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

Verbatim

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
In what way was [fill1: your/ALIAS’s] [fill2: second 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 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 IJTP2OS]
<R> [goto IPEV]

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

Verbatim
7 Refused
9 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
In what way was [fill1: your/ALIAS’s] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

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

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

Verbatim
7 Verbatim response
9 Refused
99 Don't know
Question Text:

* 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

Universe Text:
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

Skip Instructions:
<1-8,R,D> [goto IPEV]
<9> [goto IJTYP4OS]

Question Text:

* 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

Universe Text:
All injury episodes where the fourth body part was hurt in some "other" way

Skip Instructions:
if a poisoning episode, goto PPCC; else, goto IPEV

Question Text:

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

Universe Text:
All poisoning episodes for which a medical professional was consulted

Skip Instructions:
<1,2,D> [goto IPEV]
<R> [goto IPHOSP]
Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

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

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

SkipInstructions: <1,2,D> [goto IPER]
< R > [goto IPHOSP]
Question ID: FIJ.080_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: IPOCH  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 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
**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]
**2010 NHIS Questionnaire - Family**

**Injuries & Poisoning**

**Document Version Date:** 16-Apr-11

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**Question ID:** FIJ.109_00.000  
**Instrument Variable Name:** IMTRAF  
**QuestionnaireFileName:** Family

**QuestionText:**

*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]
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]

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
**2010 NHIS Questionnaire - Family**

**Injuries & Poisoning**

Document Version Date: 16-Apr-11

---

**Question ID:** FIJ.113_00.000  
**Instrument Variable Name:** IHELMIT  
**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
2010 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 16-Apr-11

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
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

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

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

<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 FPPOI3M/next section; Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]

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

All medically-consulted injury/poisoning episodes for persons 13 years of age or older

<1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.171_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPWKLS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less than one day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>One to five days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Six or more days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: 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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.180_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPSTU</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Part-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not a student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: 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]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.181_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPSCLS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less than one day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>One to five days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Six or more days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: 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]
**Question ID:** FAU.010_00.000  
**Instrument Variable Name:** FDMED12M  
**QuestionnaireFileName:** Family

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

* 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.

---

**Question ID:** FAU.030_00.000  
**Instrument Variable Name:** FNMED12M  
**QuestionnaireFileName:** Family

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]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.040_00.000</th>
<th>Instrument Variable Name:</th>
<th>PNMED12M</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas. Who didn't get needed care? (Anyone else?)</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.050_00.000</th>
<th>Instrument Variable Name:</th>
<th>FHOSPYR</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[fill: 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.</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**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]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FAU.060_00.000</th>
<th>Instrument Variable Name:</th>
<th>PHOSPYR</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Ask or verify. Enter applicable line number(s), separate with commas. Who was in a hospital overnight? (Anyone else?)</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**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.
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

All persons who had an overnight hospital stay during the past 12 months (excluding ER)

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

All persons who had an overnight hospital stay during the past 12 months (excluding ER)
2010 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 16-Apr-11

Question ID: FAU.120_00.000  Instrument Variable Name: FHCHM2W  QuestionnaireFileName: Family

QuestionText: If you/anyone in the family received care AT HOME from a nurse or other health care professional during the 2 weeks outlined on the calendar 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 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.
2010 NHIS Questionnaire - Family
Family Access to Health Care & Utilization

Document Version Date: 16-Apr-11

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.
2010 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 16-Apr-11

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.
**Family Access to Health Care & Utilization**

**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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-50</td>
<td>1-50 times</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons who 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.

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in 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?)

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

**UniverseText:** All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

**SkipInstructions:** goto FHICOV

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[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

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

All persons in families where FHICOV= yes, don't know, or refused

<1,R,D> [goto HIKIND]
<2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]
**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
Question ID: FHI.075_00.000  Instrument Variable Name: HICHANGE  QuestionnaireFileName: Family

QuestionText: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by: 
fill3: "HIKIND]/ not covered by health insurance.]

Is this correct?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons

SkipInstructions: <1,R,D> [repeat for all eligible persons, then goto MCPART] 
<2> [goto ERR_HICHANGE]

Question ID: FHI.090_00.000  Instrument Variable Name: MCPART  QuestionnaireFileName: Family

QuestionText: {if subject ne respondent}:
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS’s Medicare card to determine the type of coverage?

{if subject eq respondent}:
* Read if necessary.
What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

* Fill in appropriate coverage type below.

1  Part A - Hospital only
2  Part B - Medical only
3  Both Part A and Part B
7  Refused
9  Don't know

UniverseText: All persons with Medicare

SkipInstructions: <1-3> [goto MCCARD] 
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

Question ID: FHI.092_00.000  Instrument Variable Name: MCCARD  QuestionnaireFileName: Family

QuestionText: * Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

1  Yes
2  No

UniverseText: All persons with Part A Medicare coverage, Part B Medicare coverage, or both

SkipInstructions: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE
Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

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

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

[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]

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
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: 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]
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
**2010 NHIS Questionnaire - Family**

**Family Health Insurance**

*Document Version Date: 16-Apr-11*

---

**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
* 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]

* 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
The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

* Read names.
(display roster of eligible persons)]

* Enter 1 to continue

1  Continue

All families with at least one person covered by private health insurance

goto HIPNAM1

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

All families with at least one person covered by private health insurance

goto PCARD1
<verbatim> [goto PCARD1]
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1  Yes
2  No

All private health insurance plans where the plan name was entered at HIPNAM1

goto HIPNAM1B
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.170_00.000</th>
<th>Instrument Variable Name:</th>
<th>HIPNAM1B</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;R,D&gt; [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.</td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.171_00.000</th>
<th>Instrument Variable Name:</th>
<th>MORPLAN</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Ask if necessary Are there any more private health insurance plans? 1 Yes 2 No 7 Refused 9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto HIPNAM2] &lt;2,R,D&gt; [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]</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.172_00.000</th>
<th>Instrument Variable Name:</th>
<th>HIPNAM2</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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 response 7 Refused 9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with a second private health insurance plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;verbatim&gt; [goto PCARD2] &lt;R,D&gt; [prefill PCARD2 with a “2” and goto HIPNAM2B]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question ID: FHI.172_01.000</td>
<td>Instrument Variable Name: PCARD2</td>
<td>QuestionnaireFileName: Family</td>
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</tr>
<tr>
<td><strong>QuestionText:</strong> * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> All private health insurance plans where the plan name was entered at HIPNAM2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> goto HIPNAM2B</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: FHI.173_00.000</th>
<th>Instrument Variable Name: HIPNAM2B</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **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 |

<table>
<thead>
<tr>
<th>Question ID: FHI.174_00.000</th>
<th>Instrument Variable Name: MORPLAN2</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **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] |
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.175_00.000</th>
<th>Instrument Variable Name:</th>
<th>HIPNAM3</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>What is the name of the next plan?</td>
<td>*Read if necessary: Do you have a health plan card or something with the plan name on it?</td>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with a third private health insurance plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;verbatim&gt; [goto PCARD3]</td>
<td>&lt;R,D&gt; [prefill PCARD3 with a &quot;2&quot; and goto HIPNAM3B]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.175_01.000</th>
<th>Instrument Variable Name:</th>
<th>PCARD3</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?</td>
<td></td>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All private health insurance plans where the plan name was entered at HIPNAM3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto HIPNAM3B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.176_00.000</th>
<th>Instrument Variable Name:</th>
<th>HIPNAM3B</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Ask or verify. Enter all that apply, separate with commas.</td>
<td>* Indicate each family member covered by this plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Which family members are covered by that plan?</td>
<td></td>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;R,D&gt; [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 FHIICC18; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHIICC18; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**2010 NHIS Questionnaire - Family**

**Family Health Insurance**

**Document Version Date: 16-Apr-11**

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI.177_00.000</td>
<td>MORPLAN3</td>
<td>Family</td>
</tr>
</tbody>
</table>

**QuestionText:**

* Ask if necessary

Are there any more private health insurance plans?

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

**UniverseText:**

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]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI.178_00.000</td>
<td>HIPNAM4</td>
<td>Family</td>
</tr>
</tbody>
</table>

**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?*

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

**UniverseText:**

All families with a fourth private health insurance plan

**SkipInstructions:**

<verbatim> [goto PCARD4]
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI.178_01.000</td>
<td>PCARD4</td>
<td>Family</td>
</tr>
</tbody>
</table>

**QuestionText:**

* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**UniverseText:**

All private health insurance plans where the plan name was entered at HIPNAM4

**SkipInstructions:**

goto HIPNAM4B
**2010 NHIS Questionnaire - Family**

*Family Health Insurance*

Document Version Date: 16-Apr-11

---

**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]
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

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

<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]

All families where a private health insurance plan was reported

[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.
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

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

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.211_01.000  
**Instrument Variable Name:** PLNWKSP  
**QuestionnaireFileName:** Family

**QuestionText:** *Read if necessary.

How was this plan obtained?

Verbatim

- 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.

---

**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
08 Refused
09 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.
**2010 NHIS Questionnaire - Family**

**Family Health Insurance**

Document Version Date: 16-Apr-11

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.230_11.000</th>
<th>Instrument Variable Name:</th>
<th>HICOSTN</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Enter dollar amount for premium payments.</td>
<td>00001-99995</td>
<td>$1-$99,995</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All private health insurance plans paid for by self or family</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-99995&gt; [goto HICOSTT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [store &quot;R&quot; in HICOSTT and goto PLNMGD]</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>&lt;D&gt; [store &quot;D&quot; in HICOSTT and goto PLNMGD]</td>
<td></td>
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<tr>
<td>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.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.230_12.000</th>
<th>Instrument Variable Name:</th>
<th>HICOSTT</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>2 of 2 ? [F1]</td>
<td>* Enter time period for premium payments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>01</td>
<td>Once a week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>02</td>
<td>Once every 2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>03</td>
<td>Once a month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>04</td>
<td>Twice a month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>Every 2 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>06</td>
<td>Quarterly (every 3 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>07</td>
<td>Once a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>08</td>
<td>Twice a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All private health insurance plans with a valid response to HICOSTN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto PLNMGD</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1. HMO/IPA
2. PPO
3. POS
4. Fee-for-service/indemnity
5. Other
6. Refused
7. Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
### Question ID: FHI.242_01.000
#### Instrument Variable Name: HSAHRA
#### QuestionnaireFileName: Family

**Question Text:**

> [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

**Question Text:**

> 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.

### Question ID: FHI.244_01.000
#### Instrument Variable Name: MGPRMD
#### QuestionnaireFileName: Family

**Question Text:**

> [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.
2010 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 16-Apr-11

Question ID: FHI.246_01.000  Instrument Variable Name: MGPYMD  QuestionnaireFileName: Family

QuestionText: If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans where covered persons must select from a group or list of doctors

SkipInstructions: goto MGPREF

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.248_01.000  Instrument Variable Name: MGPREF  QuestionnaireFileName: Family

QuestionText: * [F1] When [fill1: you need/ALIAS needs/the family members with this plan need] to go to a different doctor or place for special care, [fill2: do you/does ALIAS/do they] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto PRRXCOV

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.249_01.000  Instrument Variable Name: PRRXCOV  QuestionnaireFileName: Family


* Read if necessary: Does this plan have a drug benefit?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto PRDNCOV

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Question ID: FHI.249_05.000  Instrument Variable Name: PRDNCOV  QuestionnaireFileName: Family

QuestionText: Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for dental care?

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.

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
### Question ID: FHI.252_00.000

**Instrument Variable Name:** STPCMD1  
**QuestionnaireFileName:** Family

**QuestionText:**  
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.

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

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STREF1

---

### Question ID: FHI.253_00.000

**Instrument Variable Name:** STREF1  
**QuestionnaireFileName:** Family

**QuestionText:**  
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.

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

**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?

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

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STDOC2
<table>
<thead>
<tr>
<th>Question ID: FHI.258_00.000</th>
<th>Instrument Variable Name: STDOC2</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Any doctor</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Select from book/list</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Doctor is assigned</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons covered by a state sponsored health plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: goto STPCMD2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: FHI.259_00.000</th>
<th>Instrument Variable Name: STPCMD2</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons covered by a state sponsored health plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: goto STREF2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: FHI.260_00.000</th>
<th>Instrument Variable Name: STREF2</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: ? [F1] Under [fill1:^STNAME2/this state sponsored plan], if [fill2: you/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText: All persons covered by a state sponsored health plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 response

7 Refused
9 Don't know

All persons covered by an "other" government plan

goto STDOC3

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

All persons covered by an "other" government plan

goto STPCMD3

[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

All persons covered by an "other" government plan

goto STREF3
**Question ID:** FHI.267_00.000  **Instrument Variable Name:** STREF3  **QuestionnaireFileName:** Family

**QuestionText:**

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:**

* 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

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

**UniverseText:** All persons 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
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

* Other type of TRICARE coverage

Verbatim
7. Refused
9. Don't know

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

All persons without known health insurance or with only single service plans

goto HISTOP
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]
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

All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

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

All families

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

All Families
Were you born in the United States?

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

All persons

<1> [store "1" in CITIZEN and goto PLBORN1]
<2> [goto PLBORN2]
<R,D> [goto CITIZEN]
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
UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]
**Question Text:** In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

<table>
<thead>
<tr>
<th>Code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>060</td>
<td>American Samoa</td>
</tr>
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Family Socio-Demographic
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<td>660</td>
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<td>WEST BANK</td>
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<td>DEUTSCHLAND</td>
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<td>691</td>
<td>FRENCH SOUTHERN AND ANTARCTIC LANDS</td>
</tr>
<tr>
<td>692</td>
<td>GRENADINES, THE</td>
</tr>
</tbody>
</table>
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]
<957,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]
2010 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 16-Apr-11

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

Question ID: FSD.041_00.000  Instrument Variable Name: FMILTRY  QuestionnaireFileName: Family

QuestionText: [fill: Have you/Has any family member, that is
*Read names
(fill roster of people ge 18 years of age)]

ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: FSD.042_00.000  Instrument Variable Name: PMILTRY  QuestionnaireFileName: Family

QuestionText: * Ask or verify. Enter all that apply, separate with commas.

Who was this?

* Indicate each family member with honorable discharge.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one was honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard

SkipInstructions: goto DOINGLW

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
The next few questions are about employment status.
Which of the following [fill: were you/was ALIAS] doing last week?

* 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

All persons 18 years of age or older

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

01. Taking care of house or family
02. Going to school
03. Retired
04. On a planned vacation from work
05. On family or maternity leave
06. Temporarily unable to work for health reasons
07. Have job/contract and off-season
08. On layoff
09. Disabled
10. Other
97. Refused
99. Don't know

All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work
## 2010 NHIS Questionnaire - Family
### Family Socio-Demographic

**Document Version Date:** 16-Apr-11

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FSD.070_00.000</th>
<th>Instrument Variable Name:</th>
<th>WRKHRS1</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td><img src="image1" alt="question" /></td>
<td>How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSE:</td>
<td>All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contact and off-season</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SKIPINSTRUCTIONS:</td>
<td><img src="image2" alt="instructions" /></td>
<td>NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.</td>
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<th>Instrument Variable Name:</th>
<th>WRKFTALL</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td><img src="image3" alt="question" /></td>
<td>[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSE:</td>
<td>All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKIPINSTRUCTIONS:</td>
<td><img src="image4" alt="instructions" /></td>
<td>NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.</td>
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<th>FSD.100_00.000</th>
<th>Instrument Variable Name:</th>
<th>WRKLYR</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td><img src="image5" alt="question" /></td>
<td>Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSE:</td>
<td>All persons 18 years of age or older</td>
<td></td>
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</tr>
<tr>
<td>SKIPINSTRUCTIONS:</td>
<td><img src="image6" alt="instructions" /></td>
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</tbody>
</table>
Question ID: FSD.110_00.000  Instrument Variable Name: WRKMYR  QuestionnaireFileName: Family

QuestionText: How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

* If less than one month, enter '1'.

01 1 month or less
02-12 2-12 months
97 Refused
99 Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto ERNYR

Question ID: FSD.120_00.000  Instrument Variable Name: ERNYR  QuestionnaireFileName: Family

QuestionText: What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

Include hourly wages, salaries, tips and commissions.

* Enter '999,995' if the reported income is greater than $999,995.

000001-999994 $1-$999,994
999995 $999,995+
999997 Refused
999999 Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto HIEMPOF

Question ID: FSD.130_00.000  Instrument Variable Name: HIEMPOF  QuestionnaireFileName: Family

QuestionText: Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

SkipInstructions: goto INTROINC

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.
**Family Income**

**2010 NHIS Questionnaire - Family**

**Document Version Date:** 16-Apr-11

<table>
<thead>
<tr>
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<th>FIN.010_00.000</th>
<th>Instrument Variable Name: FINCINT</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>

**QuestionText:**

* Read the following.

The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

1. Enter 1 to continue

**UniverseText:**

All families

**SkipInstructions:**

goto FSAL

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.030_00.000</th>
<th>Instrument Variable Name: FSAL</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>

**QuestionText:**

? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).

Did any family members 18 and older, that is * Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

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

**UniverseText:**

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

**SkipInstructions:**

<1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]
2010 NHIS Questionnaire - Family

Family Income

Document Version Date: 16-Apr-11

Question ID: FIN.040_00.000
Instrument Variable Name: PSAL
QuestionnaireFileName: Family

Question Text:
* 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

Universe Text:
All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year

Skip Instructions:
goto FSEINC

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

Question ID: FIN.050_00.000
Instrument Variable Name: FSEINC
QuestionnaireFileName: Family

Question Text:
(fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is

*Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]

1 Yes
2 No
7 Refused
9 Don't know

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

Skip Instructions:
<1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]
<2,R,D> [goto FSSRR]
**2010 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 16-Apr-11

**Question ID:** FIN.060_00.000  
**Instrument Variable Name:** PSEINC  
**QuestionnaireFileName:** Family

**QuestionText:**

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

**UniverseText:** All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year.

**SkipInstructions:** goto FSSRR

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

---

**Question ID:** FIN.070_00.000  
**Instrument Variable Name:** FSSRR  
**QuestionnaireFileName:** Family

**QuestionText:**

? [F1]

Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?

* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month.

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 PSSRR and goto FSSRRD; else, goto PSSRR]  
<2,R,D> [goto FPENS]
**2010 NHIS Questionnaire - Family**  
**Family Income**

<table>
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<th>Question ID:</th>
<th>FIN.080_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSSRR</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
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<tr>
<td></td>
<td>Who received this?</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>(Anyone else?)</td>
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<tr>
<td></td>
<td>* Indicate each family member with this income.</td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>goto FSSRRD</td>
<td></td>
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<tr>
<td></td>
<td>NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.</td>
<td></td>
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<tr>
<th>Question ID:</th>
<th>FIN.082_00.000</th>
<th>Instrument Variable Name:</th>
<th>FSSRRD</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was [fill: your/any family member's *Read names</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(fill roster of all persons selected at PSSRR and AGE LE 64)]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Security or Railroad Retirement income received as a disability benefit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [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]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto FPENS]</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**2010 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 16-Apr-11

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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.

---

**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]
## 2010 NHIS Questionnaire - Family
### Family Income

**Document Version Date:** 16-Apr-11

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.100_00.000</th>
<th>Instrument Variable Name: PPENS</th>
<th>QuestionnaireFileName:</th>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>*Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Who received this?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Anyone else?)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>*Indicate each family member with this income.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.102_00.000</th>
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<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>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]?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.104_00.000</th>
<th>Instrument Variable Name: POPENS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
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<tr>
<td></td>
<td>Who received this?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Anyone else?)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Indicate each family member with this income.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
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

Question ID: FIN.120_00.000  Instrument Variable Name: PSSI  QuestionnaireFileName: Family

*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

Question ID: FIN.122_00.000  Instrument Variable Name: PSSID  QuestionnaireFileName: Family

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

Question ID: FIN.110_00.000  Instrument Variable Name: FSSI  QuestionnaireFileName: Family

? [F1]

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

---

*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.

---

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]
2010 NHIS Questionnaire - Family
Family Income
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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.

---

**Question ID:** FIN.170_00.000  **Instrument Variable Name:** FINTRST  **QuestionnaireFileName:** Family

**QuestionText:** Did [fill: you/any family members living here] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

* Do not include dividends

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families

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

---

**Question ID:** FIN.180_00.000  **Instrument Variable Name:** PINTRST  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families with two or more persons and at least one received interest income in the last calendar year

**SkipInstructions:** goto FDIVD

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

Who received this? (Anyone else?)
* Indicate each family member with this income.

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

Did [fill: you/any family members living here] receive income from child support?

1. Yes
2. No
7. Refused
9. Don't know
**2010 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 16-Apr-11

---

**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.

---

**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]

---

**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.
When answering this next question, please remember to include your income PLUS the income of all family members living in this household.

What is your best estimate of your total income/the total income of all family members from all sources, before taxes, in last calendar year in 4 digit format?

* Enter ‘999,995’ if the reported income is greater than $999,995.

Choose one:

000000-999994 $0-$999,994
999995 $999,995+
999997 Refused
999999 Don't know

Respondents who don't know or refuse their income

Was your total family income from all sources less than $50,000 or $50,000 or more?

Choose one:

1 Less than $50,000
2 $50,000 or more
7 Refused
9 Don't know

The respondent answered Less than $50,000 in FINC50

Was your total family income from all sources less than $35,000 or $35,000 or more?

Choose one:

1 Less than $35,000
2 $35,000 or more
7 Refused
9 Don't know

The respondent answered Less than $50,000 in FINC50
### 2010 NHIS Questionnaire - Family

#### Family Income

**Document Version Date:** 16-Apr-11

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.265_00.000</th>
<th>Instrument Variable Name:</th>
<th>FINCPOV</th>
<th>QuestionnaireFileName:</th>
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<tr>
<td></td>
<td>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?</td>
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<tr>
<td>1</td>
<td>Less than [$10,000/$11,000/$13,000/$14,500/$17,000/$22,000/$26,000/$29,000/$33,500]</td>
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<tr>
<td>2</td>
<td>[$10,000/$11,000/$13,000/$14,500/$17,000/$22,000/$26,000/$29,000/$33,500] or more</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<tr>
<td><strong>UniverseText:</strong></td>
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<tr>
<td></td>
<td>The respondent answered Less than $35,000</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
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<tr>
<td></td>
<td>&lt;1,2,R,D&gt; [HOUSEOWN]</td>
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<tr>
<td></td>
<td>Was your total [fill: family] income from all sources less than $100,000 or $100,000 or more?</td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than $100,000</td>
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<tr>
<td>2</td>
<td>$100,000 or more</td>
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<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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<tr>
<td></td>
<td>The respondent answered More than $50,000 in FINC50</td>
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<tr>
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<td>&lt;1&gt; [goto FINC75] &lt;2,R,D&gt; [goto HOUSEOWN]</td>
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</tr>
<tr>
<td></td>
<td>Was your total [fill: family] income from all sources less than $75,000 or $75,000 or more?</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Less than $75,000</td>
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<td>2</td>
<td>$75,000 or more</td>
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<td>7</td>
<td>Refused</td>
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<td>Don't know</td>
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<tr>
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<td>The respondent answered Less than $100,000 in FINC100</td>
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<td>&lt;1,2,R,D&gt; [goto HOUSEOWN]</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Owned or being bought</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rented</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Other arrangement</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>All families</td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
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<tr>
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<td>&lt;1,3,R,D&gt; [goto FSSAPL]</td>
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<tr>
<td></td>
<td>&lt;2&gt; [goto FGAH]</td>
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</tr>
</tbody>
</table>
**Question Text:**

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

**Universe Text:**
All families that rent their house/apartment

**Skip Instructions:**
goto FSSAPL

---

**Question ID:** FIN.300.00.000  
**Instrument Variable Name:** FSSAPL  
**QuestionnaireFileName:** Family

**Question Text:**

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

**Universe Text:** All families

**Skip Instructions:**
<1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]  
<2,R,D> [goto FSDAPL]

---

**Question ID:** FIN.310.00.000  
**Instrument Variable Name:** PSSAPL  
**QuestionnaireFileName:** Family

**Question Text:**

*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

**Universe Text:** All families with two or more persons and at least one applied for SSI

**Skip Instructions:** 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.
**2010 NHIS Questionnaire - Family**  
**Family Income**  
Document Version Date: 16-Apr-11

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.330_00.000</th>
<th>Instrument Variable Name:</th>
<th>FSDAPL</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[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.]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All Families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.340_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSDAPL</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| 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.

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.350_00.000</th>
<th>Instrument Variable Name:</th>
<th>TANFMYR</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| 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 | | | | |
### Question ID: FIN.360_00.000  
#### Instrument Variable Name: FFSTIP  
#### QuestionnaireFileName: Family

**QuestionText:**

> [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.*

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

**UniverseText:** 
All families

**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.

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

**UniverseText:** 
All families with two or more persons and at least one was authorized to receive food stamps in the last calendar year

**SkipInstructions:**

goto FSTPMYR  

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

---

### Question ID: FIN.380_00.000  
#### Instrument Variable Name: FSTPMYR  
#### QuestionnaireFileName: Family

**QuestionText:**

During [fill1: last calendar year in 4-digit format], about how many months [fill2: were you/was ALIAS] authorized to receive food stamps?

* Enter ‘1’ if less than 1 month

<p>| | |</p>
<table>
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<th></th>
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<tbody>
<tr>
<td>01-12</td>
<td>1-12 months</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** 
All persons authorized to receive food stamps in the last calendar year

**SkipInstructions:**

goto FINWIC
At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

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

All families with females 12-55 years of age or children 0-5 years of age

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

Who in the family received this? (Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

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

All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

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