2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 12-Apr-11

Question ID: QOL.100_00.000  Instrument Variable Name: VIS_SS  QuestionnaireFileName: Sample Adult

QuestionText: These next questions are new and we are testing them. Some may sound similar to questions you already answered. Do you have difficulty seeing, even when wearing glasses? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-3,R,D>[goto VIS_1]
<4> [goto HEAR_SS]

Question ID: QOL.110_00.000  Instrument Variable Name: VIS_1  QuestionnaireFileName: Sample Adult

QuestionText: Do you wear glasses to see far away?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty seeing, even when wearing glasses

SkipInstructions: <1,2,R,D>[goto VIS_2]

Question ID: QOL.120_00.000  Instrument Variable Name: VIS_2  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty clearly seeing someone’s face across a room {fill: even when wearing these glasses}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty seeing, even when wearing glasses

SkipInstructions: <1-4,R,D>[goto VIS_3]
### Question 1
**Question ID:** QOL.130_00.000  **Instrument Variable Name:** VIS_3  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you wear glasses for reading or to see up close?

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

**UniverseText:** Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty seeing, even when wearing glasses

**SkipInstructions:** <1,2,R,D>[goto VIS_4]

### Question 2
**Question ID:** QOL.140_00.000  **Instrument Variable Name:** VIS_4  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have difficulty clearly seeing the picture on a coin \{fill: even when wearing these glasses\}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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<td>1</td>
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<td>Some difficulty</td>
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<td>3</td>
<td>A lot of difficulty</td>
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<td>4</td>
<td>Cannot do at all/Unable to do</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</table>

**UniverseText:** Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty seeing, even when wearing glasses

**SkipInstructions:** <1-4,R,D>[goto HEAR_SS]

### Question 3
**Question ID:** QOL.150_00.000  **Instrument Variable Name:** HEAR_SS  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have difficulty hearing, even when using a hearing aid? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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<tr>
<td>1</td>
<td>No difficulty</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:** Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

**SkipInstructions:** <1-3,R,D>[goto HEAR_1]  <4>[goto MOB_SS]
**Question ID:** QOL.160_00.000  
**Instrument Variable Name:** HEAR_1  
**QuestionnaireFileName:** Sample Adult  
**QuestionText:** Do you use a hearing aid?  

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

**UniverseText:** Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refused or don’t know if they have difficulty hearing, even when using a hearing aid

**SkipInstructions:** <1>[goto HEAR_2]  
<2,R,D>[goto HEAR_3]

---

**Question ID:** QOL.160_00.001  
**Instrument Variable Name:** HEAR_2  
**QuestionnaireFileName:** Sample Adult  
**QuestionText:** How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?  

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<tbody>
<tr>
<td>1</td>
<td>All of the time</td>
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<td>2</td>
<td>Some of the time</td>
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<td>3</td>
<td>Rarely</td>
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<tr>
<td>4</td>
<td>Never</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
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<td>Don’t know</td>
<td></td>
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</tbody>
</table>

**UniverseText:** Sample adults 18+ who use a hearing aid

**SkipInstructions:** <1-4,R,D>[goto HEAR_3]

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**Question ID:** QOL.170_00.000  
**Instrument Variable Name:** HEAR_3  
**QuestionnaireFileName:** Sample Adult  
**QuestionText:** Do you have difficulty hearing what is said in a conversation with one other person in a quiet room {fill: even when wearing your hearing aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?  

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<tbody>
<tr>
<td>1</td>
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<td>3</td>
<td>A lot of difficulty</td>
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<td>4</td>
<td>Cannot do at all/Unable to do</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
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<td></td>
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</table>

**UniverseText:** Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refused or don’t know if they have difficulty hearing, even when using a hearing aid

**SkipInstructions:** <1-3,R,D>[goto HEAR_4]  
<4>[goto MOB_SS]
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<td>QuestionText: Do you have difficulty hearing what is said in a conversation with one other person in a noisier room {fill: even when wearing your hearing aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?</td>
<td></td>
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<td>1</td>
<td>No difficulty</td>
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<td>2</td>
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<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
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</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refuse or don’t know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))</td>
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<td>QuestionText: Do you have any difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
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<tr>
<td>UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section</td>
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<th>Instrument Variable Name: MOB_1</th>
<th>QuestionnaireFileName: Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText: Do you have difficulty moving around inside your home? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?</td>
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<tr>
<td>1</td>
<td>No difficulty</td>
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<td>2</td>
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<td>UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section</td>
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<tr>
<td>SkipInstructions: &lt;1-4,R,D&gt;[goto MOB_2]</td>
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</table>
QuestionID: QOL.200_00.000  InstrumentVariableName: MOB_2  QuestionnaireFileName: Sample Adult

QuestionText: Do you use any equipment or receive help with walking, climbing steps, or moving around?

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1>[goto MOB_3A]  
<2,R,D>[goto MOB_4]

QuestionID: QOL.200_00.001  InstrumentVariableName: MOB_3A  QuestionnaireFileName: Sample Adult

QuestionText: Do you use any of the following…

Cane or walking stick?

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3B]

QuestionID: QOL.200_00.002  InstrumentVariableName: MOB_3B  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

Do you use any of the following…

Walker?

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

SkipInstructions: <1,2,R,D>[goto MOB_3C]
**Question Text:**
*Read if necessary.

Do you use any of the following...

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

**Universe Text:**
Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

**Skip Instructions:**
<1,2,R,D>[goto MOB_3D]

---

**Question Text:**
*Read if necessary.

Do you use any of the following...

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

**Universe Text:**
Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

**Skip Instructions:**
<1,2,R,D>[goto MOB_3E]

---

**Question Text:**
*Read if necessary.

Do you use any of the following...

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

**Universe Text:**
Sample adults 18+ who use equipment or receive help for walking, climbing steps, or moving around

**Skip Instructions:**
<1,2,R,D>[goto MOB_3F]
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<th>QOL.200_00.006</th>
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<th>MOB_3F</th>
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<th>Sample Adult</th>
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<tbody>
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<td>*Read if necessary.</td>
<td>Do you use any of the following…</td>
<td>Someone's assistance?</td>
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<td>7</td>
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<td>9</td>
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<td>UniverseText:</td>
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<td>SkipInstructions:</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td>Do you use any of the following…</td>
<td>Other type of equipment or help?</td>
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<td>SkipInstructions:</td>
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<td></td>
<td>&lt;2,R,D&gt;</td>
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<td>if MOB_3D='1' [goto COM_SS]</td>
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<td>elseif MOB_3D IN (2,R,D) [goto MOB_4]</td>
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<th>MOBSPEC</th>
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<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>*Specify other type of equipment or help received for getting around.</td>
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<td>97</td>
<td>Refused</td>
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<td></td>
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<td>99</td>
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<td>UniverseText:</td>
<td>Sample adults 18+ who use an other type of equipment or help for walking, climbing steps, or moving around</td>
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<td>if MOB_3D='1' [goto COM_SS]</td>
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<td>elseif MOB_3D IN (2,R,D) [goto MOB_4]</td>
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</table>
2010 NHIS Questionnaire - Sample Adult
Quality of Life

Document Version Date: 12-Apr-11

Question ID: QOL.210_00.000  Instrument Variable Name: MOB_4  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block {fill: without the use of your aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do at all/Unable to do
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who do not use a wheelchair

SkipInstructions: <1-3,R,D>[goto MOB_5] <4>[goto MOB_6]

Question ID: QOL.220_00.000  Instrument Variable Name: MOB_5  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks {fill: without the use of your aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do at all/Unable to do
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who do not use a wheelchair and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground (without the use of their aid)

SkipInstructions: <1-4,R,D>[goto MOB_6]

Question ID: QOL.230_00.000  Instrument Variable Name: MOB_6  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty walking up or down 12 steps {fill: without the use of your aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do at all/Unable to do
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who do not use a wheelchair

SkipInstructions: <1-4,R,D> if MOB_2 IN '2,R,D' [goto COM_SS] elseif MOB_2 = '1' [goto MOB_7]
2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 12-Apr-11

Question ID: QOL.240_00.000  Instrument Variable Name: MOB_7  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty walking 100 yards on level ground, that would be about the length of one (1) football field or one city block, when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for getting around but do not use a wheelchair

SkipInstructions: <1-3,R,D>[goto MOB_8]  <4>[goto MOB_9]

Question ID: QOL.250_00.000  Instrument Variable Name: MOB_8  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks, when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for getting around but do not use a wheelchair and who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground, when using their aid

SkipInstructions: <1-4,R,D>[goto MOB_9]

Question ID: QOL.260_00.000  Instrument Variable Name: MOB_9  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty walking up or down 12 steps, even when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who use equipment or receive help for getting around but do not use a wheelchair

SkipInstructions: <1-4,R,D>[goto COM_SS]
Question ID: QOL.270_00.000  
Instrument Variable Name: COM_SS  
QuestionnaireFileName: Sample Adult

QuestionText: Using your usual language, do you have difficulty communicating, for example understanding or being understood? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-4,R,D>[goto COM_1]

Question ID: QOL.280_00.000  
Instrument Variable Name: COM_1  
QuestionnaireFileName: Sample Adult

QuestionText: Do people have difficulty understanding you when you speak? Would you say no difficulty, some difficulty, a lot of difficulty, or are they unable to understand you?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: (if COM_SS IN (1,R,D) and COM_1 IN (1,R,D)) [goto COM_2]; elseif(COM_SS IN (2,3,4) or COM_1 IN (2,3,4)) [goto P_COM_1A]

Question ID: QOL.285_01.000  
Instrument Variable Name: P_COM_1A  
QuestionnaireFileName: Sample Adult

QuestionText: Which of the following, if any, are reasons for your difficulty communicating or being understood? Please say yes or no to each.

…Because you sometimes talk too fast, feel shy or have trouble expressing yourself?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking

SkipInstructions: <1,2,R,D>[goto P_COM_1B]
Which of the following, if any, are reasons for your difficulty communicating or being understood? Please say yes or no to each.

…Because of a physical problem with your mouth or tongue?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking

Which of the following, if any, are reasons for your difficulty communicating or being understood? Please say yes or no to each.

…Because you need to understand other languages or different ways of speaking?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking

Which of the following, if any, are reasons for your difficulty communicating or being understood? Please say yes or no to each.

…Because you have trouble hearing?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have some difficulty, a lot of difficulty, or cannot communicate, or have some difficulty, a lot of difficulty or cannot be understood when speaking
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<th>QOL.290_00.000</th>
<th>Instrument Variable Name:</th>
<th>COM_2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you use sign language?</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you have difficulty remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?</td>
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<td></td>
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</tr>
<tr>
<td>1</td>
<td>No difficulty</td>
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<tr>
<td>2</td>
<td>Some difficulty</td>
<td></td>
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<tr>
<td>3</td>
<td>A lot of difficulty</td>
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<tr>
<td>4</td>
<td>Cannot do at all/Unable to do</td>
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<td>7</td>
<td>Refused</td>
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<td>9</td>
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<td>&lt;2-4,R,D&gt;[goto COG_1]</td>
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<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you have difficulty remembering, concentrating, or both?</td>
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</tr>
<tr>
<td>1</td>
<td>Difficulty remembering only</td>
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<tr>
<td>2</td>
<td>Difficulty concentrating only</td>
<td></td>
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<tr>
<td>3</td>
<td>Difficulty with both remembering and concentrating</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have some difficulty, a lot of difficulty, or are unable to remember or concentrate, or don't know or refused if they are able to remember or concentrate</td>
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<td></td>
<td>&lt;2&gt;[goto COG_4]</td>
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</table>
**Question ID:** QOL.320_00.000  
**Instrument Variable Name:** COG_2  
**Questionnaire FileName:** Sample Adult

**Question Text:** How often do you have difficulty remembering? Would you say sometimes, often or all of the time?

1. Sometimes  
2. Often  
3. All of the time  
7. Refused  
9. Don't know

**Universe Text:** Sample adults 18+ who have difficulty remembering

**Skip Instructions:** <1,2,3,R,D>[goto COG_3]

---

**Question ID:** QOL.330_00.000  
**Instrument Variable Name:** COG_3  
**Questionnaire FileName:** Sample Adult

**Question Text:** Do you have difficulty remembering a few things, a lot of things, or almost everything?

1. A few things  
2. A lot of things  
3. Almost everything  
7. Refused  
9. Don't know

**Universe Text:** Sample adults 18+ who have difficulty remembering

**Skip Instructions:** <1,2,3,R,D>[goto P_COG_3A]

---

**Question ID:** QOL.335_01.000  
**Instrument Variable Name:** P_COG_3A  
**Questionnaire FileName:** Sample Adult

**Question Text:** Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each.

...I forget things because I am busy and have too much to remember.

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

**Universe Text:** Sample adults 18+ who have difficulty remembering

**Skip Instructions:** <1,2,R,D>[goto P_COG_3B]
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<td>*Read if necessary.</td>
<td></td>
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<tr>
<td></td>
<td>Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each.</td>
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<tr>
<td></td>
<td>…My difficulty is getting worse.</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</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>UniverseText:</td>
<td>Sample adults 18+ who have difficulty remembering</td>
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<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td></td>
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<tr>
<td></td>
<td>Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each.</td>
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<td></td>
<td>…My difficulty has put me or my family in danger.</td>
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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</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>UniverseText:</td>
<td>Sample adults 18+ who have difficulty remembering</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary.</td>
<td></td>
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<tr>
<td></td>
<td>Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each.</td>
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<td></td>
<td>…I only forget little or inconsequential things.</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
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<td>SkipInstructions:</td>
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</table>
2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 12-Apr-11

Question ID: QOL.335_05.000   Instrument Variable Name: P_COG_3E   QuestionnaireFileName: Sample Adult

**QuestionText:** *Read if necessary.

Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each.

…I must write down important things, such as my address or when to take medicine, so that I do not forget.

1. Yes
2. No
3. Refused
4. Don’t know

**UniverseText:** Sample adults 18+ who have difficulty remembering

**SkipInstructions:** <1,2,R,D> [goto P_COG_3F]

---

Question ID: QOL.335_06.000   Instrument Variable Name: P_COG_3F   QuestionnaireFileName: Sample Adult

**QuestionText:** *Read if necessary.

Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each.

…My family members or friends are worried about my difficulty remembering.

1. Yes
2. No
3. Refused
4. Don’t know

**UniverseText:** Sample adults 18+ who have difficulty remembering

**SkipInstructions:** <1,2,R,D> [goto P_COG_3G]

---

Question ID: QOL.335_07.000   Instrument Variable Name: P_COG_3G   QuestionnaireFileName: Sample Adult

**QuestionText:** *Read if necessary.

Which of the following statements, if any, describe your difficulty remembering? Please say yes or no to each.

…My difficulty is normal for someone my age.

1. Yes
2. No
3. Refused
4. Don’t know

**UniverseText:** Sample adults 18+ who have difficulty remembering

**SkipInstructions:** <1,2,R,D> if COG_1=1 [goto UB_SS]
elseif COG_1 IN (3,R,D)  [goto COG_4]
Question ID: QOL.340_00.000  
Instrument Variable Name: COG_4  
QuestionnaireFileName: Sample Adult

QuestionText: How much difficulty do you have concentrating for ten minutes? Would you say a little, a lot, or somewhere in between?

1  A little  
2  A lot  
3  Somewhere in between a little and a lot  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+ who have difficulty concentrating

SkipInstructions: <1,2,R,D>[goto UB_SS]  
<3>[goto COG_5]

Question ID: QOL.350_00.000  
Instrument Variable Name: COG_5  
QuestionnaireFileName: Sample Adult

QuestionText: Would you say this is closer to a little, closer to a lot, or exactly in the middle?

1  Closer to a little  
2  Closer to a lot  
3  Exactly in the middle  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+ who have somewhere in between a little and a lot of difficulty concentrating for ten minutes

SkipInstructions: <1,2,3,R,D>[goto UB_SS]

Question ID: QOL.360_00.000  
Instrument Variable Name: UB_SS  
QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty  
2  Some difficulty  
3  A lot of difficulty  
4  Cannot do at all/Unable to do  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-4,R,D>[goto UB_1]
2010 NHIS Questionnaire - Sample Adult
Quality of Life

Document Version Date: 12-Apr-11

Question ID: QOL.370_00.000  Instrument Variable Name: UB_1  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-4,R,D>[goto UB_2]

Question ID: QOL.380_00.000  Instrument Variable Name: UB_2  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-4,R,D>[goto LEARN_1]

Question ID: QOL.390_00.000  Instrument Variable Name: LEARN_1  QuestionnaireFileName: Sample Adult

QuestionText: Do you have difficulty learning the rules for a new game? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1  No difficulty
2  Some difficulty
3  A lot of difficulty
4  Cannot do at all/Unable to do
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-4,R,D>[goto LEARN_2]
Do you have difficulty understanding and following instructions for example, to use a cell phone or to get to a new place? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all/Unable to do
7. Refused
9. Don’t know

Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section.

How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. Refused
9. Don’t know

Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section.

Do you take medication for these feelings?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section.

<1,2,R,D> if (ANX_1 IN (4,5) and ANX_2=2) [goto DEP_1];
elseif (ANX_1 IN (1,2,3,R,D) or ANX_2 IN (1,R,D)) <[goto ANX_3]"
Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don't know

Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly or don't know or refused how often or who do take medication for these feelings or don't know or refused if they take medication for these feelings and the last time they felt worried, anxious, or nervous described the level of these feelings as somewhere in between a little and a lot.

Would you say this was closer to a little, closer to a lot, or exactly in the middle?

1. Closer to a little
2. Closer to a lot
3. Exactly in the middle
7. Refused
9. Don't know

Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly or don't know or refused how often or who do take medication for these feelings or don't know or refused if they take medication for these feelings and the last time they felt worried, anxious, or nervous described the level of these feelings as somewhere in between a little and a lot.

Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

...My feelings are caused by the type and amount of work I do.

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

Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly or don't know or refused how often or who do take medication for these feelings or don't know or refused if they take medication for these feelings.
**2010 NHIS Questionnaire - Sample Adult**  
**Quality of Life**  
*Document Version Date: 12-Apr-11*

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<td><em>Read if necessary.</em></td>
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<td></td>
<td>Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.</td>
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<td></td>
<td>…Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.</td>
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<tr>
<td>1</td>
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<td>7</td>
<td>Refused</td>
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<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly or don't know or refused how often or who do take medication for these feelings or don't know or refused if they take medication for these feelings</td>
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<td></td>
<td>…These are positive feelings that help me to accomplish goals and be productive.</td>
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<tr>
<td>1</td>
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<td><strong>UniverseText:</strong></td>
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<th>P_ANX_4D</th>
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<td>…The feelings sometimes interfere with my life, and I wish that I did not have them.</td>
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<td>1</td>
<td>Yes</td>
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</table>
Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…I had more money or a better job, I would not have these feelings.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly or don't know or refused how often or who do take medication for these feelings or don't know or refused if they take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4F]

Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…Everybody has these feelings. They are part of life and are normal.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly or don't know or refused how often or who do take medication for these feelings or don't know or refused if they take medication for these feelings

SkipInstructions: <1,2,R,D>[goto P_ANX_4G]

Which of the following statements, if any, describe your feelings of being worried, nervous, or anxious? Please say yes or no to each.

…I have been told by a medical professional that I have anxiety.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who feel worried, anxious, or nervous daily, weekly, or monthly or don't know or refused how often or who do take medication for these feelings or don't know or refused if they take medication for these feelings

SkipInstructions: <1,2,R,D>[goto DEP_1]
2010 NHIS Questionnaire - Sample Adult
Quality of Life

Document Version Date: 12-Apr-11

Question ID: QOL.450_00.000  Instrument Variable Name: DEP_1  QuestionnaireFileName: Sample Adult

QuestionText: How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

1  Daily
2  Weekly
3  Monthly
4  A few times a year
5  Never
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-5,R,D>[goto DEP_2]

Question ID: QOL.460_00.000  Instrument Variable Name: DEP_2  QuestionnaireFileName: Sample Adult

QuestionText: Do you take medication for depression?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1,2,R,D> (if DEP_1 IN (4,5) and DEP_2=2) [goto PAIN_1]
elseif (DEP_1 IN (1,2,3,R,D) or (DEP_1 IN (4,5) and DEP_2 IN (1,R,D))) [goto DEP_3]

Question ID: QOL.470_00.000  Instrument Variable Name: DEP_3  QuestionnaireFileName: Sample Adult

QuestionText: Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

1  A little
2  A lot
3  Somewhere in between a little and a lot
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression

SkipInstructions: <1,2,R,D>[goto P_DEP_4A]
3->[goto DEP_4]
Would you say this was closer to a little, closer to a lot, or exactly in the middle?

1  Closer to a little
2  Closer to a lot
3  Exactly in the middle
7  Refused
9  Don't know

Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression and the last time they felt depressed described the level of this feeling as somewhere in between a little and a lot

Which of the following statements, if any, describe your feelings of being depressed? Please say yes or no to each.

...My feelings are caused by the death of a loved one.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression

Which of the following statements, if any, describe your feelings of being depressed? Please say yes or no to each.

...Sometimes the feelings can be so intense that I cannot get out of bed.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression
Which of the following statements, if any, describe your feelings of being depressed? Please say yes or no to each.

...The feelings sometimes interfere with my life, and I wish I did not have them.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression

Which of the following statements, if any, describe your feelings of being depressed? Please say yes or no to each.

...If I had more money or a better job, I would not have these feelings.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression

Which of the following statements, if any, describe your feelings of being depressed? Please say yes or no to each.

...Everybody has these feelings. They are part of life and are normal.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression
2010 NHIS Questionnaire - Sample Adult
Quality of Life
Document Version Date: 12-Apr-11

Question ID: QOL.485_06.000  Instrument Variable Name: P_DEP_4F  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.
Which of the following statements, if any, describe your feelings of being depressed? Please say yes or no to each.
…I have been told by a medical professional that I have depression.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who feel depressed daily, weekly, monthly, or refused or don't know how often they feel depressed or who feel depressed a few times a year or never and do take medication or refused or don't know if they take medication for depression

SkipInstructions: <1,2,R,D>[goto PAIN_1]

Question ID: QOL.490_00.000  Instrument Variable Name: PAIN_1  QuestionnaireFileName: Sample Adult

QuestionText: Do you have frequent pain?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1,2,R,D>[goto PAIN_2]

Question ID: QOL.500_00.000  Instrument Variable Name: PAIN_2  QuestionnaireFileName: Sample Adult

QuestionText: In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?

1  Never
2  Some days
3  Most days
4  Every day
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-4,R,D>
(if PAIN 1=2 and PAIN 2=1) [goto TIRED_1];
elseif (PAIN_1 IN (1,R,D) or PAIN_2 IN (2,3,4,R,D)) [goto PAIN_3]
Question ID: QOL.510_00.000  Instrument Variable Name: PAIN_3  QuestionnaireFileName: Sample Adult

Thinking about the last time you had pain, how long did the pain last? Would you say some of the day, most of the day, or all of the day?

1  Some of the day
2  Most of the day
3  All of the day
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

SkipInstructions: <1-3,R,D>[goto PAIN_4]

Question ID: QOL.520_00.000  Instrument Variable Name: PAIN_4  QuestionnaireFileName: Sample Adult

Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?

1  A little
2  A lot
3  Somewhere in between a little and a lot
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

SkipInstructions: <1,2,R,D>[goto P_PAIN5A]
<3>[goto PAIN_5]

Question ID: QOL.530_00.000  Instrument Variable Name: PAIN_5  QuestionnaireFileName: Sample Adult

Would you say the amount of pain was closer to a little, closer to a lot, or exactly in the middle?

1  Closer to a little
2  Closer to a lot
3  Exactly in the middle
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who the last time they had pain it was somewhere between a little and a lot

SkipInstructions: <1-3,R,D>[goto P_PAIN5A]
Which of the following statements, if any, describe your pain? Please say yes or no to each.

...It is constantly present.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

*Read if necessary.

Which of the following statements, if any, describe your pain? Please say yes or no to each.

...Sometimes I'm in a lot of pain and sometimes it's not so bad.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

*Read if necessary.

Which of the following statements, if any, describe your pain? Please say yes or no to each.

...Sometimes it is unbearable and excruciating.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months
Which of the following statements, if any, describe your pain? Please say yes or no to each.

…When I get my mind on other things, I am not aware of the pain.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

Which of the following statements, if any, describe your pain? Please say yes or no to each.

…Medication can take my pain away completely.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

Which of the following statements, if any, describe your pain? Please say yes or no to each.

…My pain is because of work.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months
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<td></td>
<td>Which of the following statements, if any, describe your pain? Please say yes or no to each.</td>
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<td></td>
<td>…My pain is because of exercise.</td>
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<td>1</td>
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<td>9</td>
<td>Don't know</td>
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</table>

**UniverseText:** Sample adults 18+ who have frequent pain or refused or don't know whether they have frequent pain or have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

**SkipInstructions:** `<1,2,R,D>[goto TIRED_1]`

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<th>TIRED_1</th>
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<th>Sample Adult</th>
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<tr>
<td>QuestionText:</td>
<td>In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?</td>
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<td>1</td>
<td>Never</td>
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<td>2</td>
<td>Some days</td>
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<td>3</td>
<td>Most days</td>
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<td>4</td>
<td>Every day</td>
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**UniverseText:** Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

**SkipInstructions:** `<1>[goto QOL_1]`

`<2-4,R,D>[goto TIRED_2]`

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<th>TIRED_2</th>
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<tr>
<td>QuestionText:</td>
<td>Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?</td>
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<tr>
<td>1</td>
<td>Some of the day</td>
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<tr>
<td>2</td>
<td>Most of the day</td>
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<td>3</td>
<td>All of the day</td>
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**UniverseText:** Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

**SkipInstructions:** `<1-3,R,D>[goto TIRED_3]`
Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say a little, a lot, or somewhere in between?

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don't know

Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

Would you say it was closer to a little, closer to a lot, or exactly in the middle?

1. Closer to a little
2. Closer to a lot
3. Exactly in the middle
7. Refused
9. Don't know

Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months and the last time they felt this way the level of tiredness was somewhere between a little and a lot

Is your tiredness the result of any of the following? Please say yes or no to each.

...Too much work or exercise?

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

Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months
Is your tiredness the result of any of the following? Please say yes or no to each.

...Not getting enough sleep?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

Is your tiredness the result of any of the following? Please say yes or no to each.

...A physical or health-related problem?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

Is your tiredness the result of any of the following? Please say yes or no to each.

...Something else?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months
***Specify other reason for tiredness.***

<table>
<thead>
<tr>
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<th>QOL.575_05.000</th>
<th>Instrument Variable Name:</th>
<th>PTIRED4E</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
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</table>

**QuestionText:** Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months and whose tiredness is the result of something else

**UniverseText:** Sample adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months and whose tiredness is the result of something else

**SkipInstructions:** `<allow 50,R,D> [goto QOL_1]`

**Question ID:** QOL.580_00.000 | **Instrument Variable Name:** QOL_1 | **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you limited in your ability to carry out daily activities? Would you say not at all, a little, a lot, or completely limited?

| 1 | Not at all |
| 2 | A little |
| 3 | A lot |
| 4 | Completely |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

**SkipInstructions:** `<1-4,R,D>[goto QOL_2B]`

**Question ID:** QOL.590_00.002 | **Instrument Variable Name:** QOL_2B | **QuestionnaireFileName:** Sample Adult

**QuestionText:** For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Working outside the home to earn an income?

| 1 | Do the activity |
| 2 | Don't do the activity |
| 3 | Unable to do the activity |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

**SkipInstructions:** `<1-3,R,D>[goto QOL_2C]`
Question ID: QOL.590_00.003  Instrument Variable Name: QOL_2C  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Going to school or achieving your education goals?

1  Do the activity
2  Don't do the activity
3  Unable to do the activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-3,R,D>[goto QOL_2D]

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Question ID: QOL.590_00.004  Instrument Variable Name: QOL_2D  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Participating in leisure or social activities?

1  Do the activity
2  Don't do the activity
3  Unable to do the activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-3,R,D>[goto QOL_2E]

---

Question ID: QOL.590_00.005  Instrument Variable Name: QOL_2E  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Getting out with friends or family?

1  Do the activity
2  Don't do the activity
3  Unable to do the activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

SkipInstructions: <1-3,R,D>[goto QOL_2F]
**Question ID:** QOL.590_00.006  **Instrument Variable Name:** QOL_2F  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Doing household chores such as cooking and cleaning?

1  Do the activity  
2  Don't do the activity  
3  Unable to do the activity  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

**SkipInstructions:** <1-3,R,D>[goto QOL_2G]

---

**Question ID:** QOL.590_00.007  **Instrument Variable Name:** QOL_2G  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Using transportation to get to places you want to go?

1  Do the activity  
2  Don't do the activity  
3  Unable to do the activity  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

**SkipInstructions:** <1-3,R,D>[goto QOL_2H]

---

**Question ID:** QOL.590_00.008  **Instrument Variable Name:** QOL_2H  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Participating in religious activities?

1  Do the activity  
2  Don't do the activity  
3  Unable to do the activity  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section

**SkipInstructions:** <1-3,R,D>[goto QOL_2I]
*Read if necessary.

For each of the following activities, please tell me if you do the activity, don't do the activity, or are unable to do the activity.

Participating in community gatherings?

1  Do the activity
2  Don't do the activity
3  Unable to do the activity
7  Refused
9  Don't know

Sample adults 18+ who were not asked the family disability questions (FDB) and were randomly selected to receive the Quality of Life (QOL) section