The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

1 Available
2 Not available
3 Physical or mental condition prohibits responding
7 Refused

This is the Sample Adult and (the Sample Adult section has not been started or completed).

Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

1 Yes
2 No

The Sample Adult's physical or mental condition prohibits responding.
**Question ID:** AID.015_00.000  **Instrument Variable Name:** PROX2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** * Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?

1. Relative who lives in household
2. Relative who doesn't live in household
3. Other caregiver
4. Other
7. Refused
9. Don't know

**UniverseText:** Knowledgeable proxy is available.

**SkipInstructions:** <1-4> goto AIDVERF_S

---

**Question ID:** AID.020_00.000  **Instrument Variable Name:** PROX3  **QuestionnaireFileName:** Sample Adult

**QuestionText:** * Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?

1. Yes
2. No

**UniverseText:** Knowledgeable proxy is not available.

**SkipInstructions:** <1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
    if recontact.RCIFLAG ne '1'
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOMEB1 procedure
    endif

---

**Question ID:** AID.030_00.000  **Instrument Variable Name:** AIDVERF_S  **QuestionnaireFileName:** Sample Adult

**QuestionText:** * Please verify the following information about the sample adult before proceeding:

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1. Yes
2. No

**UniverseText:** Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

**SkipInstructions:** <1> goto AIDVERF_A
<2> goto AIDSEX
**2010 NHIS Questionnaire - Sample Adult**

**Adult Identification**

Document Version Date: 16-Apr-11

---

**Question ID:** AID.040_00.000  
**Instrument Variable Name:** AIDSEX  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Ask if appropriate; otherwise, enter your best guess of the person's sex.  

Are you Male or Female?  

1  Male  
2  Female

**UniverseText:**  
Respondent said his/her sex is not correct.

**SkipInstructions:**  
<1,2> store AIDSEX in SEX  
goto ERR_AIDSEX  
reset AIDVERF_S  
goto AIDVERF_S

---

**Question ID:** AID.045_00.000  
**Instrument Variable Name:** AIDVERF_A  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Please verify the following information about the sample adult before proceeding:  

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?  

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes  
2  No

**UniverseText:**  
Sample Adult said his/her sex is correct.

**SkipInstructions:**  
<1> goto AIDVERF_D  
<2> goto AIDAGE

---

**Question ID:** AID.050_00.000  
**Instrument Variable Name:** AIDAGE  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
How old are you?

000-120  Age in years  
997  Refused  
999  Don't know

**UniverseText:**  
Respondent said his/her age is not correct

**SkipInstructions:**  
<0-120, Refused, Don't know>  
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE  
reset AIDVERF_A  
goto ERR_AIDAGE  
else  
store AIDAGE in AGE  
goto AIDDOP_M
* Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1   Yes
2   No

**UniverseText:** Sample Adult said his/her age is correct.

**SkipInstructions:**

```<1> if AGE of Sample Adult le '17
   goto NO_MORE
   else
      goto beginning of adult.asd
   endif
<2> goto AIDDOB_M```

**QuestionID:** AID.060_01.000  **Instrument Variable Name:** AIDDOB_M  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 3

What is your birthday?

*Enter month of birth.

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

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**

```<01-12, Refused, Don't know> goto AIDDOD_B```

Page 4 of 5

**2010 NHIS Questionnaire - Sample Adult**

**Adult Identification**

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

**Question ID:** AID.055_00.000  **Instrument Variable Name:** AIDVERF_D  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1   Yes
2   No

**UniverseText:** Sample Adult said his/her age is correct.

**SkipInstructions:**

```<1> if AGE of Sample Adult le '17
   goto NO_MORE
   else
      goto beginning of adult.asd
   endif
<2> goto AIDDOB_M```
**2010 NHIS Questionnaire - Sample Adult**

**Adult Identification**

Document Version Date: 16-Apr-11

---

**Question ID:** AID.060_02.000  
**Instrument Variable Name:** AIDDOB_D  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 3  
*Enter day of birth.*  

| 01-31 | Day of the month  
| 97    | Refused  
| 99    | Don't know  

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**  
<01-31,Refused,Don't know> goto AIDDOB_Y  
If days not valid, goto ERR_AIDDOB_D

---

**Question ID:** AID.060_03.000  
**Instrument Variable Name:** AIDDOB_Y  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** 3 of 3  
*Enter year of birth.*  

| 1880-2020 | Year of birth  

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**  
<1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty  
elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty  
endif  
(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)  
goto ERR1_AIDDOB_Y  
endif  
(if birth month = '02' and birth day = '29' and this is not a leap year)  
goto ERR2_AIDDOB_Y  
endif  
(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')  
goto ERR3_AIDDOB_Y  
else  
store AIDDOB_M in DOBM  
store AIDDOB_D in DOBD  
store AIDDOB_Y in DOBY  
if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty  
goto AIDVERF_A  
elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty  
goto AIDVERF_D  
endif  
endif  
Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.  
if age from AIDDOB items is ne AGE and age from AIDDOB items is valid  
reset AIDVERF_A or AIDVERF_D.  
goto ERR4_AIDDOB_Y  
endif
Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who were working or not working last week

What is your correct working status?

* 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

Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.
**Question ID:** ASD.062_00.000  **Instrument Variable Name:** DOINGLW2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Corrected Employment Status Last Week: (not displayed)

1. Working for pay at a job or business
2. With a job or business but not at work
3. Looking for work
4. Working, but not for pay, at a family-owned job or business
5. Not working at a job or business and not looking for work
7. Refused
9. Don't know

**UniverseText:** Sample Adults 18+ and also the family section respondent and said Refused or Don't know to the working last week status question in the family section

**SkipInstructions:** if DOINGLW2 = Refused or Don't know then
[goto EVERWRK]
endif

---

**Question ID:** ASD.065_00.000  **Instrument Variable Name:** WHYNOWK2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

(Fill1: What is the main reason you did not work last week?)

(Fill2: What is the main reason you did not have a job or business last week?)

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

**UniverseText:** Sample Adults 18+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work

**SkipInstructions:** <1-10,D,R> if WRKCOR = 2 then
[goto WHOWRK]
else [goto EVERWRK]
**2010 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

**Document Version Date:** 25-May-11

**Question ID:** ASD.066_00.000  **Instrument Variable Name:** EVERWRK  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever held a job or worked at a business?

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

**UniverseText:** Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn't know or refused to provide their employment status last week

**SkipInstructions:** <1> [goto WHOWRK]
<2,D,R> [goto next section]

---

**Question ID:** ASD.070_00.000  **Instrument Variable Name:** WHOWRK  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 

[F1] (Fill1: For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))

(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))

(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer))

**Verbatim**

Verbatim response

7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <90 char long,D,R> [goto KINDIND]

---

**Question ID:** ASD.080_00.000  **Instrument Variable Name:** KINDIND  **QuestionnaireFileName:** Sample Adult

**QuestionText:** What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

**Verbatim**

Verbatim response

7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <90 char long,D,R> [goto KINDWRK]
Question ID: ASD.090_00.000  Instrument Variable Name: KINDWRK  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

Verbatim  
7  Refused  
9  Don't know  

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto IMPACT]

Question ID: ASD.100_00.000  Instrument Variable Name: IMPACT  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

Verbatim  
7  Refused  
9  Don't know  

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,D,R> [goto WRKCAT]

Question ID: ASD.110_00.000  Instrument Variable Name: WRKCAT  QuestionnaireFileName: Sample Adult

QuestionText: (book) A2   ? [F1]

[If DOINGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65]  Looking at the card, which of these best describes the job you held most recently? * Read answer choices if necessary.

1  Employee of a PRIVATE company for wages  
2  A FEDERAL government employee  
3  A STATE government employee  
4  A LOCAL government employee  
5  Self-employed in OWN business, professional practice or farm  
6  Working WITHOUT PAY in a family-owned business or farm  
7  Refused  
9  Don't know  

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-4,6,D,R>[goto LOCALLNO]  
<5> [goto BUSINC]
Question ID: ASD.112_00.000  Instrument Variable Name: BUSINC  QuestionnaireFileName: Sample Adult

QuestionText: Is this business incorporated?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who are self-employed

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

Question ID: ASD.120_00.000  Instrument Variable Name: LOCALNO  QuestionnaireFileName: Sample Adult

QuestionText: (book) A3

Thinking about [If DOINGLW2 eq <1,2,4>] this MAIN job or business [Else if EVERWRK eq <1> and WHYNOWK2 eq 03 or AGE ge 65] your last week at the job you held the longest [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] your last week at the job you held most recently how many people work(ed) at this location?

how many people (Fill4:work/Fill5: worked) at this location?

* "People" includes both FULL- and PART-time employees; "location" refers to the street address of the workplace.

01  1-9 employees
02  10-24 employees
03  25-49 employees
04  50-99 employees
05  100-249 employees
06  250-499 employees
07  500-999 employees
08  1000 employees or more
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-8, R,D> [goto WRKLONGN]
### Q1. About how long have you worked at this job or business? (in years)

- **001-365**: 1-365 years
- **997**: Refused
- **999**: Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:**<br>
<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]<br>
<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]<br>
else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]

---

### Q2. *Enter time period.*

- **1** Day(s)
- **2** Week(s)
- **3** Month(s)
- **4** Year(s)

**UniverseText:** Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN

**SkipInstructions:**<br>
<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]<br>
<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]<br>
else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]
Question ID: ASD.146_00.000  Instrument Variable Name: WRKLONGH  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]
[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

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

Question ID: ASD.150_00.000  Instrument Variable Name: HOURPD  QuestionnaireFileName: Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

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

Question ID: ASD.160_00.000  Instrument Variable Name: PDSICK  QuestionnaireFileName: Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,D,R> [goto PDSICK]
Question ID: ASD.170_00.000  Instrument Variable Name: ONEJOB  QuestionnaireFileName: Sample Adult

**QuestionText:** Do you have more than one job or business?

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

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business

**SkipInstructions:** <1,2,D,R> if WRKLONGH=1,D,R, [goto WRKARRNG]; else if WRKLONGH=2 [goto WHOWRKLH]

---

Question ID: ASD.210_00.000  Instrument Variable Name: WRKLYR2  QuestionnaireFileName: Sample Adult

**QuestionText:** Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

0. Had job last week
1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week

**SkipInstructions:** <1> if (WHYNOWK2=3) or (AGE >= 65), [goto MRECLONG]; else if (WRKLONGH=2 and WHYNOWK2 ne 3 and AGE < 65) [goto WHOWRKLH] else if (WRKLONGH = 1,D,R and WHYNOWK2 ne 3 and AGE < 65) [goto WRKARRNG] <2,D,R> [goto ADULT.ACN.HYPEV]

---

Question ID: ASD.210_00.010  Instrument Variable Name: MRECLONG  QuestionnaireFileName: Sample Adult

**QuestionText:** Was the most recent job or business you held in the PAST 12 MONTHS the longest-held job you reported earlier?

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

**UniverseText:** Sample adults 18+ who are not currently employed, are retired or 65 or older, and worked in the past 12 months

**SkipInstructions:** <1, D, R> [goto WRKARRNG] <2> [goto WHOHRKPY]
For whom did you work at your most recent job or business? (Name of company, business, organization or employer)

7 Refused
9 Don't know

Verbatim

What kind of business or industry was this? (For example: TV and radio management, retail shoe store, State Department of Labor)

7 Refused
9 Don't know

Verbatim

What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

7 Refused
9 Don't know

Verbatim
**Question ID:** ASD.210_00.050  
**Instrument Variable Name:** IMPACTPY  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

- 7 Refused
- 9 Don't know

**Verbatim**  
Verbatim response

**UniverseText:** Sample adults 18+ who are not currently employed, are retired or 65 or older, worked in the past 12 months, and whose job in the past 12 months was not their longest-held job

**SkipInstructions:** <90 char long,D,R> [goto WRKCATPY]

---

**Question ID:** ASD.210_00.060  
**Instrument Variable Name:** WRKCATPY  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
Looking at the card, which of these best describes the job or business you held most recently?

* Read answer choices if necessary.

- 1 An employee of a PRIVATE company, business, or individual for wages, salary, or commission
- 2 A FEDERAL government employee
- 3 A STATE government employee
- 4 A LOCAL government employee
- 5 Self-employed in OWN business, professional practice or farm
- 6 Working WITHOUT PAY in family-owned business or farm
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are not currently employed, are retired or 65 or older, worked in the past 12 months, and whose job in the past 12 months was not their longest-held job

**SkipInstructions:** <1-6,D,R>[goto WRKLGPYN]

---

**Question ID:** ASD.210_00.070  
**Instrument Variable Name:** WRKLGPYN  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
About how long did you work at this job or business?

* Enter number.

- 001-365 1-365
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who are not currently employed, are retired or 65 or older, worked in the past 12 months, and whose job in the past 12 months was not their longest-held job

**SkipInstructions:** <1-365>[goto WRKLGPYT]  
<D,R>[goto WRKARRNG]
Question ID: ASD.210_00.075  Instrument Variable Name: WRKLGPYT  QuestionnaireFileName: Sample Adult

QuestionText:
2 of 2

*Read if necessary: About how long did you work at this job or business?

* Enter time period.

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

UniverseText:
Sample adults 18+ who are not currently employed, are retired or 65 or older, worked in the past 12 months, whose job in the past 12 months was not their longest-held job, and who gave a number entry at WRKLGPYN

SkipInstructions:
<4> if WRKLGPYN gt AGE then [goto ERR_WRKLGPYT]
<1-4,D,R>[goto WRKARRNG]

Question ID: ASD.210_00.080  Instrument Variable Name: WHOWRKLH  QuestionnaireFileName: Sample Adult

QuestionText:
Thinking of all the jobs or businesses you have ever had, including work done in the Armed Forces, for whom did you work the longest? (Name of company, business, organization or employer)

7 Refused
9 Don't know

Verbatim
Verbatim response

UniverseText:
Sample adults 18+ whose current or most recent job was not the job they held the longest

SkipInstructions:
<90 char long,D,R>[goto KINDINLH]

Question ID: ASD.210_00.090  Instrument Variable Name: KINDINLH  QuestionnaireFileName: Sample Adult

QuestionText:
What kind of business or industry was this? (For example: TV and radio management, retail shoe store, State Department of Labor)

7 Refused
9 Don't know

Verbatim
Verbatim response

UniverseText:
Sample adults 18+ whose current or most recent job was not the job they held the longest

SkipInstructions:
<90 char long,D,R>[goto KINDWKYLH]
2010 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 25-May-11

**Question ID:** ASD.210_00.100  **Instrument Variable Name:** KINDWKHLH  **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

7 Refused
9 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ whose current or most recent job was not the job they held the longest

**SkipInstructions:** <90 char long,D,R> [goto IMPACTLH]

---

**Question ID:** ASD.210_00.110  **Instrument Variable Name:** IMPACTLH  **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

7 Refused
9 Don't know

**Verbatim** Verbatim response

**UniverseText:** Sample adults 18+ whose current or most recent job was not the job they held the longest

**SkipInstructions:** <90 char long,D,R> [goto WRKCATLH]

---

**Question ID:** ASD.210_00.120  **Instrument Variable Name:** WRKCATLH  **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A2 ? [F1]

Looking at the card, which of these best describes the job or business you held for the longest time?

* Read answer choices if necessary.

1 An employee of a PRIVATE company, business, or individual for wages, salary, or commission
2 A FEDERAL government employee
3 A STATE government employee
4 A LOCAL government employee
5 Self-employed in OWN business, professional practice or farm
6 Working WITHOUT PAY in family-owned business or farm
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ whose current or most recent job was not the job they held the longest

**SkipInstructions:** <1-6,D,R>[goto WRKLGLHN]
About how long did you work at the job or business you held the longest?

* Enter number.

001-365 1-365
997 Refused
999 Don't know

Sample adults 18+ whose current or most recent job was not the job they held the longest and who gave a number entry at WRKLGLHN
The next few questions refer to [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the MAIN job you held last week/the job you held most recently]. Which of the following best [fill 2: describes/described] your work arrangement?

* Read answer categories.

1. You [work/worked] as an independent contractor, independent consultant, or freelance worker
2. You [are/were] on-call, and [work/worked] only when called to work
3. You [are/were] paid by a temporary agency
4. You [work/worked] for a contractor who provides workers and services to others under contract
5. You [are/were] a regular, permanent employee (standard work arrangement)
6. Other
7. Refused
8. Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months

SkipInstructions: <1-6,D,R>[goto WRKTEMP]

Some people are in temporary jobs that last only for a limited time or until the completion of a project. [fill 1: Is your/Was your] job temporary?

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

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months

SkipInstructions: <1,2,D,R>[goto WRKSCHED]
Which of the following best describes the hours you usually [work/worked]? 

* Read answer categories.

1. A regular daytime schedule
2. A regular evening shift
3. A regular night shift
4. A rotating shift
5. Some other schedule
6. Refused
7. Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months

Now I'm going to read two statements that may or may not [apply/have applied] to [your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the MAIN job you held last week/the job you held most recently]. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each of these statements.

…I [am/was] worried about becoming unemployed

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Refused
6. Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months
**Question ID:** ASD.210_00.180  
**Instrument Variable Name:** WORKWFAM  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary: Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each of these statements.

...It [fill 1: is/was] easy for me to combine work with family responsibilities.

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months

**SkipInstructions:** <1-4,D,R>[goto HARASSED]
The next few questions ask about possible exposures to hazards at [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the MAIN job you held last week/the job you held most recently].

DURING THE PAST 12 MONTHS, did you regularly handle or were you in skin contact with chemical products or substances at work twice a week or more?

*Read if necessary: Chemical products may include cleaning agents, bleach, solvents, formaldehyde, oils or cutting fluids, paints or coatings, sealants, glues or adhesives, etc.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months

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

DURING THE PAST 12 MONTHS, were you regularly exposed to tobacco smoke from other people at work twice a week or more?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months

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

DURING THE PAST 12 MONTHS, did you regularly work outdoors twice a week or more?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months

SkipInstructions: <1,2,D,R> [goto VAPOREXP]
This next question refers to [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the MAIN job you held last week/the job you held most recently/the job you held the longest].

Please tell me if you [fill 2: are/were] regularly exposed to vapors, gas, dust, or fumes at work twice a week or more?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months

Now I'm going to ask about on-the-job injuries and poisonings. Earlier I recorded that you were [fill 1: injured/poisoned/injured and poisoned] in the past three months while working at a paid job. Did you file a workers' compensation claim for [fill 2: your injury/any of your injuries/your poisoning/any of your poisonings/your injury or poisoning/any of your injuries or poisonings]?

1  Yes
2  No
3  No injuries/poisonings on the job
7  Refused
9  Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months and suffered an injury or poisoning in the past three months while working at a paid job

Did you receive workers’ compensation benefits for [fill: your injury/any of your injuries/your poisoning/any of your poisonings/your injury or poisoning/any of your injuries or poisonings]?

1  Yes
2  No
3  Claim(s) in process
7  Refused
9  Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, suffered an injury or poisoning in the past three months while working at a paid job, and filed a workers' compensation claim
Now I am going to ask you about certain medical conditions. Have you EVER been told by a doctor or other health professional that you had...

Hypertension, also called high blood pressure?

1 Yes
2 No
7 Refused
9 Don't know

Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

1 Yes
2 No
7 Refused
9 Don't know

Have you EVER been told by a doctor or other health professional that you had...

Coronary heart disease?

1 Yes
2 No
7 Refused
9 Don't know
2010 NHIS Questionnaire - Sample Adult
Adult Conditions

Question ID: ACN.031_02.000  Instrument Variable Name: ANGEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

... Angina, also called angina pectoris?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_03.000  Instrument Variable Name: MIEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

... A heart attack (also called myocardial infarction)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_04.000  Instrument Variable Name: HRTEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

... Any kind of heart condition or heart disease (other than the ones I just asked about)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto STREV]
**2010 NHIS Questionnaire - Sample Adult**  
**Adult Conditions**

**Question ID:** ACN.031_05.000  
**Instrument Variable Name:** STREV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had a stroke?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.031_06.000  
**Instrument Variable Name:** EPHEV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had emphysema?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.080_00.000  
**Instrument Variable Name:** AASMEV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

Have you EVER been told by a doctor or other health professional that you had asthma?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AASSTILL]  
<2,R,D> [goto ULCEV]
**Do you still have asthma?**

1. Yes
2. No
3. Refused
4. Don't know

UniverseText: Sample adults 18+ who were ever told they have asthma

SkipInstructions: <1,2,R,D> [go to AASMYR]

**DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?**

1. Yes
2. No
3. Refused
4. Don't know

UniverseText: Sample adults 18+ who were ever told they had asthma

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

**DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?**

1. Yes
2. No
3. Refused
4. Don't know

UniverseText: Sample adults 18+ who were ever told they had asthma

SkipInstructions: <1,2,R,D> if (DOINGLW2= 1,2,4 or WRKLYR2= 1) and AASSTILL =1 [goto AASAGE] else [goto ULCEV]
2010 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 25-May-11

Question ID: ACN.105_00.010
Instrument Variable Name: AASAGE
QuestionnaireFileName: Sample Adult

QuestionText: How old were you when you were first told you had asthma?

001-120 1-120 years
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months and still have asthma

SkipInstructions: If AASAGE ge AGE, then [goto ERR_AASAGE]
<001-015> [goto AASSTAT]
<016-120> [goto AASEMP]
<D, R> [goto AASAGE16]

Question ID: ACN.105_00.015
Instrument Variable Name: AASAGE16
QuestionnaireFileName: Sample Adult

QuestionText: Were you less than 16 or 16 or older when you were first told you had asthma?

1 Less than 16
2 16 or older
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and refused or said don't know to question on age they were first told they had asthma

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

Question ID: ACN.105_00.020
Instrument Variable Name: AASSTAT
QuestionnaireFileName: Sample Adult

QuestionText: Compared to when you were first told you had asthma, would you say your asthma has been better, worse, or about the same as an adult?

1 Better
2 Worse
3 About the same
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and were less than 16 years of age when they were told they had asthma

SkipInstructions: <1,3,D,R> [goto AASWKREL]
<2> [goto AASEMP]
Were you employed when [fill 1: you first developed symptoms of asthma/your asthma got worse]?  

1 Yes  
2 No  
7 Refused  
9 Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown

Was this [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the MAIN job you held last week/the job you held most recently]?  

1 Yes  
2 No  
7 Refused  
9 Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown, and were employed when they first developed symptoms/asthma got worse

Was this [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the job you held the longest]?  

1 Yes  
2 No  
7 Refused  
9 Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown, were employed when they first developed symptoms/asthma got worse, and their symptoms first developed/asthma got worse at a job other than their current/most recent job
For whom did you work when [fill 1: you first developed symptoms of asthma/your asthma got worse]? (Name of company, business, organization, or employer)

7 Refused
9 Don't know

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

7 Refused
9 Don't know

What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

7 Refused
9 Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown, were employed when they first developed symptoms/asthma got worse, and their symptoms first developed/asthma got worse at a job other than their current/most recent and longest-held jobs
**Question ID:** ACN.105_00.080  **Instrument Variable Name:** AASIMPAC  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown, were employed when they first developed symptoms/asthma got worse, and their symptoms first developed/asthma got worse at a job other than their current/most recent and longest-held jobs

**SkipInstructions:** <90 char long,D,R> [goto AASWKREL]

---

**Question ID:** ACN.105_00.100  **Instrument Variable Name:** AASWKREL  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you been told by a doctor or other health professional that your asthma [fill: was probably caused by your work/was probably made worse by your work/was ever made worse by any job you have ever had]?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown

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

---

**Question ID:** ACN.105_00.110  **Instrument Variable Name:** AASDWKRL  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Did YOU ever discuss with a doctor or other health professional whether your asthma [fill: was probably caused by your work/was probably made worse by your work/was ever made worse by any job you have ever had]?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown

**SkipInstructions:** <1,2,D,R> [goto AASWCCLM]
2010 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 25-May-11

Question ID: ACN.105_00.120  Instrument Variable Name: AASWCCLM  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever filed a workers’ compensation claim for your asthma?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown

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

Question ID: ACN.105_00.130  Instrument Variable Name: AASWCBEN  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever received workers' compensation benefits for your asthma?

1  Yes
2  No
3  Claim(s) in process
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown, and filed a workers' compensation claim for their asthma

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

Question ID: ACN.105_00.140  Instrument Variable Name: AASWKDAY  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many full days did you miss from work because of your asthma?

* Enter ‘0’ for None.

000  None
001-366  1-366 days
997  Refused
999  Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown

SkipInstructions: <000-366,D,R> [goto AASCHJOB]
DURING THE PAST 12 MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your asthma?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, still have asthma, and were 16 years of age or older OR less than 16 years of age and their asthma has gotten worse as an adult OR age at time of diagnosis is unknown

Have you EVER been told by a doctor or other health professional that you had ...An ulcer

This could be a stomach, duodenal or peptic ulcer.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS have you had ... An ulcer?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who were ever told they had an ulcer
**2010 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 25-May-11

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name: CANEV</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had...Cancer or a malignancy of any kind?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<1> [goto CANKIND]
<2,R,D> [goto DIBEV]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.140_00.001</th>
<th>Instrument Variable Name:</th>
<th>CANKIND_1</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>What kind of cancer was it?</td>
<td>* Enter code for the first kind of cancer.</td>
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<tr>
<td>01</td>
<td>Bladder</td>
<td></td>
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<td>02</td>
<td>Blood</td>
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<td>03</td>
<td>Bone</td>
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<td>Brain</td>
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<td>Breast</td>
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<td>06</td>
<td>Cervix</td>
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<td>Colon</td>
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<td>Esophagus</td>
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<td>Gallbladder</td>
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<td>Kidney</td>
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<td>Larynx-windpipe</td>
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<td>12</td>
<td>Leukemia</td>
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<td>Melanoma</td>
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<td>Mouth/tongue/lip</td>
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<tr>
<td>18</td>
<td>Ovary</td>
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<td>Prostate</td>
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<tr>
<td>21</td>
<td>Rectum</td>
<td></td>
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</tr>
<tr>
<td>22</td>
<td>Skin (non-melanoma)</td>
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<tr>
<td>23</td>
<td>Skin (DK what kind)</td>
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<tr>
<td>24</td>
<td>Soft tissue (muscle or fat)</td>
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<tr>
<td>25</td>
<td>Stomach</td>
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<td>26</td>
<td>Testis</td>
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<tr>
<td>27</td>
<td>Throat - pharynx</td>
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<td>Other</td>
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<td>97</td>
<td>Refused</td>
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<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
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</tbody>
</table>

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: `<1-30,R,D>[goto CANAGE_1]`

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_1

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_1
* Enter code for the second kind of cancer.

* Enter '96' for no more.

01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat - pharynx
28 Thyroid
29 Uterus
30 Other
96 No more
97 Refused
99 Don't know

Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_2
IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_2
Question ID: ACN.140_00.003  Instrument Variable Name: CANKIND_3  QuestionnaireFileName: Sample Adult

QuestionText:

* Enter code for the third kind of cancer.

* Enter '96' for no more.

01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat - pharynx
28 Thyroid
29 Uterus
30 Other
96 No more
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

SkipInstructions: <1-30,R,D>[goto CANAGE_3]
<96> [goto DIBEV]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_3

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_3
<table>
<thead>
<tr>
<th>Question ID: ACN.140_00.004</th>
<th>Instrument Variable Name: CANKIND_4</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> * Enter '95' if respondent offers more than 3 kinds of cancer. * Enter '96' for no more. 95 More than three kinds 96 No more</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;95,96&gt; [goto DIBEV]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ACN.150_00.001</th>
<th>Instrument Variable Name: CANAGE_1</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed? 001-100 1-100 years 997 Refused 999 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who were ever told they had cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-100, D&gt; goto CANKIND_2 &lt;R&gt; and &lt;R&gt; at CANKIND_1 [goto DIBEV] &lt;R&gt; and CANKIND_1 NE &lt;R&gt; [goto CANKIND_2] If number in CANAGE_1 greater than person years old (AGE) goto ERR_CANAGE_1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ACN.150_00.002</th>
<th>Instrument Variable Name: CANAGE_2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed? 001-100 1-100 years 997 Refused 999 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who were ever told they had cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-100, D&gt; goto CANKIND_3 &lt;R&gt; and &lt;R&gt; at CANKIND_2 [goto DIBEV] &lt;R&gt; and CANKIND_2 NE &lt;R&gt; [goto CANKIND_3] If number in CANAGE_2 greater than person years old (AGE) goto ERR_CANAGE_2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** ACN.150.00.003  
**Instrument Variable Name:** CANAGE_3  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when [Fill1: CANKIND_3/Fill2: this cancer ] was first diagnosed?

- **001-100**  
  - 1-100 years
- **997**  
  - Refused
- **999**  
  - Don't know

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-100, D> goto CANKIND_4  
<R> and <R> at CANKIND_3 [goto DIBEV]  
<R> and CANAGE_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) goto ERR_CANAGE_3

---

**Question ID:** ACN.160.00.000  
**Instrument Variable Name:** DIBEV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1:Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?][Fill2:Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]

- **1**  
  - Yes
- **2**  
  - No
- **3**  
  - Borderline
- **7**  
  - Refused
- **9**  
  - Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto DIBAGE]  
<2,R,D> [goto DIBPRE1]  
<3> [goto INSLN]

---

**Question ID:** ACN.165.00.000  
**Instrument Variable Name:** DIBPRE1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

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

**UniverseText:** Sample adults 18+ who were never told they had diabetes, or who refused or said don’t know to having been told they had diabetes

**SkipInstructions:** <1> [goto INSLN]  
<2,R,D> [goto EPILEP1]
**Question ID:** ACN.170_00.000  
**Instrument Variable Name:** DIBAGE  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-84</td>
<td>1-84 years</td>
</tr>
<tr>
<td>85</td>
<td>85+ years</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

**SkipInstructions:** <1-100 R,D> [goto INSLN]

If number in DIBAGE greater than person years old (AGE) goto ERR_DIBAGE

---

**Question ID:** ACN.180_00.000  
**Instrument Variable Name:** INSLN  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking insulin?

<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:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

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

---

**Question ID:** ACN.190_00.000  
**Instrument Variable Name:** DIBPILL  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

<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:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

**SkipInstructions:** <1,2,R,D> [goto EPILEP1]
Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto EPILEP2]  
<2,R,D> [goto AHAYFYR]

Are you currently taking any medicine to control your seizure disorder or epilepsy?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP3]

Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?

*Read if necessary: Some people may call it “convulsion,” “fit,” “falling out spell,” “episode,” “attack,” “drop attack,” “staring spell,” or “out-of-touch.”.

*If the respondent mentions and counts “auras” as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

0  None
1  One
2  Two or three
3  Between four and ten
4  More than 10
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <0-4,R,D> [goto EPILEP4]
In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

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

Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say…

*Read categories below.

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely
7. Refused
9. Don't know

Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had hay fever?

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

Sample adults 18+
DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Sinusitis?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Chronic bronchitis?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto LIVYR]
**2010 NHIS Questionnaire - Sample Adult**  
Adult Conditions  
Document Version Date: 25-May-11

**Question ID:** ACN.201_05.000  
**Instrument Variable Name:** LIVYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Read if necessary:  

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Any kind of liver condition?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.210_00.010  
**Instrument Variable Name:** DRMYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* [F1]  

DURING THE PAST 12 MONTHS, have you had dermatitis, eczema, or any other red, inflamed skin rash?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.215_00.010  
**Instrument Variable Name:** DRMBODY  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
What parts of your body were affected by this skin condition?

* Enter all that apply, separate with commas.

1 Hands  
2 Arms  
3 Head, face, or neck  
4 Other  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ who reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months

**SkipInstructions:** <1-4,D,R>  
if DOINGWL2 = 1,2,4 or WRKLYR2=1 [goto DRMTRET]  
else [goto JNTSYMP]
Have you ever seen a doctor or other health professional for your skin condition?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, and reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months.

Have you been told by a doctor or other health professional that your skin condition was probably work-related?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, and have been told by a doctor or other health professional that their skin condition was probably work related.
2010 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 25-May-11

Question ID: ACN.220_00.030  Instrument Variable Name: DRMLHJOB  QuestionnaireFileName: Sample Adult

QuestionText: Was this [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the job you held the longest]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, have been told by a doctor or other health professional that their skin condition was probably work related, and whose current job or job in the past 12 months was not their longest-held job and was not associated with their skin condition

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

Question ID: ACN.220_00.040  Instrument Variable Name: DRMWHOWK  QuestionnaireFileName: Sample Adult

QuestionText: For whom did you work when you developed your skin condition? (Name of company, business, organization, or employer)

7  Refused
9  Don't know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, have been told by a doctor or other health professional that their skin condition was probably work related, and whose current job or job in the past 12 months and their longest-held job, if different from their current job or job in the past 12 months, were not associated with their skin condition

SkipInstructions: <90 char long,D,R> [goto DRMKIND]

Question ID: ACN.220_00.050  Instrument Variable Name: DRMKIND  QuestionnaireFileName: Sample Adult

QuestionText: What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

7  Refused
9  Don't know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, have been told by a doctor or other health professional that their skin condition was probably work related, and whose current job or job in the past 12 months and their longest-held job, if different from their current job or job in the past 12 months, were not associated with their skin condition

SkipInstructions: <90 char long,D,R> [goto DRMWKWRK]
**Question ID:** ACN.220_00.060  **Instrument Variable Name:** DRMKWRK  **QuestionnaireFileName:** Sample Adult

**QuestionText:** What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, have been told by a doctor or other health professional that their skin condition was probably work related, and whose current job or job in the past 12 months and their longest-held job, if different from their current job or job in the past 12 months, were not associated with their skin condition

**SkipInstructions:** <90 char long,D,R> [goto DRMIMPAC]

---

**Question ID:** ACN.220_00.070  **Instrument Variable Name:** DRMIMPAC  **QuestionnaireFileName:** Sample Adult

**QuestionText:** What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, have been told by a doctor or other health professional that their skin condition was probably work related, and whose current job or job in the past 12 months and their longest-held job, if different from their current job or job in the past 12 months, were not associated with their skin condition

**SkipInstructions:** <90 char long,D,R> [goto DRMWCCLM]

---

**Question ID:** ACN.220_00.100  **Instrument Variable Name:** DRMWCCLM  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever filed a workers' compensation claim for your skin condition?

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

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, and received treatment for their skin condition

**SkipInstructions:** <1> [goto DRMWCBEN]  
<2,D,R> [DRMWKDAY]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>QuestionText:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.220_00.110</td>
<td>DRMWCBN</td>
<td>Sample Adult</td>
<td>Have you ever received workers' compensation benefits for your skin condition?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Claim(s) in process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td></td>
<td></td>
<td>Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months, received treatment for their skin condition, and filed a workers' compensation claim</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>QuestionText:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.220_00.120</td>
<td>DRMWKDAY</td>
<td>Sample Adult</td>
<td>DURING THE PAST 12 MONTHS, how many full days did you miss from work because of your skin condition?</td>
</tr>
<tr>
<td>000</td>
<td>None</td>
<td></td>
<td>* Enter '0' for None.</td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td></td>
<td></td>
<td>Sample adults 18+ who are currently employed or employed at some time in the past 12 months and reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>QuestionText:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.220_00.130</td>
<td>DRMCHJOB</td>
<td>Sample Adult</td>
<td>DURING THE PAST 12 MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your skin condition?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td></td>
<td></td>
<td>Sample adults 18+ who are currently employed or employed at some time in the past 12 months and reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months</td>
</tr>
</tbody>
</table>

SkipInstructions: <1,2,3,D,R> [goto DRMWKDAY]
The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1 Yes
2 No
7 Refused
9 Don't know

Which joints are affected? 
* Enter all that apply, separate with commas.

01 Shoulder-right
02 Shoulder-left
03 Elbow-right
04 Elbow-left
05 Hip-right
06 Hip-left
07 Wrist-right
08 Wrist-left
09 Knee-right
10 Knee-left
11 Ankle-right
12 Ankle-left
13 Toes-right
14 Toes-left
15 Fingers/thumb-right
16 Fingers/thumb-left
17 Other joint not listed
97 Refused
99 Don't know

If none, please go to question 17.

Which joints are affected?
2010 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 25-May-11

Question ID: ACN.270_00.000  Instrument Variable Name: JNTCHR  QuestionnaireFileName: Sample Adult

QuestionText: Did your joint symptoms FIRST begin more than 3 months ago?

1  Yes
2  No
7  Refused
9  Don't know

 UniverseText: Sample adults 18+ who had joint pain in the past 30 days

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

Question ID: ACN.280_00.000  Instrument Variable Name: JNTHP  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER seen a doctor or other health professional for these joint symptoms?

1  Yes
2  No
7  Refused
9  Don't know

 UniverseText: Sample adults 18+ who had joint pain in the past 30 days

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

Question ID: ACN.290_00.000  Instrument Variable Name: ARTH  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1  Yes
2  No
7  Refused
9  Don't know

 UniverseText: Sample adults 18+

SkipInstructions: (<1> or JNTSYMP eq <1>) [goto ARTHLMT]; else (<2,R,D> and JNTSYMP ne 1) [goto CTSEVER]

Question ID: ACN.295_00.000  Instrument Variable Name: ARTHLMT  QuestionnaireFileName: Sample Adult

QuestionText: Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1  Yes
2  No
7  Refused
9  Don't know

 UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> [goto CTSEVER]
Question ID: ACN.296_00.010  Instrument Variable Name: CTSEVER  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you have a condition affecting the wrist and hand called carpal tunnel syndrome?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.296_00.020  Instrument Variable Name: CTSYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had carpal tunnel syndrome?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever been diagnosed with carpal tunnel syndrome

SkipInstructions: <1>  
                 if DOINGLW2=1,2,4 or WRKLYR2=1 [goto CTSAGE]  
                 else [goto PAINECK]  
                 <2,D,R> [goto PAINECK]

Question ID: ACN.297_00.010  Instrument Variable Name: CTSAGE  QuestionnaireFileName: Sample Adult

QuestionText: How old were you when you were first told you had carpal tunnel syndrome?

001-120  1-120 years
997  Refused
999  Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months and reported having carpal tunnel syndrome in the past 12 months

SkipInstructions: <001-014> [goto PAINECK]  
                 <015-120,D,R> [goto CTSWKREL]
Question ID: ACN.297_00.015  Instrument Variable Name: CTSWKREL  QuestionnaireFileName: Sample Adult

QuestionText: Have you been told by a doctor or other health professional that your carpal tunnel syndrome was probably work-related?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, and were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know

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

Question ID: ACN.297_00.030  Instrument Variable Name: CTSCJOB  QuestionnaireFileName: Sample Adult

QuestionText: Was this [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the MAIN job you held last week/the job you held most recently]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know, and have been told by a doctor or other health professional that their carpal tunnel syndrome was probably work related

SkipInstructions: <1,D,R> [goto CTSWCCLM]
<2> if WRKLONGH=2 or MRECLONG=2,D,R [goto CTSLHJOB]
else if WRKLONGH=1,D,R or MRECLONG=1 [goto CTSWHOWK]

Question ID: ACN.297_00.040  Instrument Variable Name: CTSLHJOB  QuestionnaireFileName: Sample Adult

QuestionText: Was this [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the job you held the longest]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know, have been told by a doctor or other health professional that their carpal tunnel syndrome was probably work related, and whose current job or job in the past 12 months was not their longest-held job and was not associated with their carpal tunnel syndrome

SkipInstructions: <1,D,R> [goto CTSWCCLM]
<2> [goto CTSWHOWK]
### 2010 NHIS Questionnaire - Sample Adult

**Adult Conditions**

Document Version Date: 25-May-11

---

<table>
<thead>
<tr>
<th>Question ID: ACN.297_00.050</th>
<th>Instrument Variable Name: CTSWHOWK</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> For whom did you work when you developed carpal tunnel syndrome? (Name of company, business, organization or employer)</td>
<td></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><strong>Verbatim</strong></td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know, have been told by a doctor or other health professional that their carpal tunnel syndrome was probably work related, and whose current job or job in the past 12 months and their longest-held job, if different from their current job or job in the past 12 months, were not associated with their carpal tunnel syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;90 char long,D,R&gt; [goto CTSKIND]</td>
<td></td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question ID: ACN.297_00.060</th>
<th>Instrument Variable Name: CTSKIND</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> What kind of business or industry was this? (For example: TV and radio mgmt., retail shoe store, State Department of Labor)</td>
<td></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><strong>Verbatim</strong></td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know, have been told by a doctor or other health professional that their carpal tunnel syndrome was probably work related, and whose current job or job in the past 12 months and their longest-held job, if different from their current job or job in the past 12 months, were not associated with their carpal tunnel syndrome</td>
<td></td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;90 char long,D,R&gt; [goto CTSKWRK]</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question ID: ACN.297_00.070</th>
<th>Instrument Variable Name: CTSKWRK</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> What kind of work were you doing? (For example: farming, mail clerk, computer specialist)</td>
<td></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><strong>Verbatim</strong></td>
<td>Verbatim response</td>
<td></td>
</tr>
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<td></td>
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<tr>
<td><strong>SkipInstructions:</strong> &lt;90 char long,D,R&gt; [goto CTSIMPAC]</td>
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</tr>
</tbody>
</table>
**2010 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 25-May-11

---

**Question ID:** ACN.297_00.080  
**Instrument Variable Name:** CTSIMPAC  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know, have been told by a doctor or other health professional that their carpal tunnel syndrome was probably work related, and whose current job or job in the past 12 months and their longest-held job, if different from their current job or job in the past 12 months, were not associated with their carpal tunnel syndrome

**SkipInstructions:** <90 char long,D,R> [goto CTSWCCCLM]

---

**Question ID:** ACN.297_00.100  
**Instrument Variable Name:** CTSWCCLM  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever filed a workers' compensation claim for your carpal tunnel syndrome?

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

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, and were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know

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

---

**Question ID:** ACN.297_00.110  
**Instrument Variable Name:** CTSWCBEN  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever received workers' compensation benefits for your carpal tunnel syndrome?

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

**UniverseText:** Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know, and filed a workers' compensation claim for their carpal tunnel syndrome

**SkipInstructions:** <1,2,3,D,R> [goto CTSWKDAY]
2010 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 25-May-11

Question ID: ACN.297_00.120  Instrument Variable Name: CTSWKDAY  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many full days did you miss from work because of carpal tunnel syndrome?

* Enter '0' for None.

000  None
001-366  1-366 days
997  Refused
999  Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, and were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know

SkipInstructions: <000-366,D,R> [goto CTSCHJOB]

Question ID: ACN.297_00.130  Instrument Variable Name: CTSCHJOB  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your carpal tunnel syndrome?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who are currently employed or employed at some time in the past 12 months, reported having carpal tunnel syndrome in the past 12 months, and were first diagnosed with carpal tunnel syndrome at age 15 or older or age of diagnosis was refused or don't know

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

Question ID: ACN.300_00.000  Instrument Variable Name: PAINECK  QuestionnaireFileName: Sample Adult

QuestionText: The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have... Neck pain?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PAINLB]
**2010 NHIS Questionnaire - Sample Adult**  
**Adult Conditions**  
*Document Version Date: 25-May-11*

---

**Question ID:** ACN.310_00.000  
**Instrument Variable Name:** PAINLB  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.320_00.000  
**Instrument Variable Name:** PAINLEG  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Did this pain spread down either leg to areas below the knees?

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

**UniverseText:** Sample adults 18+ with low back pain in the past 3 months

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

---

**Question ID:** ACN.331_01.000  
**Instrument Variable Name:** PAINFACE  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST THREE MONTHS, did you have

... Facial ache or pain in the jaw muscles or the joint in front of the ear?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:**  
<1,2,R,D> [goto AMIGR]
* Read if necessary:

DURING THE PAST THREE MONTHS, did you have...Severe headache or migraine?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ACOLD2W]

* Hand calendar card

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]

Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=2 and age 18-49 [goto PREGNOW];
else <1,2,R,D> and ((SEX=1) or (SEX=2 and AGE>=50)) [goto HRAIDNOW]
**Question ID:** ACN.370_00.000  **Instrument Variable Name:** PREGNOW  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you currently pregnant?

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

**UniverseText:** Female sample adults 18-49 years of age

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

---

**Question ID:** ACN.400_00.000  **Instrument Variable Name:** HRAIDNOW  **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

<p>| | |</p>
<table>
<thead>
<tr>
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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:** Sample adults 18+

**SkipInstructions:** <1> [goto AHEARST1]

<2,R,D> [goto HRAIDEV]

---

**Question ID:** ACN.410_00.000  **Instrument Variable Name:** HRAIDEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever used a hearing aid(s) in the past?

<p>| | |</p>
<table>
<thead>
<tr>
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<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:** Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid

**SkipInstructions:** <1,2,R,D>[goto AHEARST1]
Without the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1. Excellent
2. Good
3. A little trouble hearing
4. Moderate trouble
5. A lot of trouble
6. Deaf
7. Refused
8. Don't know

UniverseText: Sample adults 18+

SkipInstructions: "<1-6,R,D> [goto AVISION]"

Do you have any trouble seeing, even when wearing glasses or contact lenses?

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

UniverseText: Sample adults 18+

SkipInstructions: "<1> [goto ABLIND]
<2,R,D> [goto LUPPRT]"

Are you blind or unable to see at all?

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

UniverseText: Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

SkipInstructions: "<1,2,R,D> [goto LUPPRT]"
Question ID: ACN.451_00.000  
Instrument Variable Name: LUPPRT  
QuestionnaireFileName: Sample Adult

QuestionText: Have you lost all of your upper and lower natural (permanent) teeth?

1. Yes
2. No
3. Refused
4. Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.470_00.000  
Instrument Variable Name: MHSAD_CK  
QuestionnaireFileName: Sample Adult

QuestionText: Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

1. Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SAD]

Question ID: ACN.471_01.000  
Instrument Variable Name: SAD  
QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

DURING THE PAST 30 DAYS, how often did you feel

... So sad that nothing could cheer you up?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto NERVOUS]
* Read if necessary:

During the PAST 30 DAYS, how often did you feel... Nervous?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
7. Refused
9. Don't know

Universetext: Sample adults 18+

Skipinstructions: <1-5,R,D> [goto RESTLESS]

---

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel... Restless or fidgety?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
7. Refused
9. Don't know

Universetext: Sample adults 18+

Skipinstructions: <1-5,R,D> [goto HOPELESS]
**Hopelessness**

During the PAST 30 DAYS, how often did you feel _Hopeless_?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

**Effort**

During the PAST 30 DAYS, how often did you feel _That everything was an effort_?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know
During the PAST 30 DAYS, how often did you feel...

Worthless?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

1. A lot
2. Some
3. A little
4. Not at all
5. Refused
6. Don't know

Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days
**2010 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

Document Version Date: 16-Apr-11

---

**Question ID:** AHS.040_00.000  **Instrument Variable Name:** WKDAYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

* Enter '0' for None.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months

**SkipInstructions:**

<0-366,R,D> [goto BEDDAYR]  
<120-366> [goto ERR_WKDAYR]

---

**Question ID:** AHS.050_00.000  **Instrument Variable Name:** BEDDAYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?

* Enter '0' for None.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+

**SkipInstructions:**

<0-366,R,D> [goto AHSTATYR]  
<120-366> [goto ERR_BEDDAYR]

---

**Question ID:** AHS.060_00.000  **Instrument Variable Name:** AHSTATYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Better</td>
</tr>
<tr>
<td>2</td>
<td>Worse</td>
</tr>
<tr>
<td>3</td>
<td>About the same</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+

**SkipInstructions:**

<1-3,R,D> [goto SPECEQ]
**Question ID:** AHS.070_00.000  **Instrument Variable Name:** SPECEQ  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** AHS.091_01.000  **Instrument Variable Name:** FLWALK  **QuestionnaireFileName:** Sample Adult

**QuestionID:** AHS.091_01.000  **Instrument Variable Name:** FLWALK  **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk a quarter of a mile - about 3 city blocks?

0. Not at all difficult
1. Only a little difficult
2. Somewhat difficult
3. Very difficult
4. Can't do at all
6. Do not do this activity
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLCLIMB]
(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk up 10 steps without resting?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <0-4,6,R,D> [goto FLSTAND]

---

(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stand or be on your feet for about 2 hours?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <0-4,6,R,D> [goto FLSIT]
(book) A6
* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Sit for about 2 hours?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <0-4,6,R,D> [goto FLSTOOP]

(book) A6
* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stoop, bend, or kneel?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <0-4,6,R,D> [goto FLREACH]
**FLREACH**

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Reach up over your head?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

**FLGRASP**

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Use your fingers to grasp or handle small objects?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know
(book) A6

By yourself, and without using any special equipment, how difficult is it for you to...

...Lift or carry something as heavy as 10 pounds such as a full bag of groceries?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+

<0-4,6,R,D> [goto FLPUSH]
(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Go out to things like shopping, movies, or sporting events?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSOCL]
* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know
What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)][fill2: these activities]?

* Enter condition number for 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
Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA

Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA
### Question ID: AHS.300_01.000
**Instrument Variable Name:** AHCL01N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you had a vision problem or problem seeing?

* Enter number for time with your vision problem or problem seeing.

* Enter '95' for 95 or more.

* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Value</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>

**UniverseText:** Sample adults 18+ who had difficulty due to a vision problem or problem seeing

**SkipInstructions:**

<1-95,D>[goto AHCL01T]  
<R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

### Question ID: AHS.300_02.000
**Instrument Variable Name:** AHCL01T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

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

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</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:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL01T  
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T
How long have you 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 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to a hearing problem

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

1-4, R,D goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)

<6> goto ERR2_AHCL02T

[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T
How long have you 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
95
96
97
99

Sample adults 18+ who had difficulty due to arthritis or 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a back or neck problem

2 of 2

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
**Question ID:** AHS.304_01.000  
**Instrument Variable Name:** AHCL05N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you 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

**UniverseText:** Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

**SkipInstructions:**

<1-95,D>[goto AHCL05T]  
<R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.304_02.000  
**Instrument Variable Name:** AHCL05T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* 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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL05T  
[if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T
How long have you had the (fill: other) injury that caused your limitation?

* Enter number for time with injury that caused your limitation.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury

Enter time period for time with (fill: other) injury.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
2010 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 16-Apr-11

Question ID: AHS.306_01.000  Instrument Variable Name: AHCL07N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you 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 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to a heart problem

SkipInstructions: <1-95,D>[goto AHCL07T]  
<R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.306_02.000  Instrument Variable Name: AHCL07T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with heart problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL07T  
[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T
How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a stroke problem

* Enter time period for time with stroke problem.

1
2
3
4
5
6
7
8
9
Since birth
Refused
Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-4, R,D>[goto AHCL08T]
<6>[goto ERR2_AHCL08T]
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T
**2010 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.308_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL09N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>How long have you had hypertension or high blood pressure?</td>
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<tr>
<td></td>
<td>* Enter number for time with hypertension or high blood pressure.</td>
<td></td>
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<td></td>
<td>* Enter &quot;95&quot; for 95 or more.</td>
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<tr>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
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<td>01-94</td>
<td>01-94</td>
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<td>95+</td>
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<td>96</td>
<td>Since birth</td>
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</tr>
<tr>
<td>99</td>
<td>Don't know</td>
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<td>UniverseText:</td>
<td>Sample adults 18+ who had difficulty due to hypertension or high blood pressure</td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-95,D&gt; [goto AHCL09T]</td>
<td></td>
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<tr>
<td></td>
<td>&lt;R&gt; [store &quot;R&quot; in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<tr>
<td></td>
<td>&lt;96&gt; [store &quot;6&quot; in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<th>AHS.308_02.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL09T</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
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<td>QuestionText:</td>
<td>2 of 2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Enter time period for time with hypertension or high blood pressure.</td>
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<td></td>
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<tr>
<td>1</td>
<td>Day(s)</td>
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<td>Week(s)</td>
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<td>Month(s)</td>
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<td>4</td>
<td>Year(s)</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
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<td>7</td>
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<td>UniverseText:</td>
<td>Sample adults 18+ who answered 1-95, D for the &quot;number&quot; part of this 2-part question</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1-4, R,D&gt; [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<td>&lt;6&gt; goto ERR2_AHCL09T</td>
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<td>[if [AHCL09N = Number greater than person years old and AHCL09T = 4]] goto ERR1_AHCL09T</td>
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</tbody>
</table>
### Question ID: AHS.309_01.000
#### Instrument Variable Name: AHCL10N
#### QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

How long have you 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 |

**UniverseText:**

Sample adults 18+ who had difficulty due to diabetes

**SkipInstructions:**

<1-95,D>[goto AHCL10T]

<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

### Question ID: AHS.309_02.000
#### Instrument Variable Name: AHCL10T
#### QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with diabetes.

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

**UniverseText:**

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL10T

[if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T
How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

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

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

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

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

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

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

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

How long have you had cancer?

* Enter number for time with cancer.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

2 of 2

* Enter time period for time with cancer.

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

Sample adults 18+ who had difficulty due to cancer

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
2010 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 16-Apr-11

Question ID: AHS.313_01.000  Instrument Variable Name: AHCL14N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had mental retardation?

* Enter number for time with mental retardation.

* 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: Sample adults 18+ who had difficulty due to mental retardation

SkipInstructions: <1-95,D>[goto AHCL14T]
<R>[store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.313_02.000  Instrument Variable Name: AHCL14T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with mental retardation.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL14T
[if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T
How long have you 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

Sample adults 18+ who had difficulty due to a developmental problem

* Enter time period for time with developmental problem.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

If [AHCL15N = Number greater than person years old and AHCL15T= 4] goto ERR1_AHCL15T
How long have you had senility?

* Enter number for time with senility.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to senility

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

Day(s)
Week(s)
Month(s)
Year(s)
Since birth
Refused
Don't know
1 of 2

How long have you had depression, anxiety, or an emotional problem?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

SkipInstructions:
<1-95,D>[goto AHCL17T]  
<R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:
<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL17T  
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T
**Question ID:** AHS.317_01.000  
**Instrument Variable Name:** AHCL18N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>Number</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
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<tr>
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<td>95+</td>
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<tr>
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<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:**
Sample adults 18+ who had difficulty due to a weight problem

**SkipInstructions:**

<1-95,D>[goto AHCL18T]  
<R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.317_02.000  
**Instrument Variable Name:** AHCL18T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with weight problem.

<table>
<thead>
<tr>
<th>Number</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
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<td>2</td>
<td>Week(s)</td>
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<td>Month(s)</td>
</tr>
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<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:**
Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL18T  
[if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T
How long have you 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
95
96
97
99

Sample adults 18+ who had difficulty due to a missing limb

1 of 2

* Enter time period for time with missing limb.

1
2
3
4
6
7
9

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

2 of 2
1 of 2

How long have you had a kidney, bladder or renal problem?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94
01-95
95
96
97
99

2 of 2

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

1
2
3
4
5
6
7
9

Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a circulation problem

2 of 2

* Enter time period for time with circulation problem.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
1 of 2

How long have you 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 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to benign tumors or cysts

SkipInstructions:

<1-95,D>[goto AHCL22T]
<R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* 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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL22T
[if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T
1 of 2

How long have you 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 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

SkipInstructions: <1-95,D>[goto AHCL23T]
                  <R>[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
                  <96>[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with fibromyalgia or lupus.

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
                  <6> goto ERR2_AHCL23T
                  [if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T
**Question ID:** AHS.323_01.000  
**Instrument Variable Name:** AHCL24N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

**UniverseText:** Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

**SkipInstructions:**<1-95,D>[goto AHCL24T]  
<R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.323_02.000  
**Instrument Variable Name:** AHCL24T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL24T  
[if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T
1 of 2

How long have you 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

Sample adults 18+ who had difficulty due to epilepsy or seizures

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
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
1-94
95
95+
96
Since birth
97
Refused
99
Don't know

Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

* Enter time period for time with multiple sclerosis or muscular dystrophy.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you 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
95
96
97
99

Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadriplegia

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

Day(s)
Week(s)
Month(s)
Year(s)
Since birth
Refused
Don't know
2010 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 16-Apr-11

Question ID: AHS.327_01.000  Instrument Variable Name: AHCL28N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you 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 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

SkipInstructions: <1-95,D>[goto AHCL28T]
<R>[store "R" in AHCL28T][goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL28T][goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.327_02.000  Instrument Variable Name: AHCL28T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto AHCL28T]
<6> goto ERR2_AHCL28T
[if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T
**2010 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

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

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**Question ID:** AHS.328_01.000  
**Instrument Variable Name:** AHCL29N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter '95' for 95 or more.
* Enter "96" if since birth.

01-94  
95  
96  
97  
99

**UniverseText:** Sample adults 18+ who had difficulty due to nerve damage

**SkipInstructions:**

<1-95,D>[goto AHCL29T]  
<R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.328_02.000  
**Instrument Variable Name:** AHCL29T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with nerve damage.

1  
2  
3  
4  
6  
7  
9

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL29T  
<6> goto ERR1_AHCL29T  
[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T
How long have you had a hernia?

* Enter number for time with a hernia.

* 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

Sample adults 18+ who had difficulty due to a hernia

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to an ulcer

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you 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 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

* 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
**Question ID:** AHS.332_01.000  **Instrument Variable Name:** AHCL33N  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you 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

**UniverseText:** Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

**SkipInstructions:** <1-95,D>[goto AHCL33T]  
<R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.332_02.000  **Instrument Variable Name:** AHCL33T  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

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

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL33T  
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T
**Question ID:** AHS.333_01.000  **Instrument Variable Name:** AHCL34N  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>Number</th>
<th>Universe Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
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</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:** Sample adults 18+ who had difficulty due to a knee problem

**SkipInstructions:**

<1-95,D>[goto AHCL34T]  
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.333_02.000  **Instrument Variable Name:** AHCL34T  **QuestionnaireFileName:** Sample Adult

**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:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL34T  
[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T
How long have you 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

Sample adults 18+ who had difficulty 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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-95,D>[goto AHCL35T]
<R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL35T
[if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T
### 2010 NHIS Questionnaire - Sample Adult

**Adult Health Status & Limitations**

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

<table>
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<th>AHS.335_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL90N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td>How long have you had {problem in AFLHCA90}?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter number for time with {problem in AFLHCA90}.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter ’95’ for 95 or more.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter ”96” if since birth.</td>
<td></td>
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<td></td>
<td></td>
<td>01-94</td>
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<td>95</td>
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<td>99</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who had difficulty due to {problem in AFLHCA90}</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-95,D&gt;[goto AHCL90T]</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>&lt;R&gt;[store ”R” in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>is the last condition selected, goto SMKEV (next section)]</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>&lt;96&gt;[store ”6” in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If</td>
<td></td>
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<td></td>
<td></td>
<td>this is the last condition selected, goto SMKEV (next section)]</td>
<td></td>
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<thead>
<tr>
<th>Question ID:</th>
<th>AHS.335_02.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL90T</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td>* Enter time period for time with {problem in AFLHCA90}.</td>
<td></td>
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<td></td>
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<td>1</td>
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<td>9</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who answered 1-95, D for the &quot;number&quot; part of this 2-part question</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-4, R,D&gt;[[if 91 selected in AFLHCA goto AFLHCA_S2]</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>selected, goto SMKEV (next section)]</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&lt;6&gt; goto ERR2_AHCL90T</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>ERR1_AHCL90T</td>
<td></td>
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</tbody>
</table>
1 of 2

How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* 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

Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

2 of 2

* Enter time period for time with {problem in AFLHCA91}.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

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

How old were you when you FIRST started to smoke fairly regularly?

* Enter ‘6’ if less than 6 years old.
* Enter ‘95’ if 95 years old or older.
* Enter ‘96’ if never smoked regularly.

06-84 6 - 84 years
85 85 years or older
96 Never smoked regularly
97 Refused
99 Don't know

Do you NOW smoke cigarettes every day, some days or not at all?

1. Every day
2. Some days
3. Not at all
7. Refused
9. Don't know
How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

* Enter '95' for 95 years old or older.

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

On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

01-94 1 - 94 cigarettes
95 95+ cigarettes
97 Refused
99 Don't know
**Question ID:** AHB.060_00.000  
**Instrument Variable Name:** CIGDAMO  
**QuestionnaireFileName:** Sample Adult

**Question Text:**
On how many of the PAST 30 DAYS did you smoke a cigarette?  
*Enter '0' for None.*

- **00** None  
- **01-30** 1-30 days  
- **97** Refused  
- **99** Don't know

**Universe Text:** Sample adults 18+ who are current some day smokers

**Skip Instructions:**  
<0>[goto CIGQTYR]  
<1-30,R,D> [goto CIGSDA2]

---

**Question ID:** AHB.070_00.000  
**Instrument Variable Name:** CIGSDA2  
**QuestionnaireFileName:** Sample Adult

**Question Text:**
On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?  
* Enter '1' if less than 1.  
* Enter '95' if 95 or more cigarettes.

- **01-94** 1-94 cigarettes  
- **95** 95+ cigarettes  
- **97** Refused  
- **99** Don't know

**Universe Text:** Sample adults 18+ who are current some day smokers

**Skip Instructions:**  
<1-95,R,D> [goto CIGQTYR]

---

**Question ID:** AHB.080_00.000  
**Instrument Variable Name:** CIGQTYR  
**QuestionnaireFileName:** Sample Adult

**Question Text:**
During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?  

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

**Universe Text:** Sample adults 18+ who are every day or someday smokers

**Skip Instructions:**  
<1,2,R,D> [goto VIGNO]
The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter ‘0’ for Never.

* Enter ‘996’ if unable to do this type of activity.

000
Never
001-995
1-995 time(s)
996
Unable to do this type activity
997
Refused
999
Don't know

Sample adults 18+

* Enter time period for vigorous leisure-time physical activities.

0
Never
1
Per day
2
Per week
3
Per month
4
Per year
6
Unable to do this activity
7
Refused
9
Don't know

Sample adults 18+ who do vigorous activities

<1-4> goto VIGLNGNO

[if (VIGNO gt <4> and VIGTP eq <1>) or
 (VIGNO gt <28> and VIGTP eq <2>) or
 (VIGNO gt <31> and VIGTP eq <3>) or
 (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]
About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995 1-995
997 Refused
999 Don't know

Sample adults 18+ who do vigorous activities

* Enter time period for length of vigorous leisure-time physical activities.

1 Minutes
2 Hours
7 Refused
9 Don't know

Sample adults 18+ who do vigorous activities
**Question ID:** AHB.110_01.000  **Instrument Variable Name:** MODNO  **QuestionnaireFileName:** Sample Adult

**QuestionText:** How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter ’0’ for Never.

* Enter ‘996’ if unable to do this type of activity.

000  Never
001-995  1-995 time(s)
996  Unable to do this type activity
997  Refused
999  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-995>[goto MODTP]
<0, 996, R,D>[goto STRNGNO]

---

**Question ID:** AHB.110_02.000  **Instrument Variable Name:** MODTP  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

* Enter time period for light or moderate leisure-time physical activities

0  Never
1  Per day
2  Per week
3  Per month
4  Per year
6  Unable to do this activity
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who do light or moderate activities

**SkipInstructions:** <1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or
(MODNO gt <28> and MODTP eq <2>) or
(MODNO gt <31> and MODTP eq <3>) or
(MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO
2010 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 16-Apr-11

Question ID: AHB.120_01.000  Instrument Variable Name: MODLNGNO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

001-995  1-995
997  Refused
999  Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-995>[goto MODLNGTP]
                     <R,D>[goto STRNGNO]

Question ID: AHB.120_02.000  Instrument Variable Name: MODLNGTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

1  Minutes
2  Hours
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP
How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

Sample adults 18+

2 of 2

2 of 2

* Enter time period for strengthening activities

0 Never
1 Per day
2 Per week
3 Per month
4 Per year
6 Unable to do this activity
7 Refused
9 Don't know

Sample adults 18+ who do strengthening activities

<1-4> goto ALC1YR
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]
These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1  Yes
2  No
7  Refused
9  Don't know

In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1  Yes
2  No
7  Refused
9  Don't know

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000 Never
001-365 1-365 days
997 Refused
999 Don't know

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000 Never
001-365 1-365 days
997 Refused
999 Don't know
2010 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 16-Apr-11

Question ID: AHB.160_02.000  Instrument Variable Name: ALC12MTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0 Never/None
1 Week
2 Month
3 Year
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who drank at least once in the past year

SkipInstructions: <1-3> [goto ALCAMT]
[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

Question ID: AHB.170_00.000  Instrument Variable Name: ALCAMT  QuestionnaireFileName: Sample Adult

QuestionText: In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter '1' if less than 1 drink.

* Enter '95' if 95 or more drinks.

01-94 1-94 drinks
95 95+ drinks
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,R,D> [goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]
In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have 5 or more drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000 Never/None
001-365 1-365 days
997 Refused
999 Don't know

Sample adults 18+ who have had at least 1 drink in the past year

* Enter time period for days per week, per month or per year.

0 Never/None
1 Per week
2 Per month
3 Per year
7 Refused
9 Don't know

Sample adults 18+ who have had 5+ drinks in one day at least once in the past year

If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or (ALC5UPNO gt <31> & ALC5UPTP = <2>) or (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP
### Question ID: AHB.190_01.000  
**Instrument Variable Name:** AHGT_FT  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How tall are you without shoes?

* Enter "M" to record metric measurements

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-07</td>
<td>2-7 feet</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:**

- `<2-7>` [goto AHGT_IN]
- `<R,D>` [goto AWGT_LB]
- `<M>` [goto AHGT_M]
- [if AHGT_FT NE<2-7,D,R,M> goto ERR1_AHGT_FT]
- [if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

### Question ID: AHB.190_02.000  
**Instrument Variable Name:** AHGT_IN  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How tall are you without shoes?

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-11</td>
<td>0-11 inches</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who answered their height in feet

**SkipInstructions:**

- `<0-11,R,D>` [goto AWGT_LB]
- `<empty>` [goto ERR_AHGT_IN]

### Question ID: AHB.190_03.000  
**Instrument Variable Name:** AHGT_M  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How tall are you without shoes?

* Enter height in metric.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>0-2 meters</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who choose to give their height in metric measurements

**SkipInstructions:**

- `<0-2>` [goto AHGT_CM]
- `<R,D>` [goto AWGT_LB]
- `<empty>` [goto ERR_AHGT_M]
**Question ID:** AHB.190_04.000  
**Instrument Variable Name:** AHGT_CM  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
*Enter centimeters.*

- **000-241:** 0-241 centimeters
- **997:** Refused
- **999:** Don't know

**UniverseText:** Sample adults 18+ who answered their height in meters

**SkipInstructions:**
<0-241,R,D> goto AWGT_LB

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto ERR1_AHGT_CM
<< > goto ERR2_AHGT_CM
[If AHGT_M eq <1> and AHGT_CM lt <20> or AHGT_M eq <0> and AHGT_CM lt <120>] goto ERR3_AHGT_CM

---

**Question ID:** AHB.200_01.000  
**Instrument Variable Name:** AWGT_LB  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
How much do you weigh without shoes?

* Enter "M" to record metric measurements
* Enter '500' for 500 pounds or more

- **050-500:** 50-500 pounds
- **997:** Refused
- **999:** Don't know
- **M:** Metric

**UniverseText:** Sample adults 18+

**SkipInstructions:**
<50-500> [goto SLEEP]
[If AWGT_LB lt <50> or gt <500> goto ERR_AWGT_LB
<R,D>[goto SLEEP]
<M> [goto AWGT_KG]

---

**Question ID:** AHB.200_02.000  
**Instrument Variable Name:** AWGT_KG  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
How much do you weigh without shoes?

* Enter weight in kilograms

- **023-226:** 23-226 kilograms
- **997:** Refused
- **999:** Don't know

**UniverseText:** Sample adults 18+ who choose to give their weight in metric measurements

**SkipInstructions:**
<23-226,R,D> [goto SLEEP]
[If AWGT_KG lt <23> or K gt <226>goto ERR_AWGT_KG]
On average, how many hours of sleep do you get in a 24-hour period?

* Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

01-24  1-24 hours
97     Refused
99     Don't know

Sample adults 18+

<1-24,R,D> [goto next section]
[IF SLEEP eq <1-5> goto ERR_SLEEP]
2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 25-May-11

Question ID: AAU.020_00.000  Instrument Variable Name: AUSUALPL  QuestionnaireFileName: Sample Adult

QuestionText: Is there a place that you USUALLY go to when you are sick or need advice about your health?

1  Yes
2  There is NO place
3  There is MORE THAN ONE place
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3> [goto APLKIND]  
<2,R,D> [goto AHCPLKND]

Question ID: AAU.030_00.000  Instrument Variable Name: APLKIND  QuestionnaireFileName: Sample Adult

QuestionText: [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?]
[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

1  Clinic or health center
2  Doctor's office or HMO
3  Hospital emergency room
4  Hospital outpatient department
5  Some other place
6  Doesn't go to one place most often
7  Refused
9  Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

SkipInstructions: <1-5> [go to AHCPLROU]  
<6,R,D> [go to AHCPLKND]

Question ID: AAU.035_00.000  Instrument Variable Name: AHCPLROU  QuestionnaireFileName: Sample Adult

QuestionText: Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health

SkipInstructions: <1> [goto AHCHCHGYR]  
<2,R,D> [go to AHCPLKND]
### Question ID: AAU.037_00.000  Instrument Variable Name: AHCPLKND  QuestionnaireFileName: Sample Adult

**QuestionText:** What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

**SkipInstructions:** `<0-6,R,D> if AUSUALPL = 2,R,D goto AHCDLY_1
ELSE goto AHCCHGYR`

### Question ID: AAU.040_00.000  Instrument Variable Name: AHCCHGYR  QuestionnaireFileName: Sample Adult

**QuestionText:** At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

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

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

**SkipInstructions:** `<1>[goto AHCCHGHI]
<2,R,D>[goto AHCDLY_1]`

### Question ID: AAU.050_00.000  Instrument Variable Name: AHCCHGHI  QuestionnaireFileName: Sample Adult

**QuestionText:** Was this change for a reason related to health insurance?

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

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

**SkipInstructions:** `<1,2,R,D>[goto AHCDLY_1]`
Question ID: AAU.061_01.000  Instrument Variable Name: AHCDLY_1  QuestionnaireFileName: Sample Adult

QuestionText:

There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

Question ID: AAU.061_02.000  Instrument Variable Name: AHCDLY_2  QuestionnaireFileName: Sample Adult

QuestionText:

* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

Question ID: AAU.061_03.000  Instrument Variable Name: AHCDLY_3  QuestionnaireFileName: Sample Adult

QuestionText:

* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]
There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

1. The (clinic/doctor's) office wasn't open when you could get there.
2. You didn't have transportation.

...Prescription medicines.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

...DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_2]
**Question ID:** AAU.111_02.000  
**Instrument Variable Name:** AHCAFY_2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_3]

---

**Question ID:** AAU.111_03.000  
**Instrument Variable Name:** AHCAFY_3  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_4]

---

**Question ID:** AAU.111_04.000  
**Instrument Variable Name:** AHCAFY_4  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ADENLONG]
**Question ID:** AAU.135_00.000  
**Instrument Variable Name:** ADENLONG  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

(booking) A8

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 0  Never
- 1  6 months or less
- 2  More than 6 mos, but not more than 1 yr ago
- 3  More than 1 yr, but not more than 2 yrs ago
- 4  More than 2 yrs, but not more than 5 yrs ago
- 5  More than 5 years ago
- 7  Refused
- 9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-5,R,D>[ goto AHCSY1_1]

---

**Question ID:** AAU.141_01.000  
**Instrument Variable Name:** AHCSY1_1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_2]

---

**Question ID:** AAU.141_02.000  
**Instrument Variable Name:** AHCSY1_2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since 12 month ref.date, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses).

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_3]
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1  Yes
2  No
7  Refused
9  Don't know
2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Question ID: AAU.141_06.000  Instrument Variable Name: AHCSY1_6  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [if SEX=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

Question ID: AAU.200_00.000  Instrument Variable Name: AHCSYR7  QuestionnaireFileName: Sample Adult

QuestionText: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample female adults aged 18+ years

SkipInstructions: <1,2,R,D> [go to AHCSY8_8]

Question ID: AAU.211_01.000  Instrument Variable Name: AHCSY8_8  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [go to AHCSY8_9]
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

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

Sample adults 18+

Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00. None
01. 1
02. 2-3
03. 4-5
04. 6-7
05. 8-9
06. 10-12
07. 13-15
08. 16 or more
97. Refused
99. Don't know

Sample adults 18+

<0 - 8,R,D> [go to AHCHYR]
2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 25-May-11

Question ID: AAU.250_00.000  Instrument Variable Name: AHCHYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.260_00.000  Instrument Variable Name: AHCHMOYR  QuestionnaireFileName: Sample Adult

QuestionText: During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12  01-12 months
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-12,R,D>[goto AHCHNOYR]

Question ID: AAU.270_00.000  Instrument Variable Name: AHCHNOYR  QuestionnaireFileName: Sample Adult

QuestionText: (book) A10

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01  1
02  2-3
03  4-5
04  6-7
05  8-9
06  10-12
07  13-15
08  16 or more
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-8,R,D>[goto AHCHNOYR]
2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 25-May-11

Question ID: AAU.280_00.000  Instrument Variable Name: AHCNOYR  QuestionnaireFileName: Sample Adult

QuestionText:
DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.

00  None
01  1
02  2-3
03  4-5
04  6-7
05  8-9
06  10-12
07  13-15
08  16 or more
97  Refused
99  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]

---

Question ID: AAU.290_00.000  Instrument Variable Name: ASRGYR  QuestionnaireFileName: Sample Adult

QuestionText:
DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto ASRGNOYR]
<2,R,D> [goto AMDLONG]
Question ID: AAU.300_00.000  Instrument Variable Name: ASRGNOYR  QuestionnaireFileName: Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

01-94 1-94 times
95 95+ times
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG]
<11-95> [goto ERR_ASGYR]

Question ID: AAU.305_00.000  Instrument Variable Name: AMDLONG  QuestionnaireFileName: Sample Adult

QuestionText: (book) A8  ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0 Never
1 6 months or less
2 More than 6 mos, but not more than 1 yr ago
3 More than 1 yr, but not more than 2 yrs ago
4 More than 2 yrs, but not more than 5 yrs ago
5 More than 5 years ago
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto AH1N1_1/SHTFLUYR]

Question ID: AAU.306_00.010  Instrument Variable Name: AH1N1_1  QuestionnaireFileName: Sample Adult

QuestionText: This question was removed from the instrument in August 2010.

There are currently two kinds of flu vaccines available, the seasonal flu vaccine, and the 2009 H1N1 flu vaccine. I will first ask you questions about the vaccine for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about the seasonal flu.

Since October 2009, have you had a H1N1 flu vaccination? There are two types of H1N1 flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults GE 18 years

SkipInstructions: <1> [goto AH1N1_3M]
<2,R,D> [goto SHTFLUYR]
2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 25-May-11

Question ID: AAU.306_00.030  Instrument Variable Name: AH1N1_3M  QuestionnaireFileName: Sample Adult

QuestionText: This question was removed from the instrument in August 2010.

1 of 2

During what month and year did you receive your H1N1 flu vaccine?

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

UniverseText: Sample adults aged 18+ years who have had an H1N1 vaccine dose

SkipInstructions: <1-12,D> [ goto AH1N1_4Y]  
<99> [goto AH1N1_5]

Question ID: AAU.306_00.040  Instrument Variable Name: AH1N1_4Y  QuestionnaireFileName: Sample Adult

QuestionText: This question was removed from the instrument in August 2010.

2 of 2

*Enter year of H1N1 flu vaccine.

Year  
9997 Refused  
9999 Don't know

UniverseText: Sample adults GE 18 years who have had a H1N1 vaccine dose and gave month/don't know month of vaccine dose

SkipInstructions: If AH1N1_3M and AH1N1_4Y = a future date [goto ERR1_AH1N1_4Y]  
If AH1N1_3M and AH1N1_4Y = a date before October 2009 [goto ERR2_AH1N1_4Y]  
<valid year,R,D> [goto AH1N1_5]
This question was removed from the instrument in August 2010.

Was this a shot, or was it a vaccine sprayed in the nose?

1. Flu shot
2. Flu nasal spray (spray, mist or drop in nose)
7. Refused
9. Don't know

Sample adults aged 18+ years who have had an H1N1 vaccine dose

Now I'm going to ask you about the seasonal flu vaccine.

DURING THE PAST 12 MONTHS, have you had a seasonal flu shot? A seasonal flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

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

Sample adults 18+

<1> [goto ASHFLU_M] <2,R,D> [ goto SPRFLUYR ]
**Question ID:** AAU.310_00.000  **Instrument Variable Name:** SHTFLUYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** This question was added to the instrument in August 2010.

During the past 12 months, several kinds of flu vaccines have been available. I will ask you about your most recent flu vaccination.

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

*Read if necessary: Your most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting this fall, or either of the two types available last season, one called “seasonal” and the other called “H1N1” or “swine” flu vaccine.

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** AAU.312_01.000  **Instrument Variable Name:** ASHFLU_M  **QuestionnaireFileName:** Sample Adult

**QuestionText:** This question was removed from the instrument in August 2010.

1 of 2

During what month and year did you receive your most recent seasonal flu shot?

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

**UniverseText:** Sample adults 18+ who have had a seasonal flu shot

**SkipInstructions:** <1-12,D> [ goto ASHFLU_Y] <R> [goto SPRFLUYR]
Question ID: AAU.312_01.000  Instrument Variable Name: ASHFLU_M  QuestionnaireFileName: Sample Adult

QuestionText: This question was added to the instrument in August 2010.

1 of 2

During what month and year did you receive your most recent flu shot?

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

UniverseText: Sample adults 18+ who have had a flu shot

SkipInstructions: <1-12,D> [ goto ASHFLU_Y] <R> [goto SPRFLUYR]

Question ID: AAU.312_02.000  Instrument Variable Name: ASHFLU_Y  QuestionnaireFileName: Sample Adult

QuestionText: This question was removed from the instrument in August 2010.

2 of 2

*Enter year of most recent seasonal flu shot.

Year
9997 Refused
9999 Don’t know

UniverseText: Sample adults 18+ who gave a month for their last seasonal flu shot or who didn’t know the month

SkipInstructions: <valid year,R,D> [ goto SPRFLUYR]
[IF ASHFLU_M and ASHFLU_Y = a future date] goto ERR1_ASHFLU_Y
[IF ASHFLU_M and ASHFLU_Y = a date prior to birth] goto ERR2_ASHFLU_Y
[IF ASHFLU_M and ASHFLU_Y = a date before 12 months ago] goto ERR3_ASHFLU_Y
Question ID: AAU.312_02.000  
Instrument Variable Name: ASHFLU_Y  
QuestionnaireFileName: Sample Adult

QuestionText: This question was added to the instrument in August 2010.

2 of 2

*Enter year of most recent flu shot.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who gave a month for their most recent flu shot or who didn’t know the month

SkipInstructions: <valid year,R,D>  [goto SPRFLUYR]
[If ASHFLU_M and ASHFLU_Y = a future date [goto ERR1_ASHFLU_Y]  
[If ASHFLU_M and ASHFLU_Y = a date prior to birth [goto ERR2_ASHFLU_Y]  
[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago [goto ERR3_ASHFLU_Y]

---

Question ID: AAU.315_00.000  
Instrument Variable Name: SPRFLUYR  
QuestionnaireFileName: Sample Adult

QuestionText: This question was removed from the instrument in August 2010.

DURING THE PAST 12 MONTHS, have you had a seasonal flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
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</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: Sample adults 18+

SkipInstructions: <1>  [goto ASPFLU_M]
[if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR  
[if AGE GE 50] goto ERR2_SPRFLUYR  
<2,D,R>  [goto SHTPNUYR]
2010 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 25-May-11

Question ID: AAU.315_00.000  Instrument Variable Name: SPRFLUYR  QuestionnaireFileName: Sample Adult

QuestionText: This question was added to the instrument in August 2010.

DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

*Read if necessary: Your most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting this fall, or either of the two types available last season, one called “seasonal” and the other called “H1N1” or “swine” flu vaccine.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPFLU_M] [if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR [if AGE GE 50] goto ERR2_SPRFLUYR <2,D,R> [goto SHTPNUYR]

Question ID: AAU.318_01.000  Instrument Variable Name: ASPFLU_M  QuestionnaireFileName: Sample Adult

QuestionText: This question was removed from the instrument in August 2010.

1 of 2

During what month and year did you receive your most recent seasonal flu nasal spray?

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

UniverseText: Sample adults 18+ who have had a seasonal flu nasal vaccine

SkipInstructions: <1-12,D> [ goto ASPFLU_Y] <R> [goto SHTPNUYR]
This question was added to the instrument in August 2010.

During what month and year did you receive your most recent flu nasal spray?

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

Sample adults 18+ who have had a flu nasal vaccine

*Enter year of most recent seasonal flu nasal spray.

Year
9997 Refused
9999 Don't know

Sample adults 18+ who gave a month for their seasonal flu nasal vaccine or who didn’t know the month
This question was added to the instrument in August 2010.

2 of 2

*Enter year of most recent flu nasal spray.

**Question ID:** AAU.318_02.000  **Instrument Variable Name:** ASPFLU_Y  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

**Question ID:** AAU.330_00.000  **Instrument Variable Name:** APOX  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had chickenpox?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto APOX12MO]
<2,R,D> [goto AHEP]
Question ID: AAU.340_00.000  Instrument Variable Name: APOX12MO  QuestionnaireFileName: Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have ever had chickenpox

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

Question ID: AAU.350_00.000  Instrument Variable Name: AHEP  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had hepatitis?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.360_00.000  Instrument Variable Name: AHEPLIV  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

SkipInstructions: <1,2,R,D> [goto SHTHEPB]
Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1 Yes
2 No
7 Refused
9 Don't know

Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1 Received at least 3 doses
2 Received less than 3 doses
7 Refused
9 Don't know

The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

Sample adults 18+ who have ever received the Hepatitis B vaccine

Sample adults 18+

Sample adults 18+
**Question ID:** AAU.400_00.010  **Instrument Variable Name:** SHEPANUM  **QuestionnaireFileName:** Sample Adult

**QuestionText:** How many hepatitis A shots did you receive?

*Enter ‘96’ if all shots were received

01-95 01-95 shots
96 Received all shots
97 Refused
99 Don’t know

**UniverseText:** Sample adults 18+ who have had a hepatitis A vaccine

**SkipInstructions:** <1-95,96,R,D> if AGE GE 50 [goto SHINGLES]
elseif AGE LT 50 [goto SHTTD]

---

**Question ID:** AAU.410_00.010  **Instrument Variable Name:** SHINGLES  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 50+

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

---

**Question ID:** AAU.420_00.010  **Instrument Variable Name:** SHTTD  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you received a tetanus shot in the past 10 years?

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto SHTTD05]
<2,R,D> [goto LIVEV]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.430_00.010</th>
<th>Instrument Variable Name:</th>
<th>SHTTD05</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was your most recent tetanus shot given in 2005 or later?</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>Sample adults 18+ who have had a tetanus shot in the past 10 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **SkipInstructions:** | <1,R> if AGE le 64 [goto SHTTDAP]  
<1,R> if AGE gt 64 [goto LIVEV]  
<2,D> [goto LIVEV] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.440_00.010</th>
<th>Instrument Variable Name:</th>
<th>SHTTDAP</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did the doctor tell you the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes-included pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No-did not include pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Doctor did not say</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>Sample adults &lt;65 who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-3,R,D&gt; [goto LIVEV]</td>
<td></td>
<td></td>
<td></td>
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</table>

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<thead>
<tr>
<th>Question ID:</th>
<th>AAU.450_00.010</th>
<th>Instrument Variable Name:</th>
<th>LIVEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?</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>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TRAVEL]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: AAU.460_00.010  Instrument Variable Name: TRAVEL  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.465_00.010  Instrument Variable Name: WRKHLTH  QuestionnaireFileName: Sample Adult

QuestionText: Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto WRKDIR] <2,R,D> [goto next section]

Question ID: AAU.470_00.010  Instrument Variable Name: WRKDIR  QuestionnaireFileName: Sample Adult

QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands on contact with patients.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who work or volunteer in a health-care setting

SkipInstructions: <1,2,R,D> [goto next section]
2010 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 16-Apr-11

Question ID: ADS.010_00.000  Instrument Variable Name: BLDGV  QuestionnaireFileName: Sample Adult

QuestionText: Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

Have you donated blood since March 1985?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto BLDG12M]
<2,R,D> [goto HIVTST]

Question ID: ADS.020_00.000  Instrument Variable Name: BLDG12M  QuestionnaireFileName: Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since [fill: 12-month ref. Date], have you donated blood?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have given blood since March 1985

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

Question ID: ADS.040_00.000  Instrument Variable Name: HIVTST  QuestionnaireFileName: Sample Adult

QuestionText: The next questions are about the test for HIV (the virus that causes AIDS).

[fill: Except for tests you may have had as part of blood donations, have you ever been tested for HIV?/Have you ever been tested for HIV?]

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto TST12M_M]
<2> [goto WHYTST]
<2,R,D> [goto EXTST12M]
AIDS Knowledge & Attitudes

2010 NHIS Questionnaire - Sample Adult

Question ID: ADS.050_00.000   Instrument Variable Name: WHYTST   QuestionnaireFileName: Sample Adult

QuestionText: (book) A11

I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS).

Which one of these would you say is the MAIN reason why you have not been tested?

01 It's unlikely you've been exposed to HIV
02 You were afraid to find out if you were HIV positive (that you had HIV)
03 You didn't want to think about HIV or about being HIV positive
04 You were worried your name would be reported to the government if you tested positive
05 You didn't know where to get tested
06 You don't like needles
07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08 Some other reason
09 No particular reason
07 Refused
99 Don't know

UniverseText: Sample adults 18+ who have not been tested for HIV

SkipInstructions: <1-7,9,R,D> [goto EXTST12M]
<8> [goto WHYSPEC]

Question ID: ADS.055_00.000   Instrument Variable Name: WHYSPEC   QuestionnaireFileName: Sample Adult

QuestionText: What was the main reason why you have not been tested?

Verbatim Verbatim response
7 Refused
9 Don't know

UniverseText: Sample adults 18+ with some other reason for no HIV test

SkipInstructions: <20 char long> [goto EXTST12M]
[fill: Not including blood donations, in what month and year was your last test for HIV (the virus that causes AIDS)?/In what month and year was your last test for HIV, (the virus that causes AIDS)?]

* Enter month of last HIV test.

* Enter "96" to go to the time period format.

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

UniverseText: Sample adults 18+ who have been tested for HIV/AIDS

SkipInstructions: <R,96> [goto TIMETST]
<1-12,D> [goto TST12M_Y]

* Enter year of last HIV test.

9996 Time period format
9997 Refused
9999 Don't know

UniverseText: Sample adults 18+ who gave a month for their last HIV test or who didn't know the month

SkipInstructions: <1880-2030> [goto REATST]
<R,D> [goto TIMETST]
[if TST12M_M and TST12M_Y = a future date] goto ERR1_TST12M_Y
[if TST12M_M and TST12M_Y = a date prior to birth date] goto ERR2_TST12M_Y
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ADS.061_00.000</th>
<th>Instrument Variable Name:</th>
<th>TIMETST</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Was it: * Read answer categories. 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 2 years ago 4 More than 2 years, but not more than 5 years ago 5 More than 5 years ago 7 Refused 9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have been tested for HIV, who refused or requested the time period format at TEST12M_M, or refused or don't know the year of their last HIV test.  

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ADS.065_00.000</th>
<th>Instrument Variable Name:</th>
<th>REATST</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) A12 I am going to show you a list of reasons why some people have been tested for HIV (the virus that causes AIDS). [fill: Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test? Which of these would you say was the MAIN reason for your last HIV test?] 01 Someone suggested you should be tested 02 You might have been exposed through sex or drug use 03 You might have been exposed through your work or at work 04 You just wanted to find out if you were infected or not 05 For part of a routine medical check-up, or for hospitalization or surgical procedure 06 You were sick or had a medical problem 07 You were pregnant or delivered a baby 08 For health or life insurance coverage 09 For military induction, separation, or military service 10 For immigration 11 For marriage license or to get married 12 You were concerned you could give HIV to someone 13 You wanted medical care or new treatments if you tested positive 14 Some other reason 15 No particular reason 97 Refused 99 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have been tested for HIV  

**SkipInstructions:** <1>[goto REASWHO] <2-13,15,R,D> [goto LASTST] <14>[goto REASPEC]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ADS.066_00.000</th>
<th>Instrument Variable Name:</th>
<th>REASWHO</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Who suggested you should be tested - a doctor, nurse or other health care professional, a sex partner, someone at the health department, or someone else?</td>
<td>1</td>
<td>Doctor, nurse or other health care professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Sex partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Someone at health department</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>Family member or friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have been tested for HIV because someone suggested it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-4,R,D&gt; [goto LASTST]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;5&gt; [goto WHOSPEC]</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>ADS.067_00.000</th>
<th>Instrument Variable Name:</th>
<th>WHOSPEC</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Who suggested you should be tested?</td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have been tested for HIV because someone not listed in REASWHO suggested it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;20 char long&gt; [goto LASTST]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ADS.069_00.000</th>
<th>Instrument Variable Name:</th>
<th>REASPEC</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>What was the main reason for your last HIV test?</td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have been tested for HIV for some reason not listed in REATST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;20 char long&gt;[goto LASTST]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**2010 NHIS Questionnaire - Sample Adult**

**AIDS Knowledge & Attitudes**

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

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**Question ID:** ADS.070_00.000  **Instrument Variable Name:** LASTST  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A13

[fill: Not including your blood donations, where did you have your last HIV test?/Where did you have your last HIV test?]

01 Private doctor/HMO
02 AIDS clinic/counseling/testing site
03 Hospital, emergency room, outpatient clinic
04 Other type of clinic
05 Public health department
06 At home
07 Drug treatment facility
08 Military induction or military service site
09 Immigration site
10 In a correctional facility (jail or prison)
11 Other location
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV

**SkipInstructions:** <1-3,5,7-10,R,D> [goto GIVNAM]
<4> [goto CLINTYP]
<6> [goto WHOADM]
<11> [goto LASTSPEC]

---

**Question ID:** ADS.072_00.000  **Instrument Variable Name:** CLINTYP  **QuestionnaireFileName:** Sample Adult

**QuestionText:** What type of clinic did you go to for your last HIV test?

01 Family planning clinic
02 Prenatal clinic
03 Tuberculosis clinic
04 STD clinic
05 Community health clinic
06 Clinic run by employer or insurance company
07 Other
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV at another type of clinic

**SkipInstructions:** <1-7,R,D> [goto GIVNAM]
**AIDS Knowledge & Attitudes**

**2010 NHIS Questionnaire - Sample Adult**

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

---

**Question ID:** ADS.074_00.000  
**Instrument Variable Name:** WHOADM  
**Questionnaire FileName:** Sample Adult

**Question Text:** Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

1. Nurse or health worker
2. Self-sampling kit
3. Refused
4. Don't know

**Universe Text:** Sample adults 18+ who have been tested for HIV at home

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

---

**Question ID:** ADS.076_00.000  
**Instrument Variable Name:** LASTSPEC  
**Questionnaire FileName:** Sample Adult

**Question Text:** Where did you have your last HIV test?

* This should be a specific location that is not on the list.

**Verbatim:**
1. Verbatim response
2. Refused
3. Don't know

**Universe Text:** Sample adults 18+ who were tested at another location

**Skip Instructions:** <20 char long> [goto GIVNAM]

---

**Question ID:** ADS.080_00.000  
**Instrument Variable Name:** GIVNAM  
**Questionnaire FileName:** Sample Adult

**Question Text:** The last time you were tested, did you have to give your first and last names?

1. Yes
2. No
3. Refused
4. Don't know

**Universe Text:** Sample adults 18+ who have been tested for HIV

**Skip Instructions:** <1,2,R,D> [goto EXTST12M]

---

**Question ID:** ADS.110_00.000  
**Instrument Variable Name:** EXTST12M  
**Questionnaire FileName:** Sample Adult

**Question Text:** [fill: Do you expect to have another test for HIV in the next 12 months, not including blood donations? Do you expect to have a test for HIV in the next 12 months, not including blood donations?]

1. Yes
2. No
3. Refused
4. Don't know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D> [goto CHNSADS]
2010 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 16-Apr-11

Question ID: ADS.140_00.000
Instrument Variable Name: CHNSADS
QuestionnaireFileName: Sample Adult

QuestionText: What are your chances of GETTING HIV (the virus that causes AIDS)?
Would you say high, medium, low, or none?

1 High
2 Medium
3 Low
4 None
5 Already have HIV or AIDS
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ADS.150_00.000
Instrument Variable Name: STMTRU
QuestionnaireFileName: Sample Adult

QuestionText: (book) A14
Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH Statement or statements are true for you. Just IF ANY of them are.
* Read if necessary.

(a) You have hemophilia and have received clotting factor concentrations.
(b) You are a man who has had sex with other men, even just one time.
(c) You have taken street drugs by needle, even just one time.
(d) You have traded sex for money or drugs, even just one time.
(e) You have tested positive for HIV (the virus that causes AIDS).
(f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements.

1 Yes, at least one statement is true
2 No, none of these statements are true
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [If AGE GE <50> [go to TBHRD] else [go to STD]]
The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, Chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

* If asked, tell respondent to include newly contracted STDs and recurring flare-ups of previously contracted STDs.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18-49

The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18 - 49 who have had an STD other than HIV or AIDS in the past 5 years

Where did you go to be checked?

* Read answer choices only if necessary.

1  Private doctor
2  Family planning clinic
3  STD clinic
4  Emergency room
5  Health department
6  Some other place
7  Refused
9  Don't know

Sample adults 18-49 who have had an STD other than HIV or AIDS who saw a doctor or other health professional
Where did you go to be checked?

Verbatim response
7 Refused
9 Don't know

Sample adults 18-49 who have had an STD other than HIV or AIDS who were tested at some other place

The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

Have you ever personally known anyone who had TB?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have heard of tuberculosis
**Question ID:** ADS.220_00.000  **Instrument Variable Name:** TB  **QuestionnaireFileName:** Sample Adult

**Question Text:**

How much do you know about TB - a lot, some, a little, or nothing?

1. A lot
2. Some
3. A little
4. Nothing
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who have heard of tuberculosis

**Skip Instructions:**
<1-3> [goto TBSPRD]
<4> [goto TBCHANC]
<R,D> [goto HOMELESS]

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**Question ID:** ADS.230_00.000  **Instrument Variable Name:** TBSPRD  **QuestionnaireFileName:** Sample Adult

**Question Text:**

(book) A15

How is TB spread?

* Probe: Can TB be spread in any other way?

* Mark all that apply, separate with commas.

1. Breathing the air around a person who is sick with TB
2. Sharing eating/drinking utensils
3. Through semen or vaginal secretions shared during sexual intercourse
4. From smoking
5. From mosquito or other insect bites
6. Other
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who have knowledge of tuberculosis

**Skip Instructions:**
<1-6,R,D> goto TBCURED

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**Question ID:** ADS.240_00.000  **Instrument Variable Name:** TBCURED  **QuestionnaireFileName:** Sample Adult

**Question Text:** As far as you know, can TB be cured?

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

**Universe Text:** Sample adults 18+ who have knowledge of tuberculosis

**Skip Instructions:**
<1,2,R,D> [goto TBCHANC]
What are your chances of getting TB? Would you say high, medium, low, or none?

1. High
2. Medium
3. Low
4. None
5. Already have TB
7. Refused
9. Don't know

Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

(Fill1: If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

(Fill2: If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

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

Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

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

Sample adults 18+