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

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

Universe Text: All nondeleted family members

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

* Change(s) needed for [ALIAS].
* Enter each number that applies. If a wrong choice, type that choice again.

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

Universe Text: HHCHANGE = 2 (No, not correct)

Skip Instructions: <1> [goto CHG_NAME_FNAME]
<2> [goto CHG_AGEDOB_1]
<3> [goto CHG_SEX]
<4> [goto CHG_NATOR]
<5> [goto CHG_RACE]
**2011 NHIS Questionnaire - Family**

**Family Identification**

Document Version Date: 30-May-12

---

**Question ID:** FID.245_00.000  
**Instrument Variable Name:** HHCHANGE_1  
**QuestionnaireFileName:** Family

**QuestionText:**
I have recorded that {your name is/ALIAS is} {fill full name}, age is {fill age}, date of birth is {fill birthdate}, {his/her} national origin is {fill Hispanic origin}, and {his/her} {fill race} is:

Is this information correct?

**UniverseText:** All nondeleted family members with a change made to their demographic information

**SkipInstructions:**
- `<1>` if no additional PX remain
  - if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
  - else GOTO FIDCCI13
- `<2>` GOTO ERR_HHCHANGE_1

**Hard Edit:**
- ERR_HHCHANGE_1
  - * Press enter to go back to change some demographic information or arrow down and press enter to change your answer.

  Default Goto should be CWHAT2

---

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

**QuestionText:**
* ASK OR VERIFY

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

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

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

**SkipInstructions:**
- `<1>` [goto SPFLAG]
- `<2-5, R, D>` [goto FIDCCI13]
- `<6>` if LINTAL[FAMINT] = 1 [goto FIDCCI4]
  - else [goto COHAB1]
**Question ID:** FID.260_00.000  
**Instrument Variable Name:** SPOUS  
**QuestionnaireFileName:** Family

**QuestionText:**  
* ASK OR VERIFY  

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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:** A potential spouse lives in the unit.

**SkipInstructions:**  
<1> If SPOUS2[PX] = null [goto SPOUS2]  
else [goto FIDC13]  
<2,R,D> [goto FIDC13]
**Question ID:** FID.270_00.000  **Instrument Variable Name:** SPOUS2  **QuestionnaireFileName:** Family

**QuestionText:**

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

[Display all possible spouse candidates]

01-25  Person # of spouse

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

**SkipInstructions:**  Do not allow line number of the subject to be entered. If so [goto ERR_SPOUS2] <1-25,R,D> [goto FIDCCI3]

**Hard Edit:**

ERR1_SPOUS2

*Person can't be his or her own spouse.
*Please correct.

**Soft Edit:**

ERR2_SPOUS2

*IF [ALIAS (SPOUS2(PX))] is [ALIAS (PX)]’s spouse, [ALIAS (SPOUS2(PX))]'s RPREL value should be ‘02’.
*Correct relationship code at RPREL or change answer at SPOUS2.

*First GOTO is to change Relationship code of [ALIAS (SPOUS2(PX))]
*Second GOTO is to choose different spouse at SPOUS2

<table>
<thead>
<tr>
<th>Questions involved</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPREL: Relationship to Ref Person</td>
<td>RPREL(SPOUS2(PX))</td>
</tr>
<tr>
<td>SPOUS2 ALIAS (SPOUS2(PX))</td>
<td>ALIAS (SPOUS2(PX))</td>
</tr>
</tbody>
</table>

ERR3_SPOUS2

*Do not read this message to the respondent.
*The married couple [ALIAS (SPOUS2(PX))] and [ALIAS (PX)] are both [SEX(PX)].
*Suppress message if correct.
*Otherwise, correct SEX of either person or choose different spouse.

*First GOTO is to choose different spouse at SPOUS2
*Second GOTO is to change SEX of spouse [ALIAS (SPOUS2(PX))]  
*Third GOTO is to change SEX of [ALIAS(PX)]

<table>
<thead>
<tr>
<th>Questions involved</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOUS2 ALIAS (SPOUS2(PX))</td>
<td>ALIAS (SPOUS2(PX))</td>
</tr>
<tr>
<td>SEX</td>
<td>SEX (SPOUS2(PX))</td>
</tr>
<tr>
<td>SEX</td>
<td>SEX (PX)</td>
</tr>
</tbody>
</table>

ERR4_SPOUS2

*Age difference between spouses is greater than or equal to 30 years.
I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] spouse [ALIAS(SPOUS2(PX))] is [AGE(SPOUS2(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different spouse at SPOUS2
*Second GOTO is to change AGE of spouse [ALIAS (SPOUS2(PX))]  
*Third GOTO is to change AGE of [ALIAS(PX)]

<table>
<thead>
<tr>
<th>Questions involved</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOUS2 ALIAS (SPOUS2(PX))</td>
<td>ALIAS (SPOUS2(PX))</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE (SPOUS2(PX))</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE (PX)</td>
</tr>
</tbody>
</table>
### 2011 NHIS Questionnaire - Family

#### Family Identification

**Document Version Date:** 30-May-12

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.280_00.000</th>
<th>Instrument Variable Name:</th>
<th>COHAB1</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>[fill: Have you/Has ALIAS] ever been married?</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>
</tbody>
</table>

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

**SkipInstructions:**

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

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.290_00.000</th>
<th>Instrument Variable Name:</th>
<th>COHAB2</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>What is [fill: your/ALIAS's] current legal marital status?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Married</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Widowed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Separated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

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

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Family Identification
Document Version Date: 30-May-12

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

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

[Display all possible cohabitation candidates]

01-25  Person number

UniverseText:  Cohabiting partner has yet to be identified.

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

Hard Edit:  ERR1_COHAB3

* Person can't be his or her own partner.
* Please correct.

Soft Edit:  ERR2_COHAB3

*If [ALIAS (COHAB3(PX))] is [ALIAS (PX)]’s cohabiting partner, [ALIAS (COHAB3(PX))]’s RPREL value should be ‘03’.
*Correct relationship code at RPREL or change answer at COHAB3.

*First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))]
*Second GOTO is to choose different cohabiting partner at COHAB3

Questions involved  Value
RPREL: Relationship to Ref Person  RPREL(COHAB3 (PX))
COHAB3  ALIAS (COHAB3 (PX))

ERR3_COHAB3

*If [ALIAS (COHAB3(PX))] and [ALIAS (PX)] are cohabiting partners, it is not possible for both to have RPREL codes equal to ‘04’ for ‘Child’. One of their RPREL codes should equal ‘12’ for ‘Other relative’.
*Correct relationship code at RPREL or change answer at COHAB3.

*First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))]
*Second GOTO is to change Relationship code of [ALIAS (PX)]
*Third GOTO is to choose different cohabiting partner at COHAB3

Questions involved  Value
RPREL: Relationship to Ref Person  Child
RPREL: Relationship to Ref Person  Child
COHAB3  ALIAS (COHAB3 (PX))

ERR4_COHAB3

*Age difference between cohabiting partners is greater than or equal to 20 years.
I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] cohabiting partner [ALIAS(COHAB3(PX))] is [AGE(COHAB3(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different cohabiting partner at COHAB3
*Second GOTO is to change AGE of cohabiting partner [ALIAS (COHAB3(PX))]
*Third GOTO is to change AGE of [ALIAS(PX)]

Questions involved  Value
COHAB3  ALIAS (COHAB3 (PX))
AGE  AGE (COHAB3 (PX))
AGE  AGE (PX)
I noted that [father's full name] is the father of [child's full name]. Is [child's full name] his biological, adoptive, step, foster, or [fill: son/daughter] in law?

1. Biological
2. Adoptive
3. Step
4. Foster
5. -in-law
6. Refused
7. Don't know
When the reference person is the person in question's parent.

Skip Instructions:

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

Hard Edit:

ERR2\_DEGREE4
*Age difference between father and child is \[\text{AGEDIFF}\] years.
I have recorded \(\text{[ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?\}
* Please correct relationship code or age.

*First GOTO is to change Relationship code of \(\text{[ALIAS(X2)]}\)
*Second GOTO is to change Relationship code of \(\text{[ALIAS(PX)]}\)
*Third GOTO is to change \(\text{AGE}\) of father \(\text{[ALIAS(X2)]}\)
*Fourth GOTO is to change \(\text{AGE}\) of child \(\text{[ALIAS(PX)]}\)

Soft Edit:

ERR1\_DEGREE4
*Age difference between father and child is only \[\text{AGEDIFF}\] years.
I have recorded \(\text{[ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?\}

*First GOTO is to change Relationship code of \(\text{[ALIAS(X2)]}\)
*Second GOTO is to change Relationship code of \(\text{[ALIAS(PX)]}\)
*Third GOTO is to change \(\text{AGE}\) of father \(\text{[ALIAS(X2)]}\)
*Fourth GOTO is to change \(\text{AGE}\) of child \(\text{[ALIAS(PX)]}\)

If suppressed and additional persons remain, GOTO FIDCCI4B, endif

ERR3\_DEGREE4
*Age difference between father and child is greater than or equal to 50 years.
I have recorded \(\text{[ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?}\)

*First GOTO is to change Relationship code of \(\text{[ALIAS(X2)]}\)
*Second GOTO is to change Relationship code of \(\text{[ALIAS(PX)]}\)
*Third GOTO is to change \(\text{AGE}\) of father \(\text{[ALIAS(X2)]}\)
*Fourth GOTO is to change \(\text{AGE}\) of child \(\text{[ALIAS(PX)]}\)

If suppressed and additional persons remain, GOTO FIDCCI4
else GOTO FIDCCI4B, endif
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.324_00.000</th>
<th>Instrument Variable Name:</th>
<th>DEGREE5</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>I noted that [mother's full name] is the mother of [child's full name]. Is [child's full name] her biological, adoptive, step, foster, or [fill: son/daughter] in law?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Biological</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Adoptive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Step</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Foster</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>-in-law</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When the reference person is the person in question's parent.

Skip Instructions:

<1> if AGEDIFF <12 [goto ERR_DEGREE5]
if yes, continue the interview [goto FIDCCI4B]
else, reset DEGREE5 [goto DEGREE5] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

Hard Edit:

ERR2_DEGREE5
*Age difference between mother and child is [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old.
Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of mother [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value
RPREL: Relationship to Ref Person Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person Child or Child of Partner
AGE AGE (X2)
AGE AGE(PX)

Soft Edit:

ERR1_DEGREE5
*Age difference between mother and child is only [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of mother [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value
RPREL: Relationship to Ref Person Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person Child or Child of Partner
AGE AGE (X2)
AGE AGE(PX)

If suppressed and additional persons remain, GOTO FIDCCI4
else GOTO FIDCCI4B, endif

ERR3_DEGREE5
*Age difference between mother and child is greater than or equal to 50 years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of mother [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved Value
RPREL: Relationship to Ref Person Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person Child or Child of Partner
AGE AGE (X2)
AGE AGE(PX)

If suppressed and additional persons remain, GOTO FIDCCI4
* Ask or verify
  Is [fill: your/ALIAS's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law)

  * Enter the line number of the mother or mother-in-law.
    If the mother or mother-in-law is not a household member, enter "0".
    If the person has no parents present but has a legal guardian, enter "96".

  * Choose mother over mother-in-law if both are present.

  00  Mother not a household member
  01-25 Person number of mother
  96  Has legal guardian
  97  Refused
  99  Don't know

UniverseText:  Potential mother in the Family, mother not already identified

SkipInstructions:  <01-25> [goto MOTHERCK_A]
  <0,R,D> [goto FIDCCI5]
  <96> [goto GUARD]
Question ID: FID.330_01.000  Instrument Variable Name: MOTHERCK_A  QuestionnaireFileName: Family

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

1 Biological mother
2 Adoptive mother
3 Step mother
4 Foster mother
5 Mother-in-law
7 Refused
9 Don't know
Mother is in the immediate family.

SkipInstructions:

<1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]
if <1> [goto FIDCCI5]
elseif <2> [goto MOTHER]
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
else [goto FIDCCI5]
<2-5,R,D> [goto FIDCCI5]

Hard Edit:

ERR2_MOTHERCK_A
*Age difference between mother and child is [AGEDIFF] years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved                                                                 Value
MOTHER  ALIAS (MOTHER [PX])
AGE     AGE(LNMOM[PX])
AGE     AGE(PX)

if suppressed goto FIDCCI5

ERR3_MOTHERCK_A
*Age difference between mother and child is greater than or equal to 50 years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved                                                                 Value
MOTHER  ALIAS (MOTHER [PX])
AGE     AGE(LNMOM[PX])
AGE     AGE(PX)

if suppressed goto FIDCCI5
2011 NHIS Questionnaire - Family
Family Identification
Document Version Date: 30-May-12

Question ID: FID.330_02.000  Instrument Variable Name: MOM_CKFG  QuestionnaireFileName: Family

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

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

**SkipInstructions:**<1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]
if <1> [goto FIDCCI5]
elseif <2> [goto MOTHER]
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
else [goto FIDCCI5]
<2-5,R,D> [goto FIDCCI5]

---

Question ID: FID.340_00.000  Instrument Variable Name: FATHER  QuestionnaireFileName: Family

**QuestionText:** * Ask or verify

Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

* Enter the line number of the father or father-in-law.

* If the father is not a household member, enter '0'.

* If the person has no parents present but has a legal guardian, enter '96'.

* Choose father over father-in-law if both are present.

00 Father not in household
01-25 Person # of father
96 Has legal guardian
97 Refused
99 Don't know

**UniverseText:** Potential Father in Family, not already identified

**SkipInstructions:** <1-25> [goto FATHERCK_A]
<0,R,D> [goto FIDCCI4]
<96> [goto GUARD]
### Question Text:

Are you/Is ALIAS' biological (natural) father or father-in-law? Select one:

- **1. Biological father**
- **2. Adoptive father**
- **3. Step father**
- **4. Foster father**
- **5. Father-in-law**
- **7. Refused**
- **9. Don’t know**
Father is in the immediate family.

**SkipInstructions:**

<1> If AGEDIFF <12 [goto ERR_FATHERCK_A]
if ERRFATHERCK_A = <1> [goto FIDCCI4]
elseif <2> [goto FATHER]
elseif <3> reset FATHERCK_A
[goto FATHERCK_A] endif
else [goto FIDCCI4]
<2-5,R,D> [goto FIDCCI4]

**Hard Edit:**

ERR2_FATHERCK_A
*Age difference between father and child is [AGEDIFF] years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.
Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

<table>
<thead>
<tr>
<th>Questions involved</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER</td>
<td>ALIAS(FATHER [PX])</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE(LNDAD[PX])</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE(PX)</td>
</tr>
</tbody>
</table>

if suppressed goto FIDCCI4

**Soft Edit:**

ERR1_FATHERCK_A
*Age difference between father and child is only [AGEDIFF] years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

<table>
<thead>
<tr>
<th>Questions involved</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER</td>
<td>ALIAS(FATHER [PX])</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE(LNDAD[PX])</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE(PX)</td>
</tr>
</tbody>
</table>

if suppressed goto FIDCCI4

ERR3_FATHERCK_A
*Age difference between father and child is greater than or equal to 50 years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

<table>
<thead>
<tr>
<th>Questions involved</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER</td>
<td>ALIAS(FATHER [PX])</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE(LNDAD[PX])</td>
</tr>
<tr>
<td>AGE</td>
<td>AGE(PX)</td>
</tr>
</tbody>
</table>

if suppressed goto FIDCCI4
2011 NHIS Questionnaire - Family
Family Identification
Document Version Date: 30-May-12

Question ID: FID.350_02.000  Instrument Variable Name: DAD_CKFG  QuestionnaireFileName: Family
QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?

UniverseText: Father has been identified

SkipInstructions: <1> If AGEDIFF <12 [goto ERR_FATHERCK_A]
if ERRFATHERCK_A = <1> [goto FIDCCI4]
elseif <2> [goto FATHER]
elseif <3> reset FATHERCK_A
[goto FATHERCK_A] endif
else [goto FIDCCI4]
<2-5,R,D> [goto FIDCCI4]

Question ID: FID.360_01.000  Instrument Variable Name: GUARD  QuestionnaireFileName: Family
QuestionText: Who is [fill: your/ALIAS's] legal guardian?

* Enter the line number of [fill1: your/ALIAS's] guardian.
* If the guardian is not a household member, enter '0'.

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

UniverseText: Mother or father was identified as legal guardian of child or, at the FIDCCI5 procedure, it's determined that the child (AGE<14) has no mother or father in the family.

SkipInstructions: <0-25,R,D> [goto FIDCCI4]
### Question ID: FID.380_00.000
#### Instrument Variable Name: KNOW2
#### QuestionnaireFileName: Family

**QuestionText:**
* Verify or ask
Who in the family would you say knows about the health of all the family members?
[Display all family members who not deleted and > 17 or emancipated minors.]
* Mark all that apply, separate with commas.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, knows family members' health</td>
</tr>
<tr>
<td>2</td>
<td>No, does not know family member's health</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**
More than one adult

**SkipInstructions:**
<1-25,R,D>
if SCSEL = 0 [goto FINTRO2]  
else [goto KNOWSC2]

---

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

**QuestionText:**
* Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.  
[Display all family members who are not deleted and >17 or emancipated minors]
* If any persons listed are not present, say:  
We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now?  
* If yes, ask: Could they join us?  
* If nobody is presently available, enter "96" to proceed to a callback screen.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Present</td>
</tr>
<tr>
<td>2</td>
<td>Not present</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**
<96> [goto FCMALLBK1]  
if only one PX selected [goto HLTH_BEG]  
else [goto FAMRESP]

---

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

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

01-25  
Person # of Family Respondent

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

**SkipInstructions:**
goto HLTH_BEG
**2011 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

Document Version Date: 30-May-12

---

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

**Question Text:**

? [F1]

(fill1: Are/Is)

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

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

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

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

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

---

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

**Question Text:**

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

Who is this?  
(Anyone else?)

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

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

**Skip Instructions:** goto PLAPLYUN

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**Question ID:** FHS.020_00.000  **Instrument Variable Name:** PLAPLYUN  **QuestionnaireFileName:** Family

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

1. Yes
2. No
7. Refused
9. Don’t know

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

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

---

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

**QuestionText:** ? [F1]

[fill: Do you/Does/Do any of these family members, * Read names  
(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

1. Yes
2. No
7. Refused
9. Don’t know

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

**SkipInstructions:** <1> [if only one person less than 18 years of age, store the person number in PSPEDEIS and goto PSPEDEM; else, goto PSPEDEIS]  
<2,R,D> [goto FLAADL]
**2011 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date:** 30-May-12

---

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

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

Who is this?
(Anyone else?)

1. Yes
2. No
7. Refused
9. Don’t know

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

**SkipInstructions:**  
goto PSPEDEM

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

---

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

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

1. Yes
2. No
7. Refused
9. Don’t know

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

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

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

1  Yes
2  No
7  Refused
9  Don’t know

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

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

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

goto LABATH

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

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

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

- Bathing or showering?
  - 1 Yes
  - 2 No
  - 7 Refused
  - 9 Don't know

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

**Skip Instructions:** goto LADRESS

---

**Question ID:** FHS.090_02.000  **Instrument Variable Name:** LADRESS  **QuestionnaireFileName:** Family

**Question Text:**
* Read lead-in if necessary.

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

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

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

**Skip Instructions:** goto LAEAT
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText: * Read lead-in if necessary.

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

Eating?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto LABED

---

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

QuestionText: * Read lead-in if necessary.

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

Getting in or out of bed or chairs?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto LATOILT
Using the toilet, including getting to the toilet?

1  Yes
2  No
7  Refused
9  Don't know

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

goto LAHOME

Getting around inside the home?

1  Yes
2  No
7  Refused
9  Don't know

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

goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL
Because of a physical, mental, or emotional problem, do you or any of these family members need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1 Yes
2 No
7 Refused
9 Don't know

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

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

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

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

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members]
*(fill roster of persons age 18 or older)*
from working at a job or business?

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

Who is this?  
(Anyone else?)

1  Yes  
2  No  
7  Refused  
9  Don't know

All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2011 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 30-May-12

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

QuestionText: ? [F1]

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

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

Who is this?
(Anyone else?)

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

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

SkipInstructions: goto FLAWALK

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Because of a health problem, does anyone in the family have difficulty walking without using any special equipment?

1. Yes
2. No
7. Refused
9. Don’t know

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

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

Who is this?
(Anyone else?)

1. Yes
2. No
7. Refused
9. Don’t know

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.230_00.000</th>
<th>Instrument Variable Name:</th>
<th>FLAREMEM</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td><img src="image" alt="QuestionText" /></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td><img src="image" alt="SkipInstructions" /></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** FHS.250_00.000  **Instrument Variable Name:** FLIMANY  
**QuestionnaireFileName:** Family

**QuestionText:**

? [F1]

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

* Read names
(fill roster of applicable persons)]

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

- [ ] Yes
- [ ] No
- [7] Refused
- [9] Don't know

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

**SkipInstructions:**

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

<2,R,D> [goto LAHCC]

---

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

**QuestionText:**

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

Who is this?
(Anyone else?)

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

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

**SkipInstructions:**

goto LAHCC

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

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

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

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.
Question ID: FHS.271_90.000   Instrument Variable Name: LAHCC_S1   QuestionnaireFileName: Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: goto LHCL90N

---

Question ID: FHS.271_91.000   Instrument Variable Name: LAHCC_S2   QuestionnaireFileName: Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: goto LHCL91N
How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

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

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

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

<1-95,D> [goto LHCL01T]
<96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText:
2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL01T]

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1_LHCL01T

Hard Edit:
ERR1_LHCL01T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL01T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a hearing problem?

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

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

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

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

* Enter time period for time with hearing problem.

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

**UniverseText:**

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

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL02T]

if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto ERR1_LHCL02T

**Hard Edit:**

ERR1_LHCL02T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL02T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a speech problem?

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

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

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

<1-95,D> [goto LHCL03T]
<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 30-May-12

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

QuestionText: 2 of 2

* Enter time period for time with speech problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL03T]

if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1_LHCL03T

Hard Edit: ERR1_LHCL03T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL03T
* "6" not selectable.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.286_01.000</th>
<th>Instrument Variable Name:</th>
<th>LHCL04N</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>

**QuestionText:**

1 of 2

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

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

<table>
<thead>
<tr>
<th>01-94</th>
<th>01-94</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:**

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

**SkipInstructions:**

<1-95,D> [goto LHCL04T]

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

<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 30-May-12

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL04T]

if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1_LHCL04T

Hard Edit: ERR1_LHCL04T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL04T
* "6" not selectable.
How long [fill1: have you/has ALIAS] had the injury that caused [fill2: your/his/her] limitation?

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

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

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

<1-95,D> [goto LHCL06T]
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL06T]

if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1_LHCL06T

Hard Edit: ERR1_LHCL06T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL06T
* "6" not selectable.
How long [fill: have you/has ALIAS] had intellectual disability, also known as mental retardation?

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

- 01-94
- 95
- 96
- 97
- 99

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

<1-95,D> [goto LHCL07T]
<96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
### Question ID: FHS.290_02.000  
### Instrument Variable Name: LHCL07T  
### QuestionnaireFileName: Family

#### QuestionText:

2 of 2  

* Enter time period for time with intellectual disability/mental retardation.  

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

#### UniverseText:

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

#### SkipInstructions:

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2_LHCL07T]  

if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1_LHCL07T

#### Hard Edit:

ERR1_LHCL07T  
* Time with condition cannot be greater than age. Please correct.  
ERR2_LHCL07T  
* "6" not selectable.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.292_01.000</th>
<th>Instrument Variable Name:</th>
<th>LHCL08N</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td></td>
<td></td>
<td>How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* Enter number for time with a developmental problem.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* Enter ‘95’ for 95 or more.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>* Enter ‘96’ if since birth.</td>
<td></td>
</tr>
<tr>
<td>01-94</td>
<td>01-94</td>
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<td></td>
<td></td>
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<tr>
<td>95</td>
<td>95+</td>
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<td>96</td>
<td>Since birth</td>
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<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>All persons less than 18 years of age who have a limitation due to some other developmental problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-95,D&gt; [goto LHCL08T]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;96&gt; [fill &quot;6&quot; in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>&lt;R&gt; [store &quot;R&quot; in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</td>
<td></td>
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**2011 NHIS Questionnaire - Family**
**Family Health Status & Limitations**

**Document Version Date:** 30-May-12

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

**QuestionText:**

2 of 2

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

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

**UniverseText:**

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

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] 
<6> [goto ERR2_LHCL08T]

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1_LHCL08T

**Hard Edit:**

ERR1_LHCL08T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL08T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a mental, emotional, or behavioral problem?

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

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

All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem
* Enter time period for time with mental, emotional, or behavioral problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL09T]

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1_LHCL09T

Hard Edit: ERR1_LHCL09T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL09T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?

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

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

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

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

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

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

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

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

Hard Edit: ERR1_LHCL10T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL10T
* "6" not selectable.
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

All persons less than 18 years of age who have a limitation due to epilepsy or seizures

<1-95,D> [goto LHCL11T]
<96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL11T]

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

Hard Edit: ERR1_LHCL11T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL11T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a learning disability?

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

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

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

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL12T]

if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto ERR1_LHCL12T

Hard Edit: ERR1_LHCL12T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL12T
* "6" not selectable.
How long [fill: have you/has ALIAS] had attention deficit/hyperactivity disorder?

* Enter number for time with attention deficit/hyperactivity disorder.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

<1-95,D> [goto LHCL13T]
<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2 of 2

* Enter time period for time with attention deficit/hyperactivity disorder.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL13T]

if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1_LHCL13T

Hard Edit: ERR1_LHCL13T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL13T
* "6" not selectable.
How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S1]?

* Enter number for time with [fill1: problem in LAHCC_S1]?
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1

<1-95,D> [goto LHCL90T]
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
* Enter time period for time with [fill: problem in LAHCC_S1].

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

All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1 and 1-95, D was entered for the "number" part of this two-part question

if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1_LHCL90T

* Time with condition cannot be greater than age. Please correct.
* "6" not selectable.
How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S2]?

* Enter number for time with [fill1: problem in LAHCC_S2].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2
2 of 2

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

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

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

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1_LHCL91T

ERR1_LHCL91T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHCL91T
* "6" not selectable.
What conditions or health problems cause [fill: your/ALIAS’s] limitations?

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

01 Vision/problem seeing
02 Hearing problem
03 Arthritis/rheumatism
04 Back or neck problem
05 Fracture, bone/joint injury
06 Other injury
07 Heart problem
08 Stroke problem
09 Hypertension/high blood pressure
10 Diabetes
11 Lung/breathing problem (for example, asthma and emphysema)
12 Cancer
13 Birth defect
14 Intellectual disability, also known as mental retardation
15 Other developmental problem (for example 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, paraparaplegia
28 Parkinson's disease, other tremors
29 Other nerve damage, including carpal tunnel syndrome
30 Hernia
31 Ulcer
32 Varicose veins, hemorrhoids
33 Thyroid problems, Grave's disease, gout
34 Knee problems (not arthritis (03), not joint injury(05))
35 Migraine headaches (not just headaches)
90 Other impairment/problem (Specify one)
91 Other impairment/problem (Specify one)
97 Refused
99 Don't know/not sure
Family Health Status & Limitations

2011 NHIS Questionnaire - Family

Document Version Date: 30-May-12

UniverseText: All persons 18 years of age or older who have at least one reported limitation

SkipInstructions:
<1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]
<13> [fill "96" in LHAL13N and fill "6" in LHAL13T]
<90> [goto LAHCA_S1]
<91> [goto LAHCA_S2]
<R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

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

Question ID: FHS.351_90.000   Instrument Variable Name: LAHCA_S1   QuestionnaireFileName: Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: goto LHAL90N

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

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: goto LHAL91N
Question ID: FHS.360_01.000  Instrument Variable Name: LHAL01N  QuestionnaireFileName: Family

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions:  <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL01T]
if LHAL01T = 4 and LHAL01N > AGE, goto ERR1_LHAL01T

Hard Edit:  ERR1_LHAL01T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL01T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a hearing problem?

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

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

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

* Enter time period for time with hearing problem.

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

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

* Time with condition cannot be greater than age. Please correct.
How long [fill: have you/has ALIAS] had arthritis or rheumatism?

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

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

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

* Enter time period for time with arthritis or rheumatism.

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

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

* Time with condition cannot be greater than age. Please correct.
* "6" not selectable.
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText:
1 of 2
How long [fill: have you/has ALIAS] had a back or neck problem?

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

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

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

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

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

QuestionText:
2 of 2
* Enter time period for time with back or neck problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL04T]
if LHAL04T = 4 and LHAL04N > AGE, goto ERR1_LHAL04T

Hard Edit:
ERR1_LHAL04T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL04T
* "6" not selectable.
Question ID: FHS.368_01.000  Instrument Variable Name: LHAL05N  QuestionnaireFileName: Family

QuestionText: 1 of 2

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

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

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<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>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

QuestionText: 2 of 2

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

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<td>1</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>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL05T]
if LHAL05T = 4 and LHAL05N > AGE, goto ERR1_LHAL05T

Hard Edit: ERR1_LHAL05T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL05T
* "6" not selectable.
### Question 1 of 2

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

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

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<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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<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>

### Universe Text:
All persons 18 years of age or older who have a limitation due to some "other" injury

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

### Question 2 of 2

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

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
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<td>2</td>
<td>Week(s)</td>
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<tr>
<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>

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

### Skip Instructions:
- `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<6>` [goto ERR2_LHAL06T]

### Hard Edit:
- **ERR1_LHAL06T**: *Time with condition cannot be greater than age. Please correct.*
- **ERR2_LHAL06T**: *"6" not selectable.*
1 of 2
How long [fill: have you/has ALIAS] had a heart problem?

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

01-94
95
96
97
99

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

2 of 2
* Enter time period for time with heart problem.

1
2
3
4
6
9

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL07T]

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1_LHAL07T

Hard Edit:
ERR1_LHAL07T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL07T
* "6" not selectable.
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.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<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>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

* Enter time period for time with stroke problem.

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

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

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

* Time with condition cannot be greater than age. Please correct.  
ERR2_LHAL08T  * "6" not selectable.
How long have you had hypertension or high blood pressure?

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

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

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

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

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

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL09T]
if LHAL09T = 4 and LHAL09N > AGE, goto ERR1_LHAL09T

* Time with condition cannot be greater than age. Please correct.
* 6” not selectable.
How long [fill: have you/has ALIAS] had diabetes?

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

01-94
95
96
97
99

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

* Enter time period for time with diabetes.
1
2
3
4
6
7
9

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

* Time with condition cannot be greater than age. Please correct.
How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

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

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

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

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

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

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

* Time with condition cannot be greater than age. Please correct.
ERR1_LHAL11T
* "6" not selectable.
How long [fill: have you/has ALIAS] had cancer?

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

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

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

* 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

All persons 18 years of age or older who have a limitation due to cancer and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had intellectual disability, also known as mental retardation?

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

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

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

* Enter time period for time with intellectual disability/mental retardation.

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

All persons 18 years of age or older who have a limitation due to mental retardation and 1-95, D was entered for the "number" part of this two-part question
1 of 2

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

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

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

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

SkipInstructions:
<1-95,D> [goto LHAL15T]
<96> [fill "6" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL15T]
if LHAL15T = 4 and LHAL15N > AGE, goto ERR1_LHAL15T

Hard Edit: ERR1_LHAL15T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL15T
* "6" not selectable.
How long [fill: have you/has ALIAS] had senility?

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

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

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

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

* Enter time period for time with senility.

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

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

SkipInstructions: 
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL16T]
if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T

Hard Edit: 
ERR1_LHAL16T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL16T
* "6" not selectable.
2011 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 30-May-12

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

QuestionText: 1 of 2

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

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

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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

QuestionText: 2 of 2

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

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<td>6</td>
<td>Since birth</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL17T]
if LHAL17T = 4 and LHAL17N > AGE, goto ERR1_LHAL17T

Hard Edit: ERR1_LHAL17T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL17T
* "6" not selectable.
**Question ID:** FHS.392_01.000  
**Instrument Variable Name:** LHAL18N  
**QuestionnaireFileName:** Family

**Question Text:**
1 of 2

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

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

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<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>

**Universe Text:**
All persons 18 years of age or older who have a limitation due to a weight problem

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

---

**Question ID:** FHS.392_02.000  
**Instrument Variable Name:** LHAL18T  
**QuestionnaireFileName:** Family

**Question Text:**
2 of 2

* Enter time period for time with weight problem.

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<td>Since birth</td>
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<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**Skip Instructions:**
- `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<6>` [goto ERR2_LHAL18T]
  
  if LHAL18T = 4 and LHAL18N > AGE, goto ERR1_LHAL18T

**Hard Edit:**
- ERR1_LHAL18T
  * Time with condition cannot be greater than age. Please correct.
- ERR2_LHAL18T
  * "6" not selectable.
How long [fill: have you/has ALIAS] had a missing limb (finger, toe, or digit)?

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

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

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

2 of 2

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

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

SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL19T]

if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T

Hard Edit:
ERR1_LHAL19T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL19T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a kidney, bladder or renal problem?

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

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<td>97</td>
<td>Refused</td>
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<td>99</td>
<td>Don't know</td>
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</table>

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

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

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

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

* Time with condition cannot be greater than age. Please correct.
ERR1_LHAL20T
* "6" not selectable.
How long [fill: have you/has ALIAS] had a circulation problem (including blood clots)?

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

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<td>97</td>
<td>Refused</td>
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<tr>
<td>99</td>
<td>Don't know</td>
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</table>

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

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

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<td>9</td>
<td>Don't know</td>
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</tbody>
</table>

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

* Time with condition cannot be greater than age. Please correct.
How long [fill: have you/has ALIAS] had benign tumors or cysts?

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

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

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

* 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

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL22T]

if LHAL22T = 4 and LHAL22N > AGE, goto ERR1_LHAL22T

ERR1_LHAL22T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL22T
* "6" not selectable.
How long [fill: have you/has ALIAS] had fibromyalgia or lupus?

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

01-94
95
96
97
99

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

* Enter time period for time with fibromyalgia or lupus.

1
2
3
4
6
7
9

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

1-95, D> [goto LHAL23T]
96> [fill "6" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
R> [store "R" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
How long [fill: have you/has ALIAS] had osteoporosis or tendinitis?

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

<table>
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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>01-94</td>
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<td>97</td>
<td>Refused</td>
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<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

SkipInstructions:
- `<1-95,D>` [goto LHAL24T]
- `<96>` [fill "6" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<R>` [store "R" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
How long [fill: have you/has ALIAS] had epilepsy or seizures?

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

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

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

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

* 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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL25T]

if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T

* Time with condition cannot be greater than age. Please correct.
ERR1_LHAL25T
ERR2_LHAL25T
* "6" not selectable.
### 2011 NHIS Questionnaire - Family
#### Family Health Status & Limitations

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

**QuestionText:**

1 of 2

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

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

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<td>97</td>
<td>Refused</td>
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<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1-95,D> [goto LHAL26T]

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

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

---

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

**QuestionText:**

2 of 2

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

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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

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

<6> [goto ERR2_LHAL26T]

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1_LHAL26T

**Hard Edit:**

ERR1_LHAL26T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL26T
* "6" not selectable.
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText: 1 of 2

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

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

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL27T]

if LHAL27T = 4 and LHAL27N > AGE, goto ERR1_LHAL27T

Hard Edit: ERR1_LHAL27T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL27T
* "6" not selectable.
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

Question ID: FHS.412_01.000 Instrument Variable Name: LHAL28N QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had Parkinson’s disease or tremors?

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

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

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

SkipInstructions: <1-95,D> [goto LHAL28T]
<96> [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.412_02.000 Instrument Variable Name: LHAL28T QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL28T]
if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T

Hard Edit: ERR1_LHAL28T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL28T
* "6" not selectable.
How long [fill: have you/has ALIAS] had nerve damage (including carpal tunnel syndrome)?

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

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

All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome

<1-95,D> [goto LHAL29T]
<96> [fill "6" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
Question ID: FHS.414_02.000  Instrument Variable Name: LHAL29T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with nerve damage (including carpal tunnel syndrome).

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL29T]

if LHAL29T = 4 and LHAL29N > AGE, goto ERR1_LHAL29T

ERR1_LHAL29T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL29T
* "6" not selectable.

---

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL30T]
<96> [fill "6" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

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

SkipInstructions:  
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL30T]

if LHAL30T = 4 and LHAL30N > AGE, goto ERR1_LHAL30T

Hard Edit: ERR1_LHAL30T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL30T
* "6" not selectable.

Question ID: FHS.418_01.000  Instrument Variable Name: LHAL31N  QuestionnaireFileName: Family

QuestionText: 1 of 2

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

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

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

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

SkipInstructions:  
<1-95,D> [goto LHAL31T]
<96> [fill "6" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
**Question ID:** FHS.418_02.000  **Instrument Variable Name:** LHAL31T  **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

* Enter time period for time with ulcer.

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

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

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

if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T

**Hard Edit:**  
ERR1_LHAL31T  
* Time with condition cannot be greater than age. Please correct.  
ERR2_LHAL31T  
* "6" not selectable.

---

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

**QuestionText:** 1 of 2

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

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

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

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

**SkipInstructions:** <1-95,D> [goto LHAL32T]  
<96> [fill "6" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText: 2 of 2

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

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

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

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

<6> [goto ERR2_LHAL32T]

if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T

Hard Edit: ERR1_LHAL32T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL32T
* "6" not selectable.

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL33T]

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

<R> [store "R" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL33T]

if LHAL33T = 4 and LHAL33N > AGE, goto ERR1_LHAL33T

Hard Edit: ERR1_LHAL33T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL33T
* "6" not selectable.

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

QuestionText: 1 of 2

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

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

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

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

SkipInstructions: <1-95,D> [goto LHAL34T]
<96> [fill "6" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
### Question ID: FHS.424_02.000
#### Instrument Variable Name: LHAL34T
#### QuestionnaireFileName: Family
#### QuestionText: 2 of 2
* Enter time period for time with knee problem.

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

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

#### SkipInstructions:  

- `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
- `<6>` [goto ERR2_LHAL34T]  
  
  if LHAL34T = 4 and LHAL34N > AGE, goto ERR1_LHAL34T

#### Hard Edit:  
- ERR1_LHAL34T
  * Time with condition cannot be greater than age. Please correct.  
- ERR2_LHAL35T
  * "6" not selectable.

---

### Question ID: FHS.426_01.000
#### Instrument Variable Name: LHAL35N
#### QuestionnaireFileName: Family
#### QuestionText: 1 of 2
* Enter number for time with migraine headaches.  
* Enter '95' for 95 or more.  
* Enter '96' if since birth.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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: All persons 18 years of age or older who have a limitation due to migraine headaches

#### SkipInstructions:  

- `<1-95,D>` [goto LHAL35T]  
- `<96>` [fill "6" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
- `<R>` [store "R" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2 of 2

* 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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL35T]
if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T

Hard Edit: ERR1_LHAL35T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL35T
* "6" not selectable.

1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S1]?

* Enter number for time with [fill1: LAHCA_S1].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHAL90T]
<96> [fill "6" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2011 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 30-May-12

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

QuestionText: 2 of 2

* Enter time period for time with [fill: LAHCA_S1].

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

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT] <6> [goto ERR2_LHAL90T]

if LHAL90T = 4 and LHAL90N > AGE, goto ERR1_LHAL90T

Hard Edit: ERR1_LHAL90T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL90T
* "6" not selectable.

---

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

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S2]?* Enter number for time with [fill1: LAHCA_S2].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2

SkipInstructions: <1-95,D> [goto LHAL91T]
<96> [fill "6" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
### Question ID: FHS.452_02.000
**Instrument Variable Name:** LHAL91T  
**QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with [fill: LAHCA_S2].

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Week(s)</th>
<th>Month(s)</th>
<th>Year(s)</th>
<th>Since birth</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
</table>

**UniverseText:**
All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2 and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL91T]  

if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T

**Hard Edit:**

- ERR1_LHAL91T
  
  * Time with condition cannot be greater than age. Please correct.
  
  ERR2_LHAL91T
  
  * "6" not selectable.

---

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

**QuestionText:**

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

<table>
<thead>
<tr>
<th>1</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Very good</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Fair</td>
</tr>
<tr>
<td>5</td>
<td>Poor</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**
All persons

**SkipInstructions:** repeat for all persons in the family, goto FINJ3M
These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days.

The first statement is "[fill 2: I/We] worried whether [fill 3: my/our] food would run out before [fill 4: I/we] got money to buy more." Was that often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days?

<table>
<thead>
<tr>
<th></th>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: All families

SkipInstructions: <1-3,R,D> goto FSLAST

"The food that [fill 1: I/we] bought just didn't last, and [fill 1: I/we] didn't have money to get more." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?

<table>
<thead>
<tr>
<th></th>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>9</td>
<td></td>
<td></td>
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</tbody>
</table>

UniverseText: All families

SkipInstructions: <1-3,R,D> goto FSBALANC
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FFS.030_00.000</th>
<th>Instrument Variable Name:</th>
<th>FSBALANC</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>&quot;[fill 1: I/We] couldn't afford to eat balanced meals.&quot; Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Often true</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Sometimes true</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>Refused</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2&gt; [goto FSSKIP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;3,D,R&gt; [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]</td>
<td></td>
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<table>
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<th>FFS.040_00.000</th>
<th>Instrument Variable Name:</th>
<th>FSSKIP</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>In the last 30 days, did [fill 1: you/you or other adults in your family] ever cut the size of your meals or skip meals because there wasn't enough money for food?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>No</td>
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<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto FSSKDAY]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto FSLESS]</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>In the last 30 days, how many days did this happen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>01-30 Days</td>
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<td></td>
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</tr>
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<td></td>
<td>97 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99 Don't know</td>
<td></td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Adults in the family cut the size of their meals or skipped meals in the last 30 days because there wasn't enough money for food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-30,R,D&gt; [goto FSLESS]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2011 NHIS Questionnaire - Family
Family Food Security

Document Version Date: 30-May-12

Question ID: FFS.060_00.000  Instrument Variable Name: FSLESS  QuestionnaireFileName: Family

QuestionText: In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

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

Question ID: FFS.070_00.000  Instrument Variable Name: FSHUNGRY  QuestionnaireFileName: Family

QuestionText: In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

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

Question ID: FFS.080_00.000  Instrument Variable Name: FSWEIGHT  QuestionnaireFileName: Family

QuestionText: In the last 30 days, did you lose weight because there wasn't enough money for food?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

SkipInstructions: <1> [goto FSNOTEAT]
<2,R,D> [if FSSKIP=1 or FSLESS=1 or FSHUNGRY=1, goto FSNOTEAT; else goto FINJ3M]
**Question ID:** FFS.090_00.000  **Instrument Variable Name:** FSNOTEAT  **QuestionnaireFileName:** Family

**QuestionText:** In the last 30 days, did [fill 1: you/you or other adults in your family] ever not eat for a whole day because there wasn't enough money for food?

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

**UniverseText:** All families where adult(s) cut the size of meals or meals were skipped, ate less than they felt they should, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food

**SkipInstructions:**<1> [goto FSNEDAYS]
<2,R,D> [goto FINJ3M]

---

**Question ID:** FFS.100_00.000  **Instrument Variable Name:** FSNEDAYS  **QuestionnaireFileName:** Family

**QuestionText:** In the last 30 days, how many days did this happen?

01-30 Days
97 Refused
99 Don't know

**UniverseText:** All families where the adult(s) did not eat for a whole day, in the last 30 days, because there wasn't enough money for food

**SkipInstructions:** <1-30,R,D> [goto FINJ3M]
The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

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

1  Yes
2  No
7  Refused
9  Don't know

All families

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

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

Who was this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

<R,D> [goto FPOI3M]
else, goto TFINJ3M

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**Question ID:** FIJ.014_00.000  
**Instrument Variable Name:** TFINJ3M  
**QuestionnaireFileName:** Family

**QuestionText:**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-91</td>
<td>1-91 times</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1-10,D> [goto MFINJ3M]

<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

<11-91> [goto ERR_TFINJ3M]

**Soft Edit:**

ERR_TFINJ3M

* ^TFINJ3M is unusually high. Please verify.

<Suppress> [goto MFINJ3M]

<CLOSE> [reset TFINJ3M for new entry]

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

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

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

SkipInstructions:  
<1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]
<R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Hard Edit:
ERR1_MTFINJ3M

[If (MTFINJ3M gt TFINJ3M), display ERR1_MTFINJ3M]:

[^MTFINJ3M] is greater than the total number of times you said [you were/ALIAS was] injured, which is [^TFINJ3M]. For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event.

Goto
Close

Soft Edit:
ERR2_MTFINJ3M

[If (TFINJ3M = 99 and MTFINJ3M gt 3), display ERR2_MTFINJ3M]:

[^MTFINJ3M] is an unusually high number of injuries for which a medical professional was consulted. Please verify.

*Read if necessary.

For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times, but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event.

Suppress
Goto
Close
### Question ID: FIJ.020_00.000  
**Instrument Variable Name:** FPOI3M  
**QuestionnaireFileName:** Family

**QuestionText:**

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

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

**UniverseText:** All families

**Skip Instructions:**

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

---

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

**QuestionText:**

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

Who was this?  
(Anyone else?)

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

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

**Skip Instructions:**

<1-25> [All family members. Avoid duplicate; goto TFPOI3M]  
<DK,R> [goto next section]
2011 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 30-May-12

Question ID: FIJ.024_00.000  Instrument Variable Name: TFPOI3M  QuestionnaireFileName: Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes.

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

UniverseText: All persons poisoned during the past 3 months

SkipInstructions: <01-10, DK> [goto MFPOI3M]
<R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]
<11-91> [goto ERR_TFPOI3M]

Soft Edit: ERR_TFPOI3M

[If TFPOI3M gt 10, display ERR_TFPOI3M]
* ^TFPOI3M is unusually high. Please verify.

<Suppress> [goto MFPOI3M]
<Clo>se [goto TFPOI3M for new entry]
<Goto> [goto TFPOI3M for new entry]

---

Question ID: FIJ.026_00.000  Instrument Variable Name: MFPOI3M  QuestionnaireFileName: Family

QuestionText: ? [F1]

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

1    Yes
2    No
7    Refused
9    Don't know

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

SkipInstructions: <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else goto MTFPOI3M]
<2,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]
Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

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

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

[If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM]
[If TFPOI3M = 99 and MTFPOI3M gt 99, display ERR2_MTFPOI3M;]
[If (MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M]:

[^MTFPOI3M] is greater than the total number of times you said [you were/ALIAS was] poisoned, which is [^TFPOI3M].  For this question, we are asking about the number of times [you were/ALIAS was] poisoned and a medical professional was consulted.  For example, if you were poisoned three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that poisoning event.

[^MTFINJ3M is an unusually high number.
For this question, we are asking about the number of times [you were/ALIAS was] poisoned and a medical professional was consulted.  For example, if you were poisoned three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that poisoning event.

Suppress
Goto
Close
* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}
When did [fill1: your/ALIAS’s] [fill2: injury/poisoning] happen for which a medical professional was consulted?

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

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

* Enter month.

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

All injury/poisoning episodes for which a medical professional was consulted
Question ID: FIJ.050_02.000  Instrument Variable Name: IPDATED  QuestionnaireFileName: Family

QuestionText: 2 of 3

* Enter day.

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

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

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

Hard Edit: ERR_IPDATED

[fill1: IPDATED] is not a valid day for [fill2: IPDATEM ].

<Close> [reset IPDATED for new entry]
<Goto> [reset IPDATED for new entry]
3 of 3

* Enter year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</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: All injury/poisoning episodes where a valid day of episode was entered

SkipInstructions: if IDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

Hard Edit:

ERR_IPDATEY

* Future date invalid.
* Please correct.

<Close> [reset IPDATED for new entry]
<Goto> [reset IPDATED for new entry]

Soft Edit:

ERR1_IPDATEY

* The reported date, [IDATEM(text)\*IPDATED(numeric)\*IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify the date and make any corrections.

ERR2_IPDATEY

*The reported date, [IDATEM(text)\*IPDATED(numeric)\*IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010]. NOTE: The start of the reference period falls in the [beginning/middle/end] of [month used in FIJ.010].

*Please verify the date and make any corrections.

ERR3_IPDATEY

* The reported date, [IDATEM(text)\*IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify the date and make any corrections.
**2011 NHIS Questionnaire - Family**

**Injuries & Poisoning**

Document Version Date: 30-May-12

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.051_01.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATENO</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td>Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?</td>
<td>*Enter number for time since event.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>001-096</td>
<td>1-96</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes where don't know was entered for month of episode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-91&gt; [goto IPDATETP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R,D&gt; [goto IPHOW]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.051_02.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATETP</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td>*Enter number for time period since event.</td>
<td>^IPDATENO…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the &quot;number&quot; part of this two-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>goto IPHOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hard Edit:**

If IPDATENO GT 91 days (1) or IPDATENO GT 13 weeks (2) or IPDATENO GT 4 months (3) then goto ERR_IPDATETP

ERR_IPDATETP
default Blaise message for now "Out of range"

**Soft Edit:**

ERR1_IPDATETP

*The approximate date falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify and make any corrections.
Question ID: FIJ.052_00.000  Instrument Variable Name: IPDATEMT  QuestionnaireFileName: Family

QuestionText: (book) F3 ? [F1]

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

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

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

SkipInstructions: goto IPHOW

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

QuestionText: ? [F1]

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

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

Verbatim Verbatim response
7 Refused
9 Don't know

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

SkipInstructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]  
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]  
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
* Enter the number which best describes the cause of the person’s injury from the list below.

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

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

SkipInstructions: goto IJBODY
Question ID: FIJ.070_00.000  Instrument Variable Name: IJBODY  QuestionnaireFileName: Family

**QuestionText:**

(book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

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

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

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

**SkipInstructions:** <1-28> [goto IJTYPE1]  
<29> [goto IJBODYOS]  
<R,D> [goto IPEV]
**Question ID:** FIJ.071_00.000  
**Instrument Variable Name:** IJBODYOS  
**QuestionnaireFileName:** Family

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

What other parts of the body were hurt?

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

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

**SkipInstructions:** goto IJTYPE1

---

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

**QuestionText:** *(book) F5  
*Enter up to 2 responses, separate with a comma.*

* Ask or verify.

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

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

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

**SkipInstructions:**  
<1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]  
<9> [goto IJTYPE1OS]  
<R> [goto IPEV]
2011 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 30-May-12

---

**Question ID:** F1J.073_00.000  **Instrument Variable Name:** IJTP1OS  **QuestionnaireFileName:** Family

**QuestionText:**

?  [F1]

* Read if necessary.

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

**Verbatim**

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

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

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

---

**Question ID:** F1J.074_00.000  **Instrument Variable Name:** IJTYPE2  **QuestionnaireFileName:** Family

**QuestionText:**

(book) F5

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

* Ask or verify.

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

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

**UniverseText:** All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

**SkipInstructions:** <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]

<9> [goto IJTP2OS]

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

Verbatim

| Refused | 7 |
| Don't know | 9 |

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

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV

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

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

UniverseText: All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

SkipInstructions: <1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYPE3OS]
<R> [goto IPEV]
How else was [fill1: your/ALIAS’s] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim: 7 Refused
9 Don't know

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

SkipInstructions: goto IJTYPE4 for next body part; if no more body parts, goto IPEV

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

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

UniverseText: All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

SkipInstructions: <1-8,R,D> [goto IPEV]
<9> [goto IJTYP4OS]
**Question ID:** FIJ.079_00.000  
**Instrument Variable Name:** IJTYPO4OS  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Read if necessary.

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

**Verbatim**

Verbatim response

7 Refused

9 Don't know

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

**SkipInstructions:**  
if a poisoning episode, goto PPCC; else, goto IPEV

---

**Question ID:** FIJ.080_01.000  
**Instrument Variable Name:** PPCC  
**QuestionnaireFileName:** Family

**QuestionText:**  
Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..  
A phone call to a poison control center?

1 Yes

2 No

7 Refused

9 Don't know

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

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

An emergency vehicle, such as an ambulance or fire truck

1  Yes
2  No
7  Refused
9  Don't know

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

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

1  Yes
2  No
7  Refused
9  Don't know

All injury/poisoning episodes for which a medical professional was consulted
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.080_04.000</th>
<th>Instrument Variable Name:</th>
<th>IPDO</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>* Read lead-in if necessary.</td>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td>A visit to a doctor’s office or other health clinic</td>
<td>1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,D&gt; [goto IPPCHCP] &lt;R&gt; [goto IPHOSP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.080_05.000</th>
<th>Instrument Variable Name:</th>
<th>IPPCHCP</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>* Read lead-in if necessary.</td>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td>A phone call to a doctor, nurse, or other health care professional</td>
<td>1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,D&gt; [goto IPOTH] &lt;R&gt; [goto IPHOSP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**2011 NHIS Questionnaire - Family**

**Injuries & Poisoning**

Document Version Date: 30-May-12

---

**Question ID:** FIJ.080_06.000  **Instrument Variable Name:** IPOTH  **QuestionnaireFileName:** Family

**QuestionText:**

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:**

<1> [goto IPOTHOS]
if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
<br>
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]
<br>
<R,D> [goto IPHOSP]

---

**Question ID:** FIJ.081_00.000  **Instrument Variable Name:** IPOTHOS  **QuestionnaireFileName:** Family

**QuestionText:**

* Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

**Verbatim**

Verbatim response

7  Refused
9  Don't know

**UniverseText:** All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

**SkipInstructions:** goto IPHOSP

---
* Please verify.

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

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

All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

<1>[If the subject HAS more injury/poisoning episodes, then go to FIJ.050_1 for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to next section.]

<2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]

[fill1: Were you/WAS ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

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

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

<1> [goto IPIHNO]

<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]
**2011 NHIS Questionnaire - Family**

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**Document Version Date:** 30-May-12

**Question ID:** FIJ.091_00.000  
**Instrument Variable Name:** IPIHNO  
**QuestionnaireFileName:** Family

**QuestionText:**

? [F1]

How many nights [fill: were you/was ALIAS] in the hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

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

**UniverseText:** All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

**Soft Edit:**

[if IPIHNO gt 60, display ERR_IPIHNO]  
* IPIHNO is unusually high. Please verify.

 Suppress
 Goto
 Close

<Suppress> [if ICAUS eq 01 or 02 or 03, goto IMTRAF]  
if ICAUS eq 04 or 06 or 07 or 97, or 99, goto IPWHAT]  
if ICAUS eq 05, goto IFALL]]

<Close, Goto> [reset IPIHNO for new entry]

---

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

**QuestionText:**

? [F1]

* Ask or verify.

Did this accident occur on a public highway, street, or road?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

**SkipInstructions:** goto IMVWHO
**2011 NHIS Questionnaire - Family**

**Injuries & Poisoning**

**Document Version Date:** 30-May-12

---

**Question ID:** FIJ.110_00.000

**Instrument Variable Name:** IMVWHO

**QuestionnaireFileName:** Family

**QuestionText:**
*Read all categories.

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

1 The driver of a motor vehicle
2 A passenger in a motor vehicle
3 A pedestrian
4 A bicycle rider or tricycle rider
5 The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7 Refused
9 Don't know

**UniverseText:** All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

**SkipInstructions:**
<1,2> [goto IMVTYP]
<4,5> [goto IHELMT]
<3,R,D> [goto IPWHAT]

---

**Question ID:** FIJ.111_00.000

**Instrument Variable Name:** IMVTYP

**QuestionnaireFileName:** Family

**QuestionText:**
*(book) F6 ? [F1]*

* Ask or verify.

What type of vehicle [fill: were you/was ALIAS] in?

01 Passenger car
02 Passenger truck, such as a pickup truck, van, or SUV
03 Bus
04 Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05 Motorcycle (including mopeds and minibikes)
06 All terrain vehicle or ski/snow-mobile
07 Farm equipment (such as a tractor)
08 Industrial or construction vehicle
09 Other
97 Refused
99 Don't know

**UniverseText:** All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

**SkipInstructions:**
<1,2,4> [goto ISBELT]
<5,6> [goto IHELMT]
<3,7,8,9,R,D> [goto IPWHAT]
Question ID: FIJ.112_00.000  Instrument Variable Name: ISBELT  QuestionnaireFileName: Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] restrained at the time of the accident?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

SkipInstructions: goto IPWHAT

Question ID: FIJ.113_00.000  Instrument Variable Name: IHELMT  QuestionnaireFileName: Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

SkipInstructions: goto IPWHAT
### Question ID: FIJ.130_00.000

<table>
<thead>
<tr>
<th>Instrument Variable Name: IFALL</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:**              | *(book) F7*

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

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?

- **01** Stairs, steps, or escalator
- **02** Floor or level ground
- **03** Curb (including sidewalk)
- **04** Ladder or scaffolding
- **05** Playground equipment
- **06** Sports field, court, or rink
- **07** Building or other structure
- **08** Chair, bed, sofa, or other furniture
- **09** Bathtub, shower, toilet, or commode
- **10** Hole or other opening
- **11** Other
- **97** Refused
- **99** Don't know

**UniverseText:** All medically-consulted injury episodes that occurred due to a fall

**SkipInstructions:** goto IFALLWHY

---

### Question ID: FIJ.131_00.000

<table>
<thead>
<tr>
<th>Instrument Variable Name: IFALLWHY</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:**                 | *(book) F8*

* Ask or verify.

What caused [fill: you/ALIAS] to fall?

- **1** Slipping or tripping
- **2** Jumping or diving
- **3** Bumping into an object or another person
- **4** Being shoved or pushed by another person
- **5** Losing balance or having dizziness (becoming faint or having a seizure)
- **6** Other
- **7** Refused
- **9** Don't know

**UniverseText:** All medically-consulted injury episodes that occurred due to a fall

**SkipInstructions:** goto IPWHAT
What did [fill: your/ALIAS’s] poisoning result from?

1. Swallowing a drug or medical substance mistakenly or in overdose
2. Swallowing or touching a harmful solid or liquid substance
3. Inhaling harmful gases or vapors
4. Eating a poisonous plant or other substance mistaken for food
5. Being bitten by a poisonous animal
6. Other, please specify
7. Refused
8. Don't know
9. Refused

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

SkipInstructions: <1-5,R,D> [goto IPWHAT]
<6> [goto PPOISOS]
**2011 NHIS Questionnaire - Family**

**Injuries & Poisoning**

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---

**Question ID:** FIJ.150_00.000  
**Instrument Variable Name:** IPWHAT  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F10  ? [F1]

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

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?  

01  Driving or riding in a motor vehicle  
02  Working at a paid job  
03  Working around the house or yard  
04  Attending school  
05  Unpaid work (such as volunteer work)  
06  Sports and exercise  
07  Leisure activity (excluding sports)  
08  Sleeping, resting, eating, or drinking  
09  Cooking  
10  Being cared for (hands-on care from other person)  
11  Other, please specify  
97  Refused  
99  Don't know

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

**SkipInstructions:** <1-10,R,D> [goto IPWHER]  
<11> [goto IPWHATOT]

---

**Question ID:** FIJ.151_00.000  
**Instrument Variable Name:** IPWHATOT  
**QuestionnaireFileName:** Family

**QuestionText:**

* Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?  

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

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

**SkipInstructions:** goto IPWHER
(book) F11 ? [F1]

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

* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

01 Home (inside)
02 Home (outside)
03 School (not residential)
04 Child care center or preschool
05 Residential institution (excluding hospital)
06 Health care facility (including hospital)
07 Street or highway
08 Sidewalk
09 Parking lot
10 Sport facility, athletic field, or playground
11 Shopping center, restaurant, store, bank, gas station, or other place of business
12 Farm
13 Park or recreation area (include bike or jog path)
14 River, lake, stream, or ocean
15 Industrial or construction area
16 Other public building
17 Other
97 Refused
99 Don't know

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

SkipInstructions: <01-17,R,DK> [If AGE lt 5 and person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if AGE lt 5 and person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if AGE lt 5 and no more family members with an injury/poisoning, go to FPOI3M/next section; Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.170_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPEMP</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Part-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not employed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All medically-consulted injury/poisoning episodes for persons 13 years of age or older</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2&gt; [goto IPWKLS]</td>
<td></td>
<td></td>
<td>&lt;3,R,D&gt; [goto IPSTU]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.171_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPWKLS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less than one day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>One to five days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Six or more days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto IPSTU</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
2011 NHIS Questionnaire - Family
Injuries & Poisoning

Question ID: FIJ.180_00.000  Instrument Variable Name: IPSTU  QuestionnaireFileName: Family

QuestionText: At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?

1  Full-time
2  Part-time
3  Not a student
7  Refused
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

SkipInstructions: <1,2> [goto IPSCLS]
<3,R,DK> [If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto next section]

---

Question ID: FIJ.181_00.000  Instrument Variable Name: IPSCLS  QuestionnaireFileName: Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

1  None
2  Less than one day
3  One to five days
4  Six or more days
7  Refused
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

SkipInstructions: <1-4,R,DK> [If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto next section]
The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

1  Yes
2  No
7  Refused
9  Don't know

All families

<1> [if a single-person family, store the person number in PDMED12M and goto FNMD12M; else, goto PDMED12M]
<2,R,D> [goto FNMD12M]

For which family member was medical care delayed?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

goto FNMD12M

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2011 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 30-May-12

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

QuestionText: ? [F1]
DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]

Question ID: FAU.040_00.000  Instrument Variable Name: PNMED12M  QuestionnaireFileName: Family

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

Who didn't get needed care?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

SkipInstructions: goto FHOSPYR

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2011 NHIS Questionnaire - Family  
Family Access to Health Care & Utilization  
Document Version Date: 30-May-12

**Question ID:** FAU.050_00.000  
**Instrument Variable Name:** FHOSPYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
?[F1]  
[fill1: were you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.  

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** All families

**SkipInstructions:**  
<1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]  
<2,R,D> [goto FHCHM2W]

**Question ID:** FAU.060_00.000  
**Instrument Variable Name:** PHOSPYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
*Ask or verify. Enter applicable line number(s), separate with commas.  
Who was in a hospital overnight?  
(Anyone else?)

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)

**SkipInstructions:** goto HOSPNO

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

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

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

<1-10> [goto HPNITE]
<11-365> [goto ERR_HOSPNO]
<R,D> [goto HPNITE]

* [fill: HOSPNO] is unusually high.
* Verify entry.
* Make corrections if necessary.

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

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

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

<1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]
<51-365> [goto ERR1_HPNITE]

if HOSPNO gt HPNITE, goto ERR2_HPNITE

* [fill: HPNITE] is unusually high.
* Verify entry.
* Make corrections if necessary.

* Do not read.
* [fill: HPNITE] night(s) is less than the total number of times in the hospital overnight.
* Please verify.

Note: If edit suppressed, store S in HPNITE_FLG
These next questions are about health care received DURING THE LAST 2 WEEKS. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists (AHF-thal-MOL-oh-jists), and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?

1 Yes
2 No
7 Refused
9 Don't know

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

Who received care at home? (Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2011 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 30-May-12

Question ID: FAU.140_00.000  Instrument Variable Name: PHCHMN2W  QuestionnaireFileName: Family

QuestionText: How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS?

* Enter ‘50’ for 50 or more visits.

01-50  1-50 home visits
97    Refused
99    Don’t know

UniverseText: All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]
<15-50> [goto ERR_PHCHMN2W]

Soft Edit: ERR_PHCHMN2W
* [fill: PHCHMN2W] is unusually high.
* Verify entry.
* DO NOT PROBE. Make corrections if necessary.

Question ID: FAU.150_00.000  Instrument Variable Name: FHCPH2W  QuestionnaireFileName: Family

QuestionText: DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

1    Yes
2    No
7    Refused
9    Don’t know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]
<2,R,D> [goto FHCDV2W]
**2011 NHIS Questionnaire - Family**  
**Family Access to Health Care & Utilization**  
**Document Version Date:** 30-May-12

**Question ID:** FAU.160_00.000  
**Instrument Variable Name:** PHCPH2W  
**QuestionnaireFileName:** Family

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

Who was the phone call about?  
(Anyone else?)

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

**SkipInstructions:** goto PHCPHN2W

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

---

**Question ID:** FAU.170_00.000  
**Instrument Variable Name:** PHCPHN2W  
**QuestionnaireFileName:** Family

**QuestionText:**  
DURING THE LAST 2 WEEKS, how many telephone calls [fill1: did you make?]  
[fill2: were made about [fill: Alias]?  

* Enter '50' for 50 or more phone calls.

01-50 1-50 calls  
97 Refused  
99 Don't know

**UniverseText:** All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

**SkipInstructions:** <1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]  
<15-50> [goto ERR_PHCPHN2W]

**Soft Edit:** ERR_PHCPHN2W  
* [fill: PHCPHN2W] is unusually high.  
* Verify that all calls were within the two week period.  
* Make corrections if necessary.
DURING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?  

[fill2: Do not include times during an overnight hospital stay.]  

1  Yes  
2  No  
7  Refused  
9  Don't know  

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

Who received care?  
(Anyone else?)  

1  Yes  
2  No  
7  Refused  
9  Don't know  

All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)  

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**Question ID:** FAU.200_00.000  **Instrument Variable Name:** PHCDVN2W  **QuestionnaireFileName:** Family

**QuestionText:**  How many times did [fill: you/ Alias] visit a doctor or other health care professional DURING THE LAST 2 WEEKS?

- * Enter ‘50’ for 50 or more visits.
- 01-50  1-50 times
- 97  Refused
- 99  Don’t know

**UniverseText:**  All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

**SkipInstructions:**  <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]  
<15-50> [goto ERR_PHCDVN2W]

**Soft Edit:**  ERR_PHCDVN2W
- [fill: PHCDVN2W] is unusually high.
- Verify that all visits were within the two week reference period.
- Make corrections if necessary.

---

**Question ID:** FAU.210_00.000  **Instrument Variable Name:** F10DVYR  **QuestionnaireFileName:** Family

**QuestionText:**  DURING THE PAST 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

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

**UniverseText:**  All families

**SkipInstructions:**  <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]  
<2,R,D> [goto FHICOV]
Family Access to Health Care & Utilization

**Question ID:** FAU.220_00.000  **Instrument Variable Name:** P10DVYR  **QuestionnaireFileName:** Family

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

Who received care 10 or more times?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** goto FHICOV

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

(fill: Are you/Is anyone in the family) covered by any kind of health insurance or some other kind of health care plan?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: All families

SkipInstructions: <1,R,D> [goto HIKIND]
<2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]
What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

* Enter all that apply, separate with commas.

01 Private health insurance
02 Medicare
03 Medi-Gap
04 Medicaid
05 SCHIP (CHIP/Children's Health Insurance Program)
06 Military health care (TRICARE/VA/CHAMP-VA)
07 Indian Health Service
08 State-sponsored health plan
09 Other government program
10 Single service plan (e.g., dental, vision, prescriptions)
11 No coverage of any type
97 Refused
99 Don't know

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

SkipInstructions: <R,D> [goto HCSPFYR]
<1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]
<11> [if HIKIND = 1-10, goto ERR_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]

Hard Edit: ERR_HIKIND:
* Cannot mark "No coverage of any kind" and another type.
* Please correct.

---

People covered by Medicare have a card that looks like this. [fill: Are you/Is ALIAS] covered by Medicare?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

SkipInstructions: if HIKIND ne 10, goto SINCOV; else, goto HICHANGE
**Question ID:** FHI.073_00.000  **Instrument Variable Name:** MCAIDPRB  **QuestionnaireFileName:** Family

**QuestionText:** (book F14)

* Refer to flashcard F14 for state Medicaid names.

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (* fill State name). [fill: Are you/Is ALIAS] covered by Medicaid?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All persons less than 65 years of age with no insurance coverage of any type

**SkipInstructions:** goto SINCOV

---

**Question ID:** FHI.074_00.000  **Instrument Variable Name:** SINCOV  **QuestionnaireFileName:** Family

**QuestionText:** [fill: Do you/Does ALIAS] have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND

**SkipInstructions:** goto HICHANGE
**Question Text:**

I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:]

fill3: "HIKIND" / not covered by health insurance.

Is this correct?

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:**

All persons

**Skip Instructions:**

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

<2> [goto ERR_HICHANGE]

**Hard Edit:**

*Press enter to go back to HIKIND and update coverage.*

---

**Question Text:**

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

{if subject eq respondent}:

* Read if necessary.

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

* Fill in appropriate coverage type below.

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

**Universe Text:**

All persons with Medicare

**Skip Instructions:**

<1-3> [goto MCCARD]

< R,D > [prefill MCCARD with a "2" and goto MCCHOICE]
2011 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 30-May-12

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

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

1 Yes
2 No

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

SkipInstructions: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE

Question ID: FHI.095_00.000  Instrument Variable Name: MCCHOICE  QuestionnaireFileName: Family


1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

SkipInstructions: goto MCHMO

Question ID: FHI.100_00.000  Instrument Variable Name: MCHMO  QuestionnaireFileName: Family

QuestionText: ? [F1] [fill: Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

SkipInstructions: <1> [goto MCANAME]  
<2,R,D> [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCREF]
2011 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 30-May-12

Question ID: FHI.112_00.000  Instrument Variable Name: MCANAME  QuestionnaireFileName: Family

QuestionText: ? [F1]

What is the name of [fill 1: your/ALIAS’s] Medicare Advantage or Medicare HMO plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim:
7  Refused
9  Don't know

UniverseText: All persons that had either a Medicare Advantage plan or a Medicare HMO plan

SkipInstructions: <allow 80,R,D> goto MCPREM

Question ID: FHI.113_00.000  Instrument Variable Name: MCPREM  QuestionnaireFileName: Family

QuestionText: Besides [fill 1: your/ALIAS’s] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons that had either a Medicare Advantage plan or a Medicare HMO plan

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

Question ID: FHI.114_00.000  Instrument Variable Name: MCREF  QuestionnaireFileName: Family

QuestionText: ? [F1]

Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

SkipInstructions: <1,2,R,D> goto MCPARTD
Question ID: FHI.118_00.000  Instrument Variable Name: MCPARTD  QuestionnaireFileName: Family

QuestionText: [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons with Medicare

SkipInstructions: <1,2,7,9> [goto MCPART for next person with Medicare; else goto MACHMD]

---

Question ID: FHI.120_00.000  Instrument Variable Name: MACHMD  QuestionnaireFileName: Family

QuestionText: (book F14) ? [F1]

* Refer to flashcard F14 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (* fill State Name). [fill1: You are/ALIAS is] listed as having Medicaid coverage. Can [fill2: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill3: you/he/she] choose from a book or list of doctors or is a doctor assigned?

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
9 Don't know

UniverseText: All persons with Medicaid

SkipInstructions: <1,R,D> [goto MAPCMD] <2> [goto MACHMD1] <3> [goto MACHMD2]
**2011 NHIS Questionnaire - Family**

**Family Health Insurance**

Document Version Date: 30-May-12

---

**Question ID:** FHI.130_00.000  **Instrument Variable Name:** MACHMD1  **QuestionnaireFileName:** Family

**QuestionText:** * Ask or verify.  

What is the name of the health plan that provided the book or list?  

*Read if necessary: Do you have a health plan card or something with the plan name on it?  

**Verbatim**  

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

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list of doctors

**SkipInstructions:** goto MANAM

---

**Question ID:** FHI.131_00.000  **Instrument Variable Name:** MACHMD2  **QuestionnaireFileName:** Family

**QuestionText:** * Ask or verify.  

What is the name of the health plan that assigned the doctor?  

*Read if necessary: Do you have a health plan card or something with the plan name on it?  

**Verbatim**  

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

**UniverseText:** All persons with Medicaid for whom a doctor is assigned

**SkipInstructions:** goto MANAM

---

**Question ID:** FHI.132_00.000  **Instrument Variable Name:** MANAM  **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]  

* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?  

<table>
<thead>
<tr>
<th>Code</th>
<th>Verbatim response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned

**SkipInstructions:** goto MAPCMD
**Question ID:** FHI.140_00.000  **Instrument Variable Name:** MAPCMD  **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** All persons with Medicaid

**SkipInstructions:** goto MAREF

---

**Question ID:** FHI.150_00.000  **Instrument Variable Name:** MAREF  **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1: your/ALIAS's] Medicaid plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** All persons with Medicaid

**SkipInstructions:** goto MACHMD for the next person with Medicaid; else, goto SSTYPE2
You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>01</td>
<td>Accidents</td>
</tr>
<tr>
<td>02</td>
<td>AIDS care</td>
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<tr>
<td>03</td>
<td>Cancer treatment</td>
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<td>04</td>
<td>Catastrophic care</td>
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<td>05</td>
<td>Dental care</td>
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<td>06</td>
<td>Disability insurance</td>
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<tr>
<td>07</td>
<td>Hospice care</td>
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<tr>
<td>08</td>
<td>Hospitalization only</td>
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<tr>
<td>09</td>
<td>Long-term care</td>
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<tr>
<td>10</td>
<td>Prescriptions</td>
</tr>
<tr>
<td>11</td>
<td>Vision care</td>
</tr>
<tr>
<td>12</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with single service plans

**SkipInstructions:** <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]  
<12> [goto SSOTHER]

**Question ID:** FHI.157_00.000  
**Instrument Variable Name:** SSOTHER  
**QuestionnaireFileName:** Family

* Other type of single-service plan

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

**UniverseText:** All persons with an "other" single service plan

**SkipInstructions:** goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6
The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through state or local government program or community program.

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

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

* Enter 1 to continue

1 Continue

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

goto HIPNAM1

It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have your health plan card or something with the plan name on it?

Verbatim response

7 Refused

9 Don't know

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

<verbatim> [goto PCARD1]
</verbatim>
### Question ID: FHI.160_01.000  
**Instrument Variable Name:** PCARD1  
**QuestionnaireFileName:** Family  

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** goto HIPNAM1B

---

### Question ID: FHI.170_00.000  
**Instrument Variable Name:** HIPNAM1B  
**QuestionnaireFileName:** Family  

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>1</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Ask or verify. Enter all that apply, separate with commas. Which family members are covered by this plan? * Indicate each family member covered by this plan.</td>
<td>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

**SkipInstructions:** <R,D> [if HIPNAM1= R or D, goto STNAME] goto MORPLAN

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2011 NHIS Questionnaire - Family
Family Health Insurance

Document Version Date: 30-May-12

Question ID: FHI.171_00.000  Instrument Variable Name: MORPLAN  QuestionnaireFileName: Family

QuestionText:  
* Ask if necessary

Are there any more private health insurance plans?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

SkipInstructions: <1> [goto HIPNAM2]
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

---

Question ID: FHI.172_00.000  Instrument Variable Name: HIPNAM2  QuestionnaireFileName: Family

QuestionText: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim  Verbatim response
7  Refused
9  Don't know

UniverseText: All families with a second private health insurance plan

SkipInstructions: <verbatim> [goto PCARD2]
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]

---

Question ID: FHI.172_01.000  Instrument Variable Name: PCARD2  QuestionnaireFileName: Family

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

1  Yes
2  No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM2

SkipInstructions: goto HIPNAM2B
2011 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 30-May-12

**Question ID:** FHI.173_00.000  **Instrument Variable Name:** HIPNAM2B  **QuestionnaireFileName:** Family

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

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

**SkipInstructions:** `<R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2`

---

**Question ID:** FHI.174_00.000  **Instrument Variable Name:** MORPLAN2  **QuestionnaireFileName:** Family

**QuestionText:**
* Ask if necessary

Are there any more private health insurance plans?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

**SkipInstructions:** `<1> [goto HIPNAM3]
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]`
**Question ID:** FHI.175_00.000  
**Instrument Variable Name:** HIPNAM3  
**QuestionnaireFileName:** Family

**QuestionText:** What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

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

**UniverseText:** All families with a third private health insurance plan

**SkipInstructions:** <verbatim> [goto PCARD3]  
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

---

**Question ID:** FHI.175_01.000  
**Instrument Variable Name:** PCARD3  
**QuestionnaireFileName:** Family

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

1: Yes
2: No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM3

**SkipInstructions:** goto HIPNAM3B
* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

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

All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

* Ask if necessary

Are there any more private health insurance plans?

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

All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

<1> [goto HIPNAM4]
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, goto FHICCI8]
2011 NHIS Questionnaire - Family
Family Health Insurance

Document Version Date: 30-May-12

Question ID: FHI.178_00.000  Instrument Variable Name: HIPNAM4  QuestionnaireFileName: Family

QuestionText: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim:
Verbatim response
7  Refused
9  Don't know

UniverseText: All families with a fourth private health insurance plan

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

---

Question ID: FHI.178_01.000  Instrument Variable Name: PCARD4  QuestionnaireFileName: Family

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

1  Yes
2  No

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

SkipInstructions: goto HIPNAM4B
**2011 NHIS Questionnaire - Family**

**Family Health Insurance**

Document Version Date: 30-May-12

**Question ID:** FHI.179_00.000  
**Instrument Variable Name:** HIPNAM4B  
**QuestionnaireFileName:** Family

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

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

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

**UniverseText:** All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

**SkipInstructions:** <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]  
goto FHICCI8

---

**Question ID:** FHI.180_00.000  
**Instrument Variable Name:** HIVER1  
**QuestionnaireFileName:** Family

**QuestionText:**  
[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

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

**UniverseText:** All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**SkipInstructions:** <1> [ goto HIVER2]  
<2,R,D> [goto ERR_HIVER1]  

**Hard Edit:** ERR_HIVER1

*Press ENTER to go back to HIKIND to update health insurance coverage.*
Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

1. 1st plan mentioned (^HIPNAM1)
2. 2nd plan mentioned (^HIPNAM2)
3. 3rd plan mentioned (^HIPNAM3)
4. 4th plan mentioned (^HIPNAM4)
5. Some other plan not already mentioned
6. Refused
7. Don't know

UniverseText: All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]
<R,D> [goto FHICCI8]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI.190_03.000</td>
<td>HIVER2</td>
<td></td>
</tr>
<tr>
<td>FHI.190_04.000</td>
<td>HIVER2</td>
<td></td>
</tr>
<tr>
<td>FHI.190_05.000</td>
<td>HIVER2</td>
<td></td>
</tr>
</tbody>
</table>
Now I am going to ask some questions about the plan you just told me about, starting with Plan 1. Next I would like to ask you about Plan 2/Plan 3/Plan 4.

* Enter 1 to continue.

1 Continue

All families where a private health insurance plan was reported

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

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster.

00 Policyholder not on family roster
01-25 Two-digit person number
97 Refused
99 Don't know

All private health insurance plans

if <00> [ go to PRPOLH]
<01 to 25> [ go to PRCOOH]
<R, D> [ go to PLNWRK]
**2011 NHIS Questionnaire - Family**

**Family Health Insurance**

**Document Version Date:** 30-May-12

---

**Question ID:** FHI.202_01.010  
**Instrument Variable Name:** PRPOLH  
**QuestionnaireFileName:** Family

**QuestionText:**

How [fill1: are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?

*Read if Necessary…

[fill3: You are/ALIAS is] the policyholder’s…

1. Child (including stepchildren)
2. Spouse
3. Former spouse
4. Some other relationship
7. Refused
9. Don't know

**UniverseText:** All persons on each plan where the policyholder is outside of the family roster

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

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

---

**Question ID:** FHI.204_01.010  
**Instrument Variable Name:** PRCOOH  
**QuestionnaireFileName:** Family

**QuestionText:**

Does this plan cover anyone who does not live here?

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

**UniverseText:** All private health insurance plans with policyholder on family roster

**SkipInstructions:** <1> [goto PRCTOH]  
<2,R,D> [goto PLNWRK]
Question ID: FHI.205_01.010  Instrument Variable Name: PRCTOH  QuestionnaireFileName: Family

**QuestionText:** How many people does this plan cover who live somewhere else?

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-30</td>
<td>01-30 persons</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All private health insurance plans with policyholder on family roster that cover someone outside the family roster

**SkipInstructions:**<1-30> [goto PRRELOH]  
<2-4,R,D> [goto PLNWRK]

---

Question ID: FHI.206_10.010  Instrument Variable Name: PRRELOH  QuestionnaireFileName: Family

**QuestionText:** What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

*Read if Necessary: Children includes adult children.

*Enter all that apply, separate with commas.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child (including stepchild)</td>
</tr>
<tr>
<td>2</td>
<td>Spouse</td>
</tr>
<tr>
<td>3</td>
<td>Former spouse</td>
</tr>
<tr>
<td>4</td>
<td>Some other relationship</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All private health insurance plans with policyholder on family roster that cover someone outside the family roster

**SkipInstructions:**<1> [goto PRCNUM]  
<2-4,R,D> [goto PLNWRK]
Question ID: FHI.207_01.010  Instrument Variable Name: PRCNUM  QuestionnaireFileName: Family

QuestionText: How many children of the policyholder are covered who live elsewhere?

*Read if Necessary: Children includes adult children.

*If more than 10 children, enter '10'.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-10</td>
<td>01-10 children</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

UniverseText: All private health insurance plans with policyholder on family roster that cover a child or children not on the roster

SkipInstructions:
<01-10> if [PRCNUM > PRCTOH goto ERR1_PRCNUM]
else goto PRAGEOH
<R,D> [goto PLNWRK]

Hard Edit:
if PRCNUM > PRCTOH

*Number of children, [fill 1], exceeds the total number who live elsewhere, [fill 2].

---

Question ID: FHI.208_01.010  Instrument Variable Name: PRAGEOH  QuestionnaireFileName: Family

QuestionText: How old is {fill1: this child/the first child/ the next child}?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>000-100</td>
<td>000-100 years</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: All private health insurance plans with policyholder on family roster that cover one or more children not on the roster

SkipInstructions:
<000-100,R,D> if [AGE >= 50 years goto ERR1_PRAGEOH]
else if PRCNUM GE 2 [goto PRAGEOH up to 9 more times]
else [goto PLNWRK]

Soft Edit:
If AGE >= 50 years

*Respondent said the child is [fill: PRAGEOH] years old. Please verify.
### Question ID: FHI.210_01.000
#### Instrument Variable Name: PLNWRK
#### QuestionnaireFileName: Family

**QuestionText:** *(book) F16  ? [F1]*

Which one of these categories best describes how this plan was obtained?

- 01 Through employer
- 02 Through union
- 03 Through workplace, but don't know if employer or union
- 04 Through workplace, self-employed or professional association
- 05 Purchased directly
- 06 Through a state/local government or community program
- 07 Other, specify
- 97 Refused
- 99 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** <1-6,R,D> [goto PLNPAY]  
<7> [goto PLNWKSP]

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

### Question ID: FHI.211_01.000
#### Instrument Variable Name: PLNWKSP
#### QuestionnaireFileName: Family

**QuestionText:** *Read if necessary.

How was this plan obtained?

- 01 Through employer
- 02 Through union
- 03 Through workplace, but don't know if employer or union
- 04 Through workplace, self-employed or professional association
- 05 Purchased directly
- 06 Through a state/local government or community program
- 07 Other, specify
- 97 Refused
- 99 Don't know

**UniverseText:** All private health insurance plans where the plan was obtained through an "other" source

**SkipInstructions:** goto PLNPAY

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

* Enter all that apply, separate with commas.

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

01 Self or family (living in the household)
02 Employer or union
03 Someone outside the household
04 Medicare
05 Medicaid
06 Children's Health Insurance Program (CHIP/SCHIP)
07 State or local government or community program
97 Refused
99 Don’t know

All private health insurance plans

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.

00001-99995 $1-$99,995
99997 Refused
99999 Don't know

All private health insurance plans paid for by self or family

if gt 9999, [goto ERR_HICOSTN]
<1-9999> [goto HICOSTT]
<D> [store <D> in HICOSTT, goto EMPPAY if PLNPAY=2; else goto PLNMGD]
<R> [store <R> in HICOSTT, goto EMPPAY if PLNPAY=2; else goto PLNMGD]

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

ERR_HICOSTN
* [fill # from HICOSTN] is unusually high. Please verify. Make corrections if necessary.

All private health insurance plans with a valid response to HICOSTN

<1-8,R,D> if PLNPAY=2 [goto EMPPAY]; else [goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family.
Do you know how much the employer or union is paying for [fill1: plan1/plan2/plan3/plan4]?

1. Yes
2. No
7. Refused
9. Don’t know

All private health insurance plans paid for by employer or union

<1> [goto EMPCOSTN] <2,R,D> [goto PLNMGD]

1 of 2
How much does the employer or union currently pay for health insurance premiums for [fill1: Plan 1/Plan 2/Plan 3/Plan 4]?*Enter dollar amount for premium payments.
*Enter ‘ZZ’ to go to percentage format.

00001-99995 $1-$99,995
99997 Refused
99999 Don’t know

All private health insurance plans where amount of premium employer/union pays is known

<1-99995> [goto EMPCOSTT]

ERR_EMPCOSTN

* [fill # from EMPCOSTN] is unusually high. Please verify.
Make corrections if necessary.
Question ID: FHI.237_02.020  Instrument Variable Name: EMPCOSTT  QuestionnaireFileName: Family

QuestionText: 2 of 2
* Enter time period for premium payments.

01 Once a week
02 Once every 2 weeks
03 Once a month
04 Twice a month
05 Every 2 months
06 Quarterly (every 3 months)
07 Once a year
08 Twice a year
97 Refused
99 Don't know

UniverseText: All private health insurance plans with a valid response to EMPCOSTN

SkipInstructions: goto PLNMGD

---

Question ID: FHI.237_02.030  Instrument Variable Name: EMPCOSTP  QuestionnaireFileName: Family

QuestionText: What percent of the premiums does the employer or union pay for [fill1: Plan 1/Plan 2/Plan 3/Plan 4]?

001-100 001-100 percent
997 Refused
999 Don’t know

UniverseText: All private health insurance plans paid for by employer or union where respondent wanted to report percentage of premium paid

SkipInstructions: <1-100,R,D> [goto PLNMGD]
Question ID: FHI.240_01.000  Instrument Variable Name: PLNMGD  QuestionnaireFileName: Family

QuestionText: 

? [F1]

Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

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

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

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

Question ID: FHI.241_01.000  Instrument Variable Name: HDHP  QuestionnaireFileName: Family

QuestionText: 

?[F1]

[If only one person covered by this plan:]

Is the annual deductible for medical care for this plan less than $1,200 or $1,200 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

[If two or more persons in the family are covered by this plan:]

Is the family annual deductible for medical care for this plan less than $2,400 or $2,400 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1 Less than $1,200/$2,400
2 [$1,200/$2,400] or more
7 Refused
9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: 1,R,D [goto MGCHMD]
2 [goto HSAHRA]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

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

All high deductible private health plans

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

Under this plan, can [fill1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?

1. Any doctor
2. Select from group/list
7. Refused
9. Don't know

All private health insurance plans

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
**2011 NHIS Questionnaire - Family**

**Family Health Insurance**

**Document Version Date:** 30-May-12

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

**QuestionText:**

[fill: Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

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

**UniverseText:** All private health insurance plans where covered persons can choose any doctor

**SkipInstructions:** goto MGPREF

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

---

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

**QuestionText:**

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

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

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

**SkipInstructions:** goto MGPREF

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
When [fill1: you/ALIAS needs/the family members with this plan need] to go to a different doctor or place for special care, [fill2: do you/does ALIAS/do they] need approval or a referral? Do not include emergency care.

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

All private health insurance plans

goto PCREQ

Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor or group of doctors for all routine care?

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

Asked of all private health insurance plans

<1,2,R,D> [goto PRRXCOV]
Question ID: FHI.249_01.010  Instrument Variable Name: PRRXCOV  QuestionnaireFileName: Family

QuestionText: Does [fill: HIPNAM1/HIPNAM2/HIPNAM3/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto PRDNCOV

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

---

Question ID: FHI.249_02.010  Instrument Variable Name: PRDNCOV  QuestionnaireFileName: Family

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto FHICCI8 for the next private health insurance plan; else, goto FCOVCONF
**Question ID:** FHI.249_03.000  **Instrument Variable Name:** FCOVCONF  **QuestionnaireFileName:** Family

**QuestionText:** If [fill1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage? Would you say…

* Read categories below.

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not confident at all
7. Refused
9. Don’t know

**UniverseText:** All families with an employer-based health plan

**SkipInstructions:** <1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR

---

**Question ID:** FHI.250_00.000  **Instrument Variable Name:** STNAME1  **QuestionnaireFileName:** Family

**QuestionText:** Earlier I recorded that [fill: you are/ALIAS is] covered by the Children’s Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

**Verbatim**

7. Refused
9. Don’t know

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STDOC1
2011 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-12

**Question ID:** FHI.251_00.000  **Instrument Variable Name:** STDOC1  **QuestionnaireFileName:** Family

**QuestionText:** Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1. Any doctor
2. Select from book/list
3. Doctor is assigned
7. Refused
9. Don't know

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STPCMD1

---

**Question ID:** FHI.252_00.000  **Instrument Variable Name:** STPCMD1  **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

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

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STREF1

---

**Question ID:** FHI.253_00.000  **Instrument Variable Name:** STREF1  **QuestionnaireFileName:** Family

**QuestionText:** ?  [F1]

Under [fill1: ^STNAME1/this SCHIP plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

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

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STNAME1 for the next person with SCHIP; else, goto STNAME2
Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

**Verbatim**

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

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

**SkipInstructions:** goto STDOC2

Under the [fill1: ^STNAME2/state sponsored plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

- 1 Any doctor
- 2 Select from book/list
- 3 Doctor is assigned
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** goto STPCMD2

[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

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

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

**SkipInstructions:** goto STREF2
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.260_00.000</th>
<th>Instrument Variable Name:</th>
<th>STREF2</th>
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<th>Family</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Under [fill1:^STNAME2/this state sponsored plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.</td>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>UniverseText:</td>
<td>All persons covered by a state sponsored health plan</td>
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<tr>
<td>SkipInstructions:</td>
<td>goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3</td>
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<tr>
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<th>FHI.264_00.000</th>
<th>Instrument Variable Name:</th>
<th>STNAME3</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?</td>
<td></td>
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<td></td>
<td>* Read if necessary: Do you have a health plan card or something with the plan name on it?</td>
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<tr>
<td>Verbatim:</td>
<td>Verbatim response</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td></td>
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<tr>
<td>UniverseText:</td>
<td>All persons covered by an &quot;other&quot; government plan</td>
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<tr>
<td>SkipInstructions:</td>
<td>goto STDOC3</td>
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<th>Instrument Variable Name:</th>
<th>STDOC3</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3:you/he/she] choose from a book or list of doctors or is the doctor assigned?</td>
<td></td>
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<tr>
<td>1</td>
<td>Any doctor</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Select from book/list</td>
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<tr>
<td>3</td>
<td>Doctor is assigned</td>
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<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>All persons covered by an &quot;other&quot; government plan</td>
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<tr>
<td>SkipInstructions:</td>
<td>goto STPCMD3</td>
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</tbody>
</table>
2011 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 30-May-12

**Question ID:** FHI.266_00.000  **Instrument Variable Name:** STPCMD3  **QuestionnaireFileName:** Family

**Question Text:**
[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1  Yes
2  No
7  Refused
9  Don't know

**Universe Text:** All persons covered by an "other" government plan

**Skip Instructions:** goto STREF3

---

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

**Question Text:**
? [F1]
Under [fill1:^ STNAME3/this other government plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1  Yes
2  No
7  Refused
9  Don't know

**Universe Text:** All persons covered by an "other" government plan

**Skip Instructions:** goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC
Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

1  TRICARE
2  VA
3  CHAMP-VA
4  Other military coverage (specify)
7  Refused
9  Don't know

All persons with military health care

<1> [goto MILMAN]
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]
<4> [goto MILSPCOT]

* Other military coverage

Verbatim response

7  Refused
9  Don't know

All persons with "other" military coverage

if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST
2011 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 30-May-12

**Question ID:** FHI.275_00.000  **Instrument Variable Name:** MILMAN  **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

1  TRICARE Prime
2  TRICARE Extra
3  TRICARE Standard
4  TRICARE for life
5  TRICARE other (specify)
7  Refused
9  Don't know

**UniverseText:** All persons with TRICARE coverage

**SkipInstructions:** <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]
<5> [goto MILMANOT]

**Question ID:** FHI.276_00.000  **Instrument Variable Name:** MILMANOT  **QuestionnaireFileName:** Family

**QuestionText:** * Other type of TRICARE coverage

Verbatim  Verbatim response
7  Refused
9  Don't know

**UniverseText:** All persons with "other" type of TRICARE coverage

**SkipInstructions:** goto MILSPC for the next person with military health care; else, goto HILAST
(book) F17  

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

1 6 months or less
2 More than 6 months, but not more than 1 year ago
3 More than 1 year, but not more than 3 years ago
4 More than 3 years
5 Never
7 Refused
9 Don't know

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

SkipInstructions: goto HISTOP

(book) F18

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you do/ALIAS does] not have health insurance?]

* Enter up to 5 reasons, separate with commas.

01 Person in family with health insurance lost job or changed employers
02 Got divorced or separated/death of spouse or parent
03 Became ineligible because of age/left school
04 Employer does not offer coverage/or not eligible for coverage
05 Cost is too high
06 Insurance company refused coverage
07 Medicaid/Medical plan stopped after pregnancy
08 Lost Medicaid/Medical plan because of new job or increase in income
09 Lost Medicaid (other)
10 Other (specify)
77 Refused
99 Don't know

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

SkipInstructions: <1-9,R,D> [goto HCSPFYR]
<10> [goto HISTOPOT]
**Question ID:** FHI.291_00.000  
**Instrument Variable Name:** HISTOPOT  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  
* Other reason for not having coverage

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

**UniverseText:**  
All persons without known health insurance and an "other" reason for stopping or not having coverage

**SkipInstructions:**  
goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR

---

**Question ID:** FHI.300_00.000  
**Instrument Variable Name:** HINOTYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?  
1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:**  
All persons with known health insurance coverage except single service plans

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

---

**Question ID:** FHI.310_00.000  
**Instrument Variable Name:** HINOTMYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?  
* If less than 1 month, enter '1'.  
01-12 01-12 months  
97 Refused  
99 Don't know

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

**SkipInstructions:**  
goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto HCSPFYR
Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

All persons who are currently insured who were continuously covered in the past year
If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

01 Private health insurance
02 Medicare
03 Medi-Gap
04 Medicaid
05 SCHIP (CHIP/Children's Health Insurance Program)
06 Military health care (TRICARE/VA/CHAMP-VA)
07 Indian Health Service
08 State-sponsored health plan
09 Other government program
10 Single service plan (e.g., dental, vision, prescriptions)
11 No coverage of any type
97 Refused
99 Don't know

UniverseText: All persons except those with continuous coverage who are currently uninsured for more than 1 year with no changes

SkipInstructions: <1> [goto PWRKB]
<2-11,R,D> [goto HCSPFYR]
Which one of these categories best describes how [fill1: your/ALIAS’s] private health insurance was obtained?

01 Through employer
02 Through union
03 Through workplace, but don't know if employer or union
04 Through workplace, self-employed or professional association
05 Purchased directly
06 Through a state/local government or community program
07 Other, specify
09 Refused
99 Don’t know

All persons who had private health insurance previously

*Enter how private health insurance was obtained.

7 Refused
9 Don't know

All persons who had private health insurance obtained from other source previously
The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

0 Zero  
1 Less than $500  
2 $500 - $1,999  
3 $2,000 - $2,999  
4 $3,000 - $4,999  
5 $5,000 or more  
7 Refused  
9 Don't know

All families

In the past 12 months did [fill1: you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

1 Yes  
2 No  
7 Refused  
9 Don't know

All families

<1,2,7,9> [goto MEDBPAY]
Question ID: FHI.327_00.010  Instrument Variable Name: MEDBPAY  QuestionnaireFileName: Family

**QuestionText:** [fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families

**SkipInstructions:** <1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]

---

Question ID: FHI.327_00.020  Instrument Variable Name: MEDBNOP  QuestionnaireFileName: Family

**QuestionText:** [fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families but those who said they don’t have problems paying their medical bills

**SkipInstructions:** <1,2,7,9> [goto FSA]

---

Question ID: FHI.330_00.000  Instrument Variable Name: FSA  QuestionnaireFileName: Family

**QuestionText:** [fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All Families

**SkipInstructions:** goto PLBORN
[fill: Were you/Was ALIAS] born in the United States?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons

SkipInstructions: <1> [store "1" in CITIZEN and goto PLBORN1]
                <2> [goto PLBORN2]
                <R,D> [goto CITIZEN]
In what state [fill: were you/was ALIAS] born?

<table>
<thead>
<tr>
<th></th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Alabama</td>
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<tr>
<td>02</td>
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UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]
### Question Text:

In what country [fill: were you/was ALIAS] born?

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

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ASSAM
AT SEA
AUSTRALIA
AUSTRIA
AUSTRIA-HUNGARY
AZERBAIJAN
AZORES ISLANDS
BAHAMAS
BAHAMAS UK
BAHRAIN
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BALBOA
BANGLADESH
BARBADOS
BARBUDA
BAVARIA
BELARUS
BELFAST
BELGIAN CONGO
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BENIN
BERLIN
BERMUDA
BESSARABIA
BHUTAN
BOHEMIA
BOLIVIA
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BOSNIA & HERZEGOVINA
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BREMEN
BRITAIN
BRITISH COLUMBIA
BRITISH EAST AFRICA
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CORSICA
COSTA RICA
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CROATIA
CUBA
CURACAO
CYPRUS
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CZECH REPUBLIC
CZECHOSLOVAKIA
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DA NANG
DAKAR
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DELHI
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DEMO REP OF CONGO
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ESPAÑA
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ETHIOPIA
EUROPA ISLAND
EUROPE
FALKLAND ISLANDS
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277 FEDERAL DISTRICT
278 FEDERAL REPUBLIC OF YUGOSLAVIA
279 FEDERATED STATES OF MICRONESIA
280 FIJI
281 FILIPINES
282 FINLAND
283 FOREIGN COUNTRY
284 FORMOSA
285 FRANCE
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287 FRENCH GUIANA
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292 GALWAY
293 GAMBIA
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296 GERMANY
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324 HANOI
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326 HAVANA
327 HEARD & MCDONALD ISLANDS
HERZEGOVINA
HESSE
HIDALGO
HIGH SEAS
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Family Socio-Demographic
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NETH. ANTILLES
NETH. EAST INDIES
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NEW CALEDONIA
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NEW SOUTH WALES
NEW ZEALAND
NEWFOUNDLAND
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NORTH AMERICA
NORTH KOREA
NORTH VIETNAM
NORTHERN IRELAND
NORTHERN TERRITORY
NORWAY
NOVA SCOTIA
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OAXACA
OCEANIA
OKINAWA
OMAN
ONTARIO
OVERSEAS
PAKISTAN
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PANAMA CANAL ZONE
PAPUA NEW GUINEA
PARACEL ISLANDS
PARAGUAY
PELAGOSA
PEOPLE'S REP. OF CHINA
PEOPLE'S REP. OF CONGO
PERSIA
PERU
PHAN THIET
PHILIPPINES
PITCAIRN ISLAND
POLAND
POLYNESIA
PONAPE
PORTUGAL
PORTUGUESE INDIA
PRINCE EDWARD ISLAND
PRINCIPE ISLAND
PRUSSIA
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PUNJAB
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PUNJAB, PAKISTAN
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QUEBEC
QUEENSLAND
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SAO TOME & PRINCIPE
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544 SHANGHAI
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568 SOUTHERN RHODESIA
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570 SPAIN
571 SPRATLEY ISLANDS
572 SRI LANKA
573 ST BARTHELEMY
574 ST BARTS
575 ST CHRISTOPHER
576 ST CHRISTOPHER-NEVIS
577 ST EUSTATIUS
578 ST HELENA
579 ST KITTS
580 ST KITTS-NEVIS
581 ST LUCIA
582 ST MAARTEN
583 ST MARTIN
584 ST PIERRE & MIQUELON
585 ST VINCENT
586 ST VINCENT & THE GRENADINES
587 SUDAN
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589 SURINAM
590 SURINAME
591 SVALBARD
592 SWAZILAND
593 SWEDEN
594 SWITZERLAND
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597 TABASCO
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609 THANH HOA
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616 TOGOLAND
617 TOKELAU
618 TONGA
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620 TORTOLA
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622 TRANSYLVANIA
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624 TRINIDAD
625 TRINIDAD & TOBAGO
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627 TROMELIN ISLAND
628 TRUK
629 TUNIS
630 TUNISIA
631 TURKEY
632 TURKMENISTAN
633 TURKS & CAICOS IS
634 TURK ISLANDS
635 TUVALU
636 TUY HOA
637 UGANDA
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639 UKRAINE
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UNION ISLANDS
UNION OF SOUTH AFRICA
UNION OF SOVIET SOCIALIST REPUBLICS
UNITED ARAB EMIRATES
UNITED KINGDOM
UPPER VOLTA
URUGUAY
USSR
USBEEKISTAN
VANCOUVER
VANUATU
VATICAN CITY
VENEZUELA
VERACRUZ
VICTORIA
VIETNAM
VINH LONG
VUNG TAU
WALES
WALLIS & FUTUNA ISLANDS
WEST AFRICA
WEST BANK
WEST BENGAL
WEST INDIES
WEST PAKISTAN
WESTERN AUSTRALIA
WESTERN SAHARA
WESTERN SAMOA
WHITE RUSSIA
WINDWARD ISLANDS
WINNIPEG
WURZBERG
YAP
YAR
YEMEN
YEMEN ARAB REPUBLIC
YEREVAN
YUCATAN
YUGOSLAVIA
YUKON TERRITORY
ZACATECAS
ZADAR
ZAIRE
ZAMBIA
ZANZIBAR
ZIMBABWE
ANDORRA
BRITISH INDIAN OCEAN TERRITORY
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FRENCH SOUTHERN AND ANTARCTIC LANDS
GRENADINES, THE
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**UniverseText:** All persons not born in the United States

**SkipInstructions:**  
<60-85> [store "2" in CITIZEN and goto USYR]  
<100-696,996,R,D> [goto USYR]

**Question ID:** FSD.004_00.000  
**Instrument Variable Name:** USYR  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Read if necessary.  

Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].  

In what year did [fill3: you/ALIAS] come to the United States to stay?  

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<th>1880-Current Year</th>
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**UniverseText:** All persons not born in the United States

**SkipInstructions:**  
<1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]  
<R,D> [goto USLONG]

**NOTE:** The "*Read if necessary…Earlier I recorded…" portion of this question is included for persons with complete date of birth information.

**Hard Edit:**  

ERR1_USYR  

*Future year invalid: [fill: USYR]. Please correct.

ERR2_USYR: * [fill year from USYR] is prior to the person's birth year.  

*Please correct.
About how long [fill1: have you/has ALIAS] been in the United States?

* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.

*Enter '95' for 95 or more years.

*If less than 1 year given as a response, code the answer as '0'.

00-94 00-94 years
95 95+ years
97 Refused
99 Don't know

All persons not born in the United States and refused or don't know was reported for USYR

Hard Edit:
ERR_LONG: * In US longer than alive!

* Please correct.
**2011 NHIS Questionnaire - Family**

**Family Socio-Demographic**

**Document Version Date:** 30-May-12

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**Question ID:** FSD.006_00.000  
**Instrument Variable Name:** CITIZEN  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F20 ?[F1]

[fill: Are you/Is ALIAS] a CITIZEN of the United States?

1. Yes, born in one of the 50 United States or the District of Columbia
2. Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3. Yes, born abroad to American parent(s)
4. Yes, U.S. citizen by naturalization
5. No, not a citizen of the United States
6. Refused
7. Don't know

**UniverseText:** All persons not born in the United States or a United States territory

**SkipInstructions:**

<1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]

**Hard Edit:**

ERR1_CITIZEN  
*Already indicated birth outside the United States.  
*Please correct.

ERR2_CITIZEN  
*Already indicated birth outside United States territory.  
*Please correct.

**Soft Edit:**

ERR3_CITIZEN: Refused  
Previously, you refused to say if [used/ALIAS] was born in the United States.  
Would you like to change your answer to the question?

ERR4_CITIZEN: Don't Know  
Previously, you didn't know if [you/ALIAS] were born in the United States.  
Would you like to change your answer to the question?

---

**Question ID:** FSD.007_00.000  
**Instrument Variable Name:** HEADST  
**QuestionnaireFileName:** Family

**QuestionText:**

?[F1]

Is [fill: ALIAS] now attending Head Start?

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

**UniverseText:** All persons less than 7 years of age

**SkipInstructions:**

<1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]
<2,R,D> [ goto HEADSTEV]
Has [fill: ALIAS] ever attended Head Start?

1  Yes
2  No
7  Refused
9  Don't know

All persons less than 18 years of age and not currently enrolled in Head Start

if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person
What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

* Enter highest level of school completed.

- 00 Never attended/kindergarten only
- 01 1st grade
- 02 2nd grade
- 03 3rd grade
- 04 4th grade
- 05 5th grade
- 06 6th grade
- 07 7th grade
- 08 8th grade
- 09 9th grade
- 10 10th grade
- 11 11th grade
- 12 12th grade, no diploma
- 13 GED or equivalent
- 14 High School Graduate
- 15 Some college, no degree
- 16 Associate degree: occupational, technical, or vocational program
- 17 Associate degree: academic program
- 18 Bachelor's degree (Example: BA, AB, BS, BBA)
- 19 Master's degree (Example: MA, MS, MEng, MEd, MBA)
- 20 Professional School degree (Example: MD, DDS, DVM, JD)
- 21 Doctoral degree (Example: PhD, EdD)
- 96 Child under 5 years old
- 97 Refused
- 99 Don't know

UniverseText: All persons 5 years of age or older

SkipInstructions: repeat for all eligible persons, then goto ARMFVER
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FSD.020_00.000</th>
<th>Instrument Variable Name:</th>
<th>ARMFVER</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Earlier [fill1: you said/it was said] [fill2: you/alias] [fill3: were/was] on full-time active duty with the Armed Forces. Is this correct?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with a person age 18 or older who were said to be on active duty in the armed forces in the HHC section</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto ARMFFC] &lt;2,R,D&gt; [goto ARMFEV]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FSD.021_00.000</th>
<th>Instrument Variable Name:</th>
<th>ARMFEV</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[fill1: Have you/Has alias] ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>*Read if necessary. Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the US or in a foreign country, in support of military or humanitarian operations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with a person age 18 or older who is not currently on active duty or said R,D to active duty question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto ARMFFC] &lt;2,R,D&gt; [goto DOINGLW]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2011 NHIS Questionnaire - Family
Family Socio-DemoGraphic

Question ID: FSD.022_00.000  Instrument Variable Name: ARMFFC  QuestionnaireFileName: Family

Question Text:
Did [fill1: you/alias] ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

*Read if necessary. This would include National Guard or reserve or active duty monitoring or conducting peace keeping operations in Bosnia Kosovo, in the Sinai between Egypt and Israel, or in response to the 2004 tsunami, or Haiti in 2010.

1  Yes
2  No
7  Refused
9  Don't know

Universe Text:
All families with a person age 18 or older who has ever served in the armed forces

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

Question ID: FSD.023_00.000  Instrument Variable Name: ARMFTMP  QuestionnaireFileName: Family

Question Text:
When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?

*Enter all that apply, separate with commas.

*Enter all periods in which this person served. Enter the item even if the person served for just part of that period.

01  Sept 2001 or later
02  August 1990 to August 2001 (including Persian Gulf War)
03  September 1980 to July 1990
04  May 1975 to August 1980
05  Vietnam era (August 1964 to April 1975)
06  March 1961 to July 1964
07  February 1955 to February 1961
08  Korean War (July 1950 to January 1955)
09  January 1947 to June 1950
10  World War II (December 1941 to December 1946)
11  November 1941 or earlier
97  Refused
99  Don’t know

Universe Text:
All families with a person age 18 or older who has ever served in the armed forces

SkipInstructions:
<1,3-11,R,D> [goto DOINGLW] <2> [goto ARMFDS]

Hard Edit:
If gray answer code is selected please display:
That selection is not valid at this time.
Please correct.
**2011 NHIS Questionnaire - Family**  
Family Socio-Demographic  
Document Version Date: 30-May-12

<table>
<thead>
<tr>
<th>Question ID: FSD.024_00.000</th>
<th>Instrument Variable Name: ARMFDS</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: All families with a person age 18 or older who served from August 1990 to August 2001 |
| SkipInstructions: <1,2,R,D> [goto DOINGLW] |

<table>
<thead>
<tr>
<th>Question ID: FSD.050_00.000</th>
<th>Instrument Variable Name: DOINGLW</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| QuestionText: (book) F22 ? [F1]  
The next few questions are about employment status.  
Which of the following [fill: were you/was ALIAS] doing last week?  
* Read answer categories.  
1 Working for pay at a job or business  
2 With a job or business but not at work  
3 Looking for work  
4 Working, but not for pay, at a family-owned job or business  
5 Not working at a job or business and not looking for work  
7 Refused  
9 Don't know |
| UniverseText: All persons 18 years of age or older |
| SkipInstructions: <1,4> [goto WRKHRS]  
<2,5> [goto WHYNOWRK]  
<3,R,D> [goto WRKLYR] |

NOTE: A flashcard was added to this question in quarter 3 of 2005.
2011 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 30-May-12

Question ID: FSD.060_00.000  Instrument Variable Name: WHYNOWRK  QuestionnaireFileName: Family

QuestionText: [F1]

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

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

UniverseText: All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work

SkipInstructions: <1-3,8-10,R,D> [goto WRKLYR]
<4-7> [goto WRKHRS]

Question ID: FSD.070_00.000  Instrument Variable Name: WRKHRS1  QuestionnaireFileName: Family

QuestionText: [F1]

How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?

001-168 1-168 hours
997 Refused
999 Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season

SkipInstructions: <1-34,R,D> [goto WRKFTALL]
<35-94> [goto WRKLYR]
<95-168> [goto ERR1_WRKHRS]

Soft Edit: * [Fill: WRKHRS] is an unusually high number.
* Please verify.
Question ID: FSD.080_00.000  Instrument Variable Name: WRKFTALL  QuestionnaireFileName: Family

QuestionText: ?[F1]

[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

SkipInstructions: [goto WRKLYR]

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

Question ID: FSD.100_00.000  Instrument Variable Name: WRKLYR  QuestionnaireFileName: Family

QuestionText: ?[F1]

Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons 18 years of age or older

SkipInstructions: <1> [goto WRKMYR]
<2,R,D> [goto HIEMPOF]
2011 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 30-May-12

**Question ID:** FSD.110_00.000  **Instrument Variable Name:** WRKMYR  **QuestionnaireFileName:** Family

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

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

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

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

**SkipInstructions:** goto ERNYR

---

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

**QuestionText:** ?[F1]

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

Include hourly wages, salaries, tips and commissions.

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

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.
2011 NHIS Questionnaire - Family
Family Income
Document Version Date: 30-May-12

Question ID: FIN.010_00.000  Instrument Variable Name: FINCINT  QuestionnaireFileName: Family

QuestionText: * Read the following.

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

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

1  Enter 1 to continue

UniverseText: All families

SkipInstructions: goto FSAL

---

Question ID: FIN.030_00.000  Instrument Variable Name: FSAL  QuestionnaireFileName: Family

QuestionText: ? [F1]

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

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

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

(fill roster of people ge 18 years of age)

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]
2011 NHIS Questionnaire - Family
Family Income
Document Version Date: 30-May-12

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

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto FSEINC

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

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

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

*Read names

(fill roster of people ge 18 years of age)

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]
<2,R,D> [goto FSSRR]
**2011 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date: 30-May-12**

---

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

**QuestionText:**

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:**

goto FSSRR

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

---

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

**QuestionText:**

? [F1] Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?

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

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families

**SkipInstructions:**

<1> [if a single-person family, store the person number in PSSRR and goto FSSRRD; else, goto PSSRR]
<2,R,D> [goto FPENS]
* Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

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

Was [fill: your any family member's *Read names

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

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

All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

<1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]

<2,R,D> [goto FPENS]
**2011 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 30-May-12

---

**Question ID:** FIN.084_00.000  
**Instrument Variable Name:** PSSRRDB  
**QuestionnaireFileName:** Family

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

Who received Social Security or Railroad Retirement as a disability benefit?  
(Anyone else?)

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

---

**UniverseText:**  
All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit

---

**SkipInstructions:**

```plaintext
goto PSSRRD
```

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

---

**Question ID:** FIN.086_00.000  
**Instrument Variable Name:** PSSRRD  
**QuestionnaireFileName:** Family

**QuestionText:**
Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

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

---

**UniverseText:**  
All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

---

**SkipInstructions:**

```plaintext
repeat for all eligible persons, then goto FPENS
```
**2011 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 30-May-12

---

**Question ID:** FIN.090_00.000  
**Instrument Variable Name:** FPENS  
**QuestionnaireFileName:** Family

**QuestionText:** Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

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

**UniverseText:** All families

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

---

**Question ID:** FIN.100_00.000  
**Instrument Variable Name:** PPENS  
**QuestionnaireFileName:** Family

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

Who received this?  
(Anyone else?)

*Indicate each family member with this income.

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

**UniverseText:** All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

**SkipInstructions:** goto FOPENS

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2011 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 30-May-12

---

**Question ID:** FIN.102_00.000  **Instrument Variable Name:** FOPENS  **QuestionnaireFileName:** Family

**QuestionText:** Did [fill1: you/any family members living here] receive income from any retirement or survivor pension other [fill2: than Social Security or Railroad Retirement/than a disability pension/than Social Security, Railroad Retirement, or a disability pension]?

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in POPENS and goto FSSI; else, goto POPENS]

<2,R,D> [goto FSSI]

---

**Question ID:** FIN.104_00.000  **Instrument Variable Name:** POPENS  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

**UniverseText:** All families with two or more persons and at least one received income from a retirement or survivor pension in the last calendar year

**SkipInstructions:** goto FSSI

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Did [fill: you/any family members] receive Supplemental Security Income (SSI)?

* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month.

1 Yes
2 No
7 Refused
9 Don't know

All families

<1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]
<2,R,D> [goto FTANF]

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

*Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

goto PSSID

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2011 NHIS Questionnaire - Family
Family Income

Document Version Date: 30-May-12

---

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

**QuestionText:** Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All persons who received SSI in the last calendar year

**SkipInstructions:** repeat for all eligible persons, then goto FTANF

---

**Question ID:** FIN.150_00.000  **Instrument Variable Name:** FTANF  **QuestionnaireFileName:** Family

**QuestionText:** *(book) F23 ? [F1]*

At any time during [fill1: last calendar year in 4-digit format], even for one month, did [fill2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (* fill specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PTANF and goto FOWBEN; else, goto PTANF]
<2,R,D> [goto FOWBEN]
Question ID: FIN.160_00.000  Instrument Variable Name: PTANF  QuestionnaireFileName: Family

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

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

*Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year

SkipInstructions: goto FOWBEN

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

---

Question ID: FIN.164_00.000  Instrument Variable Name: FOWBEN  QuestionnaireFileName: Family

QuestionText: At any time during [fill1: last calendar year in 4-digit format], did [fill2: you/any family members living here] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]
<2,R,D> [goto FINTRST]
Question ID: FIN.166_00.000  Instrument Variable Name: POWBEN  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText:  All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

SkipInstructions:  goto FINTRST

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

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

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

* Do not include dividends

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText:  All families

SkipInstructions:  <1> [if a single-person family, store the person number in PINTRST and goto FDIVD; else, goto PINTRST]  
<2,R,D> [goto FDIVD]
### Question ID: FIN.180_00.000  **Instrument Variable Name:** PINTRST  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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<td>1</td>
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<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</table>

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

**SkipInstructions:** goto FDIVD

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

---

### Question ID: FIN.190_00.000  **Instrument Variable Name:** FDIVD  **QuestionnaireFileName:** Family

**QuestionText:** Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

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<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD]  
<2,R,D> [goto FCHLDSP]
### Question ID: FIN.200_00.000  Instrument Variable Name: PDIVD  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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<td>1</td>
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<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
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</table>

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

**SkipInstructions:** goto FCHLDSP

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

### Question ID: FIN.210_00.000  Instrument Variable Name: FCHLDSP  QuestionnaireFileName: Family

**QuestionText:** ? [F1]

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

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<tr>
<td>1</td>
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<tr>
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<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
</tr>
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</table>

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP]  
<2,R,D> [goto FINCOT]
2011 NHIS Questionnaire - Family
Family Income
Document Version Date: 30-May-12

Question ID: FIN.220_00.000  Instrument Variable Name: PCHLDP
QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto FINCOT

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

---

Question ID: FIN.230_00.000  Instrument Variable Name: FINCOT
QuestionnaireFileName: Family

QuestionText: Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker’s Compensation, or unemployment compensation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PINCOT and goto FINCTOT; else, goto PINCOT]
<2,R,D> [goto FINCTOT]
* Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income

1   Yes
2   No
7   Refused
9   Don't know

All families with two or more persons and at least one received some "other" source of income in the last calendar year

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

[fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]

What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]?

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

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

All families

<0-999> goto ERR1_FINCTOT
<250001-999995> goto ERR2_FINCTOT
    if edit suppressed and INC_FLG = 1 and INCDISC =1 then goto FINCEDIT else goto HOUSEOWN
<1000-250000> if INC_FLG = 1 and INCDISC =1 then goto FINCEDIT else goto HOUSEOWN
<D,R> goto FINC50

ERR1_FINCTOT:
* Do not read to the respondent.
* $[fill: FINCTOT] is unusually low. Make corrections if necessary.

ERR2_FINCTOT:
* Do not read to the respondent.
* $[fill: FINCTOT] is unusually high. Make corrections if necessary.
2011 NHIS Questionnaire - Family
Family Income
Document Version Date: 30-May-12

Question ID: FIN.255_00.000  Instrument Variable Name: FINC50  QuestionnaireFileName: Family
QuestionText: Was your total [fill: family] income from all sources less than $50,000 or $50,000 or more?

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

UniverseText: Respondents who don't know or refuse their income

SkipInstructions: <1> [goto FINC35]  
                 <2> [goto FINC100]  
                 <R,D> [HOUSEOWN]

Question ID: FIN.260_00.000  Instrument Variable Name: FINC35  QuestionnaireFileName: Family
QuestionText: Was your total [fill: family] income from all sources less than $35,000 or $35,000 or more?

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

UniverseText: The respondent answered Less than $50,000 in FINC50

SkipInstructions: <1> if PCNT <= '5', goto FINCPOV;  
                   else goto HOUSEOWN  
                   <2> if PCNT = '4', goto F200PV35;  
                       elseif PCNT = '8', goto FINCPOV;  
                       else goto HOUSEOWN  
                   <R,D> goto HOUSEOWN
Was your total family income from all sources less than \[\text{fill1: fill based on 200\% poverty threshold}\] or \[\text{fill1: fill based on 200\% poverty threshold}\] or more?

1. Less than \$45,000\]
2. \[\$45,000\] or more
7. Refused
9. Don't know

The respondent answered More than \$35,000 and there are 4 persons in the family

<1,2,R,D> [goto HOUSEOWN]
Question ID: FIN.270_00.000  Instrument Variable Name: FINC100  QuestionnaireFileName: Family

QuestionText: Was your total [fill: family] income from all sources less than $100,000 or $100,000 or more?

1  Less than $100,000
2  $100,000 or more
7  Refused
9  Don't know

UniverseText: The respondent answered More than $50,000 in FINC50

SkipInstructions: <1> [goto FINC75]
                    <2> [goto FINC150]
                    <R,D> [goto HOUSEOWN]

Question ID: FIN.272_00.000  Instrument Variable Name: FINC150  QuestionnaireFileName: Family

QuestionText: Was your total [fill: family] income from all sources less than $150,000 or $150,000 or more?

1  Less than $150,000
2  $150,000 or more
7  Refused
9  Don't know

UniverseText: The respondent answered $100,000 or more in FINC100

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

Question ID: FIN.275_00.000  Instrument Variable Name: FINC75  QuestionnaireFileName: Family

QuestionText: Was your total [fill: family] income from all sources less than $75,000 or $75,000 or more?

1  Less than $75,000
2  $75,000 or more
7  Refused
9  Don't know

UniverseText: The respondent answered Less than $100,000 in FINC100

SkipInstructions: <1> if PCNT = '6', goto F200PV75;
                   else goto HOUSEOWN
                   <2> if PCNT = '8', goto F200PV75;
                   else goto HOUSEOWN
                   <R,D> goto HOUSEOWN
### Questionnaire: Family Income

**Question ID:** FIN.276_00.000  **Instrument Variable Name:** F200PV75  **QuestionnaireFileName:** Family

**Question Text:**
Was your total family income from all sources less than [fill: based on 200% poverty threshold] or [fill: based on 200% poverty threshold] or more?

1. Less than $62,000/$80,000
2. $62,000/$80,000 or more
7. Refused
9. Don't know

**UniverseText:** The respondent answered Less than $75,000 and there are 6 persons in the family OR The respondent answered $75,000 or More and there are 8 persons in the family

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

---

**Question ID:** FIN.280_00.000  **Instrument Variable Name:** HOUSEOWN  **QuestionnaireFileName:** Family

**Question Text:**
Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: or someone in your family]?

1. Owned or being bought
2. Rented
3. Other arrangement
7. Refused
9. Don't know

**UniverseText:** All families

**SkipInstructions:** <1,3,R,D> [goto FSSAPL]  
<2> [goto FGAH]

---

**Question ID:** FIN.282_00.000  **Instrument Variable Name:** FGAH  **QuestionnaireFileName:** Family

**Question Text:**
? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

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

**UniverseText:** All families that rent their house/apartment

**SkipInstructions:** goto FSSAPL
**2011 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 30-May-12

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**Question ID:** FIN.300_00.000  
**Instrument Variable Name:** FSSAPL  
**QuestionnaireFileName:** Family

**QuestionText:**

[fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]

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

**UniverseText:** All families

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

---

**Question ID:** FIN.310_00.000  
**Instrument Variable Name:** PSSAPL  
**QuestionnaireFileName:** Family

**QuestionText:**

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

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for SSI benefits.

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

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

**SkipInstructions:** goto FSDAPL

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2011 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 30-May-12

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**Question ID:** FIN.330_00.000  
**Instrument Variable Name:** FSDAPL  
**QuestionnaireFileName:** Family

**QuestionText:** [fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** All Families

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

---

**Question ID:** FIN.340_00.000  
**Instrument Variable Name:** PSDAPL  
**QuestionnaireFileName:** Family

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

Who in the family applied for it?  
(Anyone else?)

* Indicate each family member who applied for Social Security Disability benefits.

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** All families with two or more persons and at least one applied for Social Security Disability benefits

**SkipInstructions:** goto TANFMYR

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?

*Enter ‘1’ if less than one month.

01-12 1-12 months
97 Refused
99 Don’t know

All persons who received cash assistance from public assistance programs in the last calendar year

At any time during [fill 1: last calendar year in 4-digit format], did [fill 2: you/any family members living here] receive [fill 3: food stamp benefits/SNAPNAME or food stamp benefits]?

1 Yes
2 No
7 Refused
9 Don’t know

All families
Question ID: FIN.380_00.000  Instrument Variable Name: FSNAPMYR  QuestionnaireFileName: Family

QuestionText: ?[F1]

During [fill 1: last year in 4 digit format], about how many months were [fill 2: food stamp benefits/SNAPNAME or food stamp benefits] received?

* Enter "1" if less than 1 month

01-12  Months
97  Refused
99  Don't know

UniverseText: Family received food stamp/SNAP benefits in previous calendar year

SkipInstructions: Goto FINWIC to see if family fits into universe for this question.

Question ID: FIN.384_00.000  Instrument Variable Name: FINWIC  QuestionnaireFileName: Family

QuestionText: ?[F1]

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1> [if a single-person family, store the person number in PWIC and goto FMSSN; else, goto PWIC]
<2,R,D> [goto FMSSN]
**2011 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 30-May-12

**Question ID:** FIN.385_00.000  **Instrument Variable Name:** PWIC  **QuestionnaireFileName:** Family

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

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

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

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

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

**SkipInstructions:** goto FMSSN

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