

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.100_00.000 **Instrument Variable Name:** VIS_SS **QuestionnaireFileName:** Functioning And Disability

QuestionText: These next questions are new and we are testing them. Some may sound similar to questions you already answered.

Do you have difficulty seeing, even when wearing glasses? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

Question ID: AFD.150_00.000 **Instrument Variable Name:** HEAR_SS **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-3,R,D>[goto HEAR_1]
<4>[goto MOB_SS]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.160_00.000 **Instrument Variable Name:** HEAR_1 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you use a hearing aid?

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

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

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

Question ID: AFD.160_00.001 **Instrument Variable Name:** HEAR_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?

- 1 All of the time
- 2 Some of the time
- 3 Rarely
- 4 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who use a hearing aid

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.170_00.000 **Instrument Variable Name:** HEAR_3 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty hearing what is said in a conversation with one other person in a quiet room {fill: even when wearing your hearing aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

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

SkipInstructions: <1-3,R,D>[goto HEAR_4]
<4>[goto MOB_SS]

Question ID: AFD.170_00.001 **Instrument Variable Name:** HEAR_4 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty hearing what is said in a conversation with one other person in a noisier room {fill: even when wearing your hearing aid(s)}? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

UniverseText: Sample adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.180_00.000 **Instrument Variable Name:** MOB_SS **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have any difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-4,R,D>[goto MOB_2]

Question ID: AFD.200_00.000 **Instrument Variable Name:** MOB_2 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.200_00.001 **Instrument Variable Name:** MOB_3A **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you use any of the following...

Cane or walking stick?

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

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

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

Question ID: AFD.200_00.002 **Instrument Variable Name:** MOB_3B **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following...

Walker?

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

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

SkipInstructions: <1,2,R,D>[goto MOB_3C]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.200_00.003 **Instrument Variable Name:** MOB_3C **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following...

Crutches?

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

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

SkipInstructions: <1,2,R,D>[goto MOB_3D]

Question ID: AFD.200_00.004 **Instrument Variable Name:** MOB_3D **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following...

Wheelchair or scooter?

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

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

SkipInstructions: <1,2,R,D>[goto MOB_3E]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.200_00.005 **Instrument Variable Name:** MOB_3E **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following...

Prosthesis?

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

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

SkipInstructions: <1,2,R,D>[goto MOB_3F]

Question ID: AFD.200_00.006 **Instrument Variable Name:** MOB_3F **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following...

Someone's assistance?

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

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

SkipInstructions: <1,2,R,D>[goto MOB_3G]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.200_00.007 **Instrument Variable Name:** MOB_3G **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

Do you use any of the following...

Other type of equipment or help?

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

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

SkipInstructions: <1,2,R,D>
if MOB_3D='1' [goto COM_SS]
elseif MOB_3D IN (2,R,D) [goto MOB_4]

Question ID: AFD.210_00.000 **Instrument Variable Name:** MOB_4 **QuestionnaireFileName:** Functioning And Disability

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

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

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

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.220_00.000 **Instrument Variable Name:** MOB_5 **QuestionnaireFileName:** Functioning And Disability

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

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

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

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

Question ID: AFD.230_00.000 **Instrument Variable Name:** MOB_6 **QuestionnaireFileName:** Functioning And Disability

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

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

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

SkipInstructions: <1-4,R,D>
if MOB_2 IN '2,R,D' [goto COM_SS]
elseif MOB_2 = '1' [goto MOB_7]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.240_00.000 **Instrument Variable Name:** MOB_7 **QuestionnaireFileName:** Functioning And Disability

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

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

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

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

Question ID: AFD.250_00.000 **Instrument Variable Name:** MOB_8 **QuestionnaireFileName:** Functioning And Disability

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

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

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

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.260_00.000 **Instrument Variable Name:** MOB_9 **QuestionnaireFileName:** Functioning And Disability

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

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

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

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

Question ID: AFD.270_00.000 **Instrument Variable Name:** COM_SS **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-4,R,D>[goto COM_2]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.290_00.000 **Instrument Variable Name:** COM_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you use sign language?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

Question ID: AFD.300_00.000 **Instrument Variable Name:** COG_SS **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1>[goto UB_SS]
<2-4,R,D>[goto COG_1]

2011 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 30-May-12

Question ID: AFD.310_00.000 **Instrument Variable Name:** COG_1 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you have difficulty remembering, concentrating, or both?

- 1 Difficulty remembering only
- 2 Difficulty concentrating only
- 3 Difficulty with both remembering and concentrating
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have some difficulty, a lot of difficulty, or are unable to remember or concentrate, or don't know or refused if they are able to remember or concentrate

SkipInstructions: <1,3,R,D>[goto COG_2]
<2>[goto UB_SS]

Question ID: AFD.320_00.000 **Instrument Variable Name:** COG_2 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who have difficulty remembering

SkipInstructions: <1,2,3,R,D>[goto COG_3]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.330_00.000 **Instrument Variable Name:** COG_3 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who have difficulty remembering

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

Question ID: AFD.360_00.000 **Instrument Variable Name:** UB_SS **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-4,R,D>[goto UB_1]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.370_00.000 **Instrument Variable Name:** UB_1 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

Question ID: AFD.380_00.000 **Instrument Variable Name:** UB_2 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-4,R,D>[goto ANX_1]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.410_00.000 **Instrument Variable Name:** ANX_1 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-5,R,D>[goto ANX_2]

Question ID: AFD.420_00.000 **Instrument Variable Name:** ANX_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you take medication for these feelings?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1,2,R,D>
if (ANX_1 IN (4,5) and ANX_2=2) [goto DEP_1];
elseif (ANX_1 IN (1,2,3,R,D) or ANX_2 IN (1,R,D)) [goto ANX_3]

2011 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 30-May-12

Question ID: AFD.430_00.000 **Instrument Variable Name:** ANX_3 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?
Would you say a little, a lot, or somewhere in between?

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

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

SkipInstructions: <1,2,R,D>[goto P_ANX_4C]
<3>[goto ANX_4]

Question ID: AFD.440_00.000 **Instrument Variable Name:** ANX_4 **QuestionnaireFileName:** Functioning And Disability

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

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

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

SkipInstructions: <1-3,R,D>[goto P_ANX_4C]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.445_03.000 **Instrument Variable Name:** P_ANX_4C **QuestionnaireFileName:** Functioning And Disability

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

...These are positive feelings that help me to accomplish goals and be productive.

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

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

SkipInstructions: <1,2,R,D>[goto P_ANX_4D]

Question ID: AFD.445_04.000 **Instrument Variable Name:** P_ANX_4D **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

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

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

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

SkipInstructions: <1,2,R,D>[goto DEP_1]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.450_00.000 **Instrument Variable Name:** DEP_1 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

Question ID: AFD.460_00.000 **Instrument Variable Name:** DEP_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Do you take medication for depression?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1,2,R,D>(if DEP_1 IN (4,5) and DEP_2=2) [goto PAIN_2]
elseif (DEP_1 IN (1,2,3,R,D) or (DEP_1 IN (4,5) and DEP_2 IN (1,R,D))) [goto DEP_3]

2011 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

Document Version Date: 30-May-12

Question ID: AFD.470_00.000 **Instrument Variable Name:** DEP_3 **QuestionnaireFileName:** Functioning And Disability

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

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

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

SkipInstructions: <1,2,R,D>[goto P_DEP_4C]
<3>[goto DEP_4]

Question ID: AFD.480_00.000 **Instrument Variable Name:** DEP_4 **QuestionnaireFileName:** Functioning And Disability

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

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

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

SkipInstructions: <1-3,R,D>[goto P_DEP_4C]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.485_03.000 **Instrument Variable Name:** P_DEP_4C **QuestionnaireFileName:** Functioning And Disability

QuestionText: Does the following statement describe your feelings of being depressed? Please say yes or no.

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

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

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

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

Question ID: AFD.500_00.000 **Instrument Variable Name:** PAIN_2 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1> [goto TIRED_1]
<2,3,4,R,D> [goto PAIN_3]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.510_00.000 **Instrument Variable Name:** PAIN_3 **QuestionnaireFileName:** Functioning And Disability

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

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

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

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

Question ID: AFD.520_00.000 **Instrument Variable Name:** PAIN_4 **QuestionnaireFileName:** Functioning And Disability

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

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

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

SkipInstructions: <1,2,R,D>[goto TIRED_1]
<3>[goto PAIN5]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.530_00.000 **Instrument Variable Name:** PAIN_5 **QuestionnaireFileName:** Functioning And Disability

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

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

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

SkipInstructions: <1-3,R,D>[goto TIRED_1]

Question ID: AFD.540_00.000 **Instrument Variable Name:** TIRED_1 **QuestionnaireFileName:** Functioning And Disability

QuestionText: In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1>[goto QOL_1]
<2-4,R,D>[goto TIRED_2]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.550_00.000 **Instrument Variable Name:** TIRED_2 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?

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

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

SkipInstructions: <1-3,R,D>[goto TIRED_3]

Question ID: AFD.560_00.000 **Instrument Variable Name:** TIRED_3 **QuestionnaireFileName:** Functioning And Disability

QuestionText: Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say a little, a lot, or somewhere in between?

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

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

SkipInstructions: <1,2,R,D>[goto QOL_1]
<3>[goto TIRED_4]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.570_00.000 **Instrument Variable Name:** TIRED_4 **QuestionnaireFileName:** Functioning And Disability

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

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

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

SkipInstructions: <1-3,R,D>[goto QOL_1]

Question ID: AFD.580_00.000 **Instrument Variable Name:** QOL_1 **QuestionnaireFileName:** Functioning And Disability

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

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.590_00.002 **Instrument Variable Name:** QOL_2B **QuestionnaireFileName:** Functioning And Disability

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

Working outside the home to earn an income?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-3,R,D>[goto QOL_2C]

Question ID: AFD.590_00.003 **Instrument Variable Name:** QOL_2C **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

Going to school or achieving your education goals?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.590_00.004 **Instrument Variable Name:** QOL_2D **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

Participating in leisure or social activities?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

Question ID: AFD.590_00.005 **Instrument Variable Name:** QOL_2E **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

Getting out with friends or family?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-3,R,D>[goto QOL_2F]

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.590_00.006 **Instrument Variable Name:** QOL_2F **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

Doing household chores such as cooking and cleaning?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

Question ID: AFD.590_00.007 **Instrument Variable Name:** QOL_2G **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

Using transportation to get to places you want to go?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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

2011 NHIS Questionnaire - Functioning And Disability
Adult Functioning and Disability
Document Version Date: 30-May-12

Question ID: AFD.590_00.008 **Instrument Variable Name:** QOL_2H **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

Participating in religious activities?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

SkipInstructions: <1-3,R,D>[goto QOL_2I]

Question ID: AFD.590_00.009 **Instrument Variable Name:** QOL_2I **QuestionnaireFileName:** Functioning And Disability

QuestionText: *Read if necessary.

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

Participating in community gatherings?

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

UniverseText: Sample adults 18+ who were asked the family disability questions (FDB)

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