2015 NHIS Questionnaire - Family
Family Identification

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

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

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

UniverseText: All nondeleted family members

SkipInstructions: <1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S [goto EXIT(HHC)]
else [goto FIDCC13]
<2> [goto CWWHAT2]

---

Question ID: FID.110_00.000  Instrument Variable Name: CWWHAT2  QuestionnaireFileName: Family

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

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

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

UniverseText: HHCHANGE = 2 (No, not correct)

SkipInstructions: <1> [goto CHG_NAME_FNAME]
<2> [goto CHG_AGEDOB_1]
<3> [goto CHG_SEX]
<4> [goto CHG_NATOR]
<5> [goto CHG_RACE]
2015 NHIS Questionnaire - Family  
Family Identification  
Document Version Date: 27-May-16

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?

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

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 FIDCCI3  
<2> GOTO ERR_HHCHANGE_1

Hard Edit:  
* 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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.250_00.000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrument Variable Name:</td>
<td>MARITAL</td>
</tr>
</tbody>
</table>
| QuestionnaireFileName:  | Family

QuestionText:  
* ASK OR VERIFY

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

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

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

SkipInstructions:  
<1> [goto SPFLAG]  
<2-5, R, D> [goto FIDCCI3]  
<6> if LINTAL[FAMINT] = 1 [goto FIDCCI4]  
else [goto COHAB1]
* ASK OR VERIFY

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: A potential spouse lives in the unit.

SkipInstructions: <1> If SPOUS2[PX] = null [goto SPOUS2]
else [goto FIDCCI3]
<2,R,D> [goto FIDCCI3]
Question ID: FID.270_00.000  Instrument Variable Name: SPOUS2  QuestionnaireFileName: Family

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

[Display all possible spouse candidates]

01-25 Person # of spouse

UniverseText: Person has an unidentified spouse in the household.

SkipInstructions: 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

Questions involved Value
RPREL: Relationship to Ref Person RPREL(SPOUS2(PX))
SPOUS2 ALIAS (SPOUS2(PX))

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)]

Questions involved Value
SPOUS2 ALIAS (SPOUS2(PX))
SEX SEX (SPOUS2(PX))
SEX SEX (PX)

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)]

Questions involved Value
SPOUS2 ALIAS (SPOUS2(PX))
AGE AGE (SPOUS2(PX))
AGE AGE (PX)
2015 NHIS Questionnaire - Family
Family Identification

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

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

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

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

UniverseText: Person is currently cohabiting and has been married.

SkipInstructions: <1-4,R,D> If COHAB3[PX] = null [goto COHAB3]
                   else [goto FIDCCI3]
2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

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 change 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 fullname] is the father of [child's fullname]. Is [child's fullname] 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.

SkipInstructions:

<1> if AGEDIFF <12 [goto ERR_DEGREE4]
if ERR_DEGREE4 = 1 [goto FIDCCI4B]
else reset DEGREE4 [goto DEGREE4] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

Hard Edit:

ERR2_DEGREE4
*Age difference between father and child is [AGEDIFF] years.
I have recorded [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 [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

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

Soft Edit:

ERR1_DEGREE4
*Age difference between father and child is only [AGEDIFF] years.
I have recorded [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 [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

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

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

ERR3_DEGREE4
*Age difference between father and child is greater than or equal to 50 years.
I have recorded [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 [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved                   Value
RPREL: Relationship to Ref Person     Spouse (husband) or Unmarried Partner
RPREL: Relationship to Ref Person     Child or Child of Partner
AGE                                      Value
AGE (X2)
AGE (PX)
If suppressed and additional persons remain, GOTO FIDCCI4
else GOTO FIDCCI4B, endif
I noted that [mother's fullname] is the mother of [child's fullname]. Is [child's fullname] her biological, adoptive, step, foster, or [fill: son/daughter] in law?

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

**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)

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
else GOTO FIDCCI4B, endif

**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)
* 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".

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

00  Mother not a household member
01-25 Person number of mother
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]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.330_01.000</th>
<th>Instrument Variable Name:</th>
<th>MOTHERCK_A</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?</td>
<td>1</td>
<td>Biological mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Adoptive mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Step mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>Foster mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
<td>Mother-in-law</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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]

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)

Soft Edit:

ERR1_MOTHERCK_A
*Age difference between mother and child is only [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?
* 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
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'.
* Choose father over father-in-law if both are present.

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

Potential Father in Family, not already identified

<1-25> [goto FATHERCK_A]
<0,R,D> [goto FIDCCI4]
[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?

1. Biological father
2. Adoptive father
3. Step father
4. Foster father
5. Father-in-law
6. Refused
7. 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 $\text{AGEDIFF}$ years.
I have recorded [ALIAS(LNDAD[PX])] is $\text{AGE(LNDAD[PX])}$ years old and his child [ALIAS(PX)] is
$\text{AGE(PX)}$ 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 $\text{AGE}$ of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change $\text{AGE}$ of child [ALIAS(PX)]

Questions involved  Value
FATHER  ALIAS(FATHER[PX])
AGE  AGE(LNDAD[PX])
AGE  AGE(PX)

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 $\text{AGE(LNDAD[PX])}$ years old and his child [ALIAS(PX)] is
$\text{AGE(PX)}$ years old. Are these ages and relationships correct?

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

Questions involved  Value
FATHER  ALIAS(FATHER[PX])
AGE  AGE(LNDAD[PX])
AGE  AGE(PX)

if suppressed goto FIDCCI4
<table>
<thead>
<tr>
<th>Question ID: FID.361_00.000</th>
<th>Instrument Variable Name: LGGUARD1</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> [fill: Do you/Does ALIAS] have a legal guardian?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** (Person is ward of reference person OR both mother and father are not present in the household) AND person is less than 18 AND person is not deleted

**SkipInstructions:** <1> [goto LGGUARD2]  
<2,R,D> if additional persons remain, GOTO FIDCCI4  
else GOTO ROSTERCK

<table>
<thead>
<tr>
<th>Question ID: FID.362_00.000</th>
<th>Instrument Variable Name: LGGUARD2</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:** *Ask or verify.  
Is [fill ALIAS’S] legal guardian a household member?  
*Enter the line number of the legal guardian.  
*If the legal 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:** Person less than 18 has legal guardian

**SkipInstructions:** <0-25, D, R> if additional persons remain, GOTO FIDCCI4  
else GOTO ROSTERCK
Question ID: FID.380_00.000  Instrument Variable Name: KNOW2  QuestionnaireFileName: Family

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

1  Yes, knows family members' health
2  No, does not know family member's health
7  Refused
9  Don't know

UniverseText: More than one adult

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

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

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

1  Present
2  Not present

UniverseText: All nondeleted persons >17 or emancipated minors

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

More than 1 adult present.

goto HLTH_BEG
**2015 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
Document Version Date: 27-May-16

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.005_00.000</th>
<th>Instrument Variable Name:</th>
<th>FLAPLYLM</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| **QuestionText:** | ? [F1] | * Read names  
(fill roster of persons age 0-4)  
limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem? | 1 | Yes |
|               | 2 | No |
|               | 7 | Refused |
|               | 9 | Don't know |

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

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.010_00.000</th>
<th>Instrument Variable Name:</th>
<th>PLAPLYLM</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| **QuestionText:** | * Ask or verify. Enter applicable line number(s), separate with commas.  
Who is this?  
(Anyone else?) | 1 | Yes |
|               | 2 | No |
|               | 7 | Refused |
|               | 9 | Don't know |

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

**SkipInstructions:** goto PLAPLYUN

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

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

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

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

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

---

**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]
### Question 1

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

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

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

**UniverseText:** All families 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 2

**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?

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

**UniverseText:** All 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]

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

Who is this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
2015 NHIS Questionnaire - Family
Family Health Status & Limitations

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

QuestionText: [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

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

SkipInstructions: goto LADRESS

---

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

QuestionText: * 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

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

SkipInstructions: goto LAEAT
2015 NHIS Questionnaire - Family
Family Health Status & Limitations

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
**Question ID:** FHS.090_05.000  **Instrument Variable Name:** LATOILT  **QuestionnaireFileName:** Family

**QuestionText:**  
* Read lead-in if necessary.  

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

Using the toilet, including getting to the toilet?  

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

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

**SkipInstructions:** goto LAHOME

---

**Question ID:** FHS.090_06.000  **Instrument Variable Name:** LAHOME  **QuestionnaireFileName:** Family

**QuestionText:**  
* Read lead-in if necessary.  

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

Getting around inside the home?  

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

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

**SkipInstructions:** goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL
Question ID: FHS.150_00.000  Instrument Variable Name: FLAIADL  QuestionnaireFileName: Family

QuestionText: ? [F1]

Because of a physical, mental, or emotional problem, do [fill: you/any of these family members]

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

need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary
business, shopping, or getting around for other purposes?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: FHS.160_00.000  Instrument Variable Name: PLAIADL  QuestionnaireFileName: Family

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

Who is this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto FLAWKNOW

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] from working at a job or business?

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

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.
2015 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 27-May-16

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.
### Question ID: FHS.210_00.000  **Instrument Variable Name:** FLAWALK  **QuestionnaireFileName:** Family

**QuestionText:**

Because of a health problem, [fill: do you/does anyone in the family] have difficulty walking without using any special equipment?

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

**UniverseText:** All families

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

---

### Question ID: FHS.220_00.000  **Instrument Variable Name:** PLAWALK  **QuestionnaireFileName:** Family

**QuestionText:**

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

Who is this?  
(Anyone else?)

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

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

**SkipInstructions:** goto FLAREMEM

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
<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>? [F1]</td>
<td>[fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because [fill2: you/they] experience periods of confusion?</td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.240_00.000</th>
<th>Instrument Variable Name:</th>
<th>PLAREMEM</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families with two or more persons and at least one is limited due to difficulty remembering or periods of confusion</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**SkipInstructions:** goto FLIMANY

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Question ID: FHS.250_00.000  Instrument Variable Name: FLIMANY  QuestionnaireFileName: Family

QuestionText: ? [F1]

[fill: Are you/ Is ALIAS/ Are any family members
* Read names
(fill roster of applicable persons)]

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families – please see note on PLIMANY

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 – please see note on PLIMANY

SkipInstructions: goto LAHCC
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)
90 Other impairment/problem (Specify one)
91 Other impairment/problem (Specify one)
97 Refused
99 Don't know/not sure

All persons less than 18 years of age who have at least one reported limitation

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.
What is the other impairment or problem?

Verbatim response

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

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 a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

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.

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

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

<1-95,D> [goto LHCL02T]
<br> [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]
<br> [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]
* Enter time period for time with hearing problem.

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 a hearing problem and 1-95, D was entered for the "number" part of this two-part question

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

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

* "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]
* 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

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

<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

ERR1_LHCL03T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL03T
* "6" not selectable.
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.

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 asthma/breathing problem
* 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

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

<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

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

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

SkipInstructions: <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]
* 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 have you 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.

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<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 less than 18 years of age who have a limitation due to intellectual disability/mental retardation
2015 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 27-May-16

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 intellectual disability/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 LAHCC] <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.
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.

**UniverseText:** All persons less than 18 years of age who have a limitation due to some other developmental problem

**SkipInstructions:**

1. If the condition is 1-95, go to LHCL08T.
2. If the condition is 96, enter "6" in LHCL08T and go to follow-up questions for the next condition selected at LAHCC; if no more conditions, go to LAHCC for the next person less than 18 years of age with a reported limitation; if no more persons, go to LAHCA.
3. If the condition is R, enter "R" in LHCL08T and go to follow-up questions for the next condition selected at LAHCC; if no more conditions, go to LAHCC for the next person less than 18 years of age with a reported limitation; if no more persons, go to LAHCA.
* Enter time period for time with developmental problem (e.g. cerebral palsy).

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

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

* "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
Question ID: FHS.294_02.000  Instrument Variable Name: LHCL09T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with mental, emotional, or behavioral problem.

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

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

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

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

HardEdit: 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.

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 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

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

<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

ERR1_LHCL10T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHCL10T
* "6" not selectable.
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.


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

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

SkipInstructions: <1-95,D> [goto LHCL11T]
<96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
* 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]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 27-May-16

Question ID: FHS.300_02.000  Instrument Variable Name: LHCL12T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* 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
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]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.302_02.000  Instrument Variable Name: LHCL13T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL13T]
if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1_LHCL13T

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.

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

**UniverseText:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1
Question ID: FHS.304_02.000  Instrument Variable Name: LHCL90T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S1].

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL90T]

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

Hard Edit: ERR1_LHCL90T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL90T
* "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

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2
**2015 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

*Document Version Date: 27-May-16*

<table>
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<th>Instrument Variable Name: LHCL91T</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>

**QuestionText:**

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

**UniverseText:**

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL91T]

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

**Hard Edit:**

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, para/quadriplegia
28 Parkinson's disease, other tremors
29 Other nerve damage, including carpal tunnel syndrome
30 Hernia
31 Ulcer
32 Varicose veins, hemorrhoids
33 Thyroid problems, Grave's disease, gout
34 Knee problems (not arthritis (03), not joint injury (05))
35 Migraine headaches (not just headaches)
90 Other impairment/problem (Specify one)
91 Other impairment/problem (Specify one)
97 Refused
99 Don't know/not sure
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
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.

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

All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing
* Enter time period for time with vision problem or problem seeing.

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1</td>
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<td>Week(s)</td>
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<td>Year(s)</td>
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<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 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
2 of 2

* Enter time period for time with hearing problem.

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

UniverseText: 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

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_LHAL02T]

if LHAL02T = 4 and LHAL02N > AGE, goto ERR1_LHAL02T

Hard Edit: ERR1_LHAL02T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL02T
* "6" not selectable.
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
96
97
99

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

UniverseText: 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

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_LHAL03T]

if LHAL03T = 4 and LHAL03N > AGE, goto ERR1_LHAL03T

Hard Edit: ERR1_LHAL03T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL03T
* "6" not selectable.
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

All persons 18 years of age or older who have a limitation due to a back or neck problem
2015 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 27-May-16

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

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

01-94  1-94
  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 fracture or bone/joint injury

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

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

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

<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

ERR1_LHAL05T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL05T
* "6" not selectable.
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>
<thead>
<tr>
<th>Option</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>

**UniverseText:** All persons 18 years of age or older who have a limitation due to some "other" injury

**SkipInstructions:**

- `<1-95,D>` [goto LHAL06T]
- `<96>` [fill "6" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<R>` [store "R" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2 of 2

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

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

UniverseText: All persons 18 years of age or older who have a limitation due to some "other" injury 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_LHAL06T]

if LHAL06T = 4 and LHAL06N > AGE, goto ERR1_LHAL06T

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

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

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

All persons 18 years of age or older who have a limitation due to a heart problem
2015 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.372_02.000  Instrument Variable Name: LHAL07T  QuestionnaireFileName: Family

QuestionText:

2 of 2

* Enter time period for time with heart problem.

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

UniverseText: 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: <1-4,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 [fill: have you/has ALIAS] had a stroke problem?

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

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

All persons 18 years of age or older who have a limitation due to a stroke problem
* Enter time period for time with stroke problem.

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

**UniverseText:**
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

**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_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1_LHAL08T

**Hard Edit:**
ERR1_LHAL08T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL08T
* "6" not selectable.
How long [fill: have you/has ALIAS] had hypertension or high blood pressure?

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

01-94
95
96
97
99

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]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.376_02.000  Instrument Variable Name: LHAL09T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* 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

UniverseText: 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

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_LHAL09T]

if LHAL09T = 4 and LHAL09N > AGE, goto ERR1_LHAL09T

Hard Edit: ERR1_LHAL09T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL09T
* "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 95+
96 Since birth
97 Refused
99 Don't know

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

<1-95,D> [goto LHAL10T]
<96> [fill "6" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto PHSTAT]
<R> [store "R" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto PHSTAT]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID: FHS.378_02.000
Instrument Variable Name: LHAL10T
QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with diabetes.

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

UniverseText: 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

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_LHAL10T]

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T

Hard Edit: ERR1_LHAL10T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL10T
* "6" not selectable.
1 of 2

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

<1-95,D> [goto LHAL11T]
<96> [fill "6" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
* Enter time period for time with lung problem or breathing problem (e.g., asthma and emphysema).

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]<6> [goto ERR2_LHAL11T]

if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T

Hard Edit: ERR1_LHAL11T
* Time with condition cannot be greater than age. Please correct.
ERR2_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
96
97
99

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

<1-95,D> [goto LHAL12T]
<96> [fill "6" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2 of 2

* Enter time period for time with cancer.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT] <6> [goto ERR2_LHAL12T]

if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T

Hard Edit: ERR1_LHAL12T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL12T
* "6" not selectable.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.384_01.000</th>
<th>Instrument Variable Name:</th>
<th>LHAL14N</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question ID:</td>
<td>FHS.384_01.000</td>
<td>Instrument Variable Name:</td>
<td>LHAL14N</td>
<td>QuestionnaireFileName:</td>
<td>Family</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
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<tr>
<td></td>
<td></td>
<td>How long [fill: have you/has ALIAS] had intellectual disability, also known as mental retardation?</td>
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<tr>
<td></td>
<td></td>
<td>* Enter number for time with intellectual disability/mental retardation.</td>
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<tr>
<td></td>
<td></td>
<td>* Enter '95' for 95 or more.</td>
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<tr>
<td></td>
<td></td>
<td>* Enter '96' if since birth.</td>
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<tr>
<td>01-94</td>
<td>1-94</td>
<td>95</td>
<td>95+</td>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 18 years of age or older who have a limitation due to intellectual disability/mental retardation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-95,D&gt; [goto LHAL14T]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;96&gt; [fill &quot;6&quot; in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons,</td>
<td></td>
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<tr>
<td></td>
<td>goto PHSTAT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [store &quot;R&quot; in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto PHSTAT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* 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 intellectual disability/mental retardation 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_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1_LHAL14T

* Hard Edit:  
ERR1_LHAL14T  
* Time with condition cannot be greater than age. Please correct.  
ERR2_LHAL14T  
* "6" not selectable.
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.

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

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

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

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

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

<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

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.

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

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]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 27-May-16

Question ID: FHS.388_02.000  Instrument Variable Name: LHAL16T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with senility.

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

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

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

   if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T

Hard Edit:

ERR1_LHAL16T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL16T
* "6" not selectable.
How long [fill: have you/has ALIAS] had depression, anxiety, or an emotional problem?

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

01-94 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 depression/anxiety/emotional problem

<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]
* Enter time period for time with depression, anxiety, or an emotional 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 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]

Hard Edit: ERR2_LHAL17T
* Time with condition cannot be greater than age. Please correct.
How long [fill: have you/has ALIAS] had a weight problem?

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

01-94  1-94
       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 weight problem

<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]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 27-May-16

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

QuestionText: 2 of 2
* Enter time period for time with weight problem.

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

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

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

Hard Edit:
ERR1_LHAL18T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL18T
* "6" not selectable.
How long 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  1-94
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 missing limbs
* Enter time period for time with missing limb (finger, toe, or digit).

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

All persons 18 years of age or older who have a limitation due to missing limbs 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_LHAL19T]
if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T

* Time with condition cannot be greater than age. Please correct.
* "6" not selectable.
How long have you had a kidney, bladder or renal problem?

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

01-94 01-94
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 kidney, bladder, or renal problem

<1-95,D> [goto LHAL20T]
<96> [fill "6" in LHAL20T 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 LHAL20T 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 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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL20T]

if LHAL20T = 4 and LHAL20N > AGE, goto ERR1_LHAL20T

* Time with condition cannot be greater than age. Please correct.
ERR2_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.

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 circulation problems

1 of 2

Skip Instructions:

<1-95,D> [goto LHAL21T]

<96> [fill "6" in LHAL21T 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 LHAL21T 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]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 27-May-16

Question ID: FHS.398_02.000  Instrument Variable Name: LHAL21T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

UniverseText: 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

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_LHAL21T]

if LHAL21T = 4 and LHAL21N > AGE, goto ERR1_LHAL21T

Hard Edit: ERR1_LHAL21T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL21T
* "6" not selectable.
1 of 2

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 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 benign tumors or cysts

<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]
* 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

<1-4,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 have you had fibromyalgia or lupus?

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

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

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

<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]
**Question ID:** FHS.402_02.000  **Instrument Variable Name:** LHAL23T  **QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with fibromyalgia or lupus.

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

**UniverseText:**

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

**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_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T

**Hard Edit:**

ERR1_LHAL23T

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

ERR2_LHAL23T

* "6" not selectable.
1 of 2

How long [fill: have you/has ALIAS] had osteoporosis or tendinitis?

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

01-94  1-94
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 osteoporosis or tendinitis
* Enter time period for time with osteoporosis or tendinitis.

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

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

SkipInstructions:  <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL24T]
if LHAL24T = 4 and LHAL24N > AGE, goto ERR1_LHAL24T

Hard Edit:  

ERR1_LHAL24T
* Time with condition cannot be greater than age. Please correct.

ERR2_LHAL24T
* "6" not selectable.
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 1-94
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 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]
Question ID:  FHS.406_02.000  Instrument Variable Name:  LHAL25T  QuestionnaireFileName:  Family

QuestionText:  2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

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

if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T

Hard Edit:  ERR1_LHAL25T
  * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL25T
  * "6" not selectable.
How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

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

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

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

<1-95,D> [goto LHAL26T]
<96> [fill "6" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
* Enter time period for time with multiple sclerosis (MS) or muscular dystrophy (MD).

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

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.

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1_LHAL26T

* Time with condition cannot be greater than age. Please correct.
* "6" not selectable.
How long have you had polio(myelitis), paralysis or para/quadriplegia?

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

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

All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia
**2015 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date:** 27-May-16

**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:**

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

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

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

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

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

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

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

* 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.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<td>Since birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Hard Edit:**

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

ERR2_LHAL29T
* "6" not selectable.
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 1-94
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 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]
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.
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  1-94
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 an ulcer

<1-95,D> [goto LHAL31T]
<96> [fill "6" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
2 of 2

* Enter time period for time with ulcer.

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

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

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

if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T

Hard Edit: ERR1_LHAL31T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL31T
* "6" not selectable.
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: 1-94
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]
Problem Description: Enter time period for time with varicose veins or hemorrhoids.

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

Universe Text: All persons 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

Skip Instructions:
- If the number entered is not 1-4, go to follow-up questions for next condition selected at LAHCA; if no more conditions, go to LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, go to PHSTAT
- If the number entered is 6, go to ERR2_LHAL32T
- If LHAL32T = 4 and LHAL32N > AGE, go to ERR1_LHAL32T

Hard Edit:
- Time with condition cannot be greater than age. Please correct.
- "6" is not selectable.

Note: This section pertains to the 2015 NHIS Questionnaire - Family, focusing on family health status and limitations.
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  1-94
   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]
* 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)
5. Since birth
6. Refused
7. 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.
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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
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<tr>
<td>01-94</td>
<td>1-94</td>
</tr>
<tr>
<td>95</td>
<td>95+</td>
</tr>
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<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
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All persons 18 years of age or older who have a limitation due to knee problems
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<th>FHS.424_02.000</th>
<th>Instrument Variable Name:</th>
<th>LHAL34T</th>
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<th>Family</th>
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</thead>
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<tr>
<td>QuestionText:</td>
<td>2 of 2</td>
<td>* Enter time period for time with knee problem.</td>
<td>1 Day(s)</td>
<td>Week(s)</td>
<td>Month(s)</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 18 years of age or older who have a limitation due to knee problems and 1-95, D was entered for the &quot;number&quot; part of this two-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-4,R,D&gt; [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]</td>
<td>&lt;6&gt; [goto ERR2_LHAL34T]</td>
<td>If LHAL34T = 4 and LHAL34N &gt; AGE, goto ERR1_LHAL34T</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard Edit:</td>
<td>ERR1_LHAL34T</td>
<td>* Time with condition cannot be greater than age. Please correct.</td>
<td>ERR2_LHAL34T</td>
<td>* &quot;6&quot; not selectable.</td>
<td></td>
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</tbody>
</table>
How long [fill: have you/has ALIAS] had migraine headaches?

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

01-94
95
96
97
99

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]
2015 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 27-May-16

Question ID: FHS.426_02.000  Instrument Variable Name: LHAL35T  QuestionnaireFileName: Family

QuestionText: 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.
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

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

<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]
* 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

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

<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

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

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2
2015 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 27-May-16

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].

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL91T]
if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T

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?

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Refused
7 Don't know

UniverseText: All persons

SkipInstructions: repeat for all persons in the family, goto FINJ3M
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?

1. Often true
2. Sometimes true
3. Never true
7. Refused
9. Don't know

"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 1: you/your family] in the last 30 days?

1. Often true
2. Sometimes true
3. Never true
7. Refused
9. Don't know

UniverseText: All families

SkipInstructions: <1-3,R,D> goto FSLAST
2015 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 27-May-16

Question ID: FFS.030_00.000  Instrument Variable Name: FSBALANC  QuestionnaireFileName: Family

QuestionText: "[fill 1: I/We] couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?

1. Often true
2. Sometimes true
3. Never true
7. Refused
9. Don't know

UniverseText: All families

SkipInstructions: <1,2> [goto FSSKIP]
<3,D,R> [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]

Question ID: FFS.040_00.000  Instrument Variable Name: FSSKIP  QuestionnaireFileName: Family

QuestionText: 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?

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 FSSKIPDAYS]
<2,R,D> [goto FSLESS]

Question ID: FFS.050_00.000  Instrument Variable Name: FSSKIPDAYS  QuestionnaireFileName: Family

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

01-30 Days
97 Refused
99 Don't know

UniverseText: 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

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

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

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

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

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

01-30 Days
97 Refused
99 Don't know

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
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)]?

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

Who was this? (Anyone else?)

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

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: you/was ALIAS] injured?

<table>
<thead>
<tr>
<th>Code</th>
<th>Text</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]

---

**Question ID:** FIJ.016_00.000  
**Instrument Variable Name:** MFINJ3M  
**QuestionnaireFileName:** Family

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

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

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

**SkipInstructions:**
- `<1>` [if TFINJ3M eq 1, fill "1" in MFINJ3M and goto IPDATEM; else, goto MFINJ3M]
- `<2,R,D>` [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]
2015 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.018_00.000
Instrument Variable Name: MTFINJ3M
QuestionnaireFileName: Family

QuestionText:
? [F1]

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

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

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

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

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

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

Question ID: FIJ.020_00.000
Instrument Variable Name: FPOI3M
QuestionnaireFileName: Family

* 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

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

<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.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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Text</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 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]
<CLOSE> [goto TFPOI3M for new entry]
<GO> [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]?

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

**UniverseText:** All 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 |

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

**SkipInstructions:**
<01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM]
<DK, R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M:

**Hard Edit:**
]<Close> [goto MTFPOI3M for new entry]
<Goto>  [goto TFPOI3M or MTFPOI3M for new entry]

**Soft Edit:**

If (MTFPOI3M = 99 and MTFPOI3M gt 3), display ERR2_MTFINJ3M:

* ^MFINJ3M 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

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

SkipInstructions: <1-12> [goto IPDATED]
<R> [goto IPHOW]
<D> [goto IPDATENO]
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]
<Go to> [reset IPDATED for new entry]
Question ID: FIJ.050_03.000  Instrument Variable Name: IPDATEY  QuestionnaireFileName: Family

QuestionText: 3 of 3

* Enter year.

Year

9997  Refused
9999  Don't know

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

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

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, [^IPDATEM(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, [^IPDATEM(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, [^IPDATEM(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.
**2015 NHIS Questionnaire - Family**

**Injuries & Poisoning**

**Document Version Date:** 27-May-16

**Question ID:** FIJ.051_01.000  
**Instrument Variable Name:** IPDATENO  
**QuestionnaireFileName:** Family

**Question Text:**
1 of 2
Can you tell me approximately how long ago [fill1: your/ALIAS’s] [fill2: injury/poisoning] happened?
*Enter number for time since event.

<table>
<thead>
<tr>
<th>001-096</th>
<th>1-96</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**  
<1-91> [goto IPDATETP]  
<R,D> [goto IPHOW]

**Question ID:** FIJ.051_02.000  
**Instrument Variable Name:** IPDATETP  
**QuestionnaireFileName:** Family

**Question Text:**
2 of 2
*Enter number for time period since event.

^IPDATENO…

| 1 | Days |
| 2 | Weeks |
| 3 | Months |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question

**SkipInstructions:** goto IPHOW

**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 1

**Question ID:** FIJ.052_00.000  
**Instrument Variable Name:** IPDATEMT  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F3  ? [F1]

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

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

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

**SkipInstructions:** goto IPHOW

### Question 2

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

**QuestionText:**

? [F1]

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

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

**Verbatim**  
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]
<table>
<thead>
<tr>
<th>Question Text:</th>
<th>? [F1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Do not read.</td>
<td></td>
</tr>
<tr>
<td>* Enter the number which best describes the cause of the person’s injury from the list below.</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>In a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>On a bike, scooter, skateboard, skates, skis, horse, etc.</td>
</tr>
<tr>
<td>03</td>
<td>Pedestrian who was struck by a vehicle such as a car or bicycle</td>
</tr>
<tr>
<td>04</td>
<td>In a boat, train, or plane</td>
</tr>
<tr>
<td>05</td>
<td>Fall</td>
</tr>
<tr>
<td>06</td>
<td>Burned or scalded by substances such as hot objects or liquids, fire, or chemicals</td>
</tr>
<tr>
<td>07</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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

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

97  Refused
99  Don't know

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

SkipInstructions: <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]
2015 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 27-May-16

Question ID: FIJ.071_00.000  Instrument Variable Name: IJBODYOS  QuestionnaireFileName: Family

QuestionText: *Read if necessary.

What other parts of the body were hurt?

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: goto IJTYPE1

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

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

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

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

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

SkipInstructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYPE1OS]
<R> [goto IPEV]
Question ID: FIJ.073_00.000  Instrument Variable Name: IJTYP1OS  QuestionnaireFileName: Family

QuestionText: 

* Read if necessary.

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

Verbatim

7  Refused
9  Don't know

UniverseText: All injury episodes where the first body part was hurt in some "other" way

SkipInstructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV

Question ID: FIJ.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 response

* Verbatim

7 Refused
9 Don't know

UniverseText: All injury episodes where the second body part was hurt in some "other" way

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV

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

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

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 IJTYP3OS]
<R> [goto IPEV]
Question ID: FIJ.077_00.000  Instrument Variable Name: IJTP3OS  QuestionnaireFileName: Family

QuestionText: * Read if necessary.

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

Verbatim

Verbatim response

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

---

Question ID: FIJ.078_00.000  Instrument Variable Name: IJTYPE4  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: 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 IJTP4OS]
Question ID: FIJ.079_00.000  Instrument Variable Name: IJTP4OS  QuestionnaireFileName: Family

QuestionText: * Read if necessary.

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

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]
**2015 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
**Document Version Date:** 27-May-16

**Question ID:** FIJ.080_02.000  
**Instrument Variable Name:** IPEV  
**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]?

An emergency vehicle, such as an ambulance or fire truck

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

**Question ID:** FIJ.080_03.000  
**Instrument Variable Name:** IPER  
**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]?

A visit to an emergency room

1  Yes  
2  No  
7  Refused  
9  Don't know

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

**SkipInstructions:**  
<1,2,D> [goto IPDO]  
<R> [goto IPHOSP]
2015 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 27-May-16

Question ID: FIJ.080_04.000  Instrument Variable Name: IPDO  QuestionnaireFileName: Family

**QuestionText:**  
* [F1]  

* Read lead-in if necessary.  

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?  

A visit to a doctor’s office or other health clinic  

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

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

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

---

Question ID: FIJ.080_05.000  Instrument Variable Name: IPPCHCP  QuestionnaireFileName: Family

**QuestionText:**  
* [F1]  

* Read lead-in if necessary.  

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?  

A phone call to a doctor, nurse, or other health care professional  

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

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

**SkipInstructions:**  
<1,2,D> [goto IPOTH]  
<R> [goto IPHOSP]
2015 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 27-May-16

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> [\text{goto IPIOTHOS}]\\nif [\text{MTFINJ3M}=01-91 \text{ and IPEV}=2] \text{goto IPVER}\\n<2> [\text{if poisoning and episode and PPCC eq 2 and IPEV eq 2} \text{ and IPER eq 2} \text{ and IPDO eq 2} \text{ and IPPCHCP eq 2}, \text{goto IPVER; else if an injury episode and IPEV eq 2} \text{ and IPER eq 2} \text{ and IPDO eq 2} \text{ and IPPCHCP eq 2}, \text{goto IPVER; else goto IPIPHOSP}]\\n<\text{R,D}> [\text{goto IPIPHOSP}]\

Question ID: FIJ.081_00.000
Instrument Variable Name: IPIOTHOS
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 IPIPHOSP
**2015 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
Document Version Date: 27-May-16

---

**Question ID:** FIJ.082_00.000  
**Instrument Variable Name:** IPVER  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Please verify.  

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

**SkipInstructions:**  
<1> [If the subject HAS more injury/poisoning episodes, then go to FIJ.050_1 for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to next section.]

<2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]

**Hard Edit:** ERR_IPVER

---

**Question ID:** FIJ.090_00.000  
**Instrument Variable Name:** IPHOSP  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]

[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

1 Yes  
2 No  
7 Refused  
9 Don't know

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

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

<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]
### Question ID: FIJ.091_00.000

**Question Text:** ? [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.

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

**Universe Text:** All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

**Skip Instructions:**

<1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL; if a poisoning episode, goto PPOIS]

<61-95> [goto ERR_IPIHNO]

**Soft Edit:**

* ^IPIHNO is unusually high. Please verify.

Suppress
Goto
Close

<Supress> [if IPIHNO gt 60, display ERR_IPIHNO]

* ^IPIHNO is unusually high. Please verify.

### Question ID: FIJ.109_00.000

**Question Text:** ? [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 |

**Universe Text:** 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

**Skip Instructions:**

goto IMVWHO
*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

*QuestionText:

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]
**2015 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
**Document Version Date:**  27-May-16

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIJ.111_00.000</td>
<td>IMVTYP</td>
<td>Family</td>
</tr>
<tr>
<td>FIJ.112_00.000</td>
<td>ISBELT</td>
<td>Family</td>
</tr>
</tbody>
</table>

**Question Text:**

**FIJ.111_00.000**  
(book) F6  
* 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

**Universe Text:**  
All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

**Skip Instructions:**  
<1,2,4> [goto ISBELT]  
<5,6> [goto IHELMT]  
<3,7,8,9,R,D> [goto IPWHAT]

**FIJ.112_00.000**  
* 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

**Universe Text:**  
All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

**Skip Instructions:**  
goto IPWHAT
2015 NHIS Questionnaire - Family
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Document Version Date: 27-May-16

**Question ID:** F1J.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:** F1J.130_00.000  **Instrument Variable Name:** IFALL  **QuestionnaireFileName:** Family

**QuestionText:** (book) F7

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?

01  Stairs, steps, or escalator
02  Floor or level ground
03  Curb (including sidewalk)
04  Ladder or scaffolding
05  Playground equipment
06  Sports field, court, or rink
07  Building or other structure
08  Chair, bed, sofa, or other furniture
09  Bathtub, shower, toilet, or commode
10  Hole or other opening
11  Other
97  Refused
99  Don't know

**UniverseText:** All medically-consulted injury episodes that occurred due to a fall

**SkipInstructions:** goto IFALLWHY
Question ID: FIJ.131_00.000  Instrument Variable Name: IFALLWHY  QuestionnaireFileName: Family

QuestionText: (book) F8

* Ask or verify.

What caused [fill: you/ALIAS] to fall?

1  Slipping or tripping
2  Jumping or diving
3  Bumping into an object or another person
4  Being shoved or pushed by another person
5  Losing balance or having dizziness (becoming faint or having a seizure)
6  Other
7  Refused
9  Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IPWHAT

---

Question ID: FIJ.140_00.000  Instrument Variable Name: PPOIS  QuestionnaireFileName: Family

QuestionText: (book) F9

* Ask or verify.

What did [fill: your/ALIAS’s] poisoning result from?

1  Swallowing a drug or medical substance mistakenly or in overdose
2  Swallowing or touching a harmful solid or liquid substance
3  Inhaling harmful gases or vapors
4  Eating a poisonous plant or other substance mistaken for food
5  Being bitten by a poisonous animal
6  Other, please specify
7  Refused
9  Don't know

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

SkipInstructions: <1-5,R,D> [goto IPWHAT]  <6> [goto PPOISOS]
2015 NHIS Questionnaire - Family
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Question ID: FIJ.141_00.000  Instrument Variable Name: PPOISOS  QuestionnaireFileName: Family

QuestionText: * Read if necessary.
How did [fill: your/ALIAS’s] poisoning occur?

Verbatim
1 Verbatim response
7 Refused
9 Don't know

UniverseText: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

SkipInstructions: goto IPWHAT

---

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]
What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

**Verbatim**

- Verbatim response
- Refused
- Don't know

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

**SkipInstructions:** goto IPWHER
Question ID: F1J.160_00.000  Instrument Variable Name: IPWHER  QuestionnaireFileName: Family

QuestionText: (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]
### Question ID: FIJ.170_00.000

**Instrument Variable Name:** IPEMP

**QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

1. Full-time
2. Part-time
3. Not employed
7. Refused
9. Don't know

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

**SkipInstructions:** <1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]

---

### Question ID: FIJ.171_00.000

**Instrument Variable Name:** IPWKLS

**QuestionnaireFileName:** Family

**QuestionText:** As a result of this [fill1: injury/poisoning], how many days of work 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 13 years of age or older who were employed at the time of the episode

**SkipInstructions:** goto IPSTU
### 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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full-time</td>
</tr>
<tr>
<td>2</td>
<td>Part-time</td>
</tr>
<tr>
<td>3</td>
<td>Not a student</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All medically-consulted injury/poisoning episodes for persons 5 years of age or older

**SkipInstructions:** `<1,2> [goto IPSCLS]  
<3,R,DK> [If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto next section]`

### 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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Less than one day</td>
</tr>
<tr>
<td>3</td>
<td>One to five days</td>
</tr>
<tr>
<td>4</td>
<td>Six or more days</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

**SkipInstructions:** `<1-4,R,DK> [If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto next section]`
**2015 NHIS Questionnaire - Family**  
**Family Access to Health Care & Utilization**  
**Document Version Date: 27-May-16**

<table>
<thead>
<tr>
<th>Question ID: FAU.010_00.000</th>
<th>Instrument Variable Name: FDMED12M</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:** ? [F1] | The following questions are about the use of health care. Do not include dental care.  
DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| **UniverseText:** All families |
| **SkipInstructions:** <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]  
<2,R,D> [goto FNMED12M] |

<table>
<thead>
<tr>
<th>Question ID: FAU.020_00.000</th>
<th>Instrument Variable Name: PDMED12M</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **QuestionText:** * Ask or verify. Enter applicable line number(s), separate with commas.  
For which family member was medical care delayed?  
(Anyone else?)  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| **UniverseText:** All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months |
| **SkipInstructions:** goto FNMED12M |

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
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.050_00.000  
**Instrument Variable Name:** FHOSPYR  
**QuestionnaireFileName:** Family

**QuestionText:**

![Question Text](image)

**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.
**2015 NHIS Questionnaire - Family**

**Family Access to Health Care & Utilization**

**Document Version Date:** 27-May-16

---

**Question ID:** FAU.070_00.000  
**Instrument Variable Name:** HOSPNO  
**QuestionnaireFileName:** Family

**QuestionText:**  
> How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?  

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

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

**SkipInstructions:**  
- `<1-10>` [goto HPNITE]  
- `<11-365>` [goto ERR_HOSPNO]  
- `<R,D>` [goto HPNITE]

**Soft Edit:**  
* [fill: HOSPNO] is unusually high.  
* Verify entry.  
* Make corrections if necessary.

---

**Question ID:** FAU.110_00.000  
**Instrument Variable Name:** HPNITE  
**QuestionnaireFileName:** Family

**QuestionText:**  
> Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?  

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

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

**SkipInstructions:**  
- `<1-50,R,D>` [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]  
- `<51-365>` [goto ERR1_HPNITE]  
- `<HOSPNO gt HPNITE>` [goto ERR2_HPNITE]

**Soft Edit:**  
* [fill: HPNITE] is unusually high.  
* Verify entry.  
* Make corrections if necessary.

**ERR1_HPNITE:**  
* Do not read.  
* [fill: HPNITE] night(s) is less than the total number of times in the hospital overnight.  
* Please verify.

**ERR2_HPNITE:**  
* 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.

Do not include dental care. Do not include care while an overnight patient in a hospital.

DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?

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

**UniverseText:** All families

**SkipInstructions:** `<1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]`

**Question ID:** FAU.130_00.000  **Instrument Variable Name:** PHCHM2W  **QuestionnaireFileName:** Family

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

Who received care at home?
(Anyone else?)

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

**UniverseText:** All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

**SkipInstructions:** goto PHCHMN2W

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

All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

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

All families

<1> [if a single-person family, store the person number in PHCPH2W and goto PHCPH2W; else, goto PHCPH2W]
<2,R,D> [goto FHCDV2W]
<table>
<thead>
<tr>
<th>Question ID: FAU.160_00.000</th>
<th>Instrument Variable Name: PHCPH2W</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> * Ask or verify. Enter applicable line number(s), separate with commas.**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who was the phone call about?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Anyone else?)</td>
<td>1 Yes</td>
<td>2 No</td>
</tr>
</tbody>
</table>

| 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 |

<table>
<thead>
<tr>
<th>Question ID: FAU.170_00.000</th>
<th>Instrument Variable Name: PHCPHN2W</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE LAST 2 WEEKS, how many telephone calls <code>[fill1: did you make?]</code> <code>[fill2: were made about [fill: Alias]?]</code></td>
<td>01-50 1-50 calls</td>
<td>97 Refused</td>
</tr>
</tbody>
</table>

| 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] |

<table>
<thead>
<tr>
<th>Soft Edit: ERR_PHCPHN2W</th>
</tr>
</thead>
<tbody>
<tr>
<td>* [fill: PHCPHN2W] is unusually high.</td>
</tr>
<tr>
<td>* Verify that all calls were within the two week period.</td>
</tr>
<tr>
<td>* Make corrections if necessary.</td>
</tr>
</tbody>
</table>
2015 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 27-May-16

Question ID: FAU.180_00.000  Instrument Variable Name: FHCDV2W  QuestionnaireFileName: Family

QuestionText: 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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]
<2,R,D> [goto F10DVYR]

Question ID: FAU.190_00.000  Instrument Variable Name: PHCDV2W  QuestionnaireFileName: Family

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

Who received care?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

SkipInstructions: goto PHCDVN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2015 NHIS Questionnaire - Family**

**Family Access to Health Care & Utilization**

Document Version Date: 27-May-16

**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:**
* [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]
* 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

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)

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
- 09 Refused
- 99 Don't know

**Universe**

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

**Skip Instructions**

<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

**Universe Text**

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

**Skip Instructions**

if HIKIND ne 10, goto SINCOV; else, goto HICHANGE
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI.073_00.000</td>
<td>MCAIDPRB</td>
<td>Family</td>
<td>(book F14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Refer to flashcard F14 for state Medicaid names.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons less than 65 years of age with no insurance coverage of any type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto SINCOV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI.074_00.000</td>
<td>SINCOV</td>
<td>Family</td>
<td>[fill 1: Do you/Does ALIAS] have a separate insurance plan that pays for only one type of service such as dental, vision, or prescriptions?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto HICHANGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I have recorded [fill 1: you are/ALIAS is] [fill 2: covered by: ]

fill3: "HIKIND" / not covered by health insurance.] 

Is this correct?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons

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

Hard Edit: ERR_HICHANGE

*Press enter to go back to HIKIND and update coverage.

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

{if subject eq respondent}:
* Read if necessary.

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

* Fill in appropriate coverage type below.

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

UniverseText: All persons with Medicare

SkipInstructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.092_00.000</th>
<th>Instrument Variable Name:</th>
<th>MCCARD</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with Part A Medicare coverage, Part B Medicare coverage, or both</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>if MCPART = 1, goto MCPARTD; else, goto MCCHOICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.095_00.000</th>
<th>Instrument Variable Name:</th>
<th>MCCHOICE</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
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<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
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<tr>
<td></td>
<td>Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
<td>9 Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto MCHMO</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**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).

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

**UniverseText:** All 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]

---

**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:**

Verbatim response

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

**UniverseText:** All persons that had either a Medicare Advantage plan or a Medicare HMO plan

**SkipInstructions:**

<allow 80,R,D> goto MCPREM
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

All persons that had either a Medicare Advantage plan or a Medicare HMO plan

<1,2,R,D> goto MCREF

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

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

<1,2,R,D> goto MCPARTD

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

All persons with Medicare

<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). [fill 2: you are/ALIAS is] listed as having Medicaid coverage. Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4: you/he/she] choose from a list of doctors or is a doctor assigned?

1 Any doctor
2 Select from list
3 Doctor is assigned
7 Refused
9 Don't know

UniverseText: All persons with Medicaid

SkipInstructions: 1,R,D [goto MXCHNG]
2 [goto MACHMD1]
3 [goto MACHMD2]

Question ID: FHI.130_00.000  Instrument Variable Name: MACHMD1  QuestionnaireFileName: Family

QuestionText: * Ask or verify.

What is the name of the health plan that provided the list?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim
Verbatim response
7 Refused
9 Don't know

UniverseText: All persons with Medicaid who must select a doctor from a 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**  

7 Refused  

9 Don't know  

**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?  

1 Yes  

2 No  

**UniverseText:** All persons with Medicaid who must select a doctor from a list or for whom a doctor is assigned  

**SkipInstructions:** goto MXCHNG

---

**Question ID:** FHI.135_00.010  
**Instrument Variable Name:** MXCHNG  
**QuestionnaireFileName:** Family

**QuestionText:**  

Was [fill: your/ALIAS's] Medicaid obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?  

1 Yes  

2 No  

7 Refused  

9 Don't know  

**UniverseText:** All persons with Medicaid coverage  

**SkipInstructions:** <1, 2, R, D> goto MEDPREM
A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [Fill 1: your/ALIAS's] Medicaid plan?

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

**UniverseText:** All persons with Medicaid coverage

**SkipInstructions:**

<1> goto MDPRINC

<2,R,D> goto loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions

---

Is the premium paid for this Medicaid plan based on income?

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

**UniverseText:** All persons with Medicaid coverage who pay a premium for their plan

**SkipInstructions:** loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions
You mentioned that you have a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does your single service plan or plans pay for?

- Accidents (01)
- AIDS care (02)
- Cancer treatment (03)
- Catastrophic care (04)
- Dental care (05)
- Disability insurance (06)
- Hospice care (07)
- Hospitalization only (08)
- Long-term care (09)
- Prescriptions (10)
- Vision care (11)
- Other (specify) (12)
- Refused (97)
- Don't know (99)

All persons with single service plans

<1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]
<12> [goto SSOTHER]
The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

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

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

* Enter 1 to continue

1 Continue

It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have your health plan card or something with the plan name on it?

Verbatim

Verbatim response

7 Refused

9 Don't know

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

<verbatim> [goto PCARD1]
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]
**Question ID:** FHI.160_01.000  **Instrument Variable Name:** PCARD1  **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?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</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

**QuestionText:**
* 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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
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<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>

**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.
**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**  
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 health 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
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:**  
<1> goto HIPNAM3  
<2,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, goto FHICCI8]

---

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**

- Refused (7)
- Don't know (9)

**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

<1> [goto HIPNAM4]
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]
**Question ID:** FHI.178_00.000   **Instrument Variable Name:** HIPNAM4   **QuestionnaireFile Name:** 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

**Universe Text:**
All families with a fourth private health insurance plan

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

---

**Question ID:** FHI.178_01.000   **Instrument Variable Name:** PCARD4   **QuestionnaireFile Name:** 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

**Universe Text:**
All private health insurance plans where the plan name was entered at HIPNAM4

**Skip Instructions:**
goto HIPNAM4B
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 fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

<1> [ goto HIVER2]
<2,R,D> [goto ERR_HIVER1]

ERR_HIVER1
Hard Edit:

*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
7 Refused
9 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]
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> [ goto PRPOLH]
<01 to 25> [go to PRCOOH]
<R, D> [go to 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.

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

All persons on each plan where the policyholder is outside of the family roster

<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: <1,2,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.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 Healthcare.gov or the Affordable Care Act, also known as Obamacare  
07  Through a state/local government or community program  
08  Other, specify  
97  Refused  
99  Don't know

UniverseText: All private health insurance plans

SkipInstructions: <1-4,6> goto PLNPAY  
<5,7,R,D> goto PLNEXCHG  
<8> 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.
2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.211_01.000  Instrument Variable Name: PLNWKSP  QuestionnaireFileName: Family

QuestionText: *Read if necessary.

How was this plan obtained?

Verbatim

7 Refused
9 Don't know

UniverseText: All private health insurance plans where the plan was obtained through an "other" source

SkipInstructions: Goto PLNEXCHG

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.215_01.010  Instrument Variable Name: PLNEXCHG  QuestionnaireFileName: Family

QuestionText: Was the plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans that are not employer based, have not indicated through the exchange (or of unknown origins)

SkipInstructions: <1,2,R,D> goto PLNPAY

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
### Question ID: FHI.220_10.000  
### Instrument Variable Name: PLNPAY  
### QuestionnaireFileName: Family

<table>
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<th>QuestionText</th>
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<tr>
<td>? [F1]</td>
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</tbody>
</table>

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

01 Self or family (living in the household)  
02 Employer or union  
03 Someone outside the household  
04 Medicare  
05 Medicaid  
06 Children's Health Insurance Program (CHIP/SCHIP)  
07 State or local government or community program  
97 Refused  
99 Don't know

### UniverseText:  
All private health insurance plans

### SkipInstructions:  
<1-7,R,D> if includes '1' goto PLNPRE else goto PLNMGD

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

### Question ID: FHI.225_01.000  
### Instrument Variable Name: PLNPRE  
### QuestionnaireFileName: Family

<table>
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<tr>
<th>QuestionText</th>
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<tbody>
<tr>
<td>Is the premium paid for this plan based on income?</td>
</tr>
</tbody>
</table>

1 Yes  
2 No  
7 Refused  
9 Don’t know

### UniverseText:  
Private plan paid for by self or family

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

NOTE: This is a new question beginning in Q4 2013. 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.
2015 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 27-May-16

Question ID: FHI.230_11.000  Instrument Variable Name: HICOSTN  QuestionnaireFileName: Family

QuestionText: 1 of 2 ? [F1]

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

UniverseText: All private health insurance plans paid for by self or family

SkipInstructions: <1-99995> [goto HICOSTT]
  <R> [store "R" in HICOSTT and goto PLNMGD]
  <D> [store "D" in HICOSTT and goto PLNMGD]

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

Soft Edit: ERR_HICOSTN
  * [fill # from HICOSTN] is unusually high. Please verify.
  Make corrections if necessary.

Question ID: FHI.230_12.000  Instrument Variable Name: HICOSTT  QuestionnaireFileName: Family

QuestionText: 2 of 2 ? [F1]

* 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 HICOSTN

SkipInstructions: <1-8,R,D> [goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

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

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

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

Is the annual deductible for medical care for this plan less than $1,300 or $1,300 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 [$1,300/$2,600]
2. [$1,300/$2,600] 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.
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 PCPREQ

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/PLAN1/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 PCPREQ

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
**Question ID:** FHI.248_05.000  **Instrument Variable Name:** PCPREQ  **QuestionnaireFileName:** Family

**QuestionText:** Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor who approves all your care?

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

**UniverseText:** Asked of all private health insurance plans

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

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

---

**Question ID:** FHI.249_01.010  **Instrument Variable Name:** PRRXCOV  **QuestionnaireFileName:** Family

**QuestionText:** Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/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

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_03.000  
Instrument Variable Name: FCOVCONF  
QuestionnaireFileName: Family

QuestionText: If [fill 1: 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 CHXCHNG

### Question ID: FHI.250_00.010  
**Instrument Variable Name:** CHXCHNG  
**QuestionnaireFileName:** Family  

**QuestionText:**  
Was [fill 1: your/ALIAS’s] CHIP plan obtained through Healthcare.gov or the [Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?  

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

**UniverseText:** All persons with SCHIP  

**SkipInstructions:** <1,2,R,D> goto STRFPRM1

### Question ID: FHI.250_00.020  
**Instrument Variable Name:** STRFPRM1  
**QuestionnaireFileName:** Family  

**QuestionText:**  
A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?  

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

**UniverseText:** All persons with SCHIP  

**SkipInstructions:** <1> goto CHPRINC  
<2,R,D> goto STDOC1
**Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income?**

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

**UniverseText:** Those with SCHIP coverage who pay a premium for their plan

**SkipInstructions:** <1,2,R,D> goto STDOC1

---

**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 list of doctors or is a doctor assigned?**

1. Any doctor
2. Select from list
3. Doctor is assigned
7. Refused
9. Don't know

**UniverseText:** All persons with SCHIP

**SkipInstructions:** <1,2,R,D> goto next person in roster, 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 OPXCHNG
Question ID: FHI.257_00.010  Instrument Variable Name: OPXCHNG  QuestionnaireFileName: Family

**QuestionText:**
Was [fill: your/ALIAS's] state sponsored health plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**
All persons with a state sponsored health plan

**SkipInstructions:**
<1,2,R,D> goto STRFPRM2

---

Question ID: FHI.257_00.020  Instrument Variable Name: STRFPRM2  QuestionnaireFileName: Family

**QuestionText:**
A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill: your/ALIAS's] state-sponsored health plan?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**
All persons with a state sponsored health plan

**SkipInstructions:**
<1> goto SSPRINC  
<2,R,D> goto STDOC2

---

Question ID: FHI.257_00.030  Instrument Variable Name: SSPRINC  QuestionnaireFileName: Family

**QuestionText:**
Is the premium paid for [fill: ^STNAME2/this state sponsored plan] based on income?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:**
Those with state sponsored health plan who pay a premium for their plan

**SkipInstructions:**
<1,2,R,D> goto STDOC2
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.258_00.000</th>
<th>Instrument Variable Name:</th>
<th>STDOC2</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>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 list of doctors or is a doctor assigned?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Any doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Select from list</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Doctor is assigned</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 persons covered by a state sponsored health plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; goto STNAME3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Read if necessary: Do you have a health plan card or something with the plan name on it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</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 persons covered by an &quot;other&quot; government plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto OGXCHNG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.264_00.010</th>
<th>Instrument Variable Name:</th>
<th>OGXCHNG</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Was [fill1: your/ALIAS's] other government program obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with an other government program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; goto STRFPRM3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: FHI.264_00.020  Instrument Variable Name: STRFPRM3  QuestionnaireFileName: Family

QuestionText:  A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] other government program?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  All persons with an other government program

SkipInstructions:  <1> goto OGPRINC  
<2,R,D> goto STDOC3

---

Question ID: FHI.264_00.030  Instrument Variable Name: OGPRINC  QuestionnaireFileName: Family

QuestionText:  Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Those with other government health plan who pay a premium for their plan

SkipInstructions:  <1,2,R,D> goto STDOC3

---

Question ID: FHI.265_00.000  Instrument Variable Name: STDOC3  QuestionnaireFileName: Family

QuestionText:  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 list of doctors or is a doctor assigned?

1  Any doctor
2  Select from list
3  Doctor is assigned
7  Refused
9  Don't know

UniverseText:  All persons covered by an "other" government plan

SkipInstructions:  <1,2,R,D> 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

UniverseText: All persons with military health care

SkipInstructions:  
<1> [goto MILMAN]  
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]  
<4> [goto MILSPCOT]

* Other military coverage

Verbatim

Verbatim response

7. Refused  
9. Don't know

UniverseText: All persons with "other" military coverage

SkipInstructions: if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST
2015 NHIS Questionnaire - Family
Family Health Insurance

Document Version Date: 27-May-16

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
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
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
6. Refused
7. Don't know

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

[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.

1. Person in family with health insurance lost job or changed employers
2. Got divorced or separated/death of spouse or parent
3. Became ineligible because of age/ left school
4. Employer does not offer coverage/or not eligible for coverage
5. Cost is too high
6. Insurance company refused coverage
7. Medicaid/Medical plan stopped after pregnancy
8. Lost Medicaid/Medical plan because of new job or increase in income
9. Lost Medicaid (other)
10. Other (specify)
11. Refused
12. Don't know

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

<1-9,R,D> [goto FHIKDB]
<10> [goto HISTOPOT]
Question ID: FHI.291_00.000  Instrument Variable Name: HISTOPOT  QuestionnaireFileName: Family

QuestionText:  ?[F1]

* Other reason for not having coverage

Verbatim
Verbatim response
7  Refused
9  Don't know

UniverseText:  All persons without known health insurance and an "other" reason for stopping or not having coverage

SkipInstructions:  goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto FHIKDB

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  1-12 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 FHIKDB
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

<1,R,D> [goto HCSPFYR]
<2> [goto FHIKDB]
(book) F12 and (book) F14

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]
<table>
<thead>
<tr>
<th>Question ID: FHI.316_00.010</th>
<th>Instrument Variable Name: PWRKB</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Which one of these categories best describes how [fill1: your/ALIAS’s] private health insurance was obtained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Through employer</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Through union</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Through workplace, but don't know if employer or union</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Through workplace, self-employed or professional association</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Purchased directly</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Through a state/local government or community program</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Other, specify</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: All persons who had private health insurance previously |
| SkipInstructions: <1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP] |

<table>
<thead>
<tr>
<th>Question ID: FHI.317_00.010</th>
<th>Instrument Variable Name: PWRKBSP</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: *Enter how private health insurance was obtained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</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>

| UniverseText: All persons who had private health insurance obtained from other source previously |
| SkipInstructions: <Allow 75 characters> [goto HCSPFYR] |
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

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
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
Question ID: FSD.001_00.000  Instrument Variable Name: PLBORN  QuestionnaireFileName: Family

QuestionText: [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?

01 Alabama
02 Alaska
03 Arizona
04 Arkansas
05 California
06 Colorado
07 Connecticut
08 Delaware
09 District of Columbia
10 Florida
11 Georgia
12 Hawaii
13 Idaho
14 Illinois
15 Indiana
16 Iowa
17 Kansas
18 Kentucky
19 Louisiana
20 Maine
21 Maryland
22 Massachusetts
23 Michigan
24 Minnesota
25 Mississippi
26 Missouri
27 Montana
28 Nebraska
29 Nevada
30 New Hampshire
31 New Jersey
32 New Mexico
33 New York
34 North Carolina
35 North Dakota
36 Ohio
37 Oklahoma
38 Oregon
39 Pennsylvania
40 Rhode Island
41 South Carolina
42 South Dakota
43 Tennessee
44 Texas
45 Utah
46 Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
United States (state unknown)

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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2015 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 27-May-16

170  BRITISH COLUMBIA
171  BRITISH EAST AFRICA
172  BRITISH GUIANA
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174  BRITISH HONDURAS
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176  BRITISH ISLES
177  BRITISH VI
178  BRITISH VIRGIN IS
179  BRITISH WEST INDIES
180  BRITISH WI
181  BRUNEI
182  BULGARIA
183  BURKINA FASO
184  BURMA
185  BURUNDI
186  BWI
187  BYELARUS
188  BYELORUSSIA
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190  CAM PHA
191  CAM RANH
192  CAMBODIA
193  CAMEROON
194  CAN THO
195  CANADA
196  CANAL ZONE
197  CANARY ISLANDS
198  CANTON & ENDERBURY IS
199  CANTON ISLAND
200  CAPE VERDE
201  CARIBBEAN
202  CAYMAN ISLANDS
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207  CHAD
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209  CHIAPAS
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211  CHILE
212  CHINA
213  CHINA HONG KONG
214  CHRISTMAS ISLAND
215  CHRISTMAS ISLAND, INDIAN OCEAN
216  COAHUILA
217  COLIMA
218  COLOMBIA
219  COMOROS
220  CONGO
ETHIOPIA
EUROPA ISLAND
EUROPE
FALKLAND ISLANDS
FAROE ISLANDS
FEDERAL DISTRICT
FEDERAL REPUBLIC OF YUGOSLAVIA
FEDERATED STATES OF MICRONESIA
FIJI
FILIPINES
FINLAND
FOREIGN COUNTRY
FORMOSA
FRANCE
FRANKFURT
FRENCH GUIANA
FRENCH MOROCCO
FRENCH POLYNESIA
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GIA DINH
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UNION OF SOUTH AFRICA
UNION OF SOVIET SOCIALIST REPUBLICS
UNITED ARAB EMIRATES
UNITED KINGDOM
UPPER VOLTA
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USSR
USBEKISTAN
VANCOUVER
VANUATU
VATICAN CITY
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VERACRUZ
VICTORIA
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VUNG TAU
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WEST BANK
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WESTERN SAMOA
WHITE RUSSIA
WINDWARD ISLANDS
WINNIPEG
WURZBERG
YAP
YAR
YEMEN
YEMEN ARAB REPUBLIC
YEREVAN
YUCATAN
YUGOSLAVIA
YUKON TERRITORY
2015 NHIS Questionnaire - Family
Family Socio-Demographic

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]
In what year did [fill3: you/ALIAS] come to the United States to stay?

- **1880-Current Year**
- **9997** Refused
- **9999** Don't know

**Universe Text:** All persons not born in the United States

**Skip Instructions:** <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

**Universe Text:** All persons not born in the United States and refused or don't know was reported for USYR

**Skip Instructions:** <0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]

<\R,D> [goto CITIZEN]

**Hard Edit:**

ERR_LONG: * In US longer than alive!

* Please correct.
**Question ID:** FSD.006_00.000  **Instrument Variable Name:** CITIZEN  **QuestionnaireFileName:** Family

**QuestionText:**

(book) F20 ?[F1]

[fill: Are you/Is ALIAS] a CITIZEN of the United States?

1  Yes, born in one of the 50 United States or the District of Columbia
2  Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3  Yes, born abroad to American parent(s)
4  Yes, U.S. citizen by naturalization
5  No, not a citizen of the United States
7  Refused
9  Don't know

**UniverseText:** All persons not born in the United States or a United States territory

**SkipInstructions:**

<1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]

<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]

<1,R,D> [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 [you/ALIAS] were/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/was 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
**Question ID:** FSD.010_00.000  **Instrument Variable Name:** EDUC  **QuestionnaireFileName:** Family

**QuestionText:**

(book) F21 ?[F1]

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Never attended/kindergarten only</td>
</tr>
<tr>
<td>01</td>
<td>1st grade</td>
</tr>
<tr>
<td>02</td>
<td>2nd grade</td>
</tr>
<tr>
<td>03</td>
<td>3rd grade</td>
</tr>
<tr>
<td>04</td>
<td>4th grade</td>
</tr>
<tr>
<td>05</td>
<td>5th grade</td>
</tr>
<tr>
<td>06</td>
<td>6th grade</td>
</tr>
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<td>07</td>
<td>7th grade</td>
</tr>
<tr>
<td>08</td>
<td>8th grade</td>
</tr>
<tr>
<td>09</td>
<td>9th grade</td>
</tr>
<tr>
<td>10</td>
<td>10th grade</td>
</tr>
<tr>
<td>11</td>
<td>11th grade</td>
</tr>
<tr>
<td>12</td>
<td>12th grade, no diploma</td>
</tr>
<tr>
<td>13</td>
<td>GED or equivalent</td>
</tr>
<tr>
<td>14</td>
<td>High School Graduate</td>
</tr>
<tr>
<td>15</td>
<td>Some college, no degree</td>
</tr>
<tr>
<td>16</td>
<td>Associate degree: occupational, technical, or vocational program</td>
</tr>
<tr>
<td>17</td>
<td>Associate degree: academic program</td>
</tr>
<tr>
<td>18</td>
<td>Bachelor's degree (Example: BA, AB, BS, BBA)</td>
</tr>
<tr>
<td>19</td>
<td>Master's degree (Example: MA, MS, MEng, MEd, MBA)</td>
</tr>
<tr>
<td>20</td>
<td>Professional School degree (Example: MD, DDS, DVM, JD)</td>
</tr>
<tr>
<td>21</td>
<td>Doctoral degree (Example: PhD, EdD)</td>
</tr>
<tr>
<td>96</td>
<td>Child under 5 years old</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 5 years of age or older

**SkipInstructions:** repeat for all eligible persons, then goto ARMFVER
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?

1 Yes
2 No
7 Refused
9 Don't know

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.

<1> [goto ARMFFC] <2,R,D> [goto ARMFEV]

Have you/Has alias ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

*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.

1 Yes
2 No
7 Refused
9 Don't know

All families with a person age 18 or older who is not currently on active duty or said R,D to active duty question.

<1> [goto ARMFFC] <2,R,D> [goto DOINGLW]
2015 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 27-May-16

Question ID: FSD.022_00.000  Instrument Variable Name: ARMFFC  QuestionnaireFileName: Family

QuestionText: 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

UniverseText: 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

QuestionText: 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 May 1975 to July 1990
04 Vietnam era (August 1964 to April 1975)
05 February 1955 to July 1964
06 Korean War (July 1950 to January 1955)
07 January 1947 to June 1950
08 December 1946 or earlier
97 Refused
99 Don’t know

UniverseText: All families with a person age 18 or older who has ever served in the armed forces

SkipInstructions: <1,3-8,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.
2015 NHIS Questionnaire - Family
Family Socio-Demographic

Document Version Date: 27-May-16

Question ID: FSD.024_00.000  Instrument Variable Name: ARMFDS  QuestionnaireFileName: Family


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]

Question ID: FSD.050_00.000  Instrument Variable Name: DOINGLW  QuestionnaireFileName: Family

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.
2015 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 27-May-16

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.
**2015 NHIS Questionnaire - Family**

**Family Socio-Demographic**

Document Version Date: 27-May-16

---

**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]
How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business? * If less than one month, enter '1'.

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

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

goto ERNYR

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

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

goto HIEMPOF
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FSD.130_00.000</th>
<th>Instrument Variable Name:</th>
<th>HIEMPOF</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto INTROINC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
**2015 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 27-May-16

---

**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

(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]
**2015 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 27-May-16

---

**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]
### 2015 NHIS Questionnaire - Family

**Family Income**

Document Version Date: 27-May-16

<table>
<thead>
<tr>
<th>Question ID: FIN.060.00.000</th>
<th>Instrument Variable Name: PSEINC</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **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.

---

<table>
<thead>
<tr>
<th>Question ID: FIN.070.00.000</th>
<th>Instrument Variable Name: FSSRR</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
| **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]
2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

**Question ID:** FIN.080_00.000  **Instrument Variable Name:** PSSRR  **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 Social Security or Railroad Retirement in the last calendar year

**SkipInstructions:**

goto FSSRRD

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.

---

**Question ID:** FIN.082_00.000  **Instrument Variable Name:** FSSRRD  **QuestionnaireFileName:** Family

**QuestionText:**

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?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:**

All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

**SkipInstructions:**

<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]
## Question ID: FIN.084_00.000  
**Instrument Variable Name:** PSSRRDB  
**QuestionnaireFileName:** Family

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

Was {person's} Social Security or Railroad Retirement income received as a disability benefit?

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

**UniverseText:** All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit

**SkipInstructions:** goto PSSRRD

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

---

## Question ID: FIN.086_00.000  
**Instrument Variable Name:** PSSRRD  
**QuestionnaireFileName:** Family

**QuestionText:** Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

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

**UniverseText:** All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

**SkipInstructions:** repeat for all eligible persons, then goto FPENS
### 2015 NHIS Questionnaire - Family

#### Family Income

**Document Version Date:** 27-May-16

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.090_00.000</th>
<th>Instrument Variable Name:</th>
<th>FPENS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?</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:** 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]

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.100_00.000</th>
<th>Instrument Variable Name:</th>
<th>PPENS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| **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.
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.
**Question ID:** FIN.110_00.000  
**Instrument Variable Name:** FSSI  
**QuestionnaireFileName:** Family

**QuestionText:**

> ? [F1]

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

**UniverseText:** All families

**SkipInstructions:**

<1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]  
<2,R,D> [goto FTANF]

---

**Question ID:** FIN.120_00.000  
**Instrument Variable Name:** PSSI  
**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 Supplemental Security Income (SSI) in the last calendar year

**SkipInstructions:**

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.
**2015 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 27-May-16

---

**Question ID:** FIN.122_00.000  
**Instrument Variable Name:** PSSID  
**Questionnaire FileName:** Family

**Question Text:** Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

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

**Universe Text:** All persons who received SSI in the last calendar year

**Skip Instructions:** repeat for all eligible persons, then goto FTANF

---

**Question ID:** FIN.150_00.000  
**Instrument Variable Name:** FTANF  
**Questionnaire FileName:** Family

**Question Text:** ? [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.

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<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>

**Universe Text:** All families

**Skip Instructions:**  
<1> [if a single-person family, store the person number in PTANF and goto FOWBEN; else, goto PTANF]  
<2,R,D> [goto FOWBEN]
**2015 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 27-May-16

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**Question ID:** FIN.160_00.000  **Instrument Variable Name:** PTANF

**Question Text:**
*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

**Universe Text:**
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

**Skip Instructions:**
goto FOWBEN

---

**Question ID:** FIN.164_00.000  **Instrument Variable Name:** FOWBEN

**Question Text:**
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

**Universe Text:**
All families

**Skip Instructions:**
<1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]
<2,R,D> [goto FINTRST]
**2015 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 27-May-16

---

**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]
**2015 NHIS Questionnaire - Family**

**Family Income**

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1. Yes
2. No
7. Refused
9. Don’t know

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

**SkipInstructions:**
goto FDIVD

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

---

**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?

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 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.

1  Yes
2  No
7  Refused
9  Don't know

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?

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 PCHLDSP and goto FINCOT; else, goto PCHLDSP]
<2,R,D> [goto FINCOT]
**2015 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 27-May-16

---

**Question ID:** FIN.220_00.000  **Instrument Variable Name:** PCHLDSP  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** goto FINCOT

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

---

**Question ID:** FIN.230_00.000  **Instrument Variable Name:** FINCOT  **QuestionnaireFileName:** Family

**QuestionText:** Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker’s Compensation, or unemployment compensation?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in PINCOT and goto FINCTOT; else, goto PINCOT]  
<2,R,D> [goto FINCTOT]
2015 NHIS Questionnaire - Family

Family Income

Question ID: FIN.240_00.000
Instrument Variable Name: PINCOT
QuestionnaireFileName: Family

QuestionText:

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

Who received this?
(Anyone else?)

* Indicate each family member with this income

1 Yes
2 No
7 Refused
9 Don't know

UniverseText:
All families with two or more persons and at least one received some "other" source of income in the last calendar year

SkipInstructions:
goto FINCTOT

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

Question ID: FIN.250_00.000
Instrument Variable Name: FINCTOT
QuestionnaireFileName: Family

QuestionText:

[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

UniverseText:
All families

SkipInstructions:
<0-999> goto ERR1_FINCTOT
<250001-999995> goto ERR2_FINCTOT
<1000-250000> goto HOUSEOWN
<D,R> goto FPOV250

Soft Edit:

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.
2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

Question ID: FIN.255_00.000  Instrument Variable Name: FPOV250  QuestionnaireFileName: Family

QuestionText: Was your total [fill1: family/ ] income from all sources less than [fill2: 250% of poverty threshold] or [fill2: 250% of poverty threshold] or more?

1 Less than [fill2: 250% of poverty threshold]
2 [fill2: 250% of poverty threshold] or more
7 Refused
9 Don't know

UniverseText: Respondents who don't know or refuse their total family income

SkipInstructions: <1> goto FPOV138
                  <2> if PCNT in('01','02') then goto FINC75;
                   else if PCNT in('04','07','08','09') then goto FPOV400;
                   else if PCNT in('03','05','06') then goto FINC100
                   <R,D> goto HOUSEOWN

Question ID: FIN.258_00.000  Instrument Variable Name: FPOV138  QuestionnaireFileName: Family

QuestionText: Was your total [fill1: family/ ] income from all sources less than [fill2: 138% of poverty threshold] or [fill2: 138% of poverty threshold] or more?

1 Less than [fill2: 138% of poverty threshold]
2 [fill2: 138% of poverty threshold] or more
7 Refused
9 Don't know

UniverseText: The respondent answered less than 250% of poverty at FPOV250

SkipInstructions: <1> goto FPOV100
                  <2> goto FPOV200
                  <R,D> goto HOUSEOWN
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.261_00.000</th>
<th>Instrument Variable Name: FPOV100</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was your total [fill1: family/ ] income from all sources less than [fill2: 100% poverty threshold] or [fill2: 100% poverty threshold] or more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than [fill2: 100% of poverty threshold]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>[fill2: 100% poverty threshold] or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>The respondent answered less than 138% of poverty at FPOV138</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; goto HOUSEOWN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.264_00.000</th>
<th>Instrument Variable Name: FPOV200</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was your total [fill1: family/ ] income from all sources less than [fill2: 200% of poverty threshold] or [fill2: 200% of poverty threshold] or more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than [fill2: 200% of poverty threshold]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>[fill2: 200% of poverty threshold] or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>The respondent answered 138% of poverty or more at FPOV138</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; goto HOUSEOWN</td>
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</tbody>
</table>

<table>
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<tr>
<th>Question ID:</th>
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<th>Instrument Variable Name: FINC75</th>
<th>QuestionnaireFileName: Family</th>
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</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was your total [fill: family] income from all sources less than $75,000 or $75,000 or more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than $75,000</td>
<td></td>
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<tr>
<td>2</td>
<td>$75,000 or more</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>The respondent answered 250% of poverty threshold or more at FPOV250 and he/she is from a 1 or 2 person family</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; goto FPOV400 &lt;2&gt; goto FINC100 &lt;R,D&gt; goto HOUSEOWN</td>
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<td></td>
</tr>
</tbody>
</table>
### 2015 NHIS Questionnaire - Family

**Family Income**

**Document Version Date:** 27-May-16

<table>
<thead>
<tr>
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<th>FIN.270_00.000</th>
<th>Instrument Variable Name:</th>
<th>FINC100</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was your total [fill: family] income from all sources less than $100,000 or $100,000 or more?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than $100,000</td>
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<td>2</td>
<td>$100,000 or more</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>The respondent answered $75,000 or more at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered 250% of poverty more at FPOV250 and he/she is from a 3, 5, or 6 person family</td>
<td></td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; if PCNT in('01','02','05','06') then goto HOUSEOWN; else if PCNT='03' then goto FPOV400 &lt;2&gt; if PCNT in('01','02','03') then goto FINC150; else if PCNT in ('05','06') then goto FPOV400 &lt;R,D&gt; goto HOUSEOWN</td>
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<table>
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<tr>
<th>Question ID:</th>
<th>FIN.273_00.000</th>
<th>Instrument Variable Name:</th>
<th>FPOV400</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was your total [fill1: family/ ] income from all sources less than [fill2: 400% of poverty threshold] or [fill2: 400% of poverty threshold] or more?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than [fill2: 400% of poverty threshold]</td>
<td></td>
<td></td>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<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>The respondent answered less than $75,000 at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered less than $100,000 at FINC100 and he/she is from a 3 person family; or the respondent answered $100,000 or more at FINC100 and he/she is from a 5 or 6 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 4, 7, 8, or 9+ person family</td>
<td></td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; if PCNT &gt;= '09' then goto FINC150; else goto HOUSEOWN &lt;2&gt; if PCNT in('01','02','03','07','08') goto HOUSEOWN; else if PCNT in('04','05','06') goto FINC150 &lt;R,D&gt; goto HOUSEOWN</td>
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</tbody>
</table>
**2015 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date: 27-May-16**

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**Question ID:** FIN.276_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 at FINC100 and he/she is from a 1, 2, or 3 person family; or the respondent answered 400% of poverty or more at FPOV400 and he/she is from a 4, 5, or 6 person family; or the respondent answered less than 400% of poverty at FPOV400 and he/she is from a family of 9 or more persons

**SkipInstructions:** <1,2,R,D> goto HOUSEOWN

---

**Question ID:** FIN.280_00.000  **Instrument Variable Name:** HOUSEOWN  **QuestionnaireFileName:** Family

**QuestionText:** 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]
**2015 NHIS Questionnaire - Family**

**Family Income**

**Document Version Date:** 27-May-16

---

**Question ID:** FIN.282_00.000  
**Instrument Variable Name:** FGAH  
**QuestionnaireFileName:** Family

**QuestionText:**

> [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

---

**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]
*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

All families with two or more persons and at least one applied for SSI

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.

[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

All Families

<1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL]
<2,R,D> [goto TANFMYR]
### 2015 NHIS Questionnaire - Family

**Family Income**

**Document Version Date:** 27-May-16

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.340_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSDAPL</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| **QuestionText:** | * Ask or verify. Enter applicable line number(s), separate with commas.  
Who in the family applied for it?  
(Anyone else?)  
* Indicate each family member who applied for Social Security Disability benefits. |
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** All families with two or more persons and at least one applied for Social Security Disability benefits

**SkipInstructions:** goto TANFMYR

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.350_00.000</th>
<th>Instrument Variable Name:</th>
<th>TANFMYR</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| **QuestionText:** | ? [F1]  
Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in  
[fill2: last calendar year in 4-digit format]. During  
[fill2: last calendar year in 4-digit format], about how many months did  
[fill1: you/ALIAS] receive this assistance?  
*Enter '1' if less than one month. |
| 01-12 | 1-12 months |
| 97 | Refused |
| 99 | Don't know |

**UniverseText:** All persons who received cash assistance from public assistance programs in the last calendar year

**SkipInstructions:** repeat for all eligible persons, then goto FSNAP
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

UniverseText: All families

SkipInstructions: <1> [goto FSNAPMYR]
<2, D, R> [Goto FINWIC to see if family falls into the universe for this question.]

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

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

Who in the family received this?  
(Anyone else?)  
* Indicate family members who were authorized to receive WIC benefits.

1  Yes  
2  No  
7  Refused  
9  Don't know

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

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
How well [fill: do you/ does ALIAS] speak English? Would you say…

*Read categories below.

1. Very well
2. Well
3. Not well
4. Not at all
7. Refused
9. Don’t know

UniverseText: All persons age 5 and older

SkipInstructions: <1-4> goto next section