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**2015 NHIS Questionnaire - Functioning And Disability**

**Adult Functioning and Disability**

**Document Version Date:** 31-May-16

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**Question ID:** AFD.090\_00.000 **Instrument Variable Name:** VIS\_0 **QuestionnaireFileName:** Functioning And Disability

**QuestionText:** Now I am going to ask you some questions about your ability to do different activities, and how you have been feeling. Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all.

Do you wear glasses?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1,2,R,D> goto VIS\_SS

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

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-4,R,D>[goto HEAR\_1]

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**Question ID:** AFD.140\_00.000 **Instrument Variable Name:** HEAR\_1 **QuestionnaireFileName:** Functioning And Disability

**QuestionText:** Do you use a hearing aid?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1> [goto HEAR\_2]  
<2,R,D> [goto HEAR\_SS]

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**Question ID:** AFD.145\_00.000 **Instrument Variable Name:** HEAR\_2 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use a hearing aid

**SkipInstructions:** <1,2,R,D> goto HEAR\_SS

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

**QuestionText:** Do you have difficulty hearing [fill: , even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-3,R,D>[goto HEAR\_3]  
<4> [goto MOB\_SS]

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**Question ID:** AFD.170\_00.000 **Instrument Variable Name:** HEAR\_3 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty hearing, even when using a hearing aid

**SkipInstructions:** <1-3,R,D>[goto HEAR\_4]  
<4>[goto MOB\_SS]

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**Question ID:** AFD.170\_00.001 **Instrument Variable Name:** HEAR\_4 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))

**SkipInstructions:** <1-4,R,D>[goto MOB\_SS]

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

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-4,R,D> goto MOB\_2

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**Question ID:** AFD.200\_00.000 **Instrument Variable Name:** MOB\_2 **QuestionnaireFileName:** Functioning And Disability

**QuestionText:** Do you use any equipment or receive help for getting around?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1>[goto MOB\_3A]  
<2,R,D>[goto MOB\_4]

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**Question ID:** AFD.200\_00.001 **Instrument Variable Name:** MOB\_3A **QuestionnaireFileName:** Functioning And Disability

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

Cane or walking stick?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**SkipInstructions:** <1,2,R,D> goto MOB\_3B

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**Question ID:** AFD.200\_00.002 **Instrument Variable Name:** MOB\_3B **QuestionnaireFileName:** Functioning And Disability

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

Do you use any of the following...

Walker or Zimmer frame?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**SkipInstructions:** <1,2,R,D> goto MOB\_3C

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**Question ID:** AFD.200\_00.003 **Instrument Variable Name:** MOB\_3C **QuestionnaireFileName:** Functioning And Disability

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

Do you use any of the following...

Crutches?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**SkipInstructions:** <1,2,R,D> goto MOB\_3D

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**Question ID:** AFD.200\_00.004 **Instrument Variable Name:** MOB\_3D **QuestionnaireFileName:** Functioning And Disability

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

Do you use any of the following...

Wheelchair or scooter?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**SkipInstructions:** <1,2,R,D> goto MOB\_3E

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**Question ID:** AFD.200\_00.005 **Instrument Variable Name:** MOB\_3E **QuestionnaireFileName:** Functioning And Disability

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

Do you use any of the following...

Artificial limb (leg/foot)?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**SkipInstructions:** <1,2,R,D> goto MOB\_3F

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**Question ID:** AFD.200\_00.006 **Instrument Variable Name:** MOB\_3F **QuestionnaireFileName:** Functioning And Disability

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

Do you use any of the following...

Someone's assistance?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**SkipInstructions:** <1,2,R,D> goto MOB\_3G

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**Question ID:** AFD.200\_00.007 **Instrument Variable Name:** MOB\_3G **QuestionnaireFileName:** Functioning And Disability

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

Do you use any of the following...

Other type of equipment or help?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**SkipInstructions:** <1,2,R,D> if MOB\_3D=1, [goto COM\_SS];  
else if MOB\_3D=2,R,D [goto MOB\_4]

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**Question ID:** AFD.210\_00.000 **Instrument Variable Name:** MOB\_4 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and do not use a wheelchair or scooter

**SkipInstructions:** <1-3,R,D>[goto MOB\_5]  
<4>[goto MOB\_6]

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**Question ID:** AFD.220\_00.000 **Instrument Variable Name:** MOB\_5 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, do not use a wheelchair or scooter, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground (without the use of their aid)

**SkipInstructions:** <1,2,R,D> goto MOB\_6

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**Question ID:** AFD.230\_00.000 **Instrument Variable Name:** MOB\_6 **QuestionnaireFileName:** Functioning And Disability

**QuestionText:** Do you have difficulty walking up or down 12 steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and did not use any equipment or receive help with getting around or did not use a wheelchair or scooter

**SkipInstructions:** <1-4,R,D> if MOB\_2 IN (2,R,D) [goto COM\_SS];  
else if MOB\_2=1 [goto MOB\_7]

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**Question ID:** AFD.240\_00.000 **Instrument Variable Name:** MOB\_7 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around but do not use a wheelchair or scooter

**SkipInstructions:** <1-3,R,D>[goto MOB\_8]  
<4>[goto COM\_SS]

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**Question ID:** AFD.250\_00.000 **Instrument Variable Name:** MOB\_8 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, use equipment or receive help for getting around but do not use a wheelchair or scooter, and who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground, when using their aid

**SkipInstructions:** <1-4,R,D> goto COM\_SS

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

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-4,R,D> goto COM\_2

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**Question ID:** AFD.290\_00.000 **Instrument Variable Name:** COM\_2 **QuestionnaireFileName:** Functioning And Disability

**QuestionText:** Do you use sign language?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1,2,R,D> goto COG\_SS

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

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1>[goto UB\_SS]  
<2-4,R,D>[goto COG\_1]

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**Question ID:** AFD.310\_00.000 **Instrument Variable Name:** COG\_1 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have some difficulty, a lot of difficulty, or are unable to remember or concentrate, or don't know or refused if they are able to remember or concentrate

**SkipInstructions:** <1,3,R,D>[goto COG\_2]  
<2>[goto UB\_SS]

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**Question ID:** AFD.320\_00.000 **Instrument Variable Name:** COG\_2 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and had some difficulty, a lot of difficulty, or were unable to remember or concentrate, or refused to answer or didn't know if they had difficulty remembering or concentrating AND they had difficulty remembering only, difficulty both remembering and concentrating, or refused to answer or didn't know if they had difficulty remembering, concentrating, or both

**SkipInstructions:** <1-3,R,D> goto COG\_3

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**Question ID:** AFD.330\_00.000 **Instrument Variable Name:** COG\_3 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and had some difficulty, a lot of difficulty, or were unable to remember or concentrate, or refused to answer or didn't know if they had difficulty remembering or concentrating AND they had difficulty remembering only, difficulty both remembering and concentrating, or refused to answer or didn't know if they had difficulty remembering, concentrating, or both

**SkipInstructions:** <1-3,R,D> goto UB\_SS

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

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-4,R,D> goto UB\_1

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**Question ID:** AFD.370\_00.000 **Instrument Variable Name:** UB\_1 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-4,R,D> goto UB\_2

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**Question ID:** AFD.380\_00.000 **Instrument Variable Name:** UB\_2 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-4,R,D> goto ANX\_1

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**Question ID:** AFD.410\_00.000 **Instrument Variable Name:** ANX\_1 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-5,R,D> goto ANX\_2

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**Question ID:** AFD.420\_00.000 **Instrument Variable Name:** ANX\_2 **QuestionnaireFileName:** Functioning And Disability

**QuestionText:** Do you take medication for these feelings?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1,R,D> [goto ANX\_3]  
<2> if ANX\_1=5 [goto DEP\_1];  
else [goto ANX\_3]

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**Question ID:** AFD.430\_00.000 **Instrument Variable Name:** ANX\_3 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

**SkipInstructions:** <1-3,R,D> goto DEP\_1

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**Question ID:** AFD.450\_00.000 **Instrument Variable Name:** DEP\_1 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1-5,R,D> goto DEP\_2

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**Question ID:** AFD.460\_00.000 **Instrument Variable Name:** DEP\_2 **QuestionnaireFileName:** Functioning And Disability

**QuestionText:** Do you take medication for depression?

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1,R,D> [goto DEP\_3]  
<2> if DEP\_1=5 [goto PAIN\_2];  
else [goto DEP\_3]

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**Question ID:** AFD.470\_00.000 **Instrument Variable Name:** DEP\_3 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

**SkipInstructions:** <1-3,R,D> goto PAIN\_2

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**Question ID:** AFD.500\_00.000 **Instrument Variable Name:** PAIN\_2 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1> [goto TIRED\_1]  
<2,3,4,R,D> [goto PAIN\_4]

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**Question ID:** AFD.520\_00.000 **Instrument Variable Name:** PAIN\_4 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

**SkipInstructions:** <1-3,R,D> goto TIRED\_1

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**Question ID:** AFD.540\_00.000 **Instrument Variable Name:** TIRED\_1 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**SkipInstructions:** <1>[goto next section]  
<2-4,R,D>[goto TIRED\_2]

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**Question ID:** AFD.550\_00.000 **Instrument Variable Name:** TIRED\_2 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

**SkipInstructions:** <1-3,R,D> goto TIRED\_3

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**2015 NHIS Questionnaire - Functioning And Disability**

**Adult Functioning and Disability**

**Document Version Date:** 31-May-16

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**Question ID:** AFD.560\_00.000 **Instrument Variable Name:** TIRED\_3 **QuestionnaireFileName:** Functioning And Disability

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

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

**UniverseText:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

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

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