**Question ID:** AID.005_00.000  **Instrument Variable Name:** SADULT  **QuestionnaireFileName:** Sample Adult

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

* If refused enter CTRL-R

1  Physical or mental condition prohibits responding
2  Sample adult is able to respond
3  Unknown

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

**SkipInstructions:**
<1> if Sample Adult = demographics.hhc.RELRESP_A
  goto beginning of adult.asd
elseif Sample Adult = demographics.hhc.HHRESP
  goto beginning of adult.asd
else
  goto AIDVERF_S
endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
  if recontact.RCIFLAG ne '1'
    goto recontact.RCI_BEGIN procedure
  else
    goto back.OUTCOMEB1 procedure
  endif

---

**Question ID:** AID.010_00.000  **Instrument Variable Name:** PROX1  **QuestionnaireFileName:** Sample Adult

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

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

1  Yes
2  No

**UniverseText:**
The Sample Adult's physical or mental condition prohibits responding.

**SkipInstructions:**
<1> goto PROX2
<2> goto PROX3
2016 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 12-Jun-17

---

**Question ID:** AID.015_00.000  **Instrument Variable Name:** PROX2  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Ask if necessary.

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

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

**UniverseText:** Knowledgeable proxy is available.

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

---

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

**QuestionText:**

*Ask if necessary.

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

1 Yes
2 No

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

**SkipInstructions:** <1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
    if recontact.RCIFLAG ne '1'
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOMEB1 procedure
    endif
* Please verify the following information about the sample adult before proceeding:

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

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

1  Yes
2  No

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

**SkipInstructions:** <1> goto AIDVERF_A
<2> goto AIDSEX

---

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

**QuestionText:** Are you Male or Female?

* If don’t know or refused enter your best guess of the person's sex.

1  Male
2  Female

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

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

**Hard Edit:** ERR_AIDSEX

*The gender will now be changed to [fill: AIDSEX].

goto AIDVERF_S (as the default goto)
### 2016 NHIS Questionnaire - Sample Adult

#### Adult Identification

Document Version Date: 12-Jun-17

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<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td>AID.045_00.000</td>
<td>AIDVERF_A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**QuestionText:**

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

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

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

1 Yes
2 No

**UniverseText:**

Sample Adult said his/her sex is correct.

**SkipInstructions:**

<1> goto AIDVERF_D  
<2> goto AIDAGE

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>AID.050_00.000</td>
<td>AIDAGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**QuestionText:**

How old are you?

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

**UniverseText:**

Respondent said his/her age is not correct

**SkipInstructions:**

<0-120, Refused, Don't know>  
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE  
reset AIDVERF_A  
goto ERR_AIDAGE  
else  
store AIDAGE in AGE  
goto AIDDOB_M

**Soft Edit:**

ERR_AIDAGE

*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.

goto AIDVERF_A (whether suppressed or not)
2016 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 12-Jun-17

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

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

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

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

1 Yes
2 No

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

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

Question ID: AID.060_01.000  Instrument Variable Name: AIDDOB_M  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

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

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

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D
Question ID: AID.060_02.000  Instrument Variable Name: AIDDOB_D  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 3

*Enter day of birth.

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

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

SkipInstructions: <01-31,Refused,Don't know> goto AIDDOB_Y

If days not valid, goto ERR_AIDDOB_D

Hard Edit: ERR_AIDDOB_D

*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M].
*Please correct.
### Question ID: AID.060_03.000
### Instrument Variable Name: AIDDOB_Y
### Questionnaire FileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>Year of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Enter year of birth.</em></td>
<td>1880-2020</td>
</tr>
</tbody>
</table>
2016 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 12-Jun-17

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

SkipInstructions: <1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
goto AIDVERF_A
elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
goto AIDVERF_D
endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
goto ERR1_AIDDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
goto ERR2_AIDDOB_Y
endif

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')
goto ERR3_AIDDOB_Y
else
  store AIDDOB_M in DOBM
  store AIDDOB_D in DOBD
  store AIDDOB_Y in DOBY
  if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
goto AIDVERF_A
  elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
goto AIDVERF_D
  endif
endif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
  reset AIDVERF_A or AIDVERF_D.
goto ERR4_AIDDOB_Y
endif

Hard Edit: ERR1_AIDDOB_Y

*Future date invalid: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.
goto AIDDOB_M (whether suppressed or not)

ERR2_AIDDOB_Y

*Not a valid day: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.
goto AIDDOB_M (whether suppressed or not)

ERR3_AIDDOB_Y

*DOB of [fill2: ALIAS of Sample Adult] remains [fill3: <DOBM> <DOBD>, <DOBY>]
goto AIDVERF_A (whether suppressed or not)

ERR4_AIDDOB_Y

* Data mismatched.  Please fix Age or Birthday.
* If still cannot reconcile, enter 'Don't know' for year of birth.
* Please correct.
2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 12-Jun-17

Question ID: ASD.050_00.000  Instrument Variable Name: WRKVER  QuestionnaireFileName: Sample Adult

QuestionText: Earlier I recorded that in the last week you were

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

Is that correct?

1  Yes
2  No
7  Refused
9  Don’t know

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

SkipInstructions: <1>if DOINGLW2 = 1,2,4 [goto WHOWRK]
else if DOINGLW2 = 3,5 [goto EVERWRK]
<2> [go to WRKCOR]
<R,D> [go to EVERWRK]

Question ID: ASD.060_00.000  Instrument Variable Name: WRKCOR  QuestionnaireFileName: Sample Adult

QuestionText: (book) A1  ? [F1]

What is your correct working status?

* Read answer categories.

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

UniverseText: Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.

SkipInstructions: <1,4> [goto WHOWRK]
<2,5> [goto WHYNOWK2]
<3,R,D> [goto EVERWRK]
Corrected Employment Status Last Week: (not displayed)

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

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

if DOINGLW2 = Refused or Don't know then
goto EVERWRK
endif

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

if WRKCOR = 2 then
goto HOWWRK
else goto EVERWRK
endif
**Question ID:** ASD.066_00.000  
**Instrument Variable Name:** EVERWRK  
**QuestionnaireFileName:** Sample Adult

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

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

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

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

---

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

**QuestionText:**  

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

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

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

**Verbatim**  
Verbatim response

7. Refused

9. Don’t know

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

**SkipInstructions:** <90 char long,D,R> [goto KINDIND]
WHAT KIND OF BUSINESS OR INDUSTRY WAS THIS? (FOR EXAMPLE: TV AND RADIO MGT., RETAIL SHOE STORE, STATE DEPARTMENT OF LABOR)

VERBATIM VERBATIM RESPONSE
7 REFUSED
9 DON'T KNOW

SAMPLE ADULTS 18+ WHO WERE WORKING LAST WEEK, OR WHO WERE WITH A JOB OR BUSINESS BUT NOT AT WORK, OR WHO WERE WORKING BUT NOT FOR PAY AT A FAMILY-OWNED JOB OR BUSINESS, OR WHO HAVE EVER WORKED

WHAT KIND OF WORK WERE YOU DOING? (FOR EXAMPLE: FARMING, MAIL CLERK, COMPUTER SPECIALIST.)

VERBATIM VERBATIM RESPONSE
7 REFUSED
9 DON'T KNOW

SAMPLE ADULTS 18+ WHO WERE WORKING LAST WEEK, OR WHO WERE WITH A JOB OR BUSINESS BUT NOT AT WORK, OR WHO WERE WORKING BUT NOT FOR PAY AT A FAMILY-OWNED JOB OR BUSINESS, OR WHO HAVE EVER WORKED

WHAT WERE YOUR MOST IMPORTANT ACTIVITIES ON THIS JOB OR BUSINESS? (FOR EXAMPLE: SELLS CARS, KEEPS ACCOUNT BOOKS, OPERATES PRINTING PRESS.)

VERBATIM VERBATIM RESPONSE
7 REFUSED
9 DON'T KNOW

SAMPLE ADULTS 18+ WHO WERE WORKING LAST WEEK, OR WHO WERE WITH A JOB OR BUSINESS BUT NOT AT WORK, OR WHO WERE WORKING BUT NOT FOR PAY AT A FAMILY-OWNED JOB OR BUSINESS, OR WHO HAVE EVER WORKED
### Question ID: ASD.105_00.010  Instrument Variable Name: SUPERVIS  QuestionnaireFileName: Sample Adult

**QuestionText:** Did you supervise other employees as part of your job?

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

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

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

---

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

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

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

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

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

**SkipInstructions:** <1-4,D,R> [goto LOCALLNO]
<5> [goto BUSINC]
2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 12-Jun-17

**Question ID:** ASD.112_00.000  
**Instrument Variable Name:** BUSINC  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Is this business incorporated?

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

**UniverseText:** Sample adults 18+ who are self-employed

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

---

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

**QuestionText:** (book) A3

Thinking about  
(Fill1: this MAIN job or business)  
(Fill2: your last week at the job you held the longest)  
(Fill3: your last week at the job you held most recently)

how many people (Fill4: work/Fill5: worked) at this location? Please include yourself.

* “People” includes both FULL- and PART-time employees.  
* “Location” refers to the street address of the workplace.

01. 1 employee  
02. 2-9 employees  
03. 10-24 employees  
04. 25-49 employees  
05. 50-99 employees  
06. 100-249 employees  
07. 250-499 employees  
08. 500-999 employees  
09. 1000 employees or more  
97. Refused  
99. Don’t know

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

**SkipInstructions:** <1-9, R,D> [goto WRKLONGN]
### 2016 NHIS Questionnaire - Sample Adult

**Adult Socio-Demographic**

**Document Version Date:** 12-Jun-17

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<th>ASD.140_01.000</th>
<th>Instrument Variable Name:</th>
<th>WRKLONGN</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td>1 of 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

<table>
<thead>
<tr>
<th>001-365</th>
<th>1-365</th>
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</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1-365> [goto WRKLONGT]

<D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65) [goto HOURPD] ;

Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]

---

<table>
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<tr>
<th>Question ID:</th>
<th>ASD.140_02.000</th>
<th>Instrument Variable Name:</th>
<th>WRKLONGT</th>
<th>QuestionnaireFileName:</th>
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<td></td>
<td></td>
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</tbody>
</table>

* Enter time period.

| 1 | Day(s) |
| 2 | Week(s) |
| 3 | Month(s) |
| 4 | Year(s) |

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

**SkipInstructions:**

<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]

<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]

else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]

**Hard Edit:**

ERR_WRKLONGT

* Number of years is greater than age.

* Please correct.
Question ID: ASD.146.00.000  Instrument Variable Name: WRKLONGH  QuestionnaireFileName: Sample Adult

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

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

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

Question ID: ASD.150.00.000  Instrument Variable Name: HOURPD  QuestionnaireFileName: Sample Adult

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

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

SkipInstructions: <1,2,D,R> [goto PDSICK]
**Question ID:** ASD.160_00.000  
**Instrument Variable Name:** PDSICK  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

[If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?

1 Yes  
2 No  
7 Refused  
9 Don't know

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

**SkipInstructions:** <1,2,D,R>  
if DOINGLW2 = 1,2,4 then [goto ONEJOB];  
else if DOINGLW2=3,5 then [goto WRKLYR2];  
else if DOINGLW2=D, R then [goto next section]

---

**Question ID:** ASD.170_00.000  
**Instrument Variable Name:** ONEJOB  
**QuestionnaireFileName:** Sample Adult

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

1 Yes  
2 No  
7 Refused  
9 Don't know

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

**SkipInstructions:** <1,2,R,D> [goto next section]
**2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

**Document Version Date:** 12-Jun-17

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<th>Instrument Variable Name:</th>
<th>WRKLYR2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
</table>

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

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

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

**SkipInstructions:** <1,2,D,R> [goto next section]
**Question ID:** ACN.010_00.000  
**Instrument Variable Name:** HYPEV

**Question Text:** Now I am going to ask you about certain medical conditions. Have you EVER been told by a doctor or other health professional that you had Hypertension, also called high blood pressure?

1  Yes  
2  No  
7  Refused  
9  Don't know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1> [goto HYPDIFV]  
<2,R,D> [goto CHLEV]

---

**Question ID:** ACN.020_00.000  
**Instrument Variable Name:** HYPDIFV

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

1  Yes  
2  No  
7  Refused  
9  Don't know

**Universe Text:** Sample adults 18+ who were told they had hypertension

**Skip Instructions:** <1> [goto HYPYR]  
<2,R,D> [goto HYPMDEV2]

---

**Question ID:** ACN.020_00.010  
**Instrument Variable Name:** HYPYR

**Question Text:** DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?  
*Enter '1' if respondent is taking medication to control his/her high blood pressure.*

1  Yes  
2  No  
7  Refused  
9  Don't know

**Universe Text:** Sample adults 18+ who were ever told they had hypertension (2+ visits)

**Skip Instructions:** <1,2,R,D> [goto HYPMDEV2]
2016 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 12-Jun-17

Question ID: ACN.022_02.020  Instrument Variable Name: HYPMDEV2  QuestionnaireFileName: Sample Adult

Question Text: Was any medicine EVER prescribed by a doctor for your high blood pressure?

   1  Yes
   2  No
   7  Refused
   9  Don’t know

Universe Text: Sample adults 18+ who have ever been told they had high blood pressure

Skip Instructions: <1> [goto HYPMED2]
                  <2,R,D> [goto CHLEV]

Question ID: ACN.022_03.030  Instrument Variable Name: HYPMED2  QuestionnaireFileName: Sample Adult

Question Text: Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

   1  Yes
   2  No
   7  Refused
   9  Don’t know

Universe Text: Sample adults 18+ who were ever prescribed medicine for high blood pressure

Skip Instructions: <1,2,R,D> [goto CHLEV]

Question ID: ACN.023_00.010  Instrument Variable Name: CHLEV  QuestionnaireFileName: Sample Adult

Question Text: Have you EVER been told by a doctor or other health professional that you had high cholesterol?

   *Enter ‘1’ if respondent is taking medication to control his/her high cholesterol.

   1  Yes
   2  No
   7  Refused
   9  Don’t know

Universe Text: Sample adults 18+

Skip Instructions: <1> [goto CHLYR]
                  <2,R,D> [goto CHDEV]
## 2016 NHIS Questionnaire - Sample Adult
### Adult Conditions

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.023_00.020</td>
<td>CHLYR</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>QuestionText</td>
<td>DURING THE PAST 12 MONTHS, have you had high cholesterol?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Enter ‘1’ if respondent is taking medication to control his/her high cholesterol.</em></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText</strong></td>
<td>Sample adults 18+ who were ever told they had high cholesterol</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions</strong></td>
<td>&lt;1,2,R,D&gt; [goto CHLMDEV2]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.023_03.030</td>
<td>CHLMDEV2</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>QuestionText</td>
<td>Was any medication EVER prescribed by a doctor to help lower your cholesterol?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText</strong></td>
<td>Sample adults 18+ who have ever been told they had high cholesterol</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions</strong></td>
<td>&lt;1&gt; [goto CHLMDNW2]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto CHDEV]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
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<tbody>
<tr>
<td>ACN.023_04.040</td>
<td>CHLMDNW2</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>QuestionText</td>
<td>Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?</td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText</strong></td>
<td>Sample adults 18+ who were ever prescribed medicine for high cholesterol</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions</strong></td>
<td>&lt;1,2,R,D&gt; [goto CHDEV]</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ACN.031_01.000  Instrument Variable Name: CHDEV  QuestionnaireFileName: Sample Adult

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

... Coronary heart disease?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

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

QuestionText: * Read if necessary:

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

... Angina, also called angina pectoris?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MIEV]
Have you EVER been told by a doctor or other health professional that you had

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

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

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

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+
Have you EVER been told by a doctor or other health professional that you had

...A stroke?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

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

...Emphysema?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto COPDEV]
2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-Jun-17

Question ID: ACN.035_00.000  Instrument Variable Name: COPDEV  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [if AGE GE 40, goto ASPMEDEV else goto AASMEV]

Question ID: ACN.040_00.010  Instrument Variable Name: ASPMEDEV  QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they have been told to take an aspirin every other day or “regularly” for these reasons, enter 1 for “yes.”

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto ASPMEDAD]  
<2,R,D> [goto ASPONOWN]
**Question ID:** ACN.040_00.020  **Instrument Variable Name:** ASPMEDAD  **QuestionnaireFileName:** Sample Adult

**Question Text:** Are you NOW following this advice?

* If the respondent provides an answer such as “sometimes,” “occasionally,” or “from time to time,” enter 1 for “yes.”

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

**Universe Text:** Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease

**Skip Instructions:** <1,R,D> [goto AASMEV]  
<2> [goto ASPMDMED]

**Question ID:** ACN.040_00.030  **Instrument Variable Name:** ASPMDMED  **QuestionnaireFileName:** Sample Adult

**Question Text:** Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

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

**Universe Text:** Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

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

**Question ID:** ACN.040_00.040  **Instrument Variable Name:** ASPONOWN  **QuestionnaireFileName:** Sample Adult

**Question Text:** On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they are taking an aspirin every other day or “regularly” for these reasons, enter 1 for “yes.”

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

**Universe Text:** Sample adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised to take aspirin every day

**Skip Instructions:** <1,2,R,D> [goto AASMEV]
### Question 1
**Question ID:** ACN.080_00.000  **Instrument Variable Name:** AASMEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

? [F1]

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

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

**UniverseText:** Sample adults 18+

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

### Question 2
**Question ID:** ACN.085_00.000  **Instrument Variable Name:** AASSTILL  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

? [F1]

Do you still have asthma?

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

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

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

### Question 3
**Question ID:** ACN.090_00.000  **Instrument Variable Name:** AASMYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

? [F1]

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

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

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

**SkipInstructions:** <1,2,R,D> [goto AASMERYR]
2016 NHIS Questionnaire - Sample Adult
Adult Conditions

Question ID: ACN.100_00.000  Instrument Variable Name: AASMERYR  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ACN.110_00.000  Instrument Variable Name: ULCEV  QuestionnaireFileName: Sample Adult

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

...An ulcer

This could be a stomach, duodenal or peptic ulcer.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ULCYR]
<2,R,D> [goto ULCCOLEV]
Question ID: ACN.120_00.000  Instrument Variable Name: ULCYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

... An ulcer?

1    Yes
2    No
7    Refused
9    Don't know

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

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

Question ID: ACN.120_00.010  Instrument Variable Name: ULCCOLEV  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had Crohn’s disease or ulcerative colitis?

1    Yes
2    No
7    Refused
9    Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.130_00.000  Instrument Variable Name: CANEV  QuestionnaireFileName: Sample Adult

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

...Cancer or a malignancy of any kind?

1    Yes
2    No
7    Refused
9    Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CANKIND_1]
<2,R,D> if SEX=2 [goto PREGEVER];
else if SEX=1 [goto DBHVPAY]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.140_00.001</td>
<td>CANKIND_1</td>
<td>What kind of cancer was it?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter code for the first kind of cancer.</td>
</tr>
<tr>
<td>01</td>
<td></td>
<td>Bladder</td>
</tr>
<tr>
<td>02</td>
<td></td>
<td>Blood</td>
</tr>
<tr>
<td>03</td>
<td></td>
<td>Bone</td>
</tr>
<tr>
<td>04</td>
<td></td>
<td>Brain</td>
</tr>
<tr>
<td>05</td>
<td></td>
<td>Breast</td>
</tr>
<tr>
<td>06</td>
<td></td>
<td>Cervix</td>
</tr>
<tr>
<td>07</td>
<td></td>
<td>Colon</td>
</tr>
<tr>
<td>08</td>
<td></td>
<td>Esophagus</td>
</tr>
<tr>
<td>09</td>
<td></td>
<td>Gallbladder</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Kidney</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Larynx-windpipe</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Leukemia</td>
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<tr>
<td>13</td>
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<td>Liver</td>
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<tr>
<td>14</td>
<td></td>
<td>Lung</td>
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<tr>
<td>15</td>
<td></td>
<td>Lymphoma</td>
</tr>
<tr>
<td>16</td>
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<td>Melanoma</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>Mouth/tongue/lip</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>Ovary</td>
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<tr>
<td>19</td>
<td></td>
<td>Pancreas</td>
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<tr>
<td>20</td>
<td></td>
<td>Prostate</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>Rectum</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>Skin (non-melanoma)</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>Skin (DK what kind)</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>Soft tissue (muscle or fat)</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>Stomach</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>Testis</td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>Throat - pharynx</td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>Thyroid</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>Uterus</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>Other</td>
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<tr>
<td>97</td>
<td></td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td></td>
<td>Don't know</td>
</tr>
</tbody>
</table>
UniverseText: 
Sample adults 18+ who were ever told they had cancer

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

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

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_1]

Hard Edit:

ERR1_CANKIND_1

* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_1

* Code 20 or 26 is unavailable for females.
* Enter code for the second kind of cancer.

* Enter '96' for no more.

01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat - pharynx
28 Thyroid
29 Uterus
30 Other
96 No more
97 Refused
99 Don't know
Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

SkipInstructions:
\(<1-30,R,D>\)[goto CANAGE_2]
\(<96>\) if SEX=2 [goto PREGEVER];
   else IF SEX=1 [goto DBHVPAY]
   IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_2]
   IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_2]

Hard Edit:
   ERR1_CANKIND_2
   * Code 6 or 18 or 29 is unavailable for males.
   ERR2_CANKIND_2
   * Code 20 or 26 is unavailable for females.
## Question ID: ACN.140_00.003  Instrument Variable Name: CANKIND_3  QuestionnaireFileName: Sample Adult

### QuestionText:

* Enter code for the third kind of cancer.

* Enter '96' for no more.

<table>
<thead>
<tr>
<th>Code</th>
<th>Cancer Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Bladder</td>
</tr>
<tr>
<td>02</td>
<td>Blood</td>
</tr>
<tr>
<td>03</td>
<td>Bone</td>
</tr>
<tr>
<td>04</td>
<td>Brain</td>
</tr>
<tr>
<td>05</td>
<td>Breast</td>
</tr>
<tr>
<td>06</td>
<td>Cervix</td>
</tr>
<tr>
<td>07</td>
<td>Colon</td>
</tr>
<tr>
<td>08</td>
<td>Esophagus</td>
</tr>
<tr>
<td>09</td>
<td>Gallbladder</td>
</tr>
<tr>
<td>10</td>
<td>Kidney</td>
</tr>
<tr>
<td>11</td>
<td>Larynx-windpipe</td>
</tr>
<tr>
<td>12</td>
<td>Leukemia</td>
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<tr>
<td>13</td>
<td>Liver</td>
</tr>
<tr>
<td>14</td>
<td>Lung</td>
</tr>
<tr>
<td>15</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>16</td>
<td>Melanoma</td>
</tr>
<tr>
<td>17</td>
<td>Mouth/tongue/lip</td>
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<tr>
<td>18</td>
<td>Ovary</td>
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<tr>
<td>19</td>
<td>Pancreas</td>
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<tr>
<td>20</td>
<td>Prostate</td>
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<td>21</td>
<td>Rectum</td>
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<td>22</td>
<td>Skin (non-melanoma)</td>
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<td>Skin (DK what kind)</td>
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<td>24</td>
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<td>25</td>
<td>Stomach</td>
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<tr>
<td>26</td>
<td>Testis</td>
</tr>
<tr>
<td>27</td>
<td>Throat - pharynx</td>
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<td>28</td>
<td>Thyroid</td>
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<tr>
<td>29</td>
<td>Uterus</td>
</tr>
<tr>
<td>30</td>
<td>Other</td>
</tr>
<tr>
<td>96</td>
<td>No more</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
**UniverseText:** Sample adults 18+ who either provided an age for a second kind of cancer or didn’t know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

**SkipInstructions:**

\[
<1-30,R,D>[\text{goto CANAGE}_3]
\]

\[
<96> \text{ if } \text{SEX}=2 \text{ [goto PREGEVER];}
\]

\[
\text{else IF } \text{SEX}=1 \text{ [goto DBHVPAY]}
\]

IF \text{SEX}=1 (MALE) and No. \text{<6,18,29>} selected [goto ERR1\_CANKIND_3]

IF \text{SEX}=2 (FEMALE) and No. \text{<20,26>} selected [goto ERR2\_CANKIND_3]

**Hard Edit:**

ERR1\_CANKIND_3

* Code 6 or 18 or 29 is unavailable for males.

ERR2\_CANKIND_3

* Code 20 or 26 is unavailable for females.

---

**Question ID:** ACN.140_00.004  **Instrument Variable Name:** CANKIND_4  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

95  More than three kinds

96  No more

**UniverseText:** Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3

**SkipInstructions:**

\[
<95,96> \text{ if } \text{SEX}=2 \text{ [goto PREGEVER];}
\]

\[
\text{else IF } \text{SEX}=1 \text{ [goto DBHVPAY]}
\]
2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.150_00.001</th>
<th>Instrument Variable Name:</th>
<th>CANAGE_1</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td>How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>001-100</td>
<td>1-100 years</td>
<td></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>997</td>
<td>Refused</td>
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<td>UniverseText:</td>
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<td></td>
<td></td>
<td>Sample adults 18+ who were ever told they had cancer</td>
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<tr>
<td>SkipInstructions:</td>
<td></td>
<td></td>
<td></td>
<td>&lt;1-100, D&gt; goto CANKIND_2</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>&lt;R&gt; and &lt;R&gt; at CANKIND_1 if SEX=2 [goto PREGEVER];</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>else IF SEX=1 [goto DBHVPAY]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;R&gt; and CANKIND_1 NE &lt;R&gt; [goto CANKIND_2]</td>
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</tr>
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<td></td>
<td></td>
<td>If number in CANAGE_1 greater than person years old (AGE) [goto ERR_CANAGE_1]</td>
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<tr>
<td>Hard Edit:</td>
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<td>ERR_CANAGE_1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* [Fill2: CANAGE_1] years old is older than age[fill3: AGE].</td>
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<td>* Please correct.</td>
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<th>Instrument Variable Name:</th>
<th>CANAGE_2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td>How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>001-100</td>
<td>1-100 years</td>
<td></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>997</td>
<td>Refused</td>
<td></td>
<td>Don't know</td>
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<tr>
<td>UniverseText:</td>
<td></td>
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<td></td>
<td>Sample adults 18+ who were ever told they had cancer</td>
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<tr>
<td>SkipInstructions:</td>
<td></td>
<td></td>
<td></td>
<td>&lt;1-100, D&gt; [goto CANKIND_3]</td>
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<tr>
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<td></td>
<td></td>
<td>&lt;R&gt; and &lt;R&gt; at CANKIND_2 if SEX=2 [goto PREGEVER];</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>else IF SEX=1 [goto DBHVPAY]</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>&lt;R&gt; and CANKIND_2 NE &lt;R&gt; [goto CANKIND_3]</td>
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<td></td>
<td>If number in CANAGE_2 greater than person years old (AGE) [goto ERR_CANAGE_2]</td>
<td></td>
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<tr>
<td>Hard Edit:</td>
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<td></td>
<td></td>
<td>ERR_CANAGE_2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE].</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>* Please correct.</td>
<td></td>
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</tbody>
</table>
**Question ID:** ACN.150_00.003  **Instrument Variable Name:** CANAGE_3  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-100</td>
<td>1-100 years</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

- `<1-100, D> [goto CANKIND_4]
- `<R> and `<R> at CANKIND_3 if SEX=2 [goto PREGEVER];
  - else IF SEX=1 [goto DBHVPAY]
- `<R> and CANKIND_3 NE `<R> [goto CANKIND_4]
- If number in CANAGE_3 greater than person years old (AGE) [goto ERR_CANAGE_3]

**Hard Edit:**

* [Fill2: CANAGE_3] years old is older than your age[fill3: AGE].
* Please correct.

**Question ID:** ACN.154_00.010  **Instrument Variable Name:** PREGEVER  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever been pregnant?

<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:** Female Sample adults 18+

**SkipInstructions:**

- `<1,2,R,D> [goto DBHVPAY]
DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following ...

Increase your physical activity or exercise?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...

Reduce the amount of fat or calories in your diet?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+
**Question Text:**

*D Read if necessary.

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...

Participate in a weight loss program?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVCLN]
### Question ID: ACN.155_00.050  Instrument Variable Name: DBHVCLN  QuestionnaireFileName: Sample Adult

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

Are you NOW doing any of the following...

Reducing the amount of fat or calories in your diet?

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

**UniverseText:** Sample adults 18+

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

---

### Question ID: ACN.155_00.060  Instrument Variable Name: DBHVWLN  QuestionnaireFileName: Sample Adult

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

Are you NOW doing any of the following...

Participating in a weight loss program?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DIBREL]
Question ID: ACN.155_00.070  Instrument Variable Name: DIBREL  QuestionnaireFileName: Sample Adult

QuestionText: Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes or sugar diabetes?

*Include only blood relatives. Do not include step-relatives or those unrelated by blood.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto DIBEV1]

Question ID: ACN.160_00.000  Instrument Variable Name: DIBEV1  QuestionnaireFileName: Sample Adult

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

1  Yes
2  No
3  Borderline or prediabetes
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto DIBAGE]
<2,R,D> [goto DIBPRE1]
<3> [goto DIBTEST]
**Question ID:** ACN.165_00.000  **Instrument Variable Name:** DIBPRE1  **QuestionnaireFileName:** Sample Adult

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

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

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

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

---

**Question ID:** ACN.167_00.010  **Instrument Variable Name:** DIBTEST  **QuestionnaireFileName:** Sample Adult

**QuestionText:** About how long has it been since you last had a blood test for high blood sugar or diabetes?

1. 1 year ago or less
2. More than 1 year, but not more than 2 years ago
3. More than 2 years, but not more than 3 years ago
4. More than 3 years ago
5. Never
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who do not have diabetes

**SkipInstructions:** <1-5,R,D> if DIBPRE1='1' [goto DIBPILL];
else if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM];
else (SEX=2 and PREGEVER=1) [goto DIBGDM]
Question ID: ACN.170_00.000  Instrument Variable Name: DIBAGE  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

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

000 thru 100  Age at which diagnosed
997  Refused
999  Don’t know

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

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

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

Hard Edit: ERR_ DIBAGE

* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].
* Please correct.

Question ID: ACN.175_00.010  Instrument Variable Name: DIBTYPE  QuestionnaireFileName: Sample Adult

QuestionText: What type of diabetes do you have?

*Read answer categories below.

1  Type 1
2  Type 2
3  Other
7  Refused
9  Don’t know

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

SkipInstructions: <1-3,R,D> [goto DIBPILL]
### Question Text: Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

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

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

### Skip Instructions:
<1,2,R,D> [goto INSLN1]

---

### Question Text: Insulin can be taken by shot or pump. Are you NOW taking insulin?

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

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

### Skip Instructions:

\[
\begin{align*}
<1> & \text{ if DIBEV1}=1 \text{ and INSLN1}=1 \ [goto \ DIBINS2] \\
& \text{ else if DIBEV1 } ne 1 \text{ and (SEX=2 and PREGEVER=1)} \ [goto \ DIBGDM] \\
& \text{ else DIBEV1 } ne 1 \text{ and SEX=1 or (SEX=2 and PREGEVER=2,R,D)} \ [goto \ DIBPRGM] \\
<2,R,D> & \text{ SEX=2 and PREGEVER=1} \ [goto \ DIBGDM] \\
& \text{ else if DIBEV1}=1 \text{ and SEX=1 or (SEX=2 and PREGEVER=2,R,D)} \ [goto \ AHAYFYR] \\
& \text{ else if DIBEV1 } ne 1 \text{ and SEX=1 or (SEX=2 and PREGEVER=2,R,D)} \ [goto \ DIBPRGM]
\end{align*}
\]
Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?

1. Less than 1 month
2. 1 month to less than 6 months
3. 6 months to less than 1 year
4. 1 year or more
5. Refused
6. Don't know

Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

Since you started taking insulin, have you ever stopped taking it for more than 6 months?

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

Sample adults 18+ with diabetes who have ever taken insulin by shot or pump
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.190_00.030</th>
<th>Instrument Variable Name:</th>
<th>DIBINS4</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Was this only during the first year after you were diagnosed with diabetes?</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>
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<tr>
<td>7</td>
<td>Refused</td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who started taking insulin within a year of being diagnosed with diabetes and stopped taking it for more than six months</td>
<td></td>
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<th>DIBGDM</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>[Fill1: Were you FIRST told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?/ Were you EVER told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?]</td>
<td></td>
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<tr>
<td>1</td>
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<tr>
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<tr>
<td>7</td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Female Sample adults 18+ who have ever been pregnant</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto DIBBABY]</td>
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<th>Instrument Variable Name:</th>
<th>DIBBABY</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you EVER had a baby that weighed 9 pounds (4 kg) or more at birth?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Female Sample adults 18+ who have ever been pregnant</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; if DIBEV1=1 [goto AHAYFYR]; else if DIBEV=2,R,D [goto DIBPRGM]</td>
<td></td>
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</tbody>
</table>
These next questions are about a year-long program that can help people prevent Type 2 diabetes. This program has weekly sessions during the first 6 months and monthly sessions over the last 6 months. People in the program receive support from a lifestyle coach on achieving and maintaining a healthy lifestyle.

Have you EVER participated in this type of year-long program to prevent Type 2 diabetes?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have not been diagnosed with diabetes

Has a doctor or other health care professional ever referred you to such a program to prevent Type 2 diabetes?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have not been diagnosed with diabetes
**Question ID:** ACN.198_00.030  **Instrument Variable Name:** DIBBEGIN  **QuestionnaireFileName:** Sample Adult

**QuestionText:** How interested are you in beginning such a year-long program to prevent Type 2 diabetes? Would you say…

*Read categories below.*

1. Very interested
2. Somewhat interested
3. Not interested
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have not participated in a diabetes prevention program and were not referred to one

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

---

**Question ID:** ACN.201_01.000  **Instrument Variable Name:** AHAYFYR  **QuestionnaireFileName:** Sample Adult

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

...Hay fever?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SINYR]
**Question ID:** ACN.201_02.000  **Instrument Variable Name:** SINYR  **QuestionnaireFileName:** Sample Adult

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

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

...Sinusitis?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.201_03.000  **Instrument Variable Name:** CBRCHYR  **QuestionnaireFileName:** Sample Adult

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

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

...Chronic bronchitis?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto KIDWKYR]
Question ID:  ACN.201_04.000  Instrument Variable Name:  KIDWKYR  QuestionnaireFileName:  Sample Adult

QuestionText:  * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had
......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

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

---

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

QuestionText:  * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had
...Any kind of liver condition?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

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

1. Yes
2. No
7. Refused
9. Don’t know

Which joints are affected?

* Enter all that apply, separate with commas.

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

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

<1-17,R,D> [goto JNTCHR]
Did your joint symptoms FIRST begin more than 3 months ago?

1  Yes
2  No
7  Refused
9  Don’t know

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

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

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who had joint pain in the past 30 days
2016 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 12-Jun-17

Question ID: ACN.290_00.000 Instrument Variable Name: ARTH QuestionnaireFileName: Sample Adult
QuestionText: ? [F1]
Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-ee-uh)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARTHLMT]
                <2,R,D> if JNTSYMP = 1 [goto ARTHLMT];
                elseif JNTSYMP ne 1 [goto PAINECK]

Question ID: ACN.295_00.000 Instrument Variable Name: ARTHLMT QuestionnaireFileName: Sample Adult
QuestionText: ? [F1]
Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> [goto PAINECK]
The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have...

...Neck pain?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

* Read if necessary.

DURING THE PAST THREE MONTHS, did you have...

...Low back pain?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PAINLEG]
<2,R,D> [goto PAINFACE]
**Question ID:** ACN.320_00.000  **Instrument Variable Name:** PAINLEG  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

> Did this pain spread down either leg to areas below the knees?

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

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

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

---

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

**QuestionText:**

> DURING THE PAST THREE MONTHS, did you have

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto AMIGR]
During the past three months, did you have severe headache or migraine?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

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

These next questions are about your recent health during the last 2 weeks.

Did you have a head cold or chest cold that started during the last 2 weeks?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]
Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?

1  Yes
2  No
7  Refused
9  Don’t know

Are you currently pregnant?

1  Yes
2  No
7  Refused
9  Don’t know

Were you pregnant any time since August 1st, LAST YEAR? Were you pregnant any time from August LAST YEAR through March CURYEAR? Were you pregnant any time since August 1st, CURYEAR?

1  Yes
2  No
7  Refused
9  Don’t know

Female sample adults 18-49 years of age who are not currently pregnant or who don’t know if they are currently pregnant and interviewed April - July
These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+

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

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid
**Without the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?**

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

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

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

**Sample adults 18+**
### Adult Conditions

**Question ID:** ACN.440_00.000  
**Instrument Variable Name:** ABLIND  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you blind or unable to see at all?

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

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

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

---

**Question ID:** ACN.440_00.010  
**Instrument Variable Name:** VIM_DREV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had Diabetic retinopathy?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [go to VIMLS_DR]  
[2,R,D> [goto VIM_CAEV]

---

**Question ID:** ACN.440_00.020  
**Instrument Variable Name:** VIMLS_DR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost any vision because of diabetic retinopathy?

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

**UniverseText:** Sample adults 18+ told they have diabetic retinopathy

**SkipInstructions:** <1,2,R,D> [goto VIM_CAEV]
Question ID: ACN.440_00.030  Instrument Variable Name: VIM_CAEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

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

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_CA]
[2,R,D> [goto VIM_GLEV]

Question ID: ACN.440_00.040  Instrument Variable Name: VIMLS_CA  QuestionnaireFileName: Sample Adult

QuestionText: Have you lost any vision because of cataracts?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ told they have cataracts

SkipInstructions: [1,2,R,D> [goto VIMCSURG]

Question ID: ACN.440_00.045  Instrument Variable Name: VIMCSURG  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had cataract surgery?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ ever had cataracts

SkipInstructions: <1, 2,R,D> [go to VIM_GLEV]
Have you EVER been told by a doctor or other health professional that you had Glaucoma?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_GL]
<2,R,D> [goto VIM_MDEV]

Have you lost any vision because of glaucoma?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ told they have glaucoma

SkipInstructions: <1,2,R,D> [goto VIM_MDEV]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.440_00.070</td>
<td>VIM_MDEV</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question Text:**

*Read if necessary.*

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

**Macular Degeneration**

1. Yes
2. No
3. Refused
4. Don’t know

**Universe Text:**
Sample adults 18+

**Skip Instructions:**

<1> [go to VIMLS_MD];

<2,R,D> and ABLIND=2,R,D,’ ’ [goto VIMGLASS]

else if <2,R,D> and ABLIND=1 [goto AVISREH]

---

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.440_00.080</td>
<td>VIMLS_MD</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question Text:**

Have you lost any vision because of macular degeneration?

1. Yes
2. No
3. Refused
4. Don’t know

**Universe Text:**
Sample adults 18+ told they have macular degeneration

**Skip Instructions:**

<1,2,R,D>and ABLIND=2,R,D,’ ’ [goto VIMGLASS];

else <1,2,R,D> and ABLIND=1 [goto AVISREH]
2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID: ACN.440_00.100</th>
<th>Instrument Variable Name: VIMGLASS</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Do you currently wear eyeglasses or contact lenses?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <1,> [go to VIMREAD];
<2,R,D> and AVISION=1 [go to AVISREH];
else <2,R,D> and AVISION=2,R,D [goto AVDF_NWS]

<table>
<thead>
<tr>
<th>Question ID: ACN.440_00.110</th>
<th>Instrument Variable Name: VIMREAD</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ wear glasses or contacts

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

<table>
<thead>
<tr>
<th>Question ID: ACN.440_00.120</th>
<th>Instrument Variable Name: VIMDRIVE</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ wear glasses or contacts

SkipInstructions: <1,2,R,D> and
If AVISION=1 [go to AVISREH];
Else if AVISION=2,R,D [goto AVDF_NWS]
Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?

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

Sample adults 18+ who have trouble seeing

Skip Instructions: <1 2,R,D> [goto AVISDEV]

Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?

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

Sample adults 18+ who have trouble seeing

Skip Instructions: <1 2,R,D> and if ABLIND = 2,R,D then [goto AVDF_NWS]; else <1,2,R,D> and ABLIND=1 [goto AVISEXAM]
**Question ID:** ACN.441_00.010  **Instrument Variable Name:** AVDF_NWS  **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To read ordinary print in newspapers

*Read categories below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all because of eyesight</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity for other reasons</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who are not blind

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

---

**Question ID:** ACN.441_00.020  **Instrument Variable Name:** AVDF_CLS  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house or using hand tools

*Read categories below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
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<tr>
<td>4</td>
<td>Can't do at all because of eyesight</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity for other reasons</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF_NIT]
Question ID: ACN.441_00.030  Instrument Variable Name: AVDF_NIT  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To go down steps, stairs, or curbs in dim light or at night

*Read categories below.

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can’t do at all because of eyesight
6  Do not do this activity for other reasons
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who are not blind

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

---

Question ID: ACN.441_00.040  Instrument Variable Name: AVDF_DRV  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To drive during daytime in familiar places

*Read categories below.

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can’t do at all because of eyesight
6  Do not do this activity for other reasons
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <0-4,6,R,D> [goto AVDF_PER]
**Question ID**: ACN.441_00.050  **Instrument Variable Name**: AVDF_PER  **QuestionnaireFileName**: Sample Adult

**QuestionText**:  *

*Read if necessary:*

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight.] how difficult is it for you

...To notice objects off to the side while you are walking along

*Read categories below.

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

**UniverseText**: Sample adults 18+ who are not blind

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

---

**Question ID**: ACN.441_00.060  **Instrument Variable Name**: AVDF_CRD  **QuestionnaireFileName**: Sample Adult

**QuestionText**:  *

*Read if necessary:*

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight.] how difficult is it for you

...To find something on a crowded shelf

*Read categories below.

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

**UniverseText**: Sample adults 18+ who are not blind

**SkipInstructions**: <0-4,6,R,D> [goto AVISEXAM]
Question ID: ACN.442_00.010  Instrument Variable Name: AVISEXAM  QuestionnaireFileName: Sample Adult

QuestionText: When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

1. Less than one month
2. 1-12 months
3. 13-24 months
4. More than 2 years
5. Never
6. Refused
7. Don't know

UniverseText: Sample adults 18+

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

---

Question ID: ACN.442_00.020  Instrument Variable Name: AVISACT  QuestionnaireFileName: Sample Adult

QuestionText: Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, mowing the lawn, wood working, or working with chemicals.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AVISPROT]
<2,R,D> [goto LUPPRT]
When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?

1. Always
2. Most of the time
3. Some of the time
4. None of the time
5. Refused
6. Don't know

Sample adults 18+ and do participate in activities that can cause eye injury

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

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

Sample adults 18+

<1-4,R,D> [goto LUPPRT]
Question ID: ACN.460_00.010  Instrument Variable Name: CHPAIN6M  QuestionnaireFileName: Sample Adult

QuestionText: In the past six months, how often did you have pain? Would you say...

*Read answer categories below.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,R,D> [goto next section]
<2,3,4> [goto PAINLMT]

---

Question ID: ACN.460_00.020  Instrument Variable Name: PAINLMT  QuestionnaireFileName: Sample Adult

QuestionText: Over the past six months, how often did pain limit your life or work activities? Would you say...

*Read answer categories below.

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

UniverseText: Sample adults 18+ who had chronic pain in the past 6 months

SkipInstructions: <1-4,R,D> [goto the next section]
Question ID: AHS.040_00.000  Instrument Variable Name: WKDAYR  QuestionnaireFileName: Sample Adult

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

* Enter 0' for None.

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

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

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

Soft Edit: ERR_WKDAYR

* [Fill: WKDAYR] is an unusually large number.
* Please verify.

---

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

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

* Enter 0' for None.

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

UniverseText: Sample adults 18+

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

Soft Edit: ERR_BEDDAYR

* [Fill: BEDDAYR] is an unusually large number.
* Please verify.
Question ID: AHS.060_00.000  Instrument Variable Name: AHSTATYR  QuestionnaireFileName: Sample Adult

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

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

UniverseText: Sample adults 18+

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

Question ID: AHS.070_00.000  Instrument Variable Name: SPECEQ  QuestionnaireFileName: Sample Adult

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

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto FLWALK]
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

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

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

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

Sample adults 18+

* Read lead-in if necessary.

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

...Walk up 10 steps without resting?

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

Sample adults 18+
### Adult Health Status & Limitations

#### Question ID: AHS.091_03.000
**Instrument Variable Name:** FLSTAND  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** *(book) A6*

* Read lead-in if necessary.

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

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

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

---

#### Question ID: AHS.091_04.000
**Instrument Variable Name:** FLSIT  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** *(book) A6*

* Read lead-in if necessary.

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

...Sit for about 2 hours?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<0-4,6,R,D> [goto FLSTOOP]`
**Question ID:** AHS.091_05.000  **Instrument Variable Name:** FLSTOOP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

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

...Stoop, bend, or kneel?

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** AHS.091_06.000  **Instrument Variable Name:** FLREACH  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

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

...Reach up over your head?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLGRASP]
2016 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 12-Jun-17

Question ID: AHS.141_01.000  Instrument Variable Name: FLGRASP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

Question ID: AHS.141_02.000  Instrument Variable Name: FLCARRY  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLPUSH]
Question ID: AHS.141_03.000   Instrument Variable Name: FLPUSH   QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Push or pull large objects like a living room chair?

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

UniverseText: Sample adults 18+

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

---

Question ID: AHS.171_01.000   Instrument Variable Name: FLSHOP   QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSOCL]
### 2016 NHIS Questionnaire - Sample Adult

**Adult Health Status & Limitations**

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS.171_02.000</td>
<td>FLSOCL</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>Question ID</td>
<td>Instrument Variable Name</td>
<td>QuestionnaireFileName</td>
</tr>
<tr>
<td>AHS.171_03.000</td>
<td>FLRELAX</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question Text: (book) A6**

* Read lead-in if necessary.

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

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** 

### Next Section

**Question Text: (book) A6**

* Read lead-in if necessary.

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** 

Else goto SMKEV (next section)
Question ID: AHS.200_00.000  Instrument Variable Name: AFLHCA  QuestionnaireFileName: Sample Adult

QuestionText: *(book) A7

What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)] [fill2: these activities]?  

* Enter condition number for all that apply, separate with commas.

* Do not probe, except to clarify answer.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Vision/problem seeing</td>
</tr>
<tr>
<td>02</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>03</td>
<td>Arthritis/rheumatism</td>
</tr>
<tr>
<td>04</td>
<td>Back or neck problem</td>
</tr>
<tr>
<td>05</td>
<td>Fracture, bone/joint injury</td>
</tr>
<tr>
<td>06</td>
<td>Other injury</td>
</tr>
<tr>
<td>07</td>
<td>Heart problem</td>
</tr>
<tr>
<td>08</td>
<td>Stroke problem</td>
</tr>
<tr>
<td>09</td>
<td>Hypertension/high blood pressure</td>
</tr>
<tr>
<td>10</td>
<td>Diabetes</td>
</tr>
<tr>
<td>11</td>
<td>Lung/breathing problem(for example, asthma and emphysema)</td>
</tr>
<tr>
<td>12</td>
<td>Cancer</td>
</tr>
<tr>
<td>13</td>
<td>Birth defect</td>
</tr>
<tr>
<td>14</td>
<td>Intellectual disability, also known as mental retardation</td>
</tr>
<tr>
<td>15</td>
<td>Other developmental problem (for example, cerebral palsy)</td>
</tr>
<tr>
<td>16</td>
<td>Senility</td>
</tr>
<tr>
<td>17</td>
<td>Depression/anxiety/emotional problem</td>
</tr>
<tr>
<td>18</td>
<td>Weight problem</td>
</tr>
<tr>
<td>19</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
</tr>
<tr>
<td>20</td>
<td>Kidney, bladder or renal problems</td>
</tr>
<tr>
<td>21</td>
<td>Circulation problems (including blood clots)</td>
</tr>
<tr>
<td>22</td>
<td>Benign Tumors, Cysts</td>
</tr>
<tr>
<td>23</td>
<td>Fibromyalgia, lupus</td>
</tr>
<tr>
<td>24</td>
<td>Osteoporosis, tendinitis</td>
</tr>
<tr>
<td>25</td>
<td>Epilepsy, seizures</td>
</tr>
<tr>
<td>26</td>
<td>Multiple Sclerosis (MS), Muscular Dystrophy (MD)</td>
</tr>
<tr>
<td>27</td>
<td>Polio(myelitis), paralysis, para/quadriplegia</td>
</tr>
<tr>
<td>28</td>
<td>Parkinson's disease, other tremors</td>
</tr>
<tr>
<td>29</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
</tr>
<tr>
<td>30</td>
<td>Hernia</td>
</tr>
<tr>
<td>31</td>
<td>Ulcer</td>
</tr>
<tr>
<td>32</td>
<td>Varicose veins, hemorrhoids</td>
</tr>
<tr>
<td>33</td>
<td>Thyroid problems, Grave's disease, gout</td>
</tr>
<tr>
<td>34</td>
<td>Knee problems (not arthritis (03), not joint injury(05))</td>
</tr>
<tr>
<td>35</td>
<td>Migraine headaches (not just headaches)</td>
</tr>
<tr>
<td>90</td>
<td>Other impairment/problem (Specify one)</td>
</tr>
<tr>
<td>91</td>
<td>Other impairment/problem (Specify one)</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know/Not sure</td>
</tr>
</tbody>
</table>
Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

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

Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA

$ You should enter something specific.
How long have you had a vision problem or problem seeing?

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

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

Sample adults 18+ who had difficulty due to a vision problem or problem seeing
2016 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 12-Jun-17

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL01T
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T

Hard Edit: ERR1_AHCL01T

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

ERR2_AHCL01T

* "6" not selectable.
How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

<1-95,D>[goto AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<R>[store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
2 of 2

* Enter time period for time with hearing problem.

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL02T
[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T

Hard Edit: ERR1_AHCL02T

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

ERR2_AHCL02T

* "6" not selectable.
### 2016 NHIS Questionnaire - Sample Adult

**Adult Health Status & Limitations**

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.302_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL03N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How long have you had arthritis or rheumatism?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter number for time with arthritis or rheumatism.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter '95'' for 95 or more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>01-94</td>
<td>01-94</td>
<td>95</td>
<td>95+</td>
<td>96</td>
</tr>
</tbody>
</table>

| UniverseText: | Sample adults 18+ who had difficulty due to arthritis or rheumatism |

| SkipInstructions: | <1-95,D>[goto AHCL03T] | | |
| | <R>[store "R" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] | | |
| | <96>[store "6" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] | | |

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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.302_02.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL03T</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter time period for time with arthritis or rheumatism.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Day(s)</td>
<td>2</td>
<td>Week(s)</td>
<td>3</td>
</tr>
</tbody>
</table>

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

| SkipInstructions: | <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] | | |
| | <6> goto ERR2_AHCL03T | | |
| | [if [AHCL03N = Number greater than person years old and AHCL03T= 4]] goto ERR1_AHCL03T | | |

| Hard Edit: | ERR_AHCL03T |
| | * Time with condition cannot be greater than age. |
| | * Please correct. |
How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

Enter time period for time with back or neck problem.

1
2
3
4
6
7
9

Hard Edit:

* Time with condition cannot be greater than age.
* Please correct.
How long have you had a fracture, bone, or joint injury?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

1 01-94
2 95
3 95+
4 Since birth
5 Refused
6 Don't know

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

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

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

* Time with condition cannot be greater than age.
  * Please correct.
How long have you had the (fill: other) injury that caused your limitation?

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

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: 

<1-95,D>[goto AHCL06T]
<R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

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

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

SkipInstructions: 

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL06T
[if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T

Hard Edit: 

ERR_AHCL06T

* Time with condition cannot be greater than age.

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

<table>
<thead>
<tr>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 of 2</td>
</tr>
<tr>
<td>How long have you had a heart problem?</td>
</tr>
<tr>
<td>* Enter number for time with a heart problem.</td>
</tr>
<tr>
<td>* Enter '95&quot; for 95 or more.</td>
</tr>
<tr>
<td>* Enter &quot;96&quot; if since birth.</td>
</tr>
<tr>
<td>01-94</td>
</tr>
<tr>
<td>95</td>
</tr>
<tr>
<td>96</td>
</tr>
<tr>
<td>97</td>
</tr>
<tr>
<td>99</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 of 2</td>
</tr>
<tr>
<td>* Enter time period for time with heart problem.</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>

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

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

**Hard Edit:**
- ERR_AHCL07T
  - * Time with condition cannot be greater than age.
  - * Please correct.
How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

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

<1-95,D>[goto AHCL08T]
<R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

* Enter time period for time with stroke problem.

1
2
3
4
6
7
9

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

<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL08T
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T

* Time with condition cannot be greater than age.

* Please correct.
How long have you had hypertension or high blood pressure?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

1 of 2

01-94
95
96
97
99

UniverseText: Sample adults 18+ who had difficulty due to hypertension or high blood pressure

SkipInstructions: 

1-95,D> [goto AHCL09T]
<R> [store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
96> [store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

SkipInstructions: 

<1-4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
6> goto ERR2_AHCL09T [if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T

Hard Edit: ERR_AHCL09T

* Time with condition cannot be greater than age.

* Please correct.
### Question ID: AHS.309_01.000  Instrument Variable Name: AHCL10N  Questionnaire FileName: Sample Adult

**Question Text:**
1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

**Universe Text:**
Sample adults 18+ who had difficulty due to diabetes

**Skip Instructions:**
<1-95,D>[goto AHCL10T]  
<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

**Question Text:**
2 of 2

* Enter time period for time with diabetes.

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

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

**Skip Instructions:**
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL10T  
<6> goto ERR1_AHCL10T  
[if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR2_AHCL10T

**Hard Edit:**
ERR_AHCL10T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a lung or breathing problem

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

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

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

* Time with condition cannot be greater than age.
* Please correct.
How long have you had cancer?

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

UniverseText: Sample adults 18+ who had difficulty due to cancer

SkipInstructions:
- `<1-95,D>[goto AHCL12T]
- `R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<6>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.313_01.000  Instrument Variable Name: AHCL14N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

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.

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

UniverseText: Sample adults 18+ who had difficulty due to intellectual disability/mental retardation

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

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

QuestionText: 2 of 2

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL14T
<96>[if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T

Hard Edit: ERR_AHCL14T

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.314_01.000  Instrument Variable Name: AHCL15N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a developmental problem (e.g., cerebral palsy)?

* Enter number for time with a developmental problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL15T] <R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

Question ID: AHS.314_02.000  Instrument Variable Name: AHCL15T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL15T [if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T

Hard Edit: ERR_AHCL15T

* Time with condition cannot be greater than age.

* Please correct.
How long have you had senility?

* Enter number for time with senility.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

UniverseText: Sample adults 18+ who had difficulty due to senility

SkipInstructions:
<1-95,D>[goto AHCL16T]
<R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

SkipInstructions:
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL16T
[if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1_AHCL16T

Hard Edit: ERR_AHCL16T
* Time with condition cannot be greater than age.
* Please correct.
How long have you had depression, anxiety, or an emotional problem?

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

<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>

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

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

**Question ID:** AHS.316_02_000  **Instrument Variable Name:** AHCL17T  **QuestionnaireFileName:** Sample Adult

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

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

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

**Skip Instructions:**
- `<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<6> goto ERR2_AHCL17T [if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T`

**Hard Edit:**
- ERR_AHCL17T

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.317_01.000  Instrument Variable Name: AHCL18N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with weight problem.

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

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

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

Hard Edit: ERR_AHCL18T

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

1. **How long have you had a missing limb (finger, toe, or digit)?**
   - *Enter number for time with a missing limb.*
   - *Enter '95' for 95 or more.*
   - *Enter "96" if since birth.*

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

**Universe Text:**
Sample adults 18+ who had difficulty due to a missing limb

**Skip Instructions:**

- `<1-95,D>[goto AHCL19T]
- `<R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question Text:**

2. **Enter time period for time with missing limb.**

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

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

**Skip Instructions:**

- `<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<6> goto ERR2_AHCL19T
- `[if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1_AHCL19T

**Hard Edit:**

ERR_AHCL19T

- *Time with condition cannot be greater than age.*
- *Please correct.*
### Question 1 of 2

**Question Text:**

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.

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

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

**Skip Instructions:**

\<1-95,D\> [goto AHCL20T]

\<R\> [store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

\<96\> [store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

### Question 2 of 2

**Question Text:**

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

<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
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<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**Skip Instructions:**

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

\<6\> goto ERR2_AHCL20T

[if AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T

**Hard Edit:**

ERR_AHCL20T

* Time with condition cannot be greater than age.

* Please correct.
1 of 2

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

* Enter number for time with a circulation problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL21T]
<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with circulation problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL21T
[if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T

Hard Edit: ERR_AHCL21T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had benign tumors or cysts?

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

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

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

* Enter time period for time with benign tumors or cysts.

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

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

* Time with condition cannot be greater than age.
* Please correct.
2016 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 12-Jun-17

Question ID: AHS.322_01.000  Instrument Variable Name: AHCL23N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2
How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to fibromyalgia or lupus

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

Question ID: AHS.322_02.000  Instrument Variable Name: AHCL23T  QuestionnaireFileName: Sample Adult

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

SkipInstructions: <1- 4, R,D>[goto AHCL23T]
<6> goto ERR2_AHCL23T
[if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T

Hard Edit: ERR_AHCL23T
* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

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

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

2 of 2

* Enter time period for time with osteoporosis or tendinitis.

1
2
3
4
5
6
7
9

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

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

Hard Edit: ERR_AHCL24T

* Time with condition cannot be greater than age.

* Please correct.
Question ID: AHS.324_01.000  Instrument Variable Name: AHCL25N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL25T]
<R>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

Question ID: AHS.324_02.000  Instrument Variable Name: AHCL25T  QuestionnaireFileName: Sample Adult

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL25T
[if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T

Hard Edit: ERR_AHCL25T

* Time with condition cannot be greater than age.
* Please correct.
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
01-94
95
95+
96
Since birth
97
Refused
99
Don't know

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

SkipInstructions:
<1-4,R,D>[goto AHCL26T]
<R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6>[goto ERR2_AHCL26T]
[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T

* Time with condition cannot be greater than age.
* Please correct.
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 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

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

* 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

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

* Time with condition cannot be greater than age.
* Please correct.
How long have you had Parkinson's disease or tremors?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

* 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

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

* Time with condition cannot be greater than age.
* Please correct.
How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to nerve damage

* Enter time period for time with nerve damage.

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

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

* Time with condition cannot be greater than age.
* Please correct.
How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a hernia

* Enter time period for time with hernia.

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

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

* Time with condition cannot be greater than age.

* Please correct.
Question ID: AHS.330_01.000  
Instrument Variable Name: AHCL31N  
QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

**UniverseText:** Sample adults 18+ who had difficulty due to an ulcer

**SkipInstructions:**

<1-95,D>[goto AHCL31T]  
<R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

Question ID: AHS.330_02.000  
Instrument Variable Name: AHCL31T  
QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with ulcer.

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

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL31T  
[if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T

**Hard Edit:**

ERR_AHCL31T

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.331_01.000  Instrument Variable Name: AHCL32N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL32T]
<R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.331_02.000  Instrument Variable Name: AHCL32T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL32T
<if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1_AHCL32T

Hard Edit: ERR_AHCL32T

* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had a thyroid problem, Grave's disease or gout?

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

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

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

2 of 2

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

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL33T
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T

Hard Edit: ERR_AHCL33T
* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions:

<1-95,D>[goto AHCL34T]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with knee problem.

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

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

SkipInstructions:

<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL34T
[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T

Hard Edit:

ERR1_AHCL34T

* Time with condition cannot be greater than age.
* Please correct.
### Question ID: AHS.334_01.000  Instrument Variable Name: AHCL35N  QuestionnaireFileName: Sample Adult

**QuestionText:**
1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

**UniverseText:** Sample adults 18+ who had difficulty due to migraine headaches

**SkipInstructions:**

<1-95,D>[goto AHCL35T]

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

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

---

### Question ID: AHS.334_02.000  Instrument Variable Name: AHCL35T  QuestionnaireFileName: Sample Adult

**QuestionText:**
2 of 2

* Enter time period for time with migraine headaches.

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL35T

<6> goto ERR2_AHCL35T

**Hard Edit:**

ERR1_AHCL35T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had \{problem in AFLHCA90\}?  
* Enter number for time with \{problem in AFLHCA90\}.  
* Enter "95" for 95 or more.  
* Enter "96" if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to \{problem in AFLHCA90\}

* Enter number for time with \{problem in AFLHCA90\}.  
* Enter time period for time with \{problem in AFLHCA90\}.  
* Time with condition cannot be greater than age.  
* Please correct.
### Question ID: AHS.336_01.000  Instrument Variable Name: AHCL91N  QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

How long have you had {problem in AFLHCA91}?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

**UniverseText:**

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

**SkipInstructions:**

<1-95,D>[goto AHCL91T]

<R>[store "R" in AHCL91T] [goto SMKEV (next section)]

<96>[store "6" in AHCL91T] [goto SMKEV (next section)]

---

### Question ID: AHS.336_02.000  Instrument Variable Name: AHCL91T  QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

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

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL91T

[if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T

**Hard Edit:**

ERR_AHCL91T

* Time with condition cannot be greater than age.

* Please correct.
These next questions are about cigarette smoking.

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

Yes
No
Refused
Don’t know

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

6 - 84 years
85 years or older
Never smoked regularly
Refused
Don’t know

Sample adults 18+ who ever smoked 100 cigarettes

* Starting age exceeded current age.
* Please correct.
### Question ID: AHB.030_00.000  
**Instrument Variable Name:** SMKNOW  
**QuestionnaireFileName:** Sample Adult

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who ever smoked 100 cigarettes

**SkipInstructions:**  
<1>[goto CIGSDA1]  
<2>[goto CIGDAMO]  
<3>[goto SMKQTNO]  
<D,R>[goto ECIGEV2]

---

### Question ID: AHB.040_01.000  
**Instrument Variable Name:** SMKQTNO  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2  
How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.  
* Enter ‘95’ for 95 years old or older.

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

**UniverseText:** Sample adults 18+ who quit smoking

**SkipInstructions:**  
<1-95>[goto SMKQTTP]  
<D,R>[goto ECIGEV2]
**Question ID:** AHB.040_02.000  
**Instrument Variable Name:** SMKQTTP  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

2 of 2  
* Enter time period for time since quit smoking.

1  
Day(s)

2  
Week(s)

3  
Month(s)

4  
Year(s)

7  
Refused

9  
Don’t know

**Universe Text:** Sample adults 18+ who quit smoking

**Skip Instructions:**  
<1-4> [goto ECIGEV2]  
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP]  
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.

**Hard Edit:**

* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).  
* Please correct.

**Soft Edit:**

ERR1_SMKQTTP  
* Respondent quit smoking before age 15?  
* Please verify.

---

**Question ID:** AHB.050_00.000  
**Instrument Variable Name:** CIGSDA1  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

On the average, how many cigarettes do you now smoke a day?  
* Enter ‘1’ if less than 1 cigarette.  
* Enter ‘95’ if 95 or more cigarettes.

01-94  
1 - 94 cigarettes

95  
95+ cigarettes

97  
Refused

99  
Don’t know

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

**Skip Instructions:**  
<1-95,R,D> [goto CIGQTYR]
2016 NHIS Questionnaire - Sample Adult
Adult Health Behaviors

Document Version Date: 12-Jun-17

Question ID: AHB.060_00.000 Instrument Variable Name: CIGDAMO QuestionnaireFileName: Sample Adult

QuestionText: On how many of the PAST 30 DAYS did you smoke a cigarette?

*Enter '0' for None.

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

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <0>[goto CIGQTYR]
<1-30,R,D> [goto CIGSDA2]

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

QuestionText: On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

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

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <1-95,D,R> [goto CIGQTYR]
During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1  Yes
2  No
7  Refused
9  Don't know

Have you EVER used an e-cigarette EVEN ONE TIME?

1  Yes
2  No
7  Refused
9  Don't know

The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an “e-liquid” or “e-juice.” Popular brands include NJOY, BLU, LOGIC, and VUSE.
<table>
<thead>
<tr>
<th>Question ID: AHB.085_00.020</th>
<th>Instrument Variable Name: ECIGCUR2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Do you now use e-cigarettes every day, some days, or not at all?</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have ever used e-cigarettes</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,R,D&gt; [go to CIGAREV2] &lt;2,3&gt; [go to ECIG30D2]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AHB.085_00.030</th>
<th>Instrument Variable Name: ECIG30D2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>On how many of the PAST 30 DAYS have you used e-cigarettes?</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who now use e-cigarettes some days or not at all</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;0-30,R,D&gt; [goto CIGAREV2]</td>
<td></td>
</tr>
</tbody>
</table>
**2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date:** 12-Jun-17

---

**Question ID:** AHB.085_00.040  **Instrument Variable Name:** CIGAREV2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

*Read if necessary: “Cigarillos” are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.*

*Read if necessary: Do not include electronic cigars or e-cigars.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CIGCUR2]
<2, R, D> [goto PIPEV2]

---

**Question ID:** AHB.085_00.050  **Instrument Variable Name:** CIGCUR2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

1  Every day
2  Some days
3  Not at all
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

**SkipInstructions:** <1 R,D> [goto PIPEV2]
<2,3> [go to CIG30D2]
### Question ID: AHB.085_00.060
#### Instrument Variable Name: CIG30D2
#### QuestionnaireFileName: Sample Adult

**QuestionText:**
On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

- **00-30**
- **97** Refused
- **99** Don't know

**UniverseText:**
Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

**SkipInstructions:**
<0-30,R,D> [goto PIPEV2]

---

### Question ID: AHB.085_00.070
#### Instrument Variable Name: PIPEV2
#### QuestionnaireFileName: Sample Adult

**QuestionText:**
Have you EVER smoked a pipe filled with tobacco-either a regular pipe, water pipe, or hookah EVEN ONE TIME?

*Read if necessary: A hookah is a type of water pipe. It is sometimes called a “narghile” (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

*Read if necessary: Do not include electronic pipes or e-pipes.

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

**UniverseText:**
Sample adults 18+

**SkipInstructions:**
<1> [goto PIPECUR2]
<2,R,D> [goto SMKLSTB1]
### Question ID: AHB.085_00.080  
**Instrument Variable Name:** PIPECUR2  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:
Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

*Read if necessary: Do not include pipes filled with substances other than tobacco.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText:
Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

#### SkipInstructions:  
<1-3,R,D> [goto SMKLSTB1]

---

### Question ID: AHB.085_00.090  
**Instrument Variable Name:** SMKLSTB1  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:
Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

*Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)*

<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:
Sample adults 18+

#### SkipInstructions:  
<1> [goto SMKLSCR2]  
<2,R,D> [goto VIGNO]
2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-Jun-17

Question ID: AHB.085_00.100  Instrument Variable Name: SMKLSCR2  QuestionnaireFileName: Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, or not at all?

1  Every day
2  Some days
3  Not at all
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

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

Question ID: AHB.090_01.000  Instrument Variable Name: VIGNO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000  Never
001-995  1-995 time(s)
996  Unable to do this type activity
997  Refused
999  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]<1-995>[goto VIGTP]
## 2016 NHIS Questionnaire - Sample Adult

### Adult Health Behaviors

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHB.090_02.000</th>
<th>Instrument Variable Name:</th>
<th>VIGTP</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Enter time period for vigorous leisure-time physical activities.

0  Never
1  Per day
2  Per week
3  Per month
4  Per year
6  Unable to do this activity
7  Refused
9  Don't know

**UniverseText:**  
Sample adults 18+ who do vigorous activities

**SkipInstructions:**  
<1-4> goto VIGLNGNO  
[if (VIGNO gt <4> and VIGTP eq <1>) or  
 (VIGNO gt <28> and VIGTP eq <2>) or  
 (VIGNO gt <31> and VIGTP eq <3>) or  
 (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

**Soft Edit:**  
ERR1_VIGTP  
* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high.  
* Please verify.

---

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHB.100_01.000</th>
<th>Instrument Variable Name:</th>
<th>VIGLNGNO</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995  1-995
997  Refused
999  Don't know

**UniverseText:**  
Sample adults 18+ who do vigorous activities

**SkipInstructions:**  
<1-995>[goto VIGLNGTP]  
<R,D>[goto MODNO]
### 2016 NHIS Questionnaire - Sample Adult

**Adult Health Behaviors**

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHB.100_02.000</td>
<td>VIGLNGTP</td>
<td>Sample Adult</td>
<td>* Enter time period for length of vigorous leisure-time physical activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 Hours</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>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who do vigorous activities

**SkipInstructions:**

- `<1,2>` goto MODNO
- if VIGLNGNO lt `<10>` and VIGLNGTP eq `<1>` goto ERR1_VIGLNGTP;
- if (VIGLNGNO gt `<90>` and VIGLNGTP eq `<1>`) or if VIGLNGNO gt `<2>` and VIGLNGTP eq `<2>` goto ERR2_VIGLNGTP

**Hard Edit:**

- ERR1_VIGLNGTP
  - * Question asked for activities lasting at least 10 minutes.
  - * Please correct.
- ERR2_VIGLNGTP

**Soft Edit:**

- * [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.
- * Please verify.

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHB.110_01.000</td>
<td>MODNO</td>
<td>Sample Adult</td>
<td>How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Enter number of light or moderate leisure-time physical activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Enter '0' for Never.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Enter '996' if unable to do this type of activity.</td>
</tr>
<tr>
<td>000</td>
<td>Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>001-995</td>
<td>1-995 time(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>996</td>
<td>Unable to do this type activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:**

- `<1-995>` goto MODTP
- `<0, 996, R,D>` goto STRNGNO
Question Text:

2 of 2

* Enter time period for light or moderate leisure-time physical activities

0
Never
1
Per day
2
Per week
3
Per month
4
Per year
6
Unable to do this activity
7
Refused
9
Don’t know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or
(MODNO gt <28> and MODTP eq <2>) or
(MODNO gt <31> and MODTP eq <3>) or
(MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO

Soft Edit: ERR_MODNO

* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.
* Please verify.

Question Text:

1 of 2

About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

001-995 1-995
997 Refused
999 Don’t know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]
2016 NHIS Questionnaire - Sample Adult
Adult Health Behaviors

Document Version Date: 12-Jun-17

Question ID: AHB.120_02.000  Instrument Variable Name: MODLNGTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

1 Minutes
2 Hours
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1,2> goto STRNGNO
if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP
if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP

Hard Edit: ERR1_MODLNGTP

* Question asked for activities lasting at least 10 minutes.
* Please correct.

Soft Edit: ERR2_MODLNGTP

* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.
* Please verify.

---

Question ID: AHB.130_01.000  Instrument Variable Name: STRNGNO  QuestionnaireFileName: Sample Adult

QuestionText: How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]
### 2016 NHIS Questionnaire - Sample Adult

**Adult Health Behaviors**

**Document Version Date:** 12-Jun-17

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHB.130_02.000</td>
<td>STRNGTP</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>AHB.140_00.000</td>
<td>ALC1YR</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

#### Question Text: 2 of 2

* Enter time period for strengthening activities

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Per day</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Per week</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Per month</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Per year</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Unable to do this activity</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:** Sample adults 18+ who do strengthening activities

**Skip Instructions:**

<1-4> [goto ALC1YR]

[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]

**Soft Edit:**

ERR_STRNGTP

* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.
* Please verify.

---

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHB.140_00.000</td>
<td>ALC1YR</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

#### Question Text:

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

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

**UniverseText:** Sample adults 18+

**Skip Instructions:**

<1> [goto ALC12MNO]

<2,R,D> [goto ALCLIFE]
2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 12-Jun-17

Question ID: AHB.150_00.000  Instrument Variable Name: ALCLIFE  QuestionnaireFileName: Sample Adult

QuestionText: In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto AHGT_FT]

---

Question ID: AHB.160_01.000  Instrument Variable Name: ALC12MNO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000  Never
001-365  1-365 days
997  Refused
999  Don't know

UniverseText: Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life

SkipInstructions: <1-365>[goto ALC12MTP]  
<0,D,R>[goto AHGT_FT]
Question ID: AHB.160_02.000  Instrument Variable Name: ALC12MTP  QuestionnaireFileName: Sample Adult

**2 of 2**

* Enter time period for how often alcoholic beverages were consumed in the past year.

0  Never/None
1  Week
2  Month
3  Year
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who drank at least once in the past year

**SkipInstructions:**

<1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

**Hard Edit:**

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.
* Please correct.

---

Question ID: AHB.170_00.000  Instrument Variable Name: ALCAMT  QuestionnaireFileName: Sample Adult

**QuestionText:** In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter ‘1’ if less than 1 drink.

* Enter ‘95’ if 95 or more drinks.

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

**UniverseText:** Sample adults 18+ who have had at least 1 drink in the past year

**SkipInstructions:**

<1-95,D,R>[goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]

**Soft Edit:**

ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.
* Please verify.
* Do not probe
In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have [fill: 5 or more/4 or more] drinks in a single day?

* Enter number of days.

* Enter ‘0’ for Never/None.

000 Never/None
001-365 1-365 days
997 Refused
999 Don’t know

Sample adults 18+ who have had at least 1 drink in the past year
2016 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 12-Jun-17

Question ID: AHB.180_02.000  Instrument Variable Name: ALC5UPTP  QuestionnaireFileName: Sample Adult

QuestionText:

2 of 2

* Enter time period for days per week, per month or per year.
0 Never/None
1 Per week
2 Per month
3 Per year
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

SkipInstructions:

<1-3> [goto BINGE1]
[If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or
(ALC5UPNO gt <31> & ALC5UPTP = <2>) or
(ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP

[if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) It number of days per
year with 5 or more (for males)/4+ (females) drinks (calculated from ALC5UPNO and ALC5UPTP)] goto
ERR2_ALC5UPTP]

ERR1_ALC5UPTP

* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.
* Please correct
ERR2_ALC5UPTP

* Number of days had [fill: 5 or more/4 or more] drinks exceeds number of days drank.
* Please correct.
* Do not probe.

Question ID: AHB.181_00.000  Instrument Variable Name: BINGE1  QuestionnaireFileName: Sample Adult

QuestionText:

? [F1]

Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?

* Enter '0' if none.
* Enter '60' if 60 or more times.

00-60 0-60
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

SkipInstructions:

<0-60,R,D> [goto AHGT_FT]
2016 NHIS Questionnaire - Sample Adult
Adult Health Behaviors

Document Version Date: 12-Jun-17

Question ID: AHB.190_01.000  Instrument Variable Name: AHGT_FT  QuestionnaireFileName: Sample Adult

QuestionText: How tall are you without shoes?

* Enter "M" to record metric measurements

02-07 2-7 feet
97 Refused
99 Don't know

UniverseText: Sample adults 18+

SkipInstructions:
<2-7> goto AHGT_IN
<R,D> goto AWGT_LB
<M> goto AHGT_M
[if AHGT_FT NE<2-7,R,D,M> goto ERR1_AHGT_FT]
[if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Hard Edit:
ERR1_AHGT_FT

* Only 2-7, Don't Know/Refused or M allowed in this field.
* Please correct.

Soft Edit:
ERR2_AHGT_FT

* Respondent's height in feet is [fill: AHGT_FT]?
* Please verify.

Question ID: AHB.190_02.000  Instrument Variable Name: AHGT_IN  QuestionnaireFileName: Sample Adult

QuestionText: How tall are you without shoes?

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

00-11 0-11 inches
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who answered their height in feet

SkipInstructions:
<empty> goto ERR_AHGT_IN
<0-11,R,D> if (SEX = '1' and (AHTINCH lt '61' or AHTINCH gt '75')) or (SEX = '2' and (AHTINCH lt '56' or AHTINCH gt '69')) goto ERR2_AHGT_IN
else goto AWGT_LB

Hard Edit:
ERR1_AHGT_IN

* If [fill: AHGT_FT] feet exactly, enter "0"; otherwise enter number of inches.

Soft Edit:
ERR2_AHGT_IN

* Please verify that the height was entered correctly. Probe only if necessary.
### Question ID: AHB.190_03.000  
**Instrument Variable Name:** AHGT_M  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How tall are you without shoes?

* Enter height in metric.

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<table>
<thead>
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<tbody>
<tr>
<td>0-2</td>
<td>0-2 meters</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who choose to give their height in metric measurements

**SkipInstructions:**
- `<empty>` goto ERR_AHGT_M
- `<0-2>` goto AHGT_CM
- `<R,D>` goto AWGT_LB

**Hard Edit:**
- ERR_AHGT_M
  - * If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

---

### Question ID: AHB.190_04.000  
**Instrument Variable Name:** AHGT_CM  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** *Enter centimeters.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>000-241</td>
<td>0-241 centimeters</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who answered their height in meters

**SkipInstructions:**
- `<empty>` goto ERR2_AHGT_CM
- `<0-241,R,D>` if (AHGT_M eq ‘2’ and AHGT_CM gt ‘41’) or (AHGT_M eq ‘1’ and AHGT_CM gt ‘141’)
  - goto ERR1_AHGT_CM
  - elseif (SEX = ‘1’ and (AHTCM lt ‘156’ or AHTCM gt ‘192’)) or
  - elseif (SEX = ‘2’ and (AHTCM lt ‘143’ or AHTCM gt ‘176’))
  - goto ERR3_AHGT_CM
  - else
  - goto AWGT_LB

**Hard Edit:**
- ERR1_AHGT_CM
  - * Total height exceeds maximum allowed.
  - * Please correct.

**ERR2_AHGT_CM**

* If [fill: AHGT_M] meters exactly, enter "0"; otherwise enter number of centimeters.

**Soft Edit:**
- ERR3_AHGT_CM
  - * Please verify that the height was entered correctly. Probe only if necessary.
### Question ID: AHB.200_01.000  Instrument Variable Name: AWGT_LB  QuestionnaireFileName: Sample Adult

#### QuestionText:
How much do you weigh without shoes?

* Enter "M" to record metric measurements

* Enter '500' for 500 pounds or more

#### UniverseText:
Sample adults 18+

#### SkipInstructions:

- `<50-500>` if AWGT_LB lt ‘50’ or AWGT_LB gt ‘500’
  - goto ERR1_AWGT_LB
- elseif ((SEX = ‘1’ and (AWGT_LB lt ‘113’ or AWGT_LB gt ‘316’)) or
  ((SEX = ‘2’ and (AWGT_LB lt ‘96’ or AWGT_LB gt ‘293’))
  - goto ERR2_AWGT_LB
- elseif AHGT_FLG = ‘1’ and AWGT_FLG = ‘1’
  - [goto next section]
- else
  - calculate the BMI (Body Mass Index) - See BMI spec page
  - `<R,D>` [goto next section]

#### Hard Edit:

ERR1_AWGT_LB

* Weight is out of range (50-500).
* Please correct.

#### Soft Edit:

ERR2_AWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHB.200_02.000</th>
<th>Instrument Variable Name:</th>
<th>AWGT_KG</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How much do you weigh without shoes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter weight in kilograms</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>023-226</td>
<td>23-226 kilograms</td>
<td></td>
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</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
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<tr>
<td>999</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who choose to give their weight in metric measurements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SkipInstructions: | <23-226> if AWGT_KG lt ‘23’ or AWGT_KG gt ‘226’ 
goto ERR1_AWGT_KG 
elseif ((SEX = ‘1’ and (AWGT_KG lt ‘51’ or AWGT_KG gt ‘143’)) or ((SEX = ‘2’ and (AWGT_KG lt ‘43’ or AWGT_KG gt ‘133’))) 
goto ERR2_AWGT_KG 
elseif AHGT_FLG = ‘1’ and AWGT_FLG = ‘1’ 
goto next section 
else 
calculate the BMI (Body Mass Index) - See BMI spec page 
<R,D> goto next section |
| Hard Edit: | ERR1_AWGT_KG |
| *Weight is out of range (23-226). |
| * Please correct. |
| Soft Edit: | ERR2_AWGT_KG |
| * Please verify that the weight was entered correctly. Probe only if necessary. |
**Question ID:** AAU.020_00.000  **Instrument Variable Name:** AUSUALPL  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Is there a place that you USUALLY go to when you are sick or need advice about your health?

1. Yes
2. There is NO place
3. There is MORE THAN ONE place
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,3> [goto APLKIND]  
<2,R,D> [goto AHCPLKND]

---

**Question ID:** AAU.030_00.000  **Instrument Variable Name:** APLKIND  **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?]

[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

1. Clinic or health center
2. Doctor's office or HMO
3. Hospital emergency room
4. Hospital outpatient department
5. Some other place
6. Doesn't go to one place most often
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

**SkipInstructions:** <1-5> [go to AHCPLROU]  
<6,R,D> [go to AHCPLKND]
Is that \{fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check-up?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health.

What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

0  Doesn't get preventive care anywhere
1  Clinic or health center
2  Doctor's office or HMO
3  Hospital emergency room
4  Hospital outpatient department
5  Some other place
6  Doesn't go to one place most often
7  Refused
9  Don't know

Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.
Question ID: AAU.040_00.000  Instrument Variable Name: AHCCHGYR  QuestionnaireFileName: Sample Adult

QuestionText:  At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

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

Question ID: AAU.050_00.000  Instrument Variable Name: AHCCHGHI  QuestionnaireFileName: Sample Adult

QuestionText:  Was this change for a reason related to health insurance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

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

Question ID: AAU.051_00.010  Instrument Variable Name: APRVTRYR  QuestionnaireFileName: Sample Adult

QuestionText:  DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,>[goto APRVTRFD ]
<2,R,D>[goto ADRNANP]
Question ID: AAU.053_00.010  Instrument Variable Name: APRVTRFD  QuestionnaireFileName: Sample Adult

QuestionText: Were you able to find a general doctor or provider who could see you?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who had trouble finding a provider

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

Question ID: AAU.057_00.010  Instrument Variable Name: ADRNANP  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they would not accept you as a new patient?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

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

Question ID: AAU.059_00.010  Instrument Variable Name: ADRNAI  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they did not accept your health care coverage?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]
There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

<1,2,R,D>[goto AHCDLY_2]
**QuestionText:**  *Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCDLY_4]

---

**QuestionText:**  *Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCDLY_5]
**Question ID:** AAU.061_05.000  **Instrument Variable Name:** AHCDLY_5  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read Lead-in if Necessary*

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

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<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:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_1]

---

**Question ID:** AAU.111_01.000  **Instrument Variable Name:** AHCAFY_1  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

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<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:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_2]
Question ID: AAU.111_02.000  Instrument Variable Name: AHCAFY_2  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000  Instrument Variable Name: AHCAFY_3  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]
**Question Text:** *Read Lead-in if Necessary.*

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D>[goto AHCAFY_5]

---

**Question Text:** *Read if necessary.*

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...To see a specialist.

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D>[goto AHCAFY_6]
Question ID: AAU.111_06.010  Instrument Variable Name: AHCAFY_6  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn’t afford it?

...Follow-up care.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

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

Question ID: AAU.113_00.010  Instrument Variable Name: AWORPAY  QuestionnaireFileName: Sample Adult

QuestionText: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

1 Very worried
2 Somewhat worried
3 Not at all worried
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto AHICOMP]
In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

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

Sample adults 18+

DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

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

Sample adults 18+

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You skipped medication doses to save money.

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

Sample adults 18+ who had been prescribed medication in the past 12 months
DURING THE PAST 12 MONTHS, were any of the following true for you?

...You took less medicine to save money.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who had been prescribed medication in the past 12 months

<1,2,R,D>[goto ARX12_3]
Question Text:

*DRead if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You asked your doctor for a lower cost medication to save money.

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample adults 18+ who had been prescribed medication in the past 12 months

Skip Instructions: <1,2,R,D>[goto ARX12_5]
Question ID: AAU.127_06.010  Instrument Variable Name: ARX12_6  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You used alternative therapies to save money.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

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

Question ID: AAU.135_00.000  Instrument Variable Name: ADENLONG  QuestionnaireFileName: Sample Adult

QuestionText: (book) A8

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0  Never
1  6 months or less
2  More than 6 mos, but not more than 1 yr ago
3  More than 1 yr, but not more than 2 yrs ago
4  More than 2 yrs, but not more than 5 yrs ago
5  More than 5 years ago
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[ goto AHCSY1_1]
DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[ goto AHCSY1_2]
DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1  Yes
2  No
7  Refused
9  Don't know

UNIVERSE: Sample adults 18+

Skip Instructions: <1,2,R,D>[ goto AHCSY1_4]

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1  Yes
2  No
7  Refused
9  Don't know

UNIVERSE: Sample adults 18+

Skip Instructions: <1,2,R,D>[ goto AHCSY1_5]
**Question ID:** AAU.141_05.000  **Instrument Variable Name:** AHCSY1_5  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_6]

---

**Question ID:** AAU.141_06.000  **Instrument Variable Name:** AHCSY1_6  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[if SEX=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7]
**Question ID:** AAU.200_00.000  **Instrument Variable Name:** AHCSYR7  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read lead-in if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample female adults aged 18+ years

**SkipInstructions:** <1,2,R,D> [go to AHCSY8_ 8]

---

**Question ID:** AAU.211_01.000  **Instrument Variable Name:** AHCSY8_8  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [go to AHCSY8_ 9]
**Question ID:** AAU.211_02.000  **Instrument Variable Name:** AHCSY8_9  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read Lead-in if Necessary.*

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHCSYR10]  
<2,R,D> [goto AHERNOYR]

---

**Question ID:** AAU.230_00.000  **Instrument Variable Name:** AHCSYR10  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

**UniverseText:** Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

**SkipInstructions:** <1,2,R,D> [go to AHERNOYR]
(book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00 None
01 1
02 2-3
03 4-5
04 6-7
05 8-9
06 10-12
07 13-15
08 16 or more
97 Refused
99 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]

Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERHOS]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAU.245_00.010</td>
<td>AERHOS</td>
<td>Sample Adult</td>
<td>Did this emergency room visit result in a hospital admission?</td>
<td>Sample adults 18+ who had at least one ER visit in the past year</td>
<td>&lt;1,2,R,D&gt; [go to AERREAS1]</td>
</tr>
<tr>
<td>AAU.248_01.010</td>
<td>AERREAS1</td>
<td>Sample Adult</td>
<td>Tell me which of these apply to your last emergency room visit?</td>
<td>Sample adults 18+ who had at least one ER visit in the past year</td>
<td>&lt;1,2,R,D&gt; [goto AERREAS2]</td>
</tr>
<tr>
<td>AAU.248_02.020</td>
<td>AERREAS2</td>
<td>Sample Adult</td>
<td><em>Read if necessary.</em> Tell me which of these apply to your last emergency room visit?</td>
<td>Sample adults 18+ who had at least one ER visit in the past year</td>
<td>&lt;1,2,R,D&gt; [goto AERREAS3]</td>
</tr>
</tbody>
</table>
Tell me which of these apply to your last emergency room visit?

… Your health provider advised you to go

1 Yes
2 No
7 Refused
9 Don’t know

Sample adults 18+ who had at least one ER visit in the past year

<1,2,R,D> [goto AERREAS4]

Tell me which of these apply to your last emergency room visit?

… The problem was too serious for the doctor’s office or clinic

1 Yes
2 No
7 Refused
9 Don’t know

Sample adults 18+ who had at least one ER visit in the past year

<1,2,R,D> [goto AERREAS5]
Question ID: AAU.248_05.050  Instrument Variable Name: AERREAS5  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… Only a hospital could help you

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS6]

---

Question ID: AAU.248_06.060  Instrument Variable Name: AERREAS6  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

… the emergency room is your closest provider

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS7]
Question ID: AAU.248_07.070  Instrument Variable Name: AERREAS7  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you get most of your care at the emergency room

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS8]

Question ID: AAU.248_08.080  Instrument Variable Name: AERREAS8  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you arrived by ambulance or other emergency vehicle

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AHCHYR]
**Question ID:** AAU.250_00.000  **Instrument Variable Name:** AHCHYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** AAU.260_00.000  **Instrument Variable Name:** AHCHMOYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12 01-12 months
97 Refused
99 Don’t know

**UniverseText:** Sample adults 18+ who received home care from a health professional during the past 12 months

**SkipInstructions:** <1-12,R,D>[goto AHCHNOYR]
What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01 1
02 2-3
03 4-5
04 6-7
05 8-9
06 10-12
07 13-15
08 16 or more
97 Refused
99 Don't know

Sample adults 18+ who received home care from a health professional during the past 12 months

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR’S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

00 None
01 1
02 2-3
03 4-5
04 6-7
05 8-9
06 10-12
07 13-15
08 16 or more
97 Refused
99 Don't know

Sample adults 18+
DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1 Yes  
2 No  
7 Refused  
9 Don't know

Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

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

ERR_ASRGNOYR

* [ASRGNOYR] is an unusually large number.

* Please verify.
Question ID: AAU.305_00.000  Instrument Variable Name: AMDLONG  QuestionnaireFileName: Sample Adult

QuestionText: (book) A8  ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0  Never
1  6 months or less
2  More than 6 mos, but not more than 1 yr ago
3  More than 1 yr, but not more than 2 yrs ago
4  More than 2 yrs, but not more than 5 yrs ago
5  More than 5 years ago
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto HIT1A]

Question ID: AAU.309_00.010  Instrument Variable Name: HIT1A  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Look up health information on the Internet.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT2A]
DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Fill a prescription.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]
Question ID: AAU.309_00.040  
Instrument Variable Name: HIT4A  
QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following...

...Communicate with a health care provider by email.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT5A]

---

Question ID: AAU.309_00.050  
Instrument Variable Name: HIT5A  
QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following...

...Use online chat groups to learn about health topics.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto FLUVACYR]
DURING THE PAST 12 MONTHS, have you had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

1 Yes
2 No
7 Refused
9 Don’t know

Was this a shot, or was it a vaccine sprayed in the nose?

1 Flu shot
2 Flu nasal spray (spray, mist or drop in nose)
7 Refused
9 Don’t know

Sample adults 18+ who have received a flu vaccination in the past 12 months
During what month and year did you receive your most recent flu vaccination?

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

Sample adults 18+ who have received a flu vaccination in the past 12 months

<1-12,D> [ goto FLUVAC_Y]
<R> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1];
else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];
DRAFT 2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 15-Jun-17

Question ID: AAU.312_02.000  Instrument Variable Name: FLUVAC_Y  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu vaccination.

  Year
  9997 Refused
  9999 Don’t know

UniverseText: Sample adults 18+ who gave a month for their last flu vaccination or who didn’t know the month

SkipInstructions: <valid year,R,D> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1]; else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2]; else [goto SHTPNUYR]

[If FLUVAC_M and FLUVAC_Y = a future date [goto ERR1_FLUVAC_Y]
[If FLUVAC_M and FLUVAC_Y = a date prior to birth [goto ERR2_FLUVAC_Y]
[If FLUVAC_M and FLUVAC_Y = a date before 12 months ago [goto ERR3_FLUVAC_Y]

Hard Edit:
ERR1_FLUVAC_Y
*Future date invalid

ERR2_FLUVAC_Y
*Date before birth

ERR3_FLUVAC_Y
*Date more than 12 months ago

---

Question ID: AAU.313_00.000  Instrument Variable Name: FLUSHPG1  QuestionnaireFileName: Sample Adult

QuestionText: Did you get a flu shot before or during your current pregnancy?

  1 Before this pregnancy
  2 During this pregnancy
  7 Refused
  9 Don’t know

UniverseText: Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December and received a flu shot in the past 12 months

SkipInstructions: <1-3,R,D> [goto SHTPNUYR]
**Question ID:** AAU.314_00.000  **Instrument Variable Name:** FLUSHPG2  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

[Fill1: Earlier you said you were pregnant sometime since August 1st, [last year]. Did you get a flu shot before, during or after this pregnancy?]

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?

1. Before this pregnancy  
2. During this pregnancy  
3. After this pregnancy  
7. Refused  
9. Don't know

**UniverseText:** Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been determined to be pregnant at a specific point in the past year and received a flu shot in the past 12 months

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

---

**Question ID:** AAU.320_00.000  **Instrument Variable Name:** SHTPNUYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto APOX]
Have you EVER had chickenpox?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

Have you had chickenpox in the PAST 12 MONTHS?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have ever had chickenpox

Have you EVER had hepatitis?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

<1> [goto APOX12MO]
<2,R,D> [goto AHEP]

<1,2,R,D> [goto AHEP]

<1> [goto AHEPBST]
<2,R,D> [goto AHEPLIV]
Question ID: AAU.360_00.000  Instrument Variable Name: AHEPLIV  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

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

Question ID: AAU.365_00.010  Instrument Variable Name: AHEPBTST  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a blood test for hepatitis B?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

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

Question ID: AAU.370_00.000  Instrument Variable Name: SHTHEPB  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SHEPDOS]
<2,R,D> [goto SHTHEPA]
Question ID: AAU.380_00.000  Instrument Variable Name: SHEPDOS  QuestionnaireFileName: Sample Adult

Question Text: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1  Received at least 3 doses
2  Received less than 3 doses
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

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

Question ID: AAU.390_00.010  Instrument Variable Name: SHTHEPA  QuestionnaireFileName: Sample Adult

Question Text: The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.400_00.010  Instrument Variable Name: SHEPANUM  QuestionnaireFileName: Sample Adult

Question Text: How many hepatitis A shots did you receive?

*Enter '96' if all shots were received

01-95  01-95 shots
96  Received all shots
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> [goto AHEPCTST]
### Question ID: AAU.405_00.010  Instrument Variable Name: AHEPCTST  QuestionnaireFileName: Sample Adult

**QuestionText:** Have you ever had a blood test for hepatitis C?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:**
- `<1>` [go to AHEPCRES]
- `<2,R,D>` if AGE GE 50 [go to SHINGLES]
  - `elseif AGE LT 50` [go to SHTTD]

---

### Question ID: AAU.405_00.020  Instrument Variable Name: AHEPCRES  QuestionnaireFileName: Sample Adult

**QuestionText:** What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>You or your doctor thought you were at risk of having hepatitis C because a blood test or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>You were born from 1945 through 1965</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Some other reason</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Refused</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have had a blood test for hepatitis C

**SkipInstructions:**
- `<1-4,R,D>` if AGE GE 50 [go to SHINGLES]
  - `elseif AGE LT 50` [go to SHTTD]
**Question ID:** AAU.410_00.010  **Instrument Variable Name:** SHINGLES  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 50+

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

---

**Question ID:** AAU.420_00.010  **Instrument Variable Name:** SHITTD  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you received a tetanus shot in the past 10 years?

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> goto SHTTD05
<2,R,D> and AGE >64 [goto LIVEV]
Else if <2,R,D> and AGE<65 [goto SHTHPV2]

---

**Question ID:** AAU.430_00.010  **Instrument Variable Name:** SHTTD05  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was your most recent tetanus shot given in 2005 or later?

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 18+ who have had a tetanus shot in the past 10 years

**SkipInstructions:** <1,R> [goto SHTTDAP]
<2,D> if AGE le 64 [goto SHTHPV2]
elseif AGE gt 64 [goto LIVEV]
There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

1. Yes-included pertussis
2. No-did not include pertussis
3. Doctor did not say
7. Refused
9. Don't know

Sample adults 18+ who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond

Have you ever received an HPV shot or vaccine?

*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

1. Yes
2. No
3. Doctor refused when asked
7. Refused
9. Don't know

Sample adults LE 64
Question ID: AAU.448_00.010  Instrument Variable Name: SHHPVDOS  QuestionnaireFileName: Sample Adult

**QuestionText:** How many HPV shots did you receive?
* Enter '50' if 50 or more shots
* Enter '96' for all shots

- **01-49**  1-49 shots
- **50**  50+ shots
- **96**  All shots
- **97**  Refused
- **99**  Don't know

**UniverseText:** Sample adults LE 64 who received an HPV shot

**SkipInstructions:** <1-50,96,R,D> [goto AHPVAGE]
<51-95> [goto ERR_SHHPVDOS]

**Hard Edit:**
* Shots should be in the range 1-50 or 96 for all shots.
* Please correct.

---

Question ID: AAU.449_00.010  Instrument Variable Name: AHPVAGE  QuestionnaireFileName: Sample Adult

**QuestionText:** How old were you when you received your first HPV shot?

- **008-064**  8-64 years
- **997**  Refused
- **999**  Don't know

**UniverseText:** Sample adults LE 64 who received an HPV shot

**SkipInstructions:** <8-64,R,D> [goto LIVEV]
**Question ID:** AAU.450_00.010  
**Instrument Variable Name:** LIVEV  
**QuestionnaireFileName:** Sample Adult

**Question Text:** Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D> [goto TRAVEL]

---

**Question ID:** AAU.460_00.010  
**Instrument Variable Name:** TRAVEL  
**QuestionnaireFileName:** Sample Adult

**Question Text:** Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D> [goto WRKHLTH]

---

**Question ID:** AAU.465_00.010  
**Instrument Variable Name:** WRKHLTH  
**QuestionnaireFileName:** Sample Adult

**Question Text:** Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1> [goto WRKDIR] <2,R,D> [goto APSBPCHK]
### Question ID: AAU.470_00.010  
**Instrument Variable Name:** WRKDIR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you provide direct patient care as part of your routine work? By direct patient care we MEAN PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.

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

**UniverseText:** Sample adults 18+ who work or volunteer in a health-care setting

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

---

### Question ID: AAU.500_00.010  
**Instrument Variable Name:** APSBPCHK  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</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:** Sample adults 18+

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

---

### Question ID: AAU.510_00.010  
**Instrument Variable Name:** APSCHCHK  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto APSBSCHK]
DRAFT 2016 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 15-Jun-17

**Question ID:** AAU.520_00.010  **Instrument Variable Name:** APSBSCHK  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> if SEX=1 and AGE GE 40 [goto APSCOL]
Else if SEX=1 and AGE < 40 [goto APSDIET]
Else if SEX=2 [goto APSPAP]

---

**Question ID:** AAU.530_00.010  **Instrument Variable Name:** APSPAP  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Female sample adults 18+

**SkipInstructions:** <1,2,R,D> if AGE GE 30 [goto APSMAM];
Else if AGE<30 [goto APSDIET]
Question ID: AAU.540_00.010  Instrument Variable Name: APSMAM  QuestionnaireFileName: Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Female sample adults 30+

SkipInstructions: <1,2,R,D> if AGE GE 40 [goto APSCOL]; Else if AGE LT 40 [goto APSDIET]

Question ID: AAU.550_00.010  Instrument Variable Name: APSCOL  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto APSDIET]
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<tr>
<th>Question ID:</th>
<th>AAU.560_00.010</th>
<th>Instrument Variable Name:</th>
<th>APSDIET</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?</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>
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</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don’t know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; if SMKNOW in ('1','2') [goto APSSMC]; else [goto AINDINS]</td>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?</td>
<td></td>
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</tr>
<tr>
<td>1</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>No</td>
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<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ currently who smoke every day or some days</td>
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<td>&lt;1,2,R,D&gt; [goto AINDINS]</td>
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<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?</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>
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<tr>
<td>9</td>
<td>Don’t know</td>
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<td>UniverseText:</td>
<td>Sample adults 18+</td>
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</table>
| SkipInstructions: | <1> [goto AINDPRCH]  
<2,R,D> if age LT 65 [goto AEXCHNG]; else age GE 65 [goto next section] |
DRAFT 2016 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 15-Jun-17

Question ID: AAU.600_00.020  Instrument Variable Name: AINDPRCH  QuestionnaireFileName: Sample Adult

QuestionText: Was a plan purchased?

1   Yes
2   No
7   Refused
9   Don’t know

UniverseText: Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

SkipInstructions: <1> [goto AINDWHO]
<2,R,D> if age LT 65 [goto AEXCHNG];
else [goto next section]

Question ID: AAU.600_00.030  Instrument Variable Name: AINDWHO  QuestionnaireFileName: Sample Adult

QuestionText: Was this plan for yourself, someone else in your family, or both?

1   Self
2   Someone else in family
3   Both
7   Refused
9   Don’t know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF1]
How difficult was it to find a plan with the type of coverage you needed? Would you say…

*Read categories below.

1  Very difficult
2  Somewhat difficult
3  Not at all difficult
7  Refused
9  Don’t know

Sample adults 18+ who purchased health insurance directly in the past 3 years

How difficult was it to find a plan you could afford? Would you say…

*Read categories below.

1  Very difficult
2  Somewhat difficult
3  Not at all difficult
7  Refused
9  Don’t know

Sample adults 18+ who purchased health insurance directly in the past 3 years
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.605_00.010</th>
<th>Instrument Variable Name:</th>
<th>AEXCHNG</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you looked into purchasing health insurance coverage through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?</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>
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<td>Sample adults LT 65 years</td>
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</tbody>
</table>
*You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer use, the respondent’s neighborhood, sexual identity, financial worries, mental health, and HIV testing.

*Enter 1 to Continue.

1
Continue

These questions are about you and your neighborhood.

How often do you use a computer?

*Read answer categories.

1 Never or almost never
2 Some days
3 Most days
4 Every day
7 Refused
9 Don’t know

Sample adults 18+
<table>
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<th>ASI.140_00.000</th>
<th>Instrument Variable Name:</th>
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<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>In general, how satisfied are you with the health care you received in the past 12 months?</td>
<td></td>
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<tr>
<td></td>
<td>*Read answer categories.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Very satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Somewhat dissatisfied</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td>Very dissatisfied</td>
<td></td>
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<tr>
<td>5</td>
<td>You haven't had health care in the past 12 months</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
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<tr>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>About how long have you lived in your present neighborhood?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Less than 1 year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1-3 years</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4-10 years</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>11-20 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>More than 20 years</td>
<td></td>
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<td></td>
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<td>7</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1-5,R,D&gt; [goto ACINHELP]</td>
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**Question ID:** ASI.160_00.000  **Instrument Variable Name:** ACINHELP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood help each other out.

Would you say…

*Read answer categories.

1  Definitely agree
2  Somewhat agree
3  Somewhat disagree
4  Definitely disagree
7  Refused
9  Don't know

**UniverseText:**  Sample adults 18+

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

---

**Question ID:** ASI.170_00.000  **Instrument Variable Name:** ACINCNTO  **QuestionnaireFileName:** Sample Adult

**QuestionText:**  

*Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

There are people I can count on in this neighborhood.

Would you say…

*Read answer categories if necessary.

1  Definitely agree
2  Somewhat agree
3  Somewhat disagree
4  Definitely disagree
7  Refused
9  Don't know

**UniverseText:**  Sample adults 18+

**SkipInstructions:**  <1-4,R,D> [goto ACINTRU]
<table>
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<th>ASI.180_00.000</th>
<th>Instrument Variable Name:</th>
<th>ACINTRU</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary. How much do you agree or disagree with the following statements about your neighborhood? People in this neighborhood can be trusted. Would you say… *Read answer categories if necessary. 1 Definitely agree 2 Somewhat agree 3 Somewhat disagree 4 Definitely disagree 7 Refused 9 Don't know</td>
<td></td>
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<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary. How much do you agree or disagree with the following statements about your neighborhood? This is a close-knit neighborhood. Would you say… *Read answer categories if necessary. 1 Definitely agree 2 Somewhat agree 3 Somewhat disagree 4 Definitely disagree 7 Refused 9 Don't know</td>
<td></td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<td>SkipInstructions:</td>
<td>&lt;1-4,R,D&gt; [goto ACINKNT] [if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]</td>
<td></td>
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</tr>
</tbody>
</table>
Which of the following best represents how you think of yourself?

1. Gay
2. Straight, that is, not gay
3. Bisexual
4. Something else
5. I don't know the answer
6. Refused

UniverseText: Male sample adults 18+

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

Which of the following best represents how you think of yourself?

1. Lesbian or gay
2. Straight, that is, not lesbian or gay
3. Bisexual
4. Something else
5. I don't know the answer
6. Refused

UniverseText: Female sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]
The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you…

*Read answer categories.

1 Very worried
2 Moderately worried
3 Not too worried
4 Not worried at all
7 Refused
9 Don't know

Sample adults 18+

How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you…

*Read answer categories if necessary.

1 Very worried
2 Moderately worried
3 Not too worried
4 Not worried at all
7 Refused
9 Don't know

Sample adults 18+
<table>
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<th>Instrument Variable Name: ACISTLV</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> How worried are you right now about not being able to maintain the standard of living you enjoy? Are you…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read answer categories if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Very worried</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderately worried</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not too worried</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Not worried at all</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-4,R,D&gt; [goto ACICNHC]</td>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> How worried are you right now about not being able to pay medical costs for normal healthcare? Are you…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read answer categories if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Very worried</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderately worried</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not too worried</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Not worried at all</td>
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</tr>
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<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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<td><strong>UniverseText:</strong> Sample adults 18+</td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1-4,R,D&gt; [goto ACICCOLL]</td>
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<tr>
<td>ASI.300_00.000</td>
<td>ACICCOLL</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question Text:** How worried are you right now about not having enough money to pay for your children's college? Are you…

*Read answer categories if necessary.

1. Very worried
2. Moderately worried
3. Not too worried
4. Not worried at all
5. This does not apply to me
6. Refused

**UniverseText:** Sample adults 18+

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

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<table>
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<tr>
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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
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<tbody>
<tr>
<td>ASI.310_00.000</td>
<td>ACINBILL</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question Text:** How worried are you right now about not having enough to pay your normal monthly bills? Are you…

*Read answer categories if necessary.

1. Very worried
2. Moderately worried
3. Not too worried
4. Not worried at all
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACIHCST]
2016 NHIS Questionnaire - Sample Adult
Adult Selected Items
Document Version Date: 12-Jun-17

<table>
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<th>ASI.320_00.000</th>
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<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you…</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>*Read answer categories if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Very worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderately worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not too worried</td>
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<td>4</td>
<td>Not worried at all</td>
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<td>9</td>
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<tr>
<td>QuestionText:</td>
<td>How worried are you right now about not being able to make the minimum payments on your credit cards? Are you…</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Read answer categories if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Very worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderately worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not too worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Not worried at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I don’t have credit cards</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>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-5,R,D&gt; [goto ACISLEEP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2016 NHIS Questionnaire - Sample Adult
Adult Selected Items
Document Version Date: 12-Jun-17

Question ID: ASI.340_00.000  Instrument Variable Name: ACISLEEP  QuestionnaireFileName: Sample Adult

QuestionText: On average, how many hours of sleep do you get in a 24-hour period?

*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

- 01-24: 1-24 hours
- 97: Refused
- 99: Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5>[goto ERR_SLEEP]; <1-24, R,D>[goto ACISLPFL]

Soft Edit: ERR_SLEEP

*Average number of hours of sleep is [ACISLEEP].
* Please verify.

---

Question ID: ASI.350_00.000  Instrument Variable Name: ACISLPFL  QuestionnaireFileName: Sample Adult

QuestionText: In the past week, how many times did you have trouble falling asleep?

*Enter '0' if respondent did not have trouble falling asleep in the past week.

*Enter '7' for 7 or more times.

- 00: Did not have trouble falling asleep in the past week
- 01-06: 1-6 times
- 07: 7 or more times
- 97: Refused
- 99: Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPST]
In the past week, how many times did you have trouble staying asleep?

*Enter '0' if respondent did not have trouble staying asleep in the past week.

*Enter '7' for 7 or more times.

00 Did not have trouble staying asleep in the past week
01-06 1-6 times
07 7 or more times
97 Refused
99 Don't know

In the past week, how many times did you take medication to help you fall asleep or stay asleep?

*Enter '0' if respondent did not take medication to help sleep in the past week.

*Enter '7' for 7 or more times.

00 Did not take medication to help sleep in the past week
01-06 1-6 times
07 7 or more times
97 Refused
99 Don't know
2016 NHIS Questionnaire - Sample Adult
Adult Selected Items
Document Version Date: 12-Jun-17

Question ID: ASI.380_00.000 Instrument Variable Name: ACIREST QuestionnaireFileName: Sample Adult

QuestionText: In the past week, on how many days did you wake up feeling well rested?

*Enter '0' if respondent never felt well rested in the past week.

00 Never felt rested in the past week
01-07 1-7 days
97 Refused
99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto MHSAD_CK]

---

Question ID: ASI.390_00.000 Instrument Variable Name: MHSAD_CK QuestionnaireFileName: Sample Adult

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

1 Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACISAD]

---

Question ID: ASI.390_01.000 Instrument Variable Name: ACISAD QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

DURING THE PAST 30 DAYS, how often did you feel

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINERV]
### Question ID: ASI.390_02.000  Instrument Variable Name: ACINERV  QuestionnaireFileName: Sample Adult

**QuestionText:**

*(book) ASI5*

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Nervous?

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

**UniverseText:** Sample adults 18+

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

---

### Question ID: ASI.390_03.000  Instrument Variable Name: ACIRSTLS  QuestionnaireFileName: Sample Adult

**QuestionText:**

*(book) ASI5*

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Restless or fidgety?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIHOPLS]
2016 NHIS Questionnaire - Sample Adult
Adult Selected Items

Document Version Date: 12-Jun-17

**Question ID:** ASI.390_04.000  **Instrument Variable Name:** ACIHOPLS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
(book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Hopeless?

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ASI.390_05.000  **Instrument Variable Name:** ACIEFFRT  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
(book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIWTHLS]
Question ID: ASI.390_06.000  Instrument Variable Name: ACIWTHLS  QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5  
* Read if necessary:  

During the PAST 30 DAYS, how often did you feel  

...Worthless?  

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

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D>  
if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto ACIMUCH];  
else [goto ACIBLD12]

---

Question ID: ASI.400_00.000  Instrument Variable Name: ACIMUCH  QuestionnaireFileName: Sample Adult

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

1  A lot  
2  Some  
3  A little  
4  Not at all  
7  Refused  
9  Don’t know

UniverseText: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

SkipInstructions: <1-4,R,D> [goto ACIBLD12]
Question ID: ASI.405_00.000  Instrument Variable Name: ACIBLD12  QuestionnaireFileName: Sample Adult

QuestionText: Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

During the PAST 12 MONTHS, have you donated blood?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

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

Question ID: ASI.410_00.000  Instrument Variable Name: ACIHIVT  QuestionnaireFileName: Sample Adult

QuestionText: The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,R,D> [goto next section]
<2> [goto ACIHIVWN]
I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

<table>
<thead>
<tr>
<th>Option</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>It's unlikely you've been exposed to HIV</td>
</tr>
<tr>
<td>02</td>
<td>You were afraid to find out if you were HIV positive (that you had HIV)</td>
</tr>
<tr>
<td>03</td>
<td>You didn't want to think about HIV or about being HIV positive</td>
</tr>
<tr>
<td>04</td>
<td>You were worried your name would be reported to the government if you tested positive</td>
</tr>
<tr>
<td>05</td>
<td>You didn't know where to get tested</td>
</tr>
<tr>
<td>06</td>
<td>You don't like needles</td>
</tr>
<tr>
<td>07</td>
<td>You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection</td>
</tr>
<tr>
<td>08</td>
<td>Some other reason</td>
</tr>
<tr>
<td>09</td>
<td>No particular reason</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who have never been tested for HIV

SkipInstructions: <1-9,R,D> [goto next section]
Question ID: BAL.010_00.000  Instrument Variable Name: BALEV  QuestionnaireFileName: Sample Adult

QuestionText: These next questions are about dizziness or balance problems. Have you EVER had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance? Do not include times when drinking alcohol.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto BALAGE]
<2,R,D> [goto BRPROB1]

Question ID: BAL.020_00.000  Instrument Variable Name: BALAGE  QuestionnaireFileName: Sample Adult

QuestionText: At what age were you FIRST BOTHERED by dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance?

*Do not include times when drinking alcohol.

*Enter ‘996’ if since birth.

001-995 001-995
01-84 1-84 years
85 85+ years
96 Since birth
97 Refused
99 Don't know
996 Since birth
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who have ever had a balance or dizziness problem

SkipInstructions: <1-120, 996,R,D> [goto BDIZZ1]
Question ID: BAL.040_00.000  Instrument Variable Name: BDIZZ1  QuestionnaireFileName: Sample Adult

QuestionText: During the PAST 12 MONTHS, have you had a problem with dizziness or balance? Do not include times when drinking alcohol.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB1]

---

Question ID: BAL.050_01.000  Instrument Variable Name: BRPROB1  QuestionnaireFileName: Sample Adult

QuestionText: The next questions are about problems related to dizziness or balance. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Had severe fatigue

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB2]
2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 12-Jun-17

Question ID: BAL.050_02.000  Instrument Variable Name: BRPROB2  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Drifting to the side when trying to walk straight

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB3]

Question ID: BAL.050_03.000  Instrument Variable Name: BRPROB3  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Bumping into one side or the other when walking through a doorway

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB4]
Question ID: BAL.050.04.000  Instrument Variable Name: BRPROB4  QuestionnaireFileName: Sample Adult

QuestionText:  
* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking in the dark without using support

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D> [goto BRPROB5]

---

Question ID: BAL.050.05.000  Instrument Variable Name: BRPROB5  QuestionnaireFileName: Sample Adult

QuestionText:  
* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking on uneven ground or surfaces

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText:  Sample adults 18+

SkipInstructions:  <1,2,R,D> [goto BRPROB6]
Adult Balance

Question ID: BAL.050.06.000  Instrument Variable Name: BRPROB6  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Had fear of heights

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB7]

Question ID: BAL.050.07.000  Instrument Variable Name: BRPROB7  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty riding an escalator or moving walkway

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>
if BALEV=2,R,D and BRPROB1 through BRPROB7 all=2 then [goto BBIO1];
else if BALEV=1 and BDIZZ1=2 and BRPROB1 through BRPROB7 all=2 then [goto BHOSP2];
else where (BDIZZ1(e) =1) or (any BRPROB1 -BRPROB6 = 1 or BRPROB7=1,R,D) [goto BTYPE_1 ]
This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

A spinning or vertigo sensation or other illusion of motion such as tipping, tilting, or rocking

*Read if necessary: Vertigo is an illusion of rotation or other motion, as if riding a carousel.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...A floating, spacey, or disconnected sensation

*Read if necessary: Your head doesn't feel quite right or normal.

* Read if necessary: Do not include times when drinking alcohol.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months
Question ID: BAL.060_03.000  Instrument Variable Name: BTYPE_3  QuestionnaireFileName: Sample Adult

**QuestionText:**

* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling lightheaded, without a sense of motion

* Read if necessary: Do not include times when drinking alcohol.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:**

Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:**  <1,2,R,D> [goto BTYPE_4]

---

Question ID: BAL.060_04.000  Instrument Variable Name: BTYPE_4  QuestionnaireFileName: Sample Adult

**QuestionText:**

* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling as if you are going to pass out or faint

* Read if necessary: Do not include times when drinking alcohol.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:**

Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:**  <1,2,R,D> [goto BTYPE_5]
* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Blurring of your vision when you move your head

* Read if necessary: Do not include times when drinking alcohol.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

<1,2,R,D> [goto BTYPE_6]
**Question ID:** BAL.060_07.000  
**Instrument Variable Name:** BTYPE_7  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.  

...Other dizziness or balance problem.  

* Read if necessary: Do not include times when drinking alcohol.

<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:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:**  
<1,2,R,D> if BALEV=2,R,D and (all BTYPE_1 - BTYPE_7 = 2,R,D) [goto BBIO1];  
else if BALEV=1 and (all BRPROB1-BRPROB7= 2,R,D) and (all BTYPE_1 - BTYPE_7 = 2,R,D) [goto BHOSP2]  
else if BDIZZ1=1 and (all BTYPE_1 - BTYPE_7 = 2,R,D) fill '7' in BBOTH1 and [goto BAGE1]  
else if two or more BTYPE_1 - BTYPE_7 = 1,7,9 [goto BBOTH1];  
else [goto BAGE1]

---

**Question ID:** BAL.070_00.000  
**Instrument Variable Name:** BBOTH1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, which ONE of these feelings of dizziness or balance problems bothered you the most?  

*Read answer categories below.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>the spinning, vertigo, or motion sensation</td>
</tr>
<tr>
<td>02</td>
<td>the floating, spacey, or disconnected feeling</td>
</tr>
<tr>
<td>03</td>
<td>the feeling of lightheadedness</td>
</tr>
<tr>
<td>04</td>
<td>the feeling like you are about to pass out</td>
</tr>
<tr>
<td>05</td>
<td>Blurred vision</td>
</tr>
<tr>
<td>06</td>
<td>Unsteadiness</td>
</tr>
<tr>
<td>07</td>
<td>Other dizziness or balance problem</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ and more than one balance symptom

**SkipInstructions:** <1-7,R,D> [goto BAGE1]
Question ID: BAL.080_00.000  Instrument Variable Name: BAGE1  QuestionnaireFileName: Sample Adult

QuestionText: About how old were you when (Fill: most bothersome or only feeling) first happened?

* Read if necessary. If unsure, estimate as best you can.
* Enter '996' If since birth.

001-995  1-995
01-84   1-84 years
85     85+ years
96     Since birth
97     Refused
99     Don't know
996    Since birth
997    Refused
999    Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1-120> if BAGE1 gt AGE  
[goto ERR2_BAGE1];
Else  
[goto BOFTN]
<121-995> [goto ERR1_BAGE1]
<996, R, D> [goto BOFTN]

Hard Edit: If BAGE1= 121-995 then display ERR1_BAGE1:

* 121-995 years not allowed in this field.
*Please correct.

If BAGE gt AGE, then display ERR2_BAGE:
* Time with condition cannot be greater than age.
* Please correct.
Question ID: BAL.100_01.000  Instrument Variable Name: BOFTN  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, about how often have you had (Fill: most bothersome or only feeling)?

*Please tell me the number of times per day, per week, per month.

*Enter ‘996’ for ‘Constantly’ or ‘Almost Always’.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-995</td>
<td>1-995</td>
</tr>
<tr>
<td>996</td>
<td>Constantly or almost always</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1-365> [goto BOFTT]  
<996,R,D> [goto BLAST1]

---

Question ID: BAL.100_02.000  Instrument Variable Name: BOFTT  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year</td>
</tr>
<tr>
<td>6</td>
<td>Constantly or almost always</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who gave a number to how often they had the dizziness or balance problem

SkipInstructions: <1-4,R,D> [goto BLAST1]
How long from beginning to end does each occurrence, i.e., episode, bout or "attack", of (Fill: most bothersome or only feeling) usually last?

* Read if necessary. Only count the duration of individual spells or bouts, not a whole cluster of them, and don't include other related symptoms. For example, do not include nausea or vomiting.

*Probe if needed.

01 Momentary, or less than two minutes
02 Two minutes to less than 20 minutes
03 20 minutes to less than 8 hours
04 8 hours to less than 24 hours
05 1 day to less than 14 days
06 2 weeks to less than 3 months
07 3 months or longer
97 Refused
99 Don’t know

Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

The next questions are about things that trigger your balance or dizziness problems.

Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Looking up or down, leaning head back or bending forward

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'

Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

<1,2,R,D> [goto BTRG_02]
* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Rolling over in bed

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness
2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 12-Jun-17

Question ID: BAL.120_04.000  Instrument Variable Name: BTRG_04  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Headache, including migraine

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

SkipInstructions: <1,2,R,D> [goto BTRG_05]

Question ID: BAL.120_05.000  Instrument Variable Name: BTRG_05  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...A visual problem such as double vision, or your eyes "jerk", "bounce", move rapidly or oscillate

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance. Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

SkipInstructions: <1,2,R,D> [goto BTRG_06]
**Question ID:** BAL.120_06.000  
**Instrument Variable Name:** BTRG_06  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

- Riding in a car, bus, airplane, boat, or train

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
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<tbody>
<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:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**Skip Instructions:** <1,2,R,D> [goto BTRG_07]

---

**Question ID:** BAL.120_07.000  
**Instrument Variable Name:** BTRG_07  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

- Walking down a grocery store aisle

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
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<tbody>
<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:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**Skip Instructions:** <1,2,R,D> [goto BTRG_08]
QuestionText:  * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

Hearing loud sounds

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTRG_09]
*  Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Taking prescription medicines or drugs, or over-the-counter medications, e.g., for allergy or sleep aids

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter ‘2’
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

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

---

Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Nausea or vomiting

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_1]
<2,R,D> [goto BSAME_2]
Question ID: BAL.130_02.000  Instrument Variable Name: BSAME_2  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Hearing loss in only one ear

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_2]
<2,R,D> [goto BSAME_3]

Question ID: BAL.130_03.000  Instrument Variable Name: BSAME_3  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Ringing, buzzing, or roaring in one ear-medical term is Tinnitus (TIN-uh-tus)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_3]
<2,R,D> [goto BSAME_4]
Question ID: BAL.130_04.000  Instrument Variable Name: BSAME_4  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Fullness, pressure, or stuffed-up feeling in one ear without pain

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_4]
<2,R,D> [goto BSAME_5]

---

Question ID: BAL.130_05.000  Instrument Variable Name: BSAME_5  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Sinus congestion

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_5]
<2,R,D> [goto BSAME_6]
2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 12-Jun-17

Question ID: BAL.130_06.000  Instrument Variable Name: BSAME_6  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

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

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_6];
<2,R,D> [goto BSAME_7]

Question ID: BAL.130_07.000  Instrument Variable Name: BSAME_7  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

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

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_7];
<2,R,D> [goto BHOSP2]
**Question Text:**
Do you have nausea or vomiting only when you have dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

1. Only
2. Regardless
7. Refused
9. Don't know

**Universe Text:**
Sample adults 18+ who had nausea or vomiting around the same time as their dizziness or balance problem

**Skip Instructions:**
< 1,2,R,D> [goto BSAME_2]

---

**Question Text:**
Do you have hearing loss only when you have dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

1. Only
2. Regardless
7. Refused
9. Don't know

**Universe Text:**
Sample adults 18+ who had hearing loss around the same time as their dizziness or balance problem

**Skip Instructions:**
< 1,2,R,D> [goto BSAME_3]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAL.140_03.000</td>
<td>BONLY_3</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>BAL.140_04.000</td>
<td>BONLY_4</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question Text:**

**Do you have ringing in your ear or tinnitus only when you have dizziness or balance problem(s) or do you have it regardless?**

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

1. Only
2. Regardless
7. Refused
9. Don't know

**Universe Text:**

Sample adults 18+ who had tinnitus around the same time as their dizziness or balance problem

**Skip Instructions:**

< 1,2,R,D> [goto BSAME_4]

**Question Text:**

**Do you have fullness, pressure, or stuffiness in your ear only when you have dizziness or balance problem(s) or do you have it regardless?**

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

1. Only
2. Regardless
7. Refused
9. Don't know

**Universe Text:**

Sample adults 18+ who had fullness, pressure, or stuffiness in their ear around the same time as their dizziness or balance problem

**Skip Instructions:**

< 1,2,R,D> [goto BSAME_5]
Question ID: BAL.140_05.000  Instrument Variable Name: BONLY_5  QuestionnaireFileName: Sample Adult

QuestionText: Do you have sinus congestion only when you have the dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

1 Only
2 Regardless
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had sinus congestion around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_6]

---

Question ID: BAL.140_06.000  Instrument Variable Name: BONLY_6  QuestionnaireFileName: Sample Adult

QuestionText: Do you have anxiety only when you have the dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

1 Only
2 Regardless
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had anxiety around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_7]
**Question ID:** BAL.140.07.000  **Instrument Variable Name:** BONLY_7  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have depression only when you have the dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

1. Only
2. Regardless
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who had depression around the same time as their dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHOSP2]

---

**Question ID:** BAL.150.00.000  **Instrument Variable Name:** BHOSP2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever gone to a hospital or emergency room about a dizziness or balance problem?

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

**UniverseText:** Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BHOSPNO1]
<2, R, D> [goto BHP1]
**Question ID:** BAL.160_00.000  **Instrument Variable Name:** BHOSPNO1  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
DURING THE PAST 5 YEARS, about how many times have you gone to a hospital emergency room about a dizziness or balance problem?

0  None
1  1 time
2  2 times
3  3-4 times
4  5-9 times
5  10-14 times
6  15 or more times
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ and ever been to ER about dizziness

**SkipInstructions:** <0-6, R,D> [goto BHP1]

---

**Question ID:** BAL.170_00.000  **Instrument Variable Name:** BHP1  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER seen a doctor or other health professional, except for in the emergency room, about a dizziness or balance problem?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> if BALEV=1 and BDIZZ1=2,R,D and all from BTYPE_1-BTYPE_7=2,R,D [goto BBIO1];
else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=2,R,D and BHOSP2=2,R,D [goto BTRET1];
else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=2,R,D and BHOSP2=1 [goto BFIRST1];
else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=1 [goto BHP1_01]
DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

**Cardiologist or heart specialist**

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

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

Skip Instructions: <1,2,R,D> [goto BHP1_03]
* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

...Ear, nose, and throat doctor

* Ear, nose, and throat doctors are also known as: “otolaryngologists”, “otologists” or “neurologists

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_04]
**2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date:** 12-Jun-17

---

**Question ID:** BAL.180_05.000  **Instrument Variable Name:** BHP1_05  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

... Eye doctor, optometrist, or ophthalmologist (AHF-thal-MOL-oh-jist)

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1_06]

---

**Question ID:** BAL.180_06.000  **Instrument Variable Name:** BHP1_06  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

... Dentist, orthodontist or oral surgeon

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> and SEX =2 [goto BHP1_07]; Else if SEX=1 [goto BHP1_08]
* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?

Please say yes or no to each.

...Gynecologist or OB/GYN

1 Yes
2 No
7 Refused
9 Don't know

Female sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem
* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

...Osteopath (OS-te-o-path) or doctor of osteopathy (os-tee-OP-uh-thee)

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

<1,2,R,D> [goto BHP1_10]
Question ID: BAL.180_11.000  Instrument Variable Name: BHP1_11  QuestionnaireFileName: Sample Adult

QuestionText:  *  Read if necessary:  DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Physician assistant or nurse practitioner

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions:  <1,2,R,D> [goto BHP1_12]

Question ID: BAL.180_12.000  Instrument Variable Name: BHP1_12  QuestionnaireFileName: Sample Adult

QuestionText:  *  Read if necessary:  DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Nutritionist or dietician

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions:  <1,2,R,D> [goto BHP1_13]
<table>
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<th>Question ID:</th>
<th>BAL.180_13.000</th>
<th>Instrument Variable Name:</th>
<th>BHP1_13</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
</table>
| QuestionText: | * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.  

...Audiologist

1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: | Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem |
| SkipInstructions: | < 1,2,R,D> [goto BHP1_14] |

<table>
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<th>Question ID:</th>
<th>BAL.180_14.000</th>
<th>Instrument Variable Name:</th>
<th>BHP1_14</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
</table>
| QuestionText: | * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.  

...Foot doctor

1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText: | Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem |
| SkipInstructions: | < 1,2,R,D> [goto BHP1_15] |
* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

...Some other health professional

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions:  < 1,2,R,D> [goto B5YRS1]
How long ago did you FIRST see a doctor or other health professional, including emergency room physicians about your dizziness or balance problem(s)?

1. Less than 12 months
2. 12 months to less than 3 years
3. 3 years to less than 5 years
4. 5 years to less than 10 years
5. 10 years to less than 15 years
6. 15 years or more
7. Refused
8. Don’t know

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem

How much do you feel these doctors or other health professionals helped your dizziness or balance problem(s)? Would you say...

*Read answer categories below.

1. No help at all
2. A little help
3. Moderate help
4. A lot of help
5. Problem was cured or no longer exists
7. Refused
9. Don’t know

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem
1 of 2

About how long was it between the first time you saw a doctor or other health professional about your dizziness or balance problem(s) until you began to feel helped by treatments or advice you received?

Please tell me the number of days, weeks, months or years.

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

UniverseText: Sample adults 18+ who feel doctor or other health professional helped dizziness at least a little

SkipInstructions: <1-365, D> [goto BTHLP_T]; <R> [goto BDIAG1]

2 of 2

*Enter time period for time since last saw a doctor or other health professional.

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

UniverseText: Sample adults 18+ who gave a number to the time between when first saw doctor and began to feel help, or said DK to the number part of this question

SkipInstructions: <1-3,R,D> [goto BDIAG1]
<4> if (BTHLP_T gt AGE and BTHLP_T=4) [goto ERR_BTHLP_T]
else [goto BDIAG1]

Hard Edit:

* Time with condition cannot be greater than age.
* Please correct
**Question ID:** BAL.240_00.000  **Instrument Variable Name:** BDIAG1  **QuestionnaireFileName:** Sample Adult

**Question Text:** Did any of the doctors or health care professionals tell you the cause or give you a diagnosis for your dizziness or balance problem(s)?

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem

**Skip Instructions:** <1> [goto BCAUS1]
<2,R,D> [goto BTRET1]

---

**Question ID:** BAL.250_00.000  **Instrument Variable Name:** BCAUS1  **QuestionnaireFileName:** Sample Adult

**Question Text:** What did the doctor(s) or health care professional(s) tell you was the cause or causes of your dizziness or balance problem(s)?

* Enter all that apply, separate with commas.

* Read the list if necessary.

01. Allergies
02. Anxiety or depression
03. Benign positional vertigo (BPV or BPPV)
04. Crystals-loose or dislodged in ear
05. Diabetes
06. Headache or migraines
07. Head or neck trauma or concussion
08. Heart disease
09. Inner ear infection, viral labyrinthitis
10. Ménière’s (Men-e-AIRZ) disease
11. Neurological-multiple sclerosis (MS), seizures, etc.
12. Side effects from medications (antibiotics, cancer treatments, etc.)
13. Stroke
14. Other health problem(s)
97. Refused
99. Don’t know

**Universe Text:** Sample adults 18+ who were told cause of dizziness or balance problem

**Skip Instructions:** <1-14,R,D> [goto BTRET1]
Have you EVER taken or tried anything to treat your dizziness or balance problem(s) such as physical therapy, certain exercises, avoiding certain foods, taking medicines, surgery, or wearing magnets or wristbands?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

Have you ever tried any of the following treatments? Please say yes or no to each.

...Exercises or physical therapy

* Do not include Tai Chi, Yoga, or Qi Gong.

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ treated for dizziness or balance problem
**Question ID:** BAL.270_02.000  
**Instrument Variable Name:** BTRT1_02  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.*

...Bed rest for several hours or days

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

**UniverseText:**  
Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:**  
< 1,2,R,D> [goto BTRT1_03]

---

**Question ID:** BAL.270_03.000  
**Instrument Variable Name:** BTRT1_03  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.*

...Head rolling maneuver by a doctor or therapist (Epley maneuver)

*Do not include treatment by a chiropractor.

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

**UniverseText:**  
Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:**  
< 1,2,R,D> [goto BTRT1_04]
Question ID: BAL.270_04.000  Instrument Variable Name: BTRT1_04  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

... Steroid injections into the ear

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_05]

---

Question ID: BAL.270_05.000  Instrument Variable Name: BTRT1_05  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Gentamicin (jen-tah-MI-sin) injection into the ear

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_06]

---

Question ID: BAL.270_06.000  Instrument Variable Name: BTRT1_06  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Surgery

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_07]
* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Low salt diet

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_08]

* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Avoiding or cutting back on certain foods or drinks such as chocolate, coffee, or alcohol

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D>
    if SMKEV=1 [goto BTRT1_09];
    else [goto BTRT1_10]
**Question Text:** *Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Quitting or reducing use of tobacco or cigarettes

* Enter '2' for non-smokers.

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample adults 18+ treated for dizziness or balance problem who have ever smoked

**Skip Instructions:** < 1,2,R,D> [goto BTRT1_10]

---

**Question Text:** *Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Prescription medicine or drugs

1 Yes
2 No
7 Refused
9 Don't know

**Universe Text:** Sample adults 18+ treated for dizziness or balance problem

**Skip Instructions:** < 1,2,R,D> [goto BTRT1_11]
* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Over-the-counter medicines such as allergy medications or sleep aids or Dramamine patches

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_12]

* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Psychiatric treatment

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_13]

* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Massage therapy or chiropractic treatment or manipulation

1 Yes  
2 No  
7 Refused  
9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_14]
Question ID: BAL.270_14.000  Instrument Variable Name: BTRT1_14  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Acupuncture

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_15]

Question ID: BAL.270_15.000  Instrument Variable Name: BTRT1_15  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Herbal remedy such as feverfew leaf, ginger or ginkgo biloba (GIN-ko bye-LO-bah)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_16]

Question ID: BAL.270_16.000  Instrument Variable Name: BTRT1_16  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Wearing magnets or acupressure wristband

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSTAT1]
2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 12-Jun-17

Question ID: BAL.280_00.000
Instrument Variable Name: BSTAT1
QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have your dizziness or balance problem(s) gotten worse, stayed the same, improved somewhat, or improved greatly?

1 Gotten worse
2 Stayed the same
3 Improved somewhat
4 Improved greatly
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1-4, R, D> [goto BMEDIC1]

---

Question ID: BAL.300_00.000
Instrument Variable Name: BMEDIC1
QuestionnaireFileName: Sample Adult

QuestionText: Do you regularly take any medicine that makes your dizziness or balance problem(s) worse?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1,2, R, D> [goto BCHNG1]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAL.310_00.000</td>
<td>BCHNG1</td>
<td>Sample Adult</td>
<td>Do your dizziness or balance problems prevent you in any way from doing things you otherwise could do?</td>
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<td>1 Yes</td>
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<td>7 Refused</td>
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<td></td>
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<td></td>
<td>9 Don't know</td>
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<tr>
<td>UniverseText:</td>
<td></td>
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<td>Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months</td>
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<td>SkipInstructions:</td>
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<td>&lt;1&gt; [goto BCHG1_01]</td>
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<td>&lt;2, R,D&gt; [goto BM12WS]</td>
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</table>

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<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAL.320_01.000</td>
<td>BCHG1_01</td>
<td>Sample Adult</td>
<td>Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.</td>
</tr>
<tr>
<td></td>
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<td>...Driving a motor vehicle</td>
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<td>* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'</td>
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<td>Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.</td>
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<td>1 Yes</td>
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<td>2 No</td>
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<td>7 Refused</td>
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<td>9 Don't know</td>
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<tr>
<td>UniverseText:</td>
<td></td>
<td></td>
<td>Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things</td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td></td>
<td></td>
<td>&lt;1,2,R,D&gt; [goto BCHNG_02]</td>
</tr>
</tbody>
</table>
* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Riding in a car, bus, airplane, boat or train

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

Skip Instructions: <1,2,R,D> [goto BCHNG_03]

* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

....Exercising or taking walks

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

Skip Instructions: <1,2,R,D> [goto BCHNG_04]
2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 12-Jun-17

Question ID: BAL.320_04.000  Instrument Variable Name: BCHG1_04  QuestionnaireFileName: Sample Adult

**QuestionText:**

* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Walking down a flight of stairs

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don’t have a driver’s license, etc.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG_05]

---

Question ID: BAL.320_05.000  Instrument Variable Name: BCHG1_05  QuestionnaireFileName: Sample Adult

**QuestionText:**

* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Participating in social activities outside your home

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG_06]
**2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date**: 12-Jun-17

---

**Question ID**: BAL.320_06.000  **Instrument Variable Name**: BCHG1_06  **QuestionnaireFileName**: Sample Adult

**QuestionText**: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

- Performing household chores, such as cleaning or laundry

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText**: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions**: <1,2,R,D> [goto BCHNG_07]

---

**Question ID**: BAL.320_07.000  **Instrument Variable Name**: BCHG1_07  **QuestionnaireFileName**: Sample Adult

**QuestionText**: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

- Going to the toilet

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2' Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText**: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions**: <1,2,R,D> [goto BM12WS_N]
### Question ID: BAL.350_00.000  
**Instrument Variable Name:** BM12WS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
DURING THE PAST 12 MONTHS, how many days of work or school have you missed because of your dizziness or balance problems?

Enter '0' for none.

- **000-365**  
  - 000-365 days
- **997**  
  - Refused
- **999**  
  - Don't know

**UniverseText:**
Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <0-365,R,D> [goto BM12RA]

---

### Question ID: BAL.355_00.000  
**Instrument Variable Name:** BM12RA  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
DURING THE PAST 12 MONTHS, how many days of other regularly scheduled activities - excluding work and school days - have you missed because of your dizziness or balance problems?

Enter '0' for none.

- **000-365**  
  - 000-365 days
- **997**  
  - Refused
- **999**  
  - Don't know

**UniverseText:**
Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <0-365,R,D> [goto BPROB1]
DURING THE PAST 12 MONTHS, how much of a problem was your dizziness or balance condition? Would you say it was no problem, a small problem, a moderate problem, a big problem, or a very big problem?

1. No problem
2. A small problem
3. A moderate problem
4. A big problem
5. A very big problem
6. Refused
7. Don't know

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Meclizine or Antivert™ for dizziness, nausea or vomiting

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

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

< 1,2,R,D> [goto BMED_2]
Question ID: BAL.370_02.000  Instrument Variable Name: BMED_2  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Other medicine or patches for motion sickness, nausea or vomiting

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1,2,R,D> [goto BMED_3]

Question ID: BAL.370_03.000  Instrument Variable Name: BMED_3  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Medicines for anxiety or depression

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1,2,R,D> [goto BMED_4]
* Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Chemotherapy (ke-mo-THER-ah-pe) drugs

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

Have any of your biological, that is, BLOOD relatives such as parents, brothers, sisters, or children had a problem with dizziness, balance, or falling, NOT related to aging?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

< 1,2,R,D> if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 [goto BFALL5Y]; else [goto BFALL12M]
2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 12-Jun-17

Question ID: BAL.385_00.000  Instrument Variable Name: BFALL12M  QuestionnaireFileName: Sample Adult

QuestionText: This next question is about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST YEAR, have you fallen at least one time?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who did not have a balance or dizziness problem in the past 12 months and did not have at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto either section shown below]
If FDRN_FLG= '1' [goto VIS_0 / AFD.090_00.000]
Else if FDRN_FLG= '2' [goto AWEBUSE / AWB.010_00.000]

Question ID: BAL.390_00.000  Instrument Variable Name: BFALL5Y  QuestionnaireFileName: Sample Adult

QuestionText: These next questions are about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST 5 YEARS, have you fallen at least one time?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1> if BTYPE_1=1 [goto BFL1_01]; else if BTYPE_2 =1 [goto BFL1_02]; else if BTYPE_3 =1 [goto BFL1_03]; else if BTYPE_4 =1[goto BFL1_04]; else if BTYPE_5 =1[goto BFL1_05]; else if BTYPE_6=1 [goto BFL1_06]; else if BTYPE_7=1 [goto BFL1_07]; <2,R,D> [goto BNRFALL]
2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 12-Jun-17

Question ID: BAL.400_01.000  Instrument Variable Name: BFL1_01  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling a sense of spinning or other movement sensation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have a balance symptom of feeling a sense of spinning or other movement sensation and have fallen past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_2=1 [goto BFL1_02];
else if BTYPE_3=1 [goto BFL1_03];
else if BTYPE_4=1 [goto BFL1_04];
else if BTYPE_5=1 [goto BFL1_05];
else if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7=1 [goto BFL1_07];
else [goto BFALL12A]

Question ID: BAL.400_02.000  Instrument Variable Name: BFL1_02  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a floating, spacey, or disconnected feeling?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have a balance symptom of a floating, spacey, or disconnected feeling and have fallen past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_3=1 [goto BFL1_03];
else if BTYPE_4=1 [goto BFL1_04];
else if BTYPE_5=1 [goto BFL1_05];
else if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7=1 [goto BFL1_07];
else [goto BFALL12A]
## Question ID: BAL.400_03.000  
### Instrument Variable Name: BFL1_03  
### QuestionnaireFileName: Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling lightheaded?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of feeling lightheaded and have fallen past 5 years

**SkipInstructions:**  
<1,2,R,D> if BTYPE_4=1 [goto BFL1_04];  
else if BTYPE_5=1 [goto BFL1_05];  
else if BTYPE_6=1 [goto BFL1_06];  
else if BTYPE_7=1 [goto BFL1_07];  
else [goto BFALL12A]

---

## Question ID: BAL.400_04.000  
### Instrument Variable Name: BFL1_04  
### QuestionnaireFileName: Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling like you are about to pass out?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of feeling like they are about to pass out and have fallen past 5 years

**SkipInstructions:**  
<1,2,R,D> if BTYPE_5=1 [goto BFL1_05];  
else if BTYPE_6=1 [goto BFL1_06];  
else if BTYPE_7=1 [goto BFL1_07];  
else [goto BFALL12A]
DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having blurred vision?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have a balance symptom of blurred vision and have fallen past 5 years

DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a general feeling of being unsteady or off-balance?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have a balance symptom of unsteadiness and have fallen past 5 years

DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having and other or general problem with dizziness or imbalance?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who have an other or general balance symptom and have fallen past 5 years
Question ID: BAL.410_00.000  Instrument Variable Name: BFALL12A  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you fallen at least once a month on average?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had a fall in past 5 years

SkipInstructions: <1> go to BF12M_NO]
                  <2,R,D> [goto BFTIME1]

Question ID: BAL.420_01.000  Instrument Variable Name: BF12M_NO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, about how many times per day, week, or month have you fallen?

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

UniverseText: Sample adults 18+ who have fallen at least once a month in last 12 months

SkipInstructions: <1-365,D> [goto BF12M_TP]
                  <R> [goto BINJ1]
**Question ID:** BAL.420_02.000  
**Instrument Variable Name:** BF12M_TP  
**Questionnaire FileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time fallen.

1  
Day(s)

2  
Week(s)

3  
Month(s)

7  
Refused

9  
Don't know

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the last 12 months and gave a number for time fallen or said DK to number part of this question

**SkipInstructions:**

If (BF12M_NO ge 10 and BF12M_TP='1'), then [goto ERR_BF12M_TP];
If (BF12M_NO ge 50 and BF12M_TP='2'), then [goto ERR_BF12M_TP];
If (BF12M_NO ge 200 and BF12M_TP='3'), then [goto ERR_BF12M_TP];

<1-3,R,D> [goto BINJ1]

**Soft Edit:**

* [Fill1: BF12M_NO] times per [Fill2: BF12M_TP] is unusually high.
* Please verify.

---

**Question ID:** BAL.430_00.000  
**Instrument Variable Name:** BFTIME1  
**Questionnaire FileName:** Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS, how many times have you fallen?

*Read if necessary. If unsure, estimate as best you can.

0  
None

1  
1 time

2  
2 times

3  
3-4 times

4  
5-7 times

5  
8 or more times

7  
Refused

9  
Don't know

**UniverseText:** Sample adults 18+ who haven't fallen at least once a month in the past 12 months

**SkipInstructions:**

<0> [goto BNRFALL]

<1-5, R,D> [goto BINJ1]
### Question ID: BAL.440_00.000
**Instrument Variable Name:** BINJ1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you have an injury as a result of a fall? For example, with a bruise, cut or wound, sprain, dislocation, fracture, broken bones, back pain, head or neck injury.

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:**<1> [goto BINJWS]  
<2,R,D> [goto BFWH_01]

---

### Question ID: BAL.450_00.000
**Instrument Variable Name:** BINJWS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, how many days of work or school did you miss because of injury from falls?

* Enter '996 if doesn't work or go to school.

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-995</td>
<td>000-995 days</td>
</tr>
<tr>
<td>996</td>
<td>Doesn't work or go to school</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who were injured by fall(s) in the past 12 months

**SkipInstructions:**<0-365,996,R,D> [goto BINJHP]

---

### Question ID: BAL.455_00.000
**Instrument Variable Name:** BINJHP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you talk to or see a doctor or other health professional about any injuries that you had as a result of a fall or falling?

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

**UniverseText:** Sample adults 18+ who were injured by fall(s) in the past 12 months

**SkipInstructions:**<1> [goto BINJHPN]  
<2,R,D> [goto BFWH_01]
Thinking about your worst injury that resulted from a fall or falling DURING THE PAST 12 MONTHS, how many times did you talk to or see a medical professional about that injury?

0  None
1  1 time
2  2 times
3  3-4 times
4  5-9 times
5  10-14 times
6  15 or more times
7  Refused
9  Don’t know

Sample adults 18+ who talked to a doctor or other health professional about falls or falling in the past 12 months

Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You tripped, stumbled, or slipped

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who have fallen at least once a month in the past 12 months
* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You blacked out or fainted

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have fallen at least once a month in the past 12 months

* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were playing sports or exercising

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have fallen at least once a month in the past 12 months
Question ID: BAL.460_04.000  Instrument Variable Name: BFWH_04  QuestionnaireFileName: Sample Adult

QuestionText:  * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with vision

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_05]

---

Question ID: BAL.460_05.000  Instrument Variable Name: BFWH_05  QuestionnaireFileName: Sample Adult

QuestionText:  * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had weakness or numbness in one or both legs

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_06]
Question ID: BAL.460_06.000   Instrument Variable Name: BFWH_06   QuestionnaireFileName: Sample Adult

**QuestionText:** *Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.*

...You had not eaten recently or you had low blood sugar

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH_07]

---

Question ID: BAL.460_07.000   Instrument Variable Name: BFWH_07   QuestionnaireFileName: Sample Adult

**QuestionText:** *Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.*

...You drank too much alcohol

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH_08]
* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem using a walker, cane, or other aid that helps you get around

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_09]
Question ID: BAL.460_10.000  Instrument Variable Name: BFWH_10  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...Some other reason

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

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

---

Question ID: BAL.470_00.000  Instrument Variable Name: BNRFALL  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you slipped or lost your balance and caught yourself WITHOUT falling?

0  None
1  1 time
2  2 times
3  3 to 4 times
4  5 to 7 times
5  8 or more times
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <0-5,R,D> [goto BINTHI]
**Question Text:**

DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each.

...To look up health information on your dizziness or balance problems

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

**Universe Text:**
Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**Skip Instructions:**
<1,2,R,D> [goto BINTTR]
**Question ID:** BAL.475_03.000  **Instrument Variable Name:** BINTRS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary. DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each.*

...To learn about rehabilitation services or intervention programs for your dizziness or balance problems

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:**

<1,2,R,D>

If FDRN_FLG = '1' [goto VIS_0 / AFD.090_00.000]
Else if FDRN_FLG = '2' [goto AWEBUSE / AWB.010_00.000]
The next questions are about your Internet and email use.

Do you use the Internet?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

How often do you use the Internet?

*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?

*Enter number.

001-995 1-995
997 Refused
999 Don't know

Sample adults 18+ who use the Internet
2016 NHIS Questionnaire - Sample Adult
Adult Internet and Email Usage
Document Version Date: 12-Jun-17

Question ID: AWB.020_02.000 Instrument Variable Name: AWEBOFTP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for how often Internet is used.

1  Per day
2  Per week
3  Per month
4  Per year
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

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

Question ID: AWB.030_00.000 Instrument Variable Name: AWEBEML QuestionnaireFileName: Sample Adult

QuestionText: Do you send or receive emails?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBEMAD] <2,R,D> [goto next section]
We may want to contact you to obtain additional health-related information. May I have your email address?

*Enter email address.
*Enter 'N' for none. allow 75
97 Refused
99 Don't Know

Sample adults 18+ who send or receive email

How often do you check this email account? *Read if necessary: How many times per day, per week, per month, or per year do you check this email account? *Enter number.

001-995 1-995
97 Refused
999 Don't know

Sample adults 18+ who gave an email address
2 of 2

*Enter time period for how often email is checked.

1  Per day
2  Per week
3  Per month
4  Per year
7  Refused
9  Don’t know

Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question