
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Identification Fields

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: IDN.000_00.000

Instrument Variable Name:

Final Documentation Name: RECTYPE

Record Type

Universe:

Description:

Sources: None

Recodes: None

Keywords: None

Notes: None

File type identifier

10	Household
20	Person
25	Income Imputation
30	Sample Adult
38	Functioning and Disability
40	Sample Child
60	Family
63	Family Disability Questions
65	Paradata
70	Injury/Poisoning Episode
75	Injury/Poisoning Verbatim

Question ID: IDN.000_02.000

Instrument Variable Name:

Final Documentation Name: SRVY_YR

Survey Year

Universe:

Description:

Sources: None

Recodes: None

Keywords: None

Notes: None

Year of Native Hawaiian and Pacific Islander Survey (NHPI)

Year	Survey Year
------	-------------

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Identification Fields

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: IDN.000_04.000

Instrument Variable Name:

Final Documentation Name: HHX

Household Number

Universe:

Description: All households

Sources: None

Recodes: None

Keywords: household number

Notes: Use this variable in combination with SRVY_YR to identify individual households.

Household Number

Question ID: IDN.000_35.000

Instrument Variable Name:

Final Documentation Name: FMX

Family Number

Universe:

Description: All families

Sources: None

Recodes: None

Keywords: family number

Notes: Use this variable in combination with HHX and SRVY_YR to identify individual families.

Family Number

01-25 Family number 1 - 25

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Identification Fields

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: IDN.000_40.000

Instrument Variable Name: FPX

Final Documentation Name: FPX

Person Number

Universe:

Description: All persons

Sources: None

Recodes: None

Keywords: person number

Notes: Use this variable in combination with HHX, FMX, and SRVY_YR to identify individual persons.

Person Number (Within family)

01-25 Person number 1 thru 25

Question ID: IDN.000_70.000

Instrument Variable Name:

Final Documentation Name: WTFA

Universe: ALL

Description: All records

Sources: None

Recodes: None

Keywords: final weight; annual; person weight

Notes: This weight should be used for most analyses at the person level when using a full year of data. This weight includes post-stratification adjustments (age, race/ethnicity, sex) using Census Bureau population control totals. The sum of these weights is equal to the average of the civilian, noninstitutionalized U.S. population estimates for February, May, August, and November.

Weight - Final Annual

Weight Final Annual

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Unit Control File

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: UCF.000_00.000 R13 RECODE Instrument Variable Name:
Final Documentation Name: VAR_STR

Universe: ALL
Description: All records

Sources: None
Recodes: None
Keywords: None
Notes: Pseudo-stratum variable for variance estimation. Created by NCHS/ORM.

Pseudo-stratum for variance estimation

001-027 001-027

Question ID: UCF.000_00.000 R14 RECODE Instrument Variable Name:
Final Documentation Name: VAR_PSU

Universe: ALL
Description: All records

Sources: None
Recodes: None
Keywords: None
Notes: Pseudo-PSU variable for variance estimation. Created by NCHS/ORM.

Pseudo-PSU for variance estimation

001-002 001-002

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Household Composition

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: HHC.110_00.000

Instrument Variable Name: SEX

Final Documentation Name: SEX

[Are/Is] [you/person] male or female?

Universe: HHSTAT NE 'D'

Description: All non-deleted persons

Sources: None

Recodes: None

Keywords: None

Notes: None

Sex

- | | |
|---|--------|
| 1 | Male |
| 2 | Female |
-

Question ID: HHC.170_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: ORIGIN_I

Does {person} consider {self} Hispanic/Latino?

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: HISPAN_I

Keywords: ethnicity; national origin; ancestry

Notes: This variable contains edited data from NATOR (HHC.170).

Hispanic Ethnicity

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Household Composition

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: HHC.170_00.000

R02 RECODE

Instrument Variable Name:

Final Documentation Name: ORIGIMPT

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: None

Keywords: Hispanic Origin imputation

Notes: This is a generated variable that does not have a true source variable. This variable indicates whether the Hispanic origin response is given in the survey or imputed. It also indicates the type of response (based on the raw data) that was imputed.

Hispanic Origin Imputation Flag

- 1 Imputed: was 'refused' Hispanic Origin
 - 2 Imputed: was 'not ascertained' Hispanic Origin
 - 3 Imputed: was 'does not know' Hispanic Origin
 - 4 Hispanic origin given by respondent/proxy
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Household Composition****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: HHC.180_00.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: HISPAN_I

Please give me the number of the group that represents [your/ person's] Hispanic origin or ancestry.

Universe: AGE = All

Description: All persons

Sources: ORIGIN_I; HHC.180

Recodes: None

Keywords: ethnicity; national origin; ancestry

Notes: "Other-specify" responses were assigned to specific groups where possible. Respondents who selected the generic "Hispanic/Spanish" response category were assigned "09", and in cases where the respondent refused to answer Hispanic origin or didn't know it, this variable was assigned "10" and "11", respectively. When Hispanic origin was not ascertained, this variable was also assigned "11". In cases where "Other-specify" responses were determined to be non-Hispanic, this variable was assigned "12" for not Hispanic/Spanish origin, and ORIGIN_I was back coded to "2" or "No" (no group represented respondent's national origin). Respondents coded as "12" answered 2,7,8, or 9 in ORIGIN_I. Data came from HHC.170 & HHC.180.

Hispanic subgroup detail

00	Multiple Hispanic
01	Puerto Rico
02	Mexican
03	Mexican-American
04	Cuban/Cuban American
05	Dominican (Republic)
06	Central or South American
07	Other Latin American, type not specified
08	Other Spanish
09	Hispanic/Latino/Spanish, non-specific type
10	Hispanic/Latino/Spanish, type refused
11	Hispanic/Latino/Spanish, type not ascertained
12	Not Hispanic/Spanish origin

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Household Composition

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: HHC.180_00.000 R04 RECODE Instrument Variable Name:
 Final Documentation Name: HISPIMPT

Universe: AGE = All

Description: All persons

Sources: None

Recodes: None

Keywords: Type of Hispanic Origin imputation

Notes: This is a generated variable that does not have a true source variable. This variable indicates whether the type of Hispanic Origin (e.g. Mexican, Cuban, etc) response is given in the survey or imputed. It also indicates the type of response (based on the raw data) that was imputed.

Type of Hispanic Origin Imputation Flag

- | | |
|---|--|
| 1 | Imputed: was 'refused' Hispanic Origin |
| 2 | Imputed: was 'not ascertained' Hispanic Origin |
| 3 | Imputed: was 'does not know' Hispanic Origin |
| 4 | Hispanic Origin type given by respondent/proxy |

Question ID: HHC.200_01.000 R13 RECODE Instrument Variable Name:
 Final Documentation Name: RACERPI2

Recode of full detail race groups

Universe: AGE = All

Description: All persons

Sources: RACFULI2

Recodes: HRACERI2

Keywords: race; new OMB race standards

Notes: This recode has one category for each of the 5 OMB race groups and a multiple race category; detailed subgroups have been collapsed into a single category. This recode does not include information provided in HHC.220 for people with multiple race mentions (the "primary" race). "Other Race" and "Unspecified Multiple race" are no longer available as separate race responses. These response categories are treated as missing, and the race is imputed if these are the only race responses. Analysts wishing to know the detailed Asian race indicated for those with a value of 04 for this variable may be able to obtain some information from MRACRPI2. Analysts seeking additional Asian or complete NHPI detailed race information should contact the NCHS Research Data Center. See the Survey Description Document for more information.

OMB groups w/multiple race

- | | |
|----|-----------------------------|
| 01 | White only |
| 02 | Black/African American only |
| 03 | AIAN only |
| 04 | Asian only |
| 05 | NHPI only |
| 06 | Multiple race |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Household Composition

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: HHC.200_01.000

R18 RECODE

Instrument Variable Name:

Final Documentation Name: RACEIMP2

Recode

Universe: AGE = All

Description: All persons

Sources: None

Recodes: None

Keywords: race imputation flag

Notes: This is a generated variable that does not have a true source variable. This variable indicates whether the race response is given in the survey or imputed. It also indicates the type of response (based on the raw data) that was imputed.

Race Imputation Flag

- 1 Imputed: was 'refused'
 - 2 Imputed: was 'not ascertained'
 - 3 Imputed: was 'does not know'
 - 4 Imputed: was 'other race'
 - 5 Imputed: was 'unspecified multiple race'
 - 6 Race given by respondent/proxy
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Household Composition

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: HHC.200_01.000

R21 RECODE

Instrument Variable Name:

Final Documentation Name: MRACRPI2

Recode

Universe: AGE = All

Description: All persons

Sources: HHC.200; HHC.220

Recodes: None

Keywords: race; old OMB race standards

Notes: This variable identifies the primary or main race reported by the respondent. "Other Race" and "Unspecified Multiple race" are no longer available as separate race responses. These response categories are treated as missing, and the race is imputed if these are the only race responses. If only one valid race was given in response to the race question HHC.200, that answer was coded here. If more than one race was given the value of this variable is their value for HHC.220 (the "primary" race). Persons with more than one race given in response to the race question HHC.200 with no valid value for HHC.220 are given a value of 17.

Race coded to single/multiple race group

01	White
02	Black/African American
03	Indian (American), Alaska Native
09	Asian Indian
10	Chinese
11	Filipino
15	Other Asian*
16	NHPI
17	Multiple race, no primary race selected

Question ID: HHC.200_01.000

R25 RECODE

Instrument Variable Name:

Final Documentation Name: ERIMPFLG

Recode

Universe: AGE = All

Description: All persons

Sources: None

Recodes: None

Keywords: ethnicity/race imputation

Notes: This is a summary variable that indicates whether the ethnicity or race response was given in the survey or imputed.

Ethnicity/Race Imputation Flag

1	Ethnicity/race imputed
2	Ethnicity/race given by respondent/proxy

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Household Composition****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: HHC.200_01.000

R77 RECODE

Instrument Variable Name:

Final Documentation Name: NHPI_ANY

Universe: AGE=ALL

Description: All persons

Sources: RACERP12, MRACRP12, WTFA

Recodes: None

Keywords: race; NHPI any mention

Notes: This variable identifies whether the respondent had any mention of an NHPI group. * The difference between this variable and the ANYNHI2 variable is that this variable was coded using only variables available on the public use file (specifically, RACERP12, MRACRP12, and WTFA). In contrast, the ANYNHI2 variable is assigned a value of 1 if any NHPI race was mentioned in response to the race question HHC.200. Such persons who are also activity duty military, who therefore have a value of the 0 for the weight variable WTFA, are still coded 1 in the ANYNHI2 variable. Thus, a few people (multiple race active military people whose primary race is not NHPI) are coded 2 for NHPI_ANY and 1 for ANYNHI2.

Any mention of NHPI group

- | | |
|---|----------------|
| 1 | Mentioned |
| 2 | Not mentioned* |

Question ID: HHC.230_03.000

Instrument Variable Name: NOWAF2_B1 -NOWAF2_B25

Final Documentation Name: NOWAF

In the Armed Forces?

Universe: '018' <=AGE<='064' and HHSTAT NE 'D' and NOWAF_A NE ''

Description: persons 18-64 years old

Sources: None

Recodes: None

Keywords: active duty; armed forces

Notes: Respondents with an "1" are active duty Armed Force members and have been given a weight of "zero" in the file. The NHIS sampling design can only infer to the civilian, non-institutionalized U.S. population and analysts are cautioned not to include members of the Armed Forces in their analysis.

Armed Forces Status

- | | |
|---|------------------|
| 1 | Armed Forces |
| 2 | Not Armed Forces |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Household Composition****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: HHC.260_01.000

Instrument Variable Name: RPREL

Final Documentation Name: RRP

What is [your/person's] relationship to [you/person]?

Universe: All and RPREL NE ''

Description: All persons

Sources: None

Recodes: None

Keywords: relationship; reference person

Notes: None

Relationship to the HH reference person

- 01 Household reference person
 - 02 Spouse (husband/wife)
 - 03 Unmarried Partner
 - 04 Child (biological/adoptive/in-law/step/foster)
 - 05 Child of partner
 - 06 Grandchild
 - 07 Parent (biological/adoptive/in-law/step/foster)
 - 08 Brother/sister (biological/adoptive/in-law/step/foster)
 - 09 Grandparent (Grandmother/Grandfather)
 - 10 Aunt/Uncle
 - 11 Niece/Nephew
 - 12 Other relative
 - 13 Housemate/roommate
 - 14 Roomer/Boarder
 - 15 Other nonrelative
 - 16 Legal guardian
 - 17 Ward
 - 97 Refused
 - 98 Not ascertained
 - 99 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Household Composition

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: HHC.260_01.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: HHREFLG

Universe: HHSTAT = P

Description: Valid HH reference person flag

Sources: None

Recodes: None

Keywords: None

Notes: This variable indicates the household reference person.

HH Reference Person Flag

8	Not ascertained
P	HH Reference person

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Household Composition****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: HHC.260_02.000

Instrument Variable Name: RPREL

Final Documentation Name: FRRP

What is [person's/your] relationship to [person/you]?

Universe: All and RPREL NE ''

Description: All persons

Sources: None

Recodes: None

Keywords: None

Notes: None

Relationship to family ref. Person

- 01 Family reference person
 - 02 Spouse (husband/wife)
 - 03 Unmarried Partner
 - 04 Child (biological/adoptive/in-law/step/foster)
 - 05 Child of partner
 - 06 Grandchild
 - 07 Parent (biological/adoptive/in-law/step/foster)
 - 08 Brother/sister (biological/adoptive/in-law/step/foster)
 - 09 Grandparent (Grandmother/Grandfather)
 - 10 Aunt/Uncle
 - 11 Niece/Nephew
 - 12 Other relative
 - 16 Legal guardian
 - 17 Ward
 - 97 Refused
 - 98 Not ascertained
 - 99 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Household Composition

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: HHC.415_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: DOB_Y_P

Recode

Universe: AGE = All

Description: All persons

Sources: DOB_Y

Recodes: None

Keywords: birth year

Notes: Data on year of birth came from HHC.120 and/or HHC.128.

Year of Birth

Year	Birth Year
9997	Refused
9998	Not ascertained
9999	Don't know

Question ID: HHC.420_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: AGE_P

Recode

Universe: AGE = All

Description: All persons

Sources: AGE

Recodes: None

Keywords: age

Notes: In most cases, data on age came from HHC.120. Because age is an important variable for instrument check items and in developing the weights, all respondents must have data on age. A series of questions in the instrument from HHC.124 through HHC.165 attempted to collect data on age when age was not given in HHC.120.

Age

00	Under 1 year
01-74	1-74 years
75	75+ years

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Household Composition****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: HHC.425_00.000

RECODE

Instrument Variable Name:

Final Documentation Name: AGE_CHG

Universe: All persons

Description: Created when NCHS tells Census to change a person's age based on age in audit trail

Sources: HHC.120

Recodes: None

Keywords: AGE, DOB

Notes: For in-house and public-use. AGE is changed due to data entry error.

Indication of AGE correction due to data entry error

1	Change on AGE due to data entry error
Blank	No change

Question ID: FID.060_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: FMRPFLG

Universe: HHSTAT7 = B

Description: Valid family respondent flag

Sources: None

Recodes: None

Keywords: family respondent

Notes: None

Family Respondent Flag

8	Not ascertained
B	Family respondent

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Identification****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FID.060_00.000 R02 RECODE Instrument Variable Name:
Final Documentation Name: FMREFLG

Universe: HHSTAT6 = F

Description: Valid family reference person flag

Sources: None

Recodes: None

Keywords: family reference person

Notes: None

Family Reference Person Flag

8	Not ascertained
P	Family reference person

Question ID: FID.250_00.000 R01 RECODE Instrument Variable Name:
Final Documentation Name: MAR_STAT

Universe: AGE = ALL

Description: All persons

Sources: R_MARITL

Recodes: None

Keywords: marital status

Notes: None

Marital status

0	Under 14 years
1	Married
2	Widowed
3	Divorced or separated
4	Never married
5	Living with a partner
9	Unknown marital status

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Identification****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FID.270_00.000

Instrument Variable Name: LNСП1-LNСП25

Final Documentation Name: FSPOUS2

Enter the line number of the spouse.

Universe: R_MARITL = '1'

Description: Person married and spouse living in the household

Sources: None

Recodes: None

Keywords: None

Notes: None

Person # of spouse

01-25	Person # of spouse
98	Not ascertained

Question ID: FID.280_00.000

Instrument Variable Name: COHAB1

Final Documentation Name: COHAB1

[Have/has] [you/person] ever been married?

Universe: R_MARITL = '8'

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

Sources: None

Recodes: None

Keywords: cohabitation; unmarried partner

Notes: None

Cohabiting person ever married

1	Yes
2	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Identification

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FID.290_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: COHAB2N

What is [person's] current legal marital status?

Universe: COHAB1 = 1

Description: Ever married persons who are currently living with a partner

Sources: COHAB2

Recodes: None

Keywords: cohabitation; unmarried partner; legal marital status

Notes: None

Cohabiting person's current marital status

1	Married or separated
2	Widowed
3	Divorced
7	Refused
8	Not ascertained
9	Don't know

Question ID: FID.300_00.000

Instrument Variable Name: PRTNR1-PRTNR25

Final Documentation Name: FCOHAB3

Person # of partner

Universe: R_MARITL = '8' or FRRP = '03'

Description: Unmarried persons who are currently living with a partner

Sources: None

Recodes: None

Keywords: None

Notes: None

Person # of partner

01-25 Person number

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Identification

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FID.300_00.000 R02 RECODE Instrument Variable Name:
 Final Documentation Name: SIB_DEGN

Universe: AGE = ALL and FRRP = 08

Description: All persons who are a brother/sister of the household reference person

Sources: SIB_DEGP

Recodes: None

Keywords: brother; sister; sibling

Notes: None

Degree of sibling relationship to HH reference person

- | | |
|---|----------------------------------|
| 1 | Full or Adopted {brother/sister} |
| 2 | Half {brother/sister} |
| 3 | {Brother/Sister}-in-law |
| 9 | Other and unknown |

Question ID: FID.326_00.000 Instrument Variable Name: LNMOM1-LNMOM25
 Final Documentation Name: FMOTHER1

Is [person's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law) Enter the line number of the mother or mother-in-law.

Universe: ALL

Description: Potential mother in the household

Sources: None

Recodes: None

Keywords: None

Notes: New variable in 2013. It is comparable to FMOTHER from 2012 and earlier with one exception: the 96 category in FMOTHER has been discontinued.

Person # of mother

- | | |
|-------|-------------------------------|
| 00 | Mother not a household member |
| 01-25 | Person number of mother |
| 97 | Refused |
| 98 | Not ascertained |
| 99 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Identification****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FID.330_01.000 R01 RECODE Instrument Variable Name:
Final Documentation Name: MOM_DEGN

Universe: AGE = ALL and FMOTHER1 = 01-30, 97-99

Description: All persons living with Mother in household

Sources: MOM_DEG

Recodes: None

Keywords: mother; parent; biological mother; adoptive mother; mother-in-law

Notes: None

Type of relationship with Mother

1	Biological or adoptive
2	In-law
9	Other and unknown

Question ID: FID.340_00.000 Instrument Variable Name: LNDAD1-LNDAD25
Final Documentation Name: FFATHER1

Is [person] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

Universe: ALL

Description: Potential father in the household

Sources: None

Recodes: None

Keywords: None

Notes: New variable in 2013. It is comparable to FFATHER from 2012 and earlier with one exception: the 96 category in FFATHER has been discontinued.

Person # of father

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

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Identification****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FID.350_01.000 R01 RECODE Instrument Variable Name:
Final Documentation Name: DAD_DEGN

Universe: AGE = ALL and FFATHER1 = 01-30, 97-99

Description: All persons living with Father in household

Sources: DAD_DEG

Recodes: None

Keywords: father; parent; biological father; adoptive father; father-in-law

Notes: None

Type of relationship with father

- | | |
|---|------------------------|
| 1 | Biological or adoptive |
| 2 | In-law |
| 9 | Other and unknown |
-

Question ID: FID R01 RECODE Instrument Variable Name:
Final Documentation Name: PARENTSN

Universe:

Description: All persons

Sources: PARENTS

Recodes: None

Keywords: father; mother; parent

Notes: Mother and father can include biological, adoptive, step, and foster relationships.

Parent(s) present in the family

- | | |
|---|--------------------------------|
| 1 | Single mother or single father |
| 2 | Mother and father |
| 3 | Neither mother nor father |
| 9 | Unknown |
-
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Identification

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FID

R02 RECODE

Instrument Variable Name:

Final Documentation Name: MOM_EDN

Universe: AGE LT 18

Description: All persons aged 17 or younger

Sources: MOM_ED

Recodes: None

Keywords: mother; step-mother; mother figure; education

Notes: All persons 17 years and younger receive a code on this variable. If a mother was present in the household (i.e., FMOTHER1 is equivalent to a valid person number), then MOM_EDN equals the mother's value on EDUCN. All other values on FMOTHER1 (00, 96-99) result in a code of 98 on MOM_EDN.

Education of Mother

- 01 12th grade or less (no high school diploma)
 - 02 High school graduate/GED recipient
 - 03 Some college, no degree
 - 04 Associate degree (occupational, technical, vocational, or academic)
 - 05 Bachelor's degree
 - 06 Master's, professional, and/or doctoral degree
 - 97 Refused
 - 98 Not ascertained
 - 99 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Identification

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FID R03 RECODE Instrument Variable Name:
Final Documentation Name: DAD_EDN

Universe: AGE LT 18

Description: All persons aged 17 or younger

Sources: DAD_ED

Recodes: None

Keywords: father; step-father; father figure; education

Notes: All persons 17 years and younger receive a code on this variable. If a father was present in the household (i.e., FFATHER1 is equivalent to a valid person number), then DAD_EDN equals the father's value on EDUCN. All other values on FFATHER1 (00, 96-99) result in a code of 98 on DAD_EDN.

Education of Father

01	12th grade or less (no high school diploma)
02	High school graduate/GED recipient
03	Some college, no degree
04	Associate degree (occupational, technical, vocational, or academic)
05	Bachelor's degree
06	Master's, professional, and/or doctoral degree
97	Refused
98	Not ascertained
99	Don't know

Question ID: FID R04 RECODE Instrument Variable Name:
Final Documentation Name: ASTATFLG

Universe: AGE GE 18

Description: Persons 18 years or older

Sources: None

Recodes: None

Keywords: sample adult; sample adult flag

Notes: This variable can be used to choose valid records for sample adult data. Every adult in each family, except active duty Armed Force members, was eligible to be selected as the sample adult. All adults within a family were assigned the value of "3" given these two situations: 1) If the Sample Adult was incorrectly assigned to someone in the Armed Forces, or 2) it could not be ascertained which adult in the family was chosen as Sample Adult.

Sample Adult Flag

0	Sample Adult - no record
1	Sample Adult - has record
2	Not selected as Sample Adult
3	No one selected as Sample Adult
4	Armed Force member
5	Armed Force member - selected as Sample Adult

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Identification****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FID.590_00.000

RECODE

Instrument Variable Name:

Final Documentation Name: QCCHILD

Universe:

Description:

Sources: None

Recodes: None

Keywords: Data quality; data removal

Notes: This flag represents a record where the Sample Child data were removed for quality reasons

Quality control flag for sample child

1	No sample child record due to quality reasons
Blank	No SC removal

Question ID: FDB.001_00.000

Instrument Variable Name: FDRN_FLG

Final Documentation Name: FDRN_FLG

Universe:

Description:

Sources: None

Recodes: None

Keywords: Disability Questions Test; flag

Notes: This variable indicates whether the family was selected to receive the Family Disability (FDB; all persons 1 year and older) section. Sample adults in families with a value of 2 for FDRN_FLG were also selected to receive the AFD (Adult Functioning and Disability) section.

Disability Questions flag

1	Families selected to receive AFD (sample adults) section
2	Families selected to receive FDB (all persons 1 year and older) section

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.010_00.000

Instrument Variable Name: PLAPLYLM1-PLAPLYLM25

Final Documentation Name: PLAPLYLM

{Are/Is} (* Read names below) limited in the kind or amount of play activities {he/she/they} can do because of a physical, mental, or emotional problem?

Universe: AGE LT '005' and AGE NE ''

Description: Persons less than 5 years of age

Sources: FLAPLYLM

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; limited in kind/amount of play; play activities

Notes: Family/person variable conversion; refer to IHMOB (CHS.300) for a Sample Child variable on a related topic.

Is - - limited in kind/amount play?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHS.020_00.000

Instrument Variable Name: PLAPLYUN

Final Documentation Name: PLAPLYUN

Is {ALIAS} able to take part AT ALL in the usual kinds of play activities done by most children {ALIAS's} age?

Universe: AGE LT '005' and PLAPLYLM = '1'

Description: Persons less than 5 years limited in play

Sources: None

Recodes: None

Keywords: functional limitation; play activities

Notes: Family/person variable conversion

Is - - able to play at all?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.060_00.000

Instrument Variable Name: PSPEDEIS1-PSPEDEIS25

Final Documentation Name: PSPEDEIS

Do any of the following family members, (* Read names below) receive Special Educational or Early Intervention Services?

Universe: AGE LT '018' and AGE NE ''

Description: Persons less than 18 years of age

Sources: FSPEDEIS

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; special education; early intervention services

Notes: Family/person variable conversion; refer to AMR1 and AODD1 (CHS.031); ADD2, AMR2, and AODD2 (CHS.032); CCONDL01-CCONDL10 (CHS.061); and LEARNL (CHS.312) for Sample Child variables on related topics.

Does - - receive Special Education or EIS?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.065_00.000

Instrument Variable Name: PSPEDEM

Final Documentation Name: PSPEDEM

{Do you/Does ALIAS} receive these services because of an emotional or behavioral problem?

Universe: AGE LT '018' and PSPEDEIS = '1'

Description: Persons less than 18 years of age receiving Special Education/EIS

Sources: None

Recodes: None

Keywords: functional limitation; special education; early intervention services; emotional problem; behavioral problem

Notes: This item was added to the NHIS in the 2001 survey year.

Receive Special Education/EIS due to emotional/behavioral problem

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.080_00.000

Instrument Variable Name: PLAADL1-PLAADL25

Final Documentation Name: PLAADL

Because of a physical, mental, or emotional problem, {do you/does anyone in the family} need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

Universe: AGE GE '003' and AGE not in ('997', '999')

Description: All persons 3 years of age and older

Sources: FLAADL

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; personal care needs; activity of daily living (ADL)

Notes: Family/person variable conversion

Does - - need help with personal care?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHS.090_01.000

Instrument Variable Name: LABATH

Final Documentation Name: LABATH

{Do you/Does ALIAS} need the help of other persons with bathing or showering?

Universe: (AGE GE '003' and AGE not in ('997', '999')) and PLAADL = '1'

Description: Persons 3+ years needing help with personal care

Sources: None

Recodes: None

Keywords: functional limitation; need help; bathing; activity of daily living (ADL)

Notes: None

Does - - need help with bathing/showering?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.090_02.000

Instrument Variable Name: LADDRESS

Final Documentation Name: LADDRESS

{Do you/Does ALIAS} need the help of other persons with dressing?

Universe: (AGE GE '003' and AGE not in ('997', '999')) and PLAADL = '1'

Description: Persons 3+ years needing help with personal care

Sources: None

Recodes: None

Keywords: functional limitation; need help; dressing; activity of daily living (ADL)

Notes: None

Does - - need help dressing?

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

Question ID: FHS.090_03.000

Instrument Variable Name: LAEAT

Final Documentation Name: LAEAT

{Do you/Does ALIAS} need the help of other persons with eating?

Universe: (AGE GE '003' and AGE not in ('997', '999')) and PLAADL = '1'

Description: Persons 3+ years needing help with personal care

Sources: None

Recodes: None

Keywords: functional limitation; need help; eating; activity of daily living (ADL)

Notes: None

Does - - need help eating?

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

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.090_04.000

Instrument Variable Name: LABED

Final Documentation Name: LABED

{Do you/Does ALIAS} need the help of other persons with getting in or out of bed or chairs?

Universe: (AGE GE '003' and AGE not in ('997', '999')) and PLAADL = '1'

Description: Persons 3+ years needing help with personal care

Sources: None

Recodes: None

Keywords: functional limitation; need help; in/out of bed/chair; activity of daily living (ADL)

Notes: None

Does - - need help in/out of bed or chairs?

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

Question ID: FHS.090_05.000

Instrument Variable Name: LATOILT

Final Documentation Name: LATOILT

{Do you/Does ALIAS} need the help of other persons with using the toilet, including getting to the toilet?

Universe: (AGE GE '003' and AGE not in ('997', '999')) and PLAADL = '1'

Description: Persons 3+ years needing help with personal care

Sources: None

Recodes: None

Keywords: functional limitation; need help; toilet; activity of daily living (ADL)

Notes: None

Does - - need help using the toilet?

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

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.090_06.000

Instrument Variable Name: LAHOME

Final Documentation Name: LAHOME

{Do you/Does ALIAS} need the help of other persons with getting around inside the home?

Universe: (AGE GE '003' and AGE not in ('997', '999')) and PLAADL = '1'

Description: Persons 3+ years needing help with personal care

Sources: None

Recodes: None

Keywords: functional limitation; need help getting around home; activity of daily living (ADL)

Notes: None

Does - - need help to get around in the home?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHS.160_00.000

Instrument Variable Name: PLAIADL1-PLAIADL25

Final Documentation Name: PLAIADL

Because of a physical, mental, or emotional problem, do {you/any of these family members (* Read named below)} need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Universe: AGE GE '018' and AGE not IN ('997','999')

Description: All persons 18+ years

Sources: FLAIADL

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; need help; chores, shop, etc; routine needs; instrumental activity of daily living (IADL)

Notes: Family/person variable conversion

Does - - need help with routine needs?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.180_00.000

Instrument Variable Name: PLAWKNOW1-PLAWKNOW25

Final Documentation Name: PLAWKNOW

Does a physical, mental, or emotional problem NOW keep {you/any of these family members} from working at a job or business?

Universe: (AGE GE '018' and AGE not IN ('997','999'))

Description: All persons 18+ years

Sources: FLAWKNOW

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; unable to work

Notes: Family/person variable conversion

Is - - unable to work NOW due to health problem?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.200_00.000

Instrument Variable Name: PLAWKLIM1-PLAWKLIM25

Final Documentation Name: PLAWKLIM

{Are you limited in the kind OR amount of work you/Are any of these family members limited in the kind OR amount of work they} can do because of a physical, mental or emotional problem?

Universe: AGE GE '018' and AGE not IN ('997','999')

Description: All persons 18+ years

Sources: FLAWKLIM; PLAWKNOW

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; limited kind/amount of work

Notes: Family/person variable conversion. This variable is identical to previous PLAWKLIM variables: respondents who said they were unable to work (PLAWKNOW = 1) are coded as "0", or "unable to work", on PLAWKLIM.

Is - - limited in kind/amount of work?

- | | |
|---|---------------------|
| 0 | Unable to work |
| 1 | Limited in work |
| 2 | Not limited in work |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.220_00.000

Instrument Variable Name: PLAWALK1-PLAWALK25

Final Documentation Name: PLAWALK

Because of a health problem, {do you/does anyone in the family} have difficulty walking without using any special equipment?

Universe: AGE = ALL

Description: All persons

Sources: FLAWALK

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; difficulty walking without equipment

Notes: Family/person variable conversion; refer to FLWALK (AHS.091) for a Sample Adult variable on a related topic.

Does - - have difficulty walking without equipment?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHS.240_00.000

Instrument Variable Name: PLAREMEM1-PLAREMEM25

Final Documentation Name: PLAREMEM

{Are you/Is anyone in the family} LIMITED IN ANY WAY because of difficulty remembering or because {you/they} experience periods of confusion?

Universe: AGE = ALL

Description: All persons

Sources: FLAREMEM

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; difficulty remembering

Notes: Family/person variable conversion

Is - - limited by difficulty remembering?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.260_00.000

Instrument Variable Name: PLIMANY1-PLIMANY25

Final Documentation Name: PLIMANY

Are {you/any family members} LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

Universe: AGE = ALL

Description: All persons

Sources: FLIMANY

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; limited in any activities

Notes: Family/person variable conversion. Persons coded 1 on PLIMANY are limited in some other way that was not previously mentioned in the survey or captured by one of the preceding limitation variables.

Is - - limited in any (other) way?

- | | |
|---|---------------------------------|
| 0 | Limitation previously mentioned |
| 1 | Yes, limited in some other way |
| 2 | Not limited in any way |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS

R01 RECODE

Instrument Variable Name:

Final Documentation Name: LA1AR

Universe: AGE = ALL

Description: All persons

Sources: PLAPLYLM; PSPEDEIS; PLAADL; PLAIADL; PLAWKNOW; PLAWKLIM; PLAWALK; PLAREMEM; PLIMANY

Recodes: LACHRONR

Keywords: functional limitation

Notes: None

Any limitation - all persons, all conditions

- | | |
|---|------------------------|
| 1 | Limited in any way |
| 2 | Not limited in any way |
| 3 | Unknown if limited |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.270_01.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC1

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; vision problem

Notes: See Survey Description document for more information.

Vision/problem seeing causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.270_02.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC2

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; hearing problem

Notes: See Survey Description document for more information.

Hearing problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.270_03.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC3

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; speech problem

Notes: See Survey Description document for more information.

Speech problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.270_04.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC4

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; asthma; breathing problem

Notes: See Survey Description document for more information.

Asthma/breathing problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.270_05.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC5

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; birth defect

Notes: See Survey Description document for more information.

Birth defect causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.270_06.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC6

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; injury

Notes: See Survey Description document for more information.

Injury causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.270_07.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC7A

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; intellectual disability; mental retardation

Notes: See Survey Description document for more information.

Intellectual disability, also known as mental retardation causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.270_08.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC8

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; other developmental problem; cerebral palsy

Notes: See Survey Description document for more information.

Other developmental problem (e.g., cerebral palsy) causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.270_09.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC9

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; mental/emotional/behavioral problem

Notes: See Survey Description document for more information.

Other mental, emotional, or behavioral problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.270_10.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC10

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; bone, joint, muscle problem

Notes: See Survey Description document for more information.

Bone, joint, or muscle problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.270_11.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC11

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM = '1' or PSPEDEIS = '1' or PLAADL = '1' or PLAWALK = '1' or PLAREMEM = '1' or PLIMANY = '1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; epilepsy; seizure

Notes: See Survey Description document for more information.

Epilepsy or seizures cause limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.270_12.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC12

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM = '1' or PSPEDEIS = '1' or PLAADL = '1' or PLAWALK = '1' or PLAREMEM = '1' or PLIMANY = '1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; learning disability

Notes: See Survey Description document for more information.

Learning disability causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Person

personsx : Family Health Status & Limitations

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Document Version Date: 06-Dec-16

Question ID: FHS.270_13.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC13

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; attention deficit/hyperactivity disorder; ADD/ADHD

Notes: See Survey Description document for more information.

Attention Deficit/Hyperactivity Disorder (ADD/ADHD) causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.270_90.000

Instrument Variable Name: LAHCC1-LAHCC15

Final Documentation Name: LAHCC90

What conditions or health problems cause {person} limitations?

Universe: (AGE LT '018' and AGE NE ' ') and (PLAPLYLM ='1' or PSPEDEIS ='1' or PLAADL ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons less than 18 years of age who have at least one limitation

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation

Notes: See Survey Description document for more information.

Other impairment/problem (1) causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.280_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC1

How long {have you/has ALIAS} had a vision problem or problem seeing?

Universe: AGE LT '018' and LAHCC1 = '1'

Description: Persons less than 18 years of age limited due to vision problem

Sources: LAHCC1; LCDURB1

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; vision problem

Notes: Condition was coded as chronic (LCCHRC1 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Vision problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.282_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC2

How long {have you/has ALIAS} had a hearing problem?

Universe: AGE LT '018' and LAHCC2 = '1'

Description: Persons less than 18 years of age limited due to hearing problem

Sources: LAHCC2; LCDURB2

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; hearing problem

Notes: Condition was coded as chronic (LCCHRC2 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Hearing problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Question ID: FHS.284_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC3

How long {have you/has ALIAS} had a speech problem?

Universe: AGE LT '018' and LAHCC3 = '1'

Description: Persons less than 18 years of age limited due to speech problem

Sources: LAHCC3; LCDURB3

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; speech problem

Notes: Condition was coded as chronic (LCCHRC3 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Speech problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.286_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC4

How long {have you/has ALIAS} had asthma or a breathing problem?

Universe: AGE LT '018' and LAHCC4 = '1'

Description: Persons less than 18 years of age limited due to asthma/breathing problem

Sources: LAHCC4; LCDURB4

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; asthma/breathing problem

Notes: Condition was coded as chronic (LCCHRC4 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Asthma/breathing problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Question ID: FHS.287_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC5

How long {have you/has ALIAS} had a birth defect?

Universe: AGE LT '018' and LAHCC5 = '1'

Description: Persons less than 18 years of age limited due to birth defect

Sources: LAHCC5; LCDURB5

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; birth defect

Notes: Condition was coded as chronic (LCCHRC5 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Birth defect condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.288_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC6

How long {have you/has ALIAS} had the injury that caused {your/his/her} limitation?

Universe: AGE LT '018' and LAHCC6 = '1'

Description: Persons less than 18 years of age limited due to injury

Sources: LAHCC6; LCDURB6

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; injury

Notes: Condition was coded as chronic (LCCHRC6 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Injury condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Question ID: FHS.290_02.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: LCCHRC7A

How long {have you/has ALIAS} had intellectual disability, also known as mental retardation?

Universe: AGE LT '018' and LAHCC7A = '1'

Description: Persons less than 18 years of age limited due to intellectual disability, also known as mental retardation

Sources: LAHCC7A; LCDURB7A

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; intellectual disability; mental retardation

Notes: This variable replaces LCCHRC7 that appeared in previous survey years. See the note for LAHCC7A for more information. Condition was coded as chronic (LCCHRC7A = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Intellectual disability, also known as mental retardation condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.292_02.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: LCCHRC8

How long {have you/has ALIAS} had a developmental problem (e.g., cerebral palsy)?

Universe: AGE LT '018' and LAHCC8 = '1'

Description: Persons less than 18 years of age limited due to other developmental problem

Sources: LAHCC8; LCDURB8

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; other developmental problem; cerebral palsy

Notes: Condition was coded as chronic (LCCHRC8 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other developmental problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Question ID: FHS.294_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LCCHRC9

How long {have you/has ALIAS} had a mental, emotional, or behavioral problem?

Universe: AGE LT '018' and LAHCC9 = '1'

Description: Persons less than 18 years of age limited due to other mental/emotional/behavioral problem

Sources: LAHCC9; LCDURB9

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; other mental/emotional/behavioral problem

Notes: Condition was coded as chronic (LCCHRC9 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other mental, emotional, or behavioral problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.296_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LCCHRC10

How long {have you/has ALIAS} had a bone, joint, or muscle problem?

Universe: AGE LT '018' and LAHCC10 = '1'

Description: Persons less than 18 years of age limited due to bone/joint/muscle problem

Sources: LAHCC10; LCDURB10

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; bone/joint/muscle problem

Notes: Condition was coded as chronic (LCCHRC10 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Bone, joint, or muscle problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Question ID: FHS.298_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC11

How long {have you/has ALIAS} had epilepsy or seizures?

Universe: AGE LT '018' and LAHCC11 = '1'

Description: Persons less than 18 years of age limited due to epilepsy/seizures

Sources: LAHCC11; LCDURB11

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; epilepsy; seizures

Notes: Condition was coded as chronic (LCCHRC11 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Epilepsy or seizures condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.300_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LCCHRC12

How long {have you/has ALIAS} had a learning disability?

Universe: AGE LT '018' and LAHCC12 = '1'

Description: Persons less than 18 years of age limited due to learning disability

Sources: LAHCC12; LCDURB12

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; learning disability

Notes: Condition was coded as chronic (LCCHRC12 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Learning disability condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Question ID: FHS.302_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LCCHRC13

How long {have you/has ALIAS} had attention deficit/hyperactivity disorder (ADD/ADHD)?

Universe: AGE LT '018' and LAHCC13 = '1'

Description: Persons less than 18 years of age limited due to ADD/ADHD

Sources: LAHCC13; LCDURB13

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; attention deficit/hyperactivity disorder (ADD/ADHD)

Notes: Condition was coded as chronic (LCCHRC13 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Attention deficit/hyperactivity disorder (ADD/ADHD) condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.304_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LCCHRC90

How long {have you/has ALIAS} had {problem in LAHCC2_S1}?

Universe: AGE LT '018' and LAHCC90 = '1'

Description: Persons less than 18 years of age limited due to other impairment/problem (1)

Sources: LAHCC90; LCDURB90

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; other impairment problem

Notes: Condition was coded as chronic (LCCHRC90 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other impairment/problem (1) condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Document Version Date: 06-Dec-16

Question ID: FHS.350_01.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA1

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; vision problem

Notes: See Survey Description document for more information.

Vision/problem seeing causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_02.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA2

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; hearing problem

Notes: See Survey Description document for more information.

Hearing problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Document Version Date: 06-Dec-16

Question ID: FHS.350_03.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA3

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; arthritis; rheumatism

Notes: See Survey Description document for more information.

Arthritis/rheumatism causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_04.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA4

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; back/neck problem

Notes: See Survey Description document for more information.

Back or neck problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_05.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA5

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; fracture; bone/joint injury

Notes: See Survey Description document for more information.

Fracture, bone/joint injury causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_06.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA6

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; other injury

Notes: See Survey Description document for more information.

Other injury causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Document Version Date: 06-Dec-16

Question ID: FHS.350_07.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA7

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; heart problem

Notes: See Survey Description document for more information.

Heart problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_08.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA8

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; stroke

Notes: See Survey Description document for more information.

Stroke problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Document Version Date: 06-Dec-16

Question ID: FHS.350_09.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA9

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; hypertension; high blood pressure

Notes: See Survey Description document for more information.

Hypertension/high blood pressure causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_10.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA10

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; diabetes

Notes: See Survey Description document for more information.

Diabetes causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_11.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA11

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; lung/breathing problem; asthma; emphysema

Notes: See Survey Description document for more information.

Lung/breathing problem (e.g., asthma and emphysema) causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_12.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA12

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; cancer

Notes: See Survey Description document for more information.

Cancer causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_13.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA13

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; birth defect

Notes: See Survey Description document for more information.

Birth defect causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_14.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA14A

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; intellectual disability; mental retardation

Notes: See Survey Description document for more information.

Intellectual disability, also known as mental retardation causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Status & Limitations

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Document Version Date: 06-Dec-16

Question ID: FHS.350_15.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA15

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; other developmental problem; cerebral palsy

Notes: See Survey Description document for more information.

Other developmental problem (e.g., cerebral palsy) causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_16.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA16

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; senility; dementia; Alzheimer's

Notes: See Survey Description document for more information.

Senility causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Person

personsx : Family Health Status & Limitations

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Document Version Date: 06-Dec-16

Question ID: FHS.350_17.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA17

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; depression; anxiety; emotional problem

Notes: See Survey Description document for more information.

Depression/anxiety/emotional problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000

Instrument Variable Name: LAHCA1-LAHCA37

Final Documentation Name: LAHCA18

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; weight problem; overweight; obesity

Notes: See Survey Description document for more information.

Weight problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Person

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Question ID: FHS.350_18.000 R01 RECODE Instrument Variable Name:
 Final Documentation Name: LAHCA19_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA19; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; missing limbs (fingers, toes, digits); amputee

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Missing or amputated limb/finger/digit causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000 R02 RECODE Instrument Variable Name:
 Final Documentation Name: LAHCA20_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA23; LAHCA24; LAHCA34; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; musculoskeletal system; connective tissue

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Musculoskeletal/connective tissue problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_18.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LAHCA21_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA21; LAHCA32; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; circulation problem; circulatory system; blood clots

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Circulation problems (including blood clots) cause limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000 R04 RECODE Instrument Variable Name:
 Final Documentation Name: LAHCA22_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA33; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; endocrine; nutritional; metabolic

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Endocrine/nutritional/metabolic problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_18.000 R05 RECODE Instrument Variable Name:
 Final Documentation Name: LAHCA23_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA25-LAHCA29; LAHCA35; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; nervous system; sensory organ condition

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Nervous system/sensory organ condition causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000 R06 RECODE Instrument Variable Name:
 Final Documentation Name: LAHCA24_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA30; LAHCA31; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; digestion

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Digestive system problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_18.000

R07 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA25_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA20; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; genitourinary system

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Genitourinary system problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000

R08 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA26_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; skin; subcutaneous system

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Skin/subcutaneous system problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_18.000

R09 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA27_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; blood; blood-forming organ

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Blood or blood-forming organ problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000

R10 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA28_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA22; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; benign tumor; cyst

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Benign tumor/cyst causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_18.000

R12 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA30_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; mental illness; ADD; bipolar; schizophrenia

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Other mental problem/ADD/bipolar/schizophrenia causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000

R13 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA31_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; surgical after-effects; medical treatment; operation; surgery

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Surgical after-effects/medical treatment causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_18.000

R14 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA32_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; elderly; old age; aging

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

"Old age"/elderly/aging-related problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_18.000

R15 RECODE

Instrument Variable Name:

Final Documentation Name: LAHCA33_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; fatigue; tiredness; weakness

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Fatigue/tiredness/weakness causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.350_18.000 R16 RECODE Instrument Variable Name:
 Final Documentation Name: LAHCA34_

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; pregnancy

Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Pregnancy-related problem causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHS.350_90.000 R17 Instrument Variable Name: LAHCA1-LAHCA37
 Final Documentation Name: LAHCA90

What conditions or health problems cause {person} limitations?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (PLAADL ='1' or PLAIADL ='1' or PLAWKNOW ='1' or PLAWKLIM ='1' or PLAWALK ='1' or PLAREMEM ='1' or PLIMANY ='1')

Description: Persons 18+ years who have at least one limitation

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation

Notes: See Survey Description Document for more information.

Other impairment/problem (1) causes limitation

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

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Question ID: FHS.360_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC1

How long {have you/has ALIAS} had a vision problem or problem seeing?

Universe: AGE GE '018' and LAHCA1 = '1'

Description: Persons 18+ years limited due to vision problem

Sources: LAHCA1; LADURB1

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; vision problem

Notes: Condition was coded as chronic (LACHRC1 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Vision problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.362_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC2

How long {have you/has ALIAS} had a hearing problem?

Universe: AGE GE '018' and LAHCA2 = '1'

Description: Persons 18+ years limited due to hearing problem

Sources: LAHCA2; LADURB2

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; hearing problem

Notes: Condition was coded as chronic (LACHRC2 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Hearing problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Question ID: FHS.364_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC3

How long {have you/has ALIAS} had arthritis or rheumatism?

Universe: AGE GE '018' and LAHCA3 = '1'

Description: Persons 18+ years limited due to arthritis/rheumatism

Sources: LAHCA3; LADURB3

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; arthritis/rheumatism

Notes: Condition was coded as chronic (LACHRC3 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Arthritis/rheumatism condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.366_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC4

How long {have you/has ALIAS} had a back or neck problem?

Universe: AGE GE '018' and LAHCA4 = '1'

Description: Persons 18+ years limited due to back or neck problem

Sources: LAHCA4; LADURB4

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; back/neck problem

Notes: Condition was coded as chronic (LACHRC4 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Back or neck problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Question ID: FHS.368_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC5

How long {have you/has ALIAS} had a fracture, bone, or joint injury?

Universe: AGE GE '018' and LAHCA5 = '1'

Description: Persons 18+ years limited due to fracture, bone/joint injury

Sources: LAHCA5; LADURB5

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; fracture; bone/joint injury

Notes: Condition was coded as chronic (LACHRC5 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Fracture, bone/joint injury condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.370_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC6

How long {have you/has ALIAS} had the {/other(if LAHCA=5)} injury that caused {your/his/her} limitation?

Universe: AGE GE '018' and LAHCA6 = '1'

Description: Persons 18+ years limited due to other injury

Sources: LAHCA6; LADURB6

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; other injury

Notes: Condition was coded as chronic (LACHRC6 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other injury condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Question ID: FHS.372_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC7

How long {have you/has ALIAS} had a heart problem?

Universe: AGE GE '018' and LAHCA7 = '1'

Description: Persons 18+ years limited due to heart problem

Sources: LAHCA7; LADURB7

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; heart problem

Notes: Condition was coded as chronic (LACHRC7 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Heart problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.374_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC8

How long {have you/has ALIAS} had a stroke problem?

Universe: AGE GE '018' and LAHCA8 = '1'

Description: Persons 18+ years limited due to stroke problem

Sources: LAHCA8; LADURB8

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; stroke

Notes: Condition was coded as chronic (LACHRC8 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Stroke problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Question ID: FHS.376_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC9

How long {have you/has ALIAS} had hypertension or high blood pressure?

Universe: AGE GE '018' and LAHCA9 = '1'

Description: Persons 18+ years limited due to hypertension/high blood pressure

Sources: LAHCA9; LADURB9

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; hypertension; high blood pressure

Notes: Condition was coded as chronic (LACHRC9 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Hypertension or high blood pressure condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.378_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC10

How long {have you/has ALIAS} had diabetes?

Universe: AGE GE '018' and LAHCA10 = '1'

Description: Persons 18+ years limited due to diabetes

Sources: LAHCA10; LADURB10

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; diabetes

Notes: Condition was coded as chronic (LACHRC10 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Diabetes condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.380_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC11

How long {have you/has ALIAS} had a lung or breathing problem (e.g., asthma and emphysema)?

Universe: AGE GE '018' and LAHCA11 = '1'

Description: Persons 18+ years limited due to lung/breathing problem

Sources: LAHCA11; LADURB11

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; lung problem; breathing problem; asthma; emphysema; respiratory allergy

Notes: Condition was coded as chronic (LACHRC11 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Lung or breathing problem (e.g., asthma and emphysema): condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.382_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC12

How long {have you/has ALIAS} had cancer?

Universe: AGE GE '018' and LAHCA12 = '1'

Description: Persons 18+ years limited due to cancer

Sources: LAHCA12; LADURB12

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; cancer

Notes: Condition was coded as chronic (LACHRC12 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Cancer condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Person

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Document Version Date: 06-Dec-16

Question ID: FHS.383_02.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: LACHRC13

How long {have you/has ALIAS} had a birth defect?

Universe: AGE GE '018' and LAHCA13 = '1'

Description: Persons 18+ years limited due to birth defect

Sources: LAHCA13; LADURB13

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; birth defect

Notes: Condition was coded as chronic (LACHRC13 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Birth defect condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.384_02.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: LCHRC14A

How long {have you/has ALIAS} had intellectual disability, also known as mental retardation?

Universe: AGE GE '018' and LHCA14A = '1'

Description: Persons 18+ years limited due to intellectual disability, also known as mental retardation

Sources: LHCA14A; LDURB14A

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; intellectual disability; mental retardation

Notes: Condition was coded as chronic (LCHRC14A = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Intellectual disability, also known as mental retardation condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Question ID: FHS.386_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC15

How long {have you/has ALIAS} had an other developmental problem (e.g., cerebral palsy)?

Universe: AGE GE '018' and LAHCA15 = '1'

Description: Persons 18+ years limited due to other developmental problem

Sources: LAHCA15; LADURB15

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; other developmental problem; cerebral palsy

Notes: Condition was coded as chronic (LACHRC15 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other developmental problem (e.g., cerebral palsy) condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.388_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC16

How long {have you/has ALIAS} had senility?

Universe: AGE GE '018' and LAHCA16 = '1'

Description: Persons 18+ years limited due to senility

Sources: LAHCA16; LADURB16

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; senility; dementia; Alzheimer's

Notes: Condition was coded as chronic (LACHRC16 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Senility condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Person

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Document Version Date: 06-Dec-16

Question ID: FHS.390_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC17

How long {have you/has ALIAS} had depression, anxiety, or an emotional problem?

Universe: AGE GE '018' and LAHCA17 = '1'

Description: Persons 18+ years limited due to depression/anxiety/emotional problem

Sources: LAHCA17; LADURB17

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; depression; anxiety; emotional problem

Notes: Condition was coded as chronic (LACHRC17 = '1'), based on type of condition and/or reported duration of condition. See the Survey Description Document for more detailed information.

Depression/anxiety/emotional problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.392_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC18

How long {have you/has ALIAS} had a weight problem?

Universe: AGE GE '018' and LAHCA18 = '1'

Description: Persons 18+ years limited due to weight problem

Sources: LAHCA18; LADURB18

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; weight problem; overweight; obesity

Notes: Condition was coded as chronic (LACHRC18 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Weight problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Person

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Document Version Date: 06-Dec-16

Question ID: FHS.394_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC19

How long {have you/has ALIAS} had missing limbs (fingers, toes, or digits)?

Universe: AGE GE '018' and LAHCA19_ = '1'

Description: Persons 18+ years limited due to missing limbs (fingers, toes, or digits); amputation

Sources: LAHCA19_; LADURB19

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; missing limbs (fingers, toes, or digits); amputee

Notes: Condition was coded as chronic (LACHRC19 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Missing limbs (fingers, toes, or digits); amputation condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.396_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC20

How long {have you/has ALIAS} had a musculoskeletal/connective tissue problem?

Universe: AGE GE '018' and LAHCA20_ = '1'

Description: Persons 18+ years limited due to musculoskeletal/connective tissue problem

Sources: LAHCA20_; LADURB20

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; musculoskeletal system; connective tissue

Notes: Condition was coded as chronic (LACHRC20 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Musculoskeletal/connective tissue problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Person

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PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHS.398_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC21

How long {have you/has ALIAS} had circulation problems (including blood clots)?

Universe: AGE GE '018' and LAHCA21_ = '1'

Description: Persons 18+ years limited due to circulation problems

Sources: LAHCA21_; LADURB21

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; circulation problem; circulatory system

Notes: Condition was coded as chronic (LACHRC21 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Circulation problems (including blood clots) condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.400_02.000 R03 RECODE Instrument Variable Name:
 Final Documentation Name: LACHRC22

How long {have you/has ALIAS} had an endocrine/nutritional/metabolic problem?

Universe: AGE GE '018' and LAHCA22_ = '1'

Description: Persons 18+ years limited due to an endocrine/nutritional/metabolic problem

Sources: LAHCA22_; LADURB22

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; endocrine; nutritional; metabolic

Notes: Condition was coded as chronic (LACHRC22 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Endocrine/nutritional/metabolic problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

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Question ID: FHS.402_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC23

How long {have you/has ALIAS} had a nervous system/sensory organ condition?

Universe: AGE GE '018' and LAHCA23_ = '1'

Description: Persons 18+ years limited due to nervous system/sensory organ condition

Sources: LAHCA23_; LADURB23

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; nervous system; sense organs

Notes: Condition was coded as chronic (LACHRC23 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Nervous system/sensory organ condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.404_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC24

How long {have you/has ALIAS} had digestive system problems?

Universe: AGE GE '018' and LAHCA24_ = '1'

Description: Persons 18+ years limited due to digestive system problems

Sources: LAHCA24_; LADURB24

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; digestion

Notes: Condition was coded as chronic (LACHRC24 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Digestive system problems condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

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Person**personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.406_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC25

How long {have you/has ALIAS} had a genitourinary system problem?

Universe: AGE GE '018' and LAHCA25_ = '1'

Description: Persons 18+ years limited due to a genitourinary system problem

Sources: LAHCA25_; LADURB25

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; genitourinary system

Notes: Condition was coded as chronic (LACHRC25 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Genitourinary system problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.416_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC30

How long {have you/has alias} had an other mental problem/ADD/Bipolar/Schizophrenia?

Universe: AGE GE '018' and LAHCA30_ = '1'

Description: Persons 18+ years limited due to other mental problem/ADD/Bipolar/Schizophrenia

Sources: LAHCA30_; LADURB30

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; mental illness; ADD; bipolar; schizophrenia

Notes: Condition was coded as chronic (LACHRC30 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other mental problem/ADD/Bipolar/Schizophrenia condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.418_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC31

How long {have you/has ALIAS} had surgical after-effects/medical treatment problems?

Universe: AGE GE '018' and LAHCA31_ = '1'

Description: Persons 18+ years limited due to surgical after-effects/medical treatment problems

Sources: LAHCA31_; LADURB31

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; operation; surgery; other medical treatment

Notes: Condition was coded as chronic (LACHRC31 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Surgical after-effects/medical treatment problems condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

Question ID: FHS.420_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC32

How long {have you/has ALIAS} had "old age"/elderly/aging-related problems?

Universe: AGE GE '018' and LAHCA32_ = '1'

Description: Persons 18+ years limited due to "old age"/elderly/aging-related problems

Sources: LAHCA32_; LADURB32

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; elderly; old age; aging

Notes: Condition was coded as chronic (LACHRC32 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

"Old age"/elderly/aging-related problems condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16****Question ID:** FHS.422_02.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: LACHRC33

How long {have you/has ALIAS} had a fatigue/tiredness/weakness problem?

Universe: AGE GE '018' and LAHCA33_ = '1'

Description: Persons 18+ years limited due to a fatigue/tiredness/weakness problem

Sources: LAHCA33_; LADURB33

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; fatigue; tiredness; weakness

Notes: Condition was coded as chronic (LACHRC33 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Fatigue/tiredness/weakness problem condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |

Question ID: FHS.424_02.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: LACHRC34

How long {have you/has ALIAS} had a pregnancy-related problem?

Universe: AGE GE '018' and LAHCA34_ = '1'

Description: Persons 18+ years limited due to pregnancy-related problem

Sources: LAHCA34_; LADURB34

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; pregnancy

Notes: Condition was coded as chronic (LACHRC34 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Pregnancy-related condition status

- | | |
|---|--------------------|
| 1 | Chronic |
| 2 | Not chronic |
| 9 | Unknown if chronic |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Status & Limitations****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHS.450_02.000 R03 RECODE Instrument Variable Name:
Final Documentation Name: LACHRC90

How long {have you/has ALIAS} had {problem in LAHCA_S1}?

Universe: AGE GE '018' and LAHCA90 = '1'

Description: Persons 18+ years limited due to other impairment/problem (1)

Sources: LAHCA90; LADURB90

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; not elsewhere classified

Notes: N.E.C. is "not elsewhere classified." Condition was coded as chronic (LACHRC90 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other impairment/problem N.E.C. (1) condition status

1	Chronic
2	Not chronic
9	Unknown if chronic

Question ID: FHS.500_00.000 Instrument Variable Name: PHSTAT
Final Documentation Name: PHSTAT

Would you say {your/ALIAS's} health in general is excellent, very good, good, fair, or poor?

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: None

Keywords: functional limitation; health status

Notes: None

Reported health status

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Access to Health Care & Utilization

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FAU.020_00.000

Instrument Variable Name: PDMED12M1-PDMED12M25

Final Documentation Name: PDMED12M

DURING THE PAST 12 MONTHS, has medical care been delayed for {person} because of worry about the cost? (Do not include dental care)

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: medical care; delayed care; expense; cost worry

Notes: Family/person variable conversion

Has medical care been delayed for - - (cost), 12m

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FAU.040_00.000

Instrument Variable Name: PNMED12M1-PNMED12M25

Final Documentation Name: PNMED12M

DURING THE PAST 12 MONTHS, was there any time when {person} needed medical care, but did not get it because {person} couldn't afford it?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: medical care; no care; expense; afford care

Notes: (1) Family/person variable conversion. (2) Question sequence implies that dental care has been excluded from this question.

Did - - need and NOT get medical care (cost), 12m

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Access to Health Care & Utilization

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FAU.060_00.000

Instrument Variable Name: PHOSPYR1-PHOSPYR25

Final Documentation Name: PHOSPYR2

Including all infants born in a hospital, has {person} been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: medical care; hospital; overnight; hospital episodes

Notes: Family/person variable conversion

Has - - been in a hospital OVERNIGHT, 12m

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FAU.070_00.000

R01 RECODE

Instrument Variable Name: HOSPNO

Final Documentation Name: HOSPNO_P

How many different times did {person} stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

Universe: PHOSPYR2 ='1'

Description: Persons who stayed overnight in a hospital during past 12 months (excl. ER)

Sources: HOSPNO

Recodes: None

Keywords: medical care; hospital; overnight; hospital episodes

Notes: Continuous variable top-coded for the Public Use file.

Number of times in hospital overnight, 12m

- | | |
|-----|-----------------|
| 1-3 | 1-3 |
| 4 | 4+ |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Access to Health Care & Utilization

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FAU.110_00.000

R01 RECODE

Instrument Variable Name: HPNITE

Final Documentation Name: HPNITE_P

Altogether how many nights was {person} in the hospital DURING THE PAST 12 MONTHS?

Universe: PHOSPYR2 = '1'

Description: Persons who stayed overnight in a hospital during past 12 months (excl. ER)

Sources: HPNITE

Recodes: None

Keywords: medical care; hospital; overnight; hospital episodes

Notes: Continuous variable top-coded for the Public Use file.

Number of nights in hospital, 12m

01-30	1-30
31	31+
97	Refused
98	Not ascertained
99	Don't know

Question ID: FAU.130_00.000

Instrument Variable Name: PHCHM2W1-PHCHM2W25

Final Documentation Name: PHCHM2W

DURING THE LAST 2 WEEKS, did {person} receive care AT HOME from a nurse or other health care professional?**Do not include dental care. Do not include care received while an overnight patient in a hospital.**

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: medical care; home care; health care visits

Notes: Family/person variable conversion.

Did - - receive HOME care by health professional, 2 wk

1	Yes
2	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Access to Health Care & Utilization

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FAU.140_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: PHCHN2WP

How many home visits did {person} receive DURING THE LAST 2 WEEKS?

Universe: PHCHM2W='1'

Description: Persons who received care at home from health care professional during the last 2 weeks (excl. dental care)

Sources: PHCHMN2W

Recodes: None

Keywords: medical care; home care; health care visits

Notes: Continuous variable top-coded for the Public Use file.

Number of HOME visits by health professional, 2wk

01-08	1-8
09	9+
97	Refused
98	Not ascertained
99	Don't know

Question ID: FAU.160_00.000

Instrument Variable Name: PHCPH2W1-PHCPH2W25

Final Documentation Name: PHCPH2WR

DURING THE LAST 2 WEEKS, did {person} get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?**Do not include phone calls to make appointments, for billing questions, or for prescription refills.**

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: health care professional; medical care; medical advice; telephone contacts; test results

Notes: (1) Family/person variable conversion. (2) Question sequence implies that phone calls for dental care have been excluded from this question.

Did--get advice/test results by phone, 2wk

1	Yes
2	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Access to Health Care & Utilization

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FAU.170_00.000

R01 RECODE

Instrument Variable Name: PHCPHN2W

Final Documentation Name: PHCPN2WP

DURING THE LAST 2 WEEKS, how many telephone calls were made about {person}?

Universe: PHCPH2WR='1'

Description: Persons for whom medical advice or test results were received over the PHONE from a health care professional during the last 2 weeks (excl. calls for appts, billing questions, and/or prescription refills)

Sources: PHCPHN2W

Recodes: None

Keywords: health care professional; medical care; medical advice; telephone contacts; test results

Notes: Continuous variable top-coded for the Public Use file.

Number of PHONE calls to health professional, 2wk

1-5	1-5
6	6+
7	Refused
8	Not ascertained
9	Don't know

Question ID: FAU.190_00.000

Instrument Variable Name: PHCDV2W1-PHCDV2W25

Final Documentation Name: PHCDV2W

DURING THE LAST 2 WEEKS, did {person} see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not include times during an overnight hospital stay.)

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: health care professional; doctor visit; office visit; emergency room (ER) visit; emergency department (ED) visit; clinic visit; appointment

Notes: (1) Family/person variable conversion. (2) Question sequence implies that visits for dental care have been excluded from this question.

Did - - see health professional in office, etc, 2wk

1	Yes
2	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Access to Health Care & Utilization

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FAU.200_00.000

R01 RECODE

Instrument Variable Name: PHCDVN2W

Final Documentation Name: PHCDN2WP

How many times did {person} visit a doctor or other health care professional DURING THE LAST 2 WEEKS?

Universe: PHCDV2W='1'

Description: Persons who had a visit to a health care professional during the last 2 weeks (excl. visits during an overnight hosp stay)

Sources: PHCDVN2W

Recodes: None

Keywords: health care professional; doctor visit; office visit; emergency room (ER) visit; emergency department (ED) visit; clinic visit; appointment

Notes: Continuous variable top-coded for the Public Use file.

Number of times VISITED health professional, 2wk

1-3	1-3
4	4+
7	Refused
8	Not ascertained
9	Don't know

Question ID: FAU.220_00.000

Instrument Variable Name: P10DVYR1-P10DVYR25

Final Documentation Name: P10DVYR

DURING THE PAST 12 MONTHS, did {person} receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: health care professional; doctor visit; doctor care; health care visit; ER visit; ED visit; 10+ visits

Notes: Family/person variable conversion.

Did - - receive care 10+ times, 12m

1	Yes
2	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.070_00.000 R01 RECODE Instrument Variable Name:
Final Documentation Name: NOTCOV

Universe: AGE = ALL

Description: All persons

Sources: MEDICARE, MEDICAID, PRIVATE, OTHPUB, SCHIP, OTHGOV, MILCARE

Recodes: None

Keywords: Health insurance coverage

Notes: The uninsured are persons who did not report having health insurance at the time of the interview under private health insurance, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), a State-sponsored health plan, other government programs, or military health plan (includes TRICARE, VA, and CHAMP-VA). This definition of uninsured matches that used in Health United States.

Cov stat as used in Health United States

1	Not covered
2	Covered
7	Refused
8	Not ascertained
9	Don't know

Question ID: FHI.070_00.000 R02 RECODE Instrument Variable Name:
Final Documentation Name: MEDICARE

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNB, MCAREPRB

Recodes: NOTCOV

Keywords: Medicare, Insurance

Notes: The Medicare recode is based on responses to FHI.070 and FHI.072 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.291.

Medicare coverage recode

1	Yes, information
2	Yes, but no information
3	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.090_00.000

Instrument Variable Name: MCPART

Final Documentation Name: MCPART

Earlier I recorded that {you/person} {are/is} covered by Medicare. May I please see {your/person's} Medicare card to determine the type of coverage?

***Read if necessary: What type of Medicare {do you/does person} have? Is it Part A - hospital insurance, Part B - medical insurance, or both?**

Universe: AGE = ALL and (MEDICARE = '1' or MEDICARE = '2')

Description: All persons with Medicare

Sources: None

Recodes: None

Keywords: Medicare

Notes: None

Type of Medicare coverage

- | | |
|---|------------------------|
| 1 | Part A - Hospital only |
| 2 | Part B - Medical only |
| 3 | Both Part A and Part B |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.095_00.000

Instrument Variable Name: MCCHOICE

Final Documentation Name: MCCHOICE

Medicare Advantage is the new name for Medicare Plus Choice plans. {Are you/Is person} enrolled in a Medicare Advantage plan?

Universe: AGE = ALL and (MCPART='2' or MCPART='3' or MCPART='7' or MCPART='8' or MCPART='9')

Description: All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage

Sources: None

Recodes: None

Keywords: Medicare, Medicare Advantage, Medicare Plus Choice, Medicare Part C

Notes: Medicare Advantage is the new name for the Medicare Plus Choice program.

Enrolled in Medicare Advantage Plan

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.100_00.000

Instrument Variable Name: MCHMO

Final Documentation Name: MCHMO

{Are you/Is person} under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

Universe: AGE = ALL and (MCPART='2' or MCPART='3' or MCPART='7' or MCPART='8' or MCPART='9')

Description: All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage

Sources: None

Recodes: None

Keywords: Medicare Health Maintenance Organizations

Notes: None

Is -- signed up with an HMO

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.112_00.000

R03 RECODE

Instrument Variable Name:

Final Documentation Name: MCADVR

Universe: AGE = ALL and (MCCHOICE='1' or MCHMO='1')

Description: All persons enrolled in Medicare Advantage or Medicare HMO plan

Sources: MCANAME

Recodes: None

Keywords: Medicare, Managed Care, Medicare Advantage, Supplemental

Notes: Verbatim responses to MCANAME are coded to Medicare Advantage or Private plan not Medicare Advantage.

Medicare Advantage Plan

- | | |
|---|-------------------------------------|
| 1 | Medicare Advantage |
| 2 | Private plan not Medicare Advantage |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't Know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.113_00.000

Instrument Variable Name: MCPREM

Final Documentation Name: MCPREM

Besides [fill 1: your/ALIAS's] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?

Universe: AGE = ALL and (MCCHOICE='1' or MCHMO='1')

Description: All persons enrolled in Medicare Advantage or Medicare HMO plan

Sources: None

Recodes: None

Keywords: Premium, Medicare Advantage, HMO

Notes: None

Premium for Medicare Advantage/ Medicare HMO

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.114_00.000

Instrument Variable Name: MCREF

Final Documentation Name: MCREF

Under {your/person's} Medicare plan, if [you need/he needs/she needs] to go to a different doctor or place for special care, [do you/does he/does she] need approval or a referral? Do not include emergency care.

Universe: AGE = ALL and (MCPART= '2' or MCPART= '3' or MCPART= '7' or MCPART= '8' or MCPART= '9')

Description: All persons with Medicare who have signed up for Part B coverage or for whom it is unknown if they have signed up for Part B coverage

Sources: None

Recodes: None

Keywords: Medicare, Referral

Notes: None

Need a referral for special care

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.118_00.000

Instrument Variable Name: MCPARTD

Final Documentation Name: MCPARTD

[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

Universe: AGE = ALL and (MEDICARE = '1' or MEDICARE = '2')

Description: All persons with Medicare

Sources: None

Recodes: None

Keywords: Medicare; Prescription drug benefit; Part D

Notes: None

Medicare Part D

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.070_00.000

R04 RECODE

Instrument Variable Name:

Final Documentation Name: MEDICAID

Universe: AGE = ALL

Description: All persons

Sources: HIKINDND, MCAIDPRB

Recodes: NOTCOV

Keywords: Medicaid

Notes: The Medicaid recode is based on responses to FHI.070 and FHI.073 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.291.

Medicaid coverage recode

- | | |
|---|-------------------------|
| 1 | Yes, information |
| 2 | Yes, but no information |
| 3 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.070_00.000 R05 RECODE Instrument Variable Name:
 Final Documentation Name: MAFLG

Universe: AGE = ALL

Description: All persons

Sources: HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4

Recodes: None

Keywords: Medicaid

Notes: Flag indicating person was reassigned from private health insurance to Medicaid

 Medicaid reassignment flag

1 Reassigned to Medicaid from private

Question ID: FHI.120_00.000 Instrument Variable Name: MACHMD
 Final Documentation Name: MACHMD

The next questions are about Medicaid coverage. In this State it is also called [state name]. {You are/Person is} listed as having Medicaid coverage. Can {you/person} go to ANY doctor who will accept Medicaid or MUST [you/he/she] choose from a book or list of doctors or is a doctor assigned?

Universe: AGE = ALL and (MEDICAID = '1' or MEDICAID = '2')

Description: All persons with Medicaid coverage

Sources: None

Recodes: None

Keywords: Medicaid

Notes: None

 Any doc, chooses from a list, doc assigned

- 1 Any doctor
 - 2 Select from book/list
 - 3 Doctor is assigned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.135_00.010

Instrument Variable Name: MXCHNG

Final Documentation Name: MXCHNG

Was [fill: your/ALIAS's] Medicaid obtained through Healthcare.gov or the [fill2]?

Universe: All and (HIKINDD='1' or MCAIDPRB='1')

Description: All persons with Medicaid coverage

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Medicaid Exchange

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.135_00.020

Instrument Variable Name: MEDPREM

Final Documentation Name: MEDPREM

Under [fill 1: your/ALIAS's] Medicaid plan is there an enrollment fee or premium?

Universe: All and (HIKINDD='1' or MCAIDPRB='1')

Description: All persons with Medicaid coverage

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Medicaid Premium

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.137_00.030

Instrument Variable Name: MDPRINC

Final Documentation Name: MDPRINC

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

Universe: All and MEDPREM='1'

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

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Medicaid Premium based on income

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.140_00.000

Instrument Variable Name: MAPCMD

Final Documentation Name: MAPCMD

{Are you/Is person} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [you/he/she] must go to for all of [your/his/her] routine care? Do not include emergency care or care from a specialist [you were/he was/she was] referred to.

Universe: AGE = ALL and (MEDICAID = '1' or MEDICAID = '2')

Description: All persons with Medicaid coverage

Sources: None

Recodes: None

Keywords: Medicaid

Notes: None

Primary care physician for routine care

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.150_00.000

Instrument Variable Name: MAREF

Final Documentation Name: MAREF

Under {your/person's} Medicaid plan, if [you need/he needs/she needs] to go to a different doctor or place for special care, [do you/does he/does she] need approval or a referral? Do not include emergency care.

Universe: AGE = ALL and (MEDICAID = '1' or MEDICAID = '2')

Description: All persons with Medicaid coverage

Sources: None

Recodes: None

Keywords: Medicaid

Notes: None

Need a referral for special care

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_00.000

R06 RECODE

Instrument Variable Name:

Final Documentation Name: SINGLE

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNJ, SINCOV

Recodes: None

Keywords: Single service plan, dental, vision, prescription, disability

Notes: The SINGLE recode is based on responses to FHI.070 and FHI.074 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.291.

Single service plan recode

- | | |
|---|-------------------------|
| 1 | Yes, with information |
| 2 | Yes, but no information |
| 3 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHL156_01.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEA

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Accidents

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHL156_02.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEB

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

AIDS care

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHL156_03.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEC

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Cancer treatment

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHL156_04.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPED

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Catastrophic care

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHL156_05.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEE

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Dental care

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHL156_06.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEF

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Disability insurance

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHL156_07.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEG

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Hospice care

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHL156_08.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEH

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Hospitalization only

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHL156_09.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEI

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Long-term care

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHL156_10.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEJ

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Prescriptions

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.156_11.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEK

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Vision care

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.156_12.000

Instrument Variable Name: SSTYPE21-SSTYPE29 and SSTY

Final Documentation Name: SSTYPEL

What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Other

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.070_00.000 R07 RECODE Instrument Variable Name:
Final Documentation Name: PRIVATE

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNA, HIKINDNC

Recodes: NOTCOV

Keywords: Private health insurance

Notes: The PRIVATE recode is based on responses to FHI.070 and FHI.073 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.290.

Private health insurance recode

- | | |
|---|-------------------------|
| 1 | Yes, information |
| 2 | Yes, but no information |
| 3 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.070_00.000 R08 RECODE Instrument Variable Name:
Final Documentation Name: PRFLG

Universe: AGE = ALL

Description: All persons

Sources: STNAME2, STNAME3

Recodes: None

Keywords: Private health insurance

Notes: Flag indicating person was reassigned from public health insurance to private

Private reassignment flag

- | | |
|---|-----------------------------------|
| 1 | Reassigned to private from public |
|---|-----------------------------------|
-
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.160_00.000 R09 RECODE Instrument Variable Name:
Final Documentation Name: EXCHANGE

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2')

Description: All private health insurance plans

Sources: HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4, STNAME2 STNAME3

Recodes: None

Keywords: Private health insurance, exchange

Notes: Indicates person is on an exchange plan based on DHIS algorithm

Plan through Health Insurance Exchange, NCHS algorithm

- | | |
|---|-------------------|
| 1 | Exchange plan |
| 2 | Not exchange plan |
| 8 | Not ascertained |

Question ID: FHI.200_01.000 R10 RECODE Instrument Variable Name:
Final Documentation Name: WHONAM1

Health Insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with private health insurance

Sources: FHI200

Recodes: None

Keywords: Private health insurance; Policyholder

Notes: None

Plan in whose name (Plan 1)

- | | |
|---|-------------------------|
| 1 | In own name |
| 2 | Someone else in family |
| 3 | Person not in household |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.202_01.010

Instrument Variable Name: PRPOLH1-PRPOLH25

Final Documentation Name: PRPOLH1

How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?

Read if Necessary...*[fill3:You are/ALIAS is} the policyholder's...**

Universe: FHI2001='00' and AGE=ALL and (PRIVATE='1' or PRIVATE='2')

Description: Plan where the policyholder is outside of the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Relationship to outside policyholder (Plan 1)

- | | |
|---|--------------------------------|
| 1 | Child (including stepchildren) |
| 2 | Spouse |
| 3 | Former spouse |
| 4 | Some other relationship |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.204_01.010

Instrument Variable Name: PRCOOH

Final Documentation Name: PRCOOH1

Does this plan cover anyone who does not live here?

Universe: ('01'<=FHI2001<='25')

Description: Plan with policyholder on family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Covered persons outside family roster (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.206_11.010

Instrument Variable Name: PRRELOH1-PRRELOH4

Final Documentation Name: PRRLOH11

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

Read if Necessary: Children includes adult children.**Enter all that apply, separate with commas.**

Universe: ('01'<=PRCTOH1<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Child, including stepchild (Plan 1)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.206_12.010

Instrument Variable Name: PRRELOH1-PRRELOH4

Final Documentation Name: PRRLOH21

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

Read if Necessary: Children includes adult children.**Enter all that apply, separate with commas.**

Universe: ('01'<=PRCTOH1<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Spouse (Plan 1)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.206_13.010

Instrument Variable Name: PRRELOH1-PRRELOH4

Final Documentation Name: PRRLOH31

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

Read if Necessary: Children includes adult children.**Enter all that apply, separate with commas.**

Universe: ('01'<=PRCTOH1<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Former spouse (Plan 1)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.206_14.010

Instrument Variable Name: PRRELOH1-PRRELOH4

Final Documentation Name: PRRLOH41

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

Read if Necessary: Children includes adult children.**Enter all that apply, separate with commas.**

Universe: ('01'<=PRCTOH1<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Some other relationship (Plan 1)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.210_01.000

R14 RECODE

Instrument Variable Name:

Final Documentation Name: PLNWRKR1

Which one of these categories best describes how this plan was obtained?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with private health insurance

Sources: PLNWRK

Recodes: None

Keywords: Private health insurance premium, Union, Workplace, Employer

Notes: None

How plan was originally obtained (Plan 1)

- 01 Through employer
 - 02 Through union
 - 03 Through workplace, but don't know if employer or union
 - 04 Through workplace, self-employed or professional association
 - 05 Purchased directly
 - 06 Through a state/local government or community program
 - 07 Other
 - 08 Through school
 - 09 Through parents
 - 10 Through relative other than parents
 - 97 Refused
 - 98 Not ascertained
 - 99 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.215_01.010

Instrument Variable Name: PLNEXCHG

Final Documentation Name: PLNEXCH1

Was the plan obtained through the Healthcare.gov or the [fill 1]?

Universe: PLNWRK1 IN('05','06','07','97','99')

Description: First private plan that is not employer based (or of unknown origins)

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Health Plan obtained through the MarketPlace (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.160_00.000

R15 RECODE

Instrument Variable Name:

Final Documentation Name: EXCHPR1

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2')

Description: All private health insurance plans

Sources: HIPNAM1

Recodes: EXCHANGE

Keywords: Private health insurance, exchange

Notes: Internal coding of insurance plan names from verbatim fields into four categories

Exchange company coding, NCHS (Plan 1)

- | | |
|---|---|
| 1 | Company provides exchange plans |
| 2 | Not an exchange company |
| 3 | Exchange Portal or exact exchange plan name |
| 8 | Not ascertained |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.220_11.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY11

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by self or family (Plan 1)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.220_12.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY21

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by employer or union (Plan 1)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.220_13.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY31

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by someone outside the household (Plan 1)

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

Question ID: FHI.220_14.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY41

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by Medicare (Plan 1)

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.220_15.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY51

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by Medicaid (Plan 1)

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

Question ID: FHI.220_16.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY61

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by CHIP (Plan 1)

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.220_17.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY71

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by government program (Plan 1)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.225_01.000

Instrument Variable Name: PLNPRE

Final Documentation Name: PLNPRE1

Is the premium paid for this plan based on income?

Universe: HIPNAM1B = '1' and PLNPAY11='1'

Description: First private plan paid for by self or family

Sources: None

Recodes: None

Keywords: None

Notes: None

Premium based on income (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.235_01.010

Instrument Variable Name: EMPPAY

Final Documentation Name: EMPPAY1

Do you know how much the employer or union is paying for [fill1: plan1/plan2/plan3/plan4]?

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2') and PLNPAY21='1'

Description: Plan paid for by employer or union

Sources: None

Recodes: None

Keywords: Private health insurance, premiums, employer

Notes: None

Know how much employer or union pays (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.240_01.000

Instrument Variable Name: PLNMGD

Final Documentation Name: PLNMGD1

Is [plan name] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service or indemnity, or is it some other kind of plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: Managed Care; HMO; PPO; IPA; POS; FFS

Notes: None

Type of private plan (Plan 1)

- | | |
|---|---------------------------|
| 1 | HMO/IPA |
| 2 | PPO |
| 3 | POS |
| 4 | Fee-for-service/indemnity |
| 5 | Other |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.241_01.000

Instrument Variable Name: HDHP1

Final Documentation Name: HDHP1

Is the annual [/family] deductible for medical care for this plan less than [\$1,200 or \$1,200 or more/\$2,400 or \$2,400 or more]? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with private health insurance

Sources: None

Recodes: None

Keywords: Consumer Directed; High Deductible; HDHP; CDHP

Notes: None

High deductible health plan (Plan 1)

- | | |
|---|-----------------------------|
| 1 | Less than [\$1,250/\$2,500] |
| 2 | [\$1,250/\$2,500] or more |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.242_01.000

Instrument Variable Name: HSAHRA1

Final Documentation Name: HSAHRA1

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and HDHP1 = '2'

Description: The first private plan is a high deductible health plan

Sources: None

Recodes: None

Keywords: Consumer Directed; CDHP; HSA; HRA

Notes: None

Health Savings Accounts/Health Reimbursement Accounts (plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.243_01.000

Instrument Variable Name: MGCHMD

Final Documentation Name: MGCHMD1

Under this plan, can [you/person/the family members with this plan] choose ANY doctor or MUST [you/he/she/they] choose one from a specific group or list of doctors?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: Managed care

Notes: None

Doctor choice (Plan 1)

- | | |
|---|------------------------|
| 1 | Any doctor |
| 2 | Select from group/list |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.244_01.000

Instrument Variable Name: MGPRMD

Final Documentation Name: MGPRMD1

[Do you/Does person/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD1 = '1'

Description: All persons with at least one private health insurance plan for which they can choose any doctor for plan 1

Sources: None

Recodes: None

Keywords: Managed Care

Notes: None

Preferred list (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.246_01.000

Instrument Variable Name: MGPYMD

Final Documentation Name: MGPYMD1

If [you select/person selects/the family members with this plan select] a doctor who is not in the plan, will [plan name] pay for any part of the cost?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD1 = '2'

Description: All persons with at least one private health insurance plan for which they select a doctor from a group or list for plan 1

Sources: None

Recodes: None

Keywords: Managed Care

Notes: None

Out of plan use (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.248_01.000

Instrument Variable Name: MGPREF

Final Documentation Name: MGPREF1

When [you need/person needs/the family members with this plan need] to go to a different doctor or place for special care, [do you/does person/do they] need approval or a referral? Do not include emergency care.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: Managed Care; referral

Notes: None

Private referral (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.248_05.000

Instrument Variable Name: PCPREQ

Final Documentation Name: PCPREQ1

Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor or group of doctors for all routine care?

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2')

Description: All private health insurance plans

Sources: None

Recodes: None

Keywords: Primary care physician

Notes: None

Primary care doctor required (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.249_01.010

Instrument Variable Name: PRRXCOV

Final Documentation Name: PRRXCOV1

Does {plan name} pay for any of the costs for medicines prescribed by a doctor?

***Read if necessary: Does this plan have a drug benefit?**

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: Prescription drug benefit

Notes: None

Prescription drug benefit (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.249_02.010

Instrument Variable Name: PRDNCOV

Final Documentation Name: PRDNCOV1

Does {plan name} pay for any of the costs for dental care?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: Dental benefit

Notes: None

Dental Coverage (Plan 1)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.257_00.010

R20 RECODE

Instrument Variable Name:

Final Documentation Name: PXCHNG

Universe: AGE=ALL and PRFLG='1'

Description: All persons with plan reassigned from public to private

Sources: OPXCHNG, OGXCHNG

Recodes: None

Keywords: Private health insurance, exchange

Notes: Indicates that plan was obtained on Healthcare.gov/Health Insurance Marketplace or state-based exchange for a plan that has been reassigned from public to private

Marketplace or state exchange, reassigned from public to private

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.257_00.000 R21 RECODE Instrument Variable Name:
 Final Documentation Name: PLEXCHPR

Universe: AGE=ALL and PRFLG='1'

Description: All persons with plan reassigned from public to private

Sources: STNAME2, STNAME3

Recodes: None

Keywords: Private health insurance, exchange

Notes: Plan has been reassigned from public to private and this is the internal coding from verbatim fields into four categories

Exchange company coding, NCHS, reassigned from public to private

- | | |
|---|---|
| 1 | Company provides exchange plans |
| 2 | Not an exchange company |
| 3 | Exchange Portal or exact exchange plan name |
| 8 | Not ascertained |
-

Question ID: FHI.257_00.020 R22 RECODE Instrument Variable Name:
 Final Documentation Name: PSTRFPRM

Universe: AGE=ALL and PRFLG='1'

Description: All persons with plan reassigned from public to private

Sources: STRFPRM2, STRFPRM3

Recodes: None

Keywords: Private health insurance

Notes: Indicates there is an enrollment fee or premium for a plan that has been reassigned from public to private

Premium or enrollment fee on plan reassigned from public to private

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.257_00.030 R23 RECODE Instrument Variable Name:
Final Documentation Name: PSSPRINC

Universe: AGE=ALL and PRFLG='1'

Description: All persons with plan reassigned from public to private

Sources: SSPRINC, OGPRINC

Recodes: None

Keywords: Private health insurance

Notes: Indicates that the premium paid for a plan is based on income for a plan that has been reassigned from public to private

Premium based on income on plan reassigned from public to private

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.258_00.000 R24 RECODE Instrument Variable Name:
Final Documentation Name: PSTDOC

Universe: AGE=ALL and PRFLG='1'

Description: All persons with plan reassigned from public to private

Sources: STDOC2, STDOC3

Recodes: None

Keywords: Private health insurance

Notes: Indicates how doctors are chosen or designated for a plan that has been reassigned from public to private

Any dr, chooses from list, dr assigned on plan reassigned from public to private

- | | |
|---|-----------------------|
| 1 | Any doctor |
| 2 | Select from book/list |
| 3 | Doctor is assigned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.259_00.000 R25 RECODE Instrument Variable Name:
Final Documentation Name: PSTCMD

Universe: AGE=ALL and PRFLG='1'

Description: All persons with plan reassigned from public to private

Sources: STPCMD2, STPCMD3

Recodes: None

Keywords: Private health insurance

Notes: Indicates whether a plan requires signing up with a primary care doctor for a plan that has been reassigned from public to private

Primary care physician for routine care, plan reassigned from public to private

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.260_00.000 R26 RECODE Instrument Variable Name:
Final Documentation Name: PSTREF

Universe: AGE=ALL and PRFLG='1'

Description: All persons with plan reassigned from public to private

Sources: STREF2, STREF3

Recodes: None

Keywords: Private health insurance

Notes: Indicates a referral is required to see a different doctor on a plan that has been reassigned from public to private

Need referral for special care on plan reassigned from public to private

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.200_02.000

R27 RECODE

Instrument Variable Name:

Final Documentation Name: WHONAM2

Health Insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: FHI200

Recodes: None

Keywords: Private health insurance; Policyholder

Notes: None

Plan in whose name (Plan 2)

- | | |
|---|-------------------------|
| 1 | In own name |
| 2 | Someone else in family |
| 3 | Person not in household |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.202_02.010

Instrument Variable Name: PRPOLH1-PRPOLH25

Final Documentation Name: PRPOLH2

How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?

Read if Necessary...*[fill3:You are/ALIAS is] the policyholder's...**

Universe: FHI2002='00' and HIPNAM2B='1'

Description: Plan where the policyholder is outside of the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Relationship to outside policyholder (Plan 2)

- | | |
|---|--------------------------------|
| 1 | Child (including stepchildren) |
| 2 | Spouse |
| 3 | Former spouse |
| 4 | Some other relationship |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.204_02.010

Instrument Variable Name: PRCOOH

Final Documentation Name: PRCOOH2

Does this plan cover anyone who does not live here?

Universe: ('01'<=FHI2002<='25')

Description: Plan with policyholder on family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Covered persons outside family roster (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.206_21.010

Instrument Variable Name: PRRELOH1-PRRELOH4

Final Documentation Name: PRRLOH12

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?***Read if Necessary: Children includes adult children.*****Enter all that apply, separate with commas.**

Universe: ('01'<=PRCTOH2<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Child including stepchild (Plan 2)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.206_22.010

Instrument Variable Name: PRRELOH1-PRRELOH4

Final Documentation Name: PRRLOH22

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

Read if Necessary: Children includes adult children.**Enter all that apply, separate with commas.**

Universe: ('01'<=PRCTOH2<='30')

Description: All private health insurance plans (plan two) with policyholder on family roster that cover someone outside the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Spouse (Plan 2)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.206_23.010

Instrument Variable Name: PRRELOH1-PRRELOH4

Final Documentation Name: PRRLOH32

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

Read if Necessary: Children includes adult children.**Enter all that apply, separate with commas.**

Universe: ('01'<=PRCTOH2<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

Sources: None

Recodes: None

Keywords: Private health insurance; policyholder

Notes: None

Former spouse (Plan 2)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.210_02.000

R32 RECODE

Instrument Variable Name:

Final Documentation Name: PLNWK2

Which one of these categories best describes how this plan was obtained?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: PLNWRK

Recodes: None

Keywords: Private health insurance premium, Union, Workplace, Employer

Notes: PLNWRKR2 was recoded for public use file.

How plan was originally obtained collapsed (Plan 2)

- 01 Through employer
 - 02 Through union
 - 03 Through workplace, but don't know if employer or union or self-employed or professional association
 - 04 Blank
 - 05 Purchased directly
 - 06 Through a state/local government or community program
 - 07 Other
 - 08 Through school
 - 09 Through parents
 - 10 Through relative other than parents
 - 97 Refused
 - 98 Not ascertained
 - 99 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.215_02.010

Instrument Variable Name: PLNEXCHG

Final Documentation Name: PLNEXCH2

Was the plan obtained through the Healthcare.gov or the [fill 1]?

Universe: PLNWRK2 IN('05','06','07','97','99')

Description: Second private plan that is not employer based (or of unknown origins)

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Health Plan obtained through the MarketPlace (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.172_00.000

R33 RECODE

Instrument Variable Name:

Final Documentation Name: EXCHPR2R

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2')

Description: All private health insurance plans

Sources: HIPNAM2

Recodes: EXCHANGE

Keywords: Private health insurance, exchange

Notes: Internal coding of insurance plan names from verbatim fields into four categories

Exchange company coding, NCHS (Plan 2)

- | | |
|---|---------------------------------|
| 1 | Company provides exchange plans |
| 2 | Not an exchange company |
| 8 | Not ascertained |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.220_21.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY12

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by self or family (Plan 2)

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

Question ID: FHI.220_22.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY22

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by employer or union (Plan 2)

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.220_23.000

Instrument Variable Name: PLNPAY1-PLNPAY7

Final Documentation Name: PLNPAY32

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: None

Recodes: None

Keywords: None

Notes: None

Paid for by someone outside the household (Plan 2)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.225_02.000

Instrument Variable Name: PLNPRE

Final Documentation Name: PLNPRE2

Is the premium paid for this plan based on income?

Universe: HIPNAM2B = '1' and PLNPAY12='1'

Description: Second private plan paid for by self or family

Sources: None

Recodes: None

Keywords: None

Notes: None

Premium based on income (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.235_02.020

Instrument Variable Name: EMPPAY

Final Documentation Name: EMPPAY2

Do you know how much the employer or union is paying for [fill1: plan1/plan2/plan3/plan4]?

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2') and PLNPAY22='1'

Description: Plan paid for by employer or union (plan 2)

Sources: None

Recodes: None

Keywords: Private health insurance; premiums, employer

Notes: None

Know how much employer or union pays (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.240_02.000

Instrument Variable Name: PLNMGD

Final Documentation Name: PLNMGD2

Is [plan name] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service or indemnity, or is it some other kind of plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: None

Recodes: None

Keywords: Managed Care; HMO; PPO; IPA; POS; FFS

Notes: None

Type of private plan (plan 2)

- | | |
|---|---------------------------|
| 1 | HMO/IPA |
| 2 | PPO |
| 3 | POS |
| 4 | Fee-for-service/indemnity |
| 5 | Other |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.241_02.000

Instrument Variable Name: HDHP2

Final Documentation Name: HDHP2

Is the annual [/family] deductible for medical care for this plan less than [\$1,200 or \$1,200 or more/\$2,400 or \$2,400 or more]? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans.

Sources: None

Recodes: None

Keywords: Consumer Directed; High Deductible; HDHP; CDHP

Notes: None

High deductible health plan (Plan 2)

- | | |
|---|-----------------------------|
| 1 | Less than [\$1,200/\$2,400] |
| 2 | [\$1,200/\$2,400] or more |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.242_02.000

Instrument Variable Name: HSAHRA2

Final Documentation Name: HSAHRA2

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and HDHP2 = '2'

Description: The second private plan is a high deductible health plan

Sources: None

Recodes: None

Keywords: Consumer Directed; CDHP; HSA; HRA

Notes: None

Health Savings Accounts/Health Reimbursement Accounts (plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.243_02.000

Instrument Variable Name: MGCHMD

Final Documentation Name: MGCHMD2

Under this plan, can [you/person/the family members with this plan] choose ANY doctor or MUST [you/he/she/they] choose one from a specific group or list of doctors?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: None

Recodes: None

Keywords: Managed Care

Notes: None

Doctor choice (Plan 2)

- 1 Any doctor
 - 2 Select from group/list
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

Question ID: FHI.244_02.000

Instrument Variable Name: MGPRMD

Final Documentation Name: MGPRMD2

[Do you/Does person/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD2 = '1'

Description: All persons with at least two private health insurance plans for which they can choose any doctor for plan 2

Sources: None

Recodes: None

Keywords: Managed Care

Notes: None

Preferred list (Plan 2)

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

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.246_02.000

Instrument Variable Name: MGPYMD

Final Documentation Name: MGPYMD2

If [you select/person selects/the family members with this plan select] a doctor who is not in the plan, will [plan name] pay for any part of the cost?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD2 = '2'

Description: All persons with at least two private health insurance plans for which they select a doctor from a group or list for plan 2

Sources: None

Recodes: None

Keywords: Managed Care

Notes: None

Out of plan use (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.248_02.000

Instrument Variable Name: MGPREF

Final Documentation Name: MGPREF2

When [you need/person needs/the family members with this plan need] to go to a different doctor or place for special care, [do you/does person/do they] need approval or a referral? Do not include emergency care.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plan

Sources: None

Recodes: None

Keywords: Managed Care; referral

Notes: None

Private referral (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.248_06.000

Instrument Variable Name: PCPREQ

Final Documentation Name: PCPREQ2

Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor or group of doctors for all routine care?

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2')

Description: All persons covered by private health insurance

Sources: None

Recodes: None

Keywords: Primary care physician

Notes: None

Primary care doctor required (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.249_01.020

Instrument Variable Name: PRRXCOV

Final Documentation Name: PRRXCOV2

Does {plan name} pay for any of the costs for medicines prescribed by a doctor?***Read if necessary: Does this plan have a drug benefit?**

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: None

Recodes: None

Keywords: Prescription drug benefit

Notes: None

Prescription drug benefit (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.249_02.020

Instrument Variable Name: PRDNCOV

Final Documentation Name: PRDNCOV2

Does {plan name} pay for any of the costs for dental care?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least two private health insurance plans

Sources: None

Recodes: None

Keywords: Dental benefit

Notes: None

Dental Coverage (Plan 2)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.175_00.000

R38 RECODE

Instrument Variable Name:

Final Documentation Name: PRPLPLUS

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')

Description: All persons with at least three private health insurance plan

Sources: None

Recodes: None

Keywords: Multiple private plans

Notes: Additional information for the third and fourth plans for a person are available through the Data Research Center. See Survey Description Document for more information.

Person has more than two private plans

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.249_03.000

Instrument Variable Name: FCOVCONF

Final Documentation Name: FCOVCONF

If [fill1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage Would you say...

***Read categories below.**

Universe: PLNWRK1 IN('01','02','03','04') or PLNWRK2 IN('01','02','03','04') or PLNWRK3 IN('01','02','03','04') or PLNWRK4 IN('01','02','03','04')

Description: All families with an employer-based health plan

Sources: None

Recodes: None

Keywords: Private health insurance; employment-based coverage

Notes: None

Obtaining affordable coverage

- | | |
|---|----------------------|
| 1 | Very confident |
| 2 | Somewhat confident |
| 3 | Not too confident |
| 4 | Not confident at all |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_00.000

R55 RECODE

Instrument Variable Name:

Final Documentation Name: SCHIP

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNE

Recodes: NOTCOV

Keywords: State Children's Health Insurance Program; CHIP

Notes: The SCHIP recode is based on responses to FHI.070 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.290.

SCHIP coverage recode

- | | |
|---|-------------------------|
| 1 | Yes, information |
| 2 | Yes, but no information |
| 3 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.070_00.000

R56 RECODE

Instrument Variable Name:

Final Documentation Name: CHFLG

Universe: AGE = ALL

Description: All persons

Sources: HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4

Recodes: None

Keywords: State Children's Health Insurance Program; CHIP

Notes: Flag indicating person was reassigned from private health insurance to CHIP

CHIP reassignment flag

1 Reassigned to CHIP from private

Question ID: FHI.250_00.010

Instrument Variable Name: CHXCHNG

Final Documentation Name: CHXCHNG

Was [fill 1: your/ALIAS's] CHIP plan obtained through the [fill 2]?

Universe: All and HIKINDE='1'

Description: All persons with CHIP

Sources: None

Recodes: None

Keywords: None

Notes: None

CHIP Exchange

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.250_00.020

Instrument Variable Name: STRFPRM1

Final Documentation Name: STRFPRM1

Under [fill 1: ^STNAME1/this CHIP plan] is there an enrollment fee or premium?

Universe: All and HIKINDE='1'

Description: All persons with CHIP

Sources: None

Recodes: None

Keywords: None

Notes: None

CHIP Premium

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.250_00.030

Instrument Variable Name: CHPRINC

Final Documentation Name: CHPRINC

Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income?

Universe: All and STRFPRM1='1'

Description: Those with CHIP coverage who pay a premium for their plan

Sources: None

Recodes: None

Keywords: None

Notes: None

CHIP Premium based on income

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.251_00.000

Instrument Variable Name: STDOC1

Final Documentation Name: STDOC1

Under the [plan name] can {your/person} go to ANY doctor who will accept this plan or MUST [you/he/she] choose from a book or list of doctors or is the doctor assigned?

Universe: AGE = ALL and (SCHIP = '1' or SCHIP = '2')

Description: All persons with SCHIP coverage

Sources: None

Recodes: None

Keywords: State Children's Health Insurance Program; CHIP

Notes: None

Any doc, chooses from a list, doc assigned (SCHIP)

- | | |
|---|-----------------------|
| 1 | Any doctor |
| 2 | Select from book/list |
| 3 | Doctor is assigned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.252_00.000

Instrument Variable Name: STPCMD1

Final Documentation Name: STPCMD1

{Are you/Is person} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [you/he/she] must go to for all of [your/his/her] routine care? Do not include emergency care or care from a specialist [you were/he was/she was] referred to.

Universe: AGE = ALL and (SCHIP = '1' or SCHIP = '2')

Description: All persons with SCHIP coverage

Sources: None

Recodes: None

Keywords: State Children's Health Insurance Program; CHIP

Notes: None

Primary care physician for routine care (SCHIP)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.253_00.000

Instrument Variable Name: STREF1

Final Documentation Name: STREF1

Under [plan name], if {you/person} {need/needs} to go to a different doctor or place for special care, [do you/does he/does she] need approval or a referral? Do not include emergency care.

Universe: AGE = ALL and (SCHIP = '1' or SCHIP = '2')

Description: All persons with SCHIP coverage

Sources: None

Recodes: None

Keywords: State Children's Health Insurance Program; CHIP

Notes: None

Need a referral for special care (SCHIP)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.070_00.000

R57 RECODE

Instrument Variable Name:

Final Documentation Name: OTHPUB

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNH

Recodes: NOTCOV

Keywords: State-sponsored Health Plan

Notes: The OTHPUB recode is based on responses to FHI.070 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.290.

State-sponsored health plan recode

- | | |
|---|-------------------------|
| 1 | Yes, information |
| 2 | Yes, but no information |
| 3 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.070_00.000

R58 RECODE

Instrument Variable Name:

Final Documentation Name: OPFLG

Universe: AGE = ALL

Description: All persons

Sources: HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4

Recodes: None

Keywords: State-sponsored health plan

Notes: Flag indicating person was reassigned from private health insurance to other public insurance

Other public reassignment flag

1 Reassigned to other public from private

Question ID: FHI.257_00.010

Instrument Variable Name: OPXCHNG

Final Documentation Name: OPXCHNG

Was [fill 1: your/ALIAS's] state sponsored health plan obtained through Healthcare.gov or the [fill 2]?

Universe: All and HIKINDH='1'

Description: All persons with a state sponsored health plan

Sources: None

Recodes: None

Keywords: None

Notes: None

Other state program Exchange

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person**personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.257_00.000 R59 RECODE Instrument Variable Name:
 Final Documentation Name: PLEXCHOP

Universe: AGE = ALL and (OTHPUB = '1' or OTHPUB = '2')

Description: All persons with State-sponsored health coverage

Sources: STNAME2

Recodes: None

Keywords: State-sponsored health plan

Notes: Internal coding of state plan name from verbatim field into four categories

Exchange company coding, NCHS (OTHPUB)

- | | |
|---|---|
| 1 | Company provides exchange plans |
| 2 | Not an exchange company |
| 3 | Exchange Portal or exact exchange plan name |
| 8 | Not ascertained |
-

Question ID: FHI.257_00.020 Instrument Variable Name: STRFPRM2
 Final Documentation Name: STRFPRM2

Under [fill 1: ^STNAME2/ this state sponsored plan] is there an enrollment fee or premium?

Universe: All and HIKINDH='1'

Description: All persons with a state sponsored health plan

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Other state program premium

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.257_00.030

Instrument Variable Name: SSPRINC

Final Documentation Name: SSPRINC

Is the premium paid for [fill 1: ^STNAME2/this state sponsored plan] based on income?

Universe: All and STRFPRM2='1'

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

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Other state program premium based on income

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.258_00.000

Instrument Variable Name: STDOC2

Final Documentation Name: STDOC2

Under the [plan name] can {you/person} go to ANY doctor who will accept this plan or MUST [you/he/she] choose from a book or list of doctors or is the doctor assigned?

Universe: AGE = ALL and (OTHPUB = '1' or OTHPUB = '2')

Description: All persons with State-sponsored health plan coverage

Sources: None

Recodes: None

Keywords: State-sponsored health plan

Notes: None

Any doc, chooses from a list, doc assigned (OTHPUB)

- | | |
|---|-----------------------|
| 1 | Any doctor |
| 2 | Select from book/list |
| 3 | Doctor is assigned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.259_00.000

Instrument Variable Name: STPCMD2

Final Documentation Name: STPCMD2

{Are/Is} {person} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [you/he/she] must go to for all of [your/his/her] routine care? Do not include emergency care or care from a specialist [you were/he was/she was] referred to.

Universe: AGE = ALL and (OTHPUB = '1' or OTHPUB = '2')

Description: All persons with State-sponsored health plan coverage

Sources: None

Recodes: None

Keywords: State-sponsored health plan

Notes: None

Primary care physician for routine care (OTHPUB)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.260_00.000

Instrument Variable Name: STREF2

Final Documentation Name: STREF2

Under [plan name], if {person} {need/needs} to go to a different doctor or place for special care, [do you/does he/does she] need approval or a referral? Do not include emergency care.

Universe: AGE = ALL and (OTHPUB = '1' or OTHPUB = '2')

Description: All persons with State-sponsored health plan coverage

Sources: None

Recodes: None

Keywords: State-sponsored health plan

Notes: None

Need a referral for special care (OTHPUB)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.070_00.000 R60 RECODE Instrument Variable Name:
Final Documentation Name: OTHGOV

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNI

Recodes: NOTCOV

Keywords: Other government program

Notes: The SCHIP recode is based on responses to FHI.070 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.290.

Other government program recode

- | | |
|---|-------------------------|
| 1 | Yes, information |
| 2 | Yes, but no information |
| 3 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.070_00.000 R61 RECODE Instrument Variable Name:
Final Documentation Name: OGFLG

Universe: AGE = ALL

Description: All persons

Sources: HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4

Recodes: None

Keywords: Other government program

Notes: Flag indicating person was reassigned from private health insurance to other government insurance

Other government reassignment flag

- | | |
|---|---|
| 1 | Reassigned to other government from private |
|---|---|
-
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.264_00.010

Instrument Variable Name: OGXCHNG

Final Documentation Name: OGXCHNG

Was [fill1: your/ALIAS's] other government program obtained through Healthcare.gov or the [fill2]?

Universe: All and HIKINDI='1'

Description: All persons with an other government program

Sources: None

Recodes: None

Keywords: None

Notes: None

Other government program Exchange

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

Question ID: FHI.264_00.000

R62 RECODE

Instrument Variable Name:

Final Documentation Name: PLEXCHOG

Universe: AGE = ALL and (OTHGOV = '1' or OTHGOV = '2')

Description: All persons with other government program coverage

Sources: STNAME3

Recodes: None

Keywords: Other government program

Notes: Internal coding of other government plan name from verbatim field into four categories

Exchange company coding, NCHS (OTHGOV)

- 1 Company provides exchange plans
 - 2 Not an exchange company
 - 3 Exchange Portal or exact exchange plan name
 - 8 Not ascertained
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.264_00.020

Instrument Variable Name: STRFPRM3

Final Documentation Name: STRFPRM3

Under [fill: ^STNAME3/this other government plan] is there an enrollment fee or premium?

Universe: All and HIKINDI='1'

Description: All persons with an other government program

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Other government program Premium

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.264_00.030

Instrument Variable Name: OGPRINC

Final Documentation Name: OGPRINC

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

Universe: All and STRFPRM3='1'

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

Sources: None

Recodes: None

Keywords: None

Notes: None

Test: Find testing evaluation report at <http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx>

Other government program Premium based on income

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.265_00.000

Instrument Variable Name: STDOC3

Final Documentation Name: STDOC3

Under the [plan name] can {person} go to ANY doctor who will accept this plan or MUST [you/he/she] choose from a book or list of doctors or is the doctor assigned?

Universe: AGE = ALL and (OTHGOV = '1' or OTHGOV = '2')

Description: All persons with other government program coverage

Sources: None

Recodes: None

Keywords: Other government program

Notes: None

Any doc, chooses from a list, doc assigned (OTHGOV)

- | | |
|---|-----------------------|
| 1 | Any doctor |
| 2 | Select from book/list |
| 3 | Doctor is assigned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.266_00.000

Instrument Variable Name: STPCMD3

Final Documentation Name: STPCMD3

{Are/Is} {person} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [you/he/she] must go to for all of [your/his/her] routine care? Do not include emergency care or care from a specialist [you were/he was/she was] referred to.

Universe: AGE = ALL and (OTHGOV = '1' or OTHGOV = '2')

Description: All persons with other government program coverage

Sources: None

Recodes: None

Keywords: Other government program

Notes: None

Primary care physician for routine care (OTHGOV)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.267_00.000

Instrument Variable Name: STREF3

Final Documentation Name: STREF3

Under [plan name], if {person} {need/needs} to go to a different doctor or place for special care, [do you/does he/does she] need approval or a referral? Do not include emergency care.

Universe: AGE = ALL and (OTHGOV = '1' or OTHGOV = '2')

Description: All persons with other government program coverage

Sources: None

Recodes: None

Keywords: Other government program

Notes: None

Need a referral for special care (OTHGOV)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_00.000

R64 RECODE

Instrument Variable Name:

Final Documentation Name: MILCAREN

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNF

Recodes: NOTCOV

Keywords: TRICARE, VA, CHAMP-VA, Military health care

Notes: The MILCAREN recode is based on responses to FHI.070 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.290. MILCAREN was generated from MILCARE. Recoded for public use file.

Military health care coverage collapsed recode

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | Blank |
| 3 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.270_01.000

Instrument Variable Name: MILSPC1-MILSPC4

Final Documentation Name: MILSPC1

Earlier I recorded that {person} {are/is} covered by military health care. What types of military health care {are/is} {person} covered by?

Universe: AGE = ALL and (MILCARE = '1' or MILCARE = '2')

Description: All persons with military health care coverage

Sources: None

Recodes: None

Keywords: TRICARE

Notes: None

TRICARE coverage

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.270_02.000

Instrument Variable Name: MILSPC1-MILSPC4

Final Documentation Name: MILSPC2

Earlier I recorded that {person} {are/is} covered by military health care. What types of military health care {are/is} {person} covered by?

Universe: AGE = ALL and (MILCARE = '1' or MILCARE = '2')

Description: All persons with military health care coverage

Sources: None

Recodes: None

Keywords: VA; Veterans Administration

Notes: None

VA coverage

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.270_03.000

Instrument Variable Name: MILSPC1-MILSPC4

Final Documentation Name: MILSPC3

Earlier I recorded that {person} {are/is} covered by military health care. What types of military health care {are/is} {person} covered by?

Universe: AGE = ALL and (MILCARE = '1' or MILCARE = '2')

Description: All persons with military health care coverage

Sources: None

Recodes: None

Keywords: CHAMP-VA

Notes: None

CHAMP-VA coverage

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.270_04.000

Instrument Variable Name: MILSPC1-MILSPC4

Final Documentation Name: MILSPC4

Earlier I recorded that {person} {are/is} covered by military health care. What types of military health care {are/is} {person} covered by?

Universe: AGE = ALL and (MILCARE = '1' or MILCARE = '2')

Description: All persons with military health care coverage

Sources: None

Recodes: None

Keywords: Other military coverage

Notes: None

Other military coverage

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.275_00.000

R65 RECODE

Instrument Variable Name: MILMAN

Final Documentation Name: MILMANR

Is {person's} TRICARE plan, TRICARE Prime, TRICARE Extra, TRICARE Standard, or TRICARE for Life?

Universe: AGE = ALL and MILSPC1 = '1'

Description: All persons with TRICARE coverage

Sources: None

Recodes: None

Keywords: TRICARE

Notes: None

Type of TRICARE coverage

- | | |
|---|----------------------------|
| 1 | TRICARE Prime |
| 2 | TRICARE Standard and Extra |
| 3 | Blank |
| 4 | TRICARE for Life |
| 5 | TRICARE other (specify) |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.070_00.000

R66 RECODE

Instrument Variable Name:

Final Documentation Name: IHS

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNG

Recodes: None

Keywords: Indian Health Service

Notes: The IHS recode is based on responses to FHI.070 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.280.

Indian Health Service recode

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.280_00.000

Instrument Variable Name: HILAST

Final Documentation Name: HILAST

Not including Single Service Plans, about how long has it been since {person} last had health care coverage?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without known a comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

How long since last had health coverage

- | | |
|---|--|
| 1 | 6 months or less |
| 2 | More than 6 months, but not more than 1 year ago |
| 3 | More than 1 year, but not more than 3 years ago |
| 4 | More than 3 years |
| 5 | Never |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.290_01.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP1

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Person in family with health insurance lost job or changed employers. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Lost job or changed employers

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.290_02.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP2

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Got divorced or separated/death of spouse or parent. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Divorced/sep/death of spouse or parent

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.290_03.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP3

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Ineligible because of age/left school

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.290_04.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP4

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Employer does not offer coverage/or not eligible for coverage. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Employer does not offer/not eligible for cov

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.290_05.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP5

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Cost is too high

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.290_06.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP6

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Insurance company refused coverage

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.290_07.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP7

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Medicaid/Medical plan stopped after pregnancy. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Medicaid/medi plan stopped after pregnancy

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.290_08.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP8

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Lost Medicaid/Medical Plan because of new job or increase in income. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Lost Medicaid/new job/increase in income

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.290_09.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP9

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Lost Medicaid (other)

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.290_10.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP10

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Responses to this category which fit into already existing categories or the new categories were reassigned to the appropriate category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Other

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.290_10.000

R66 RECODE

Instrument Variable Name:

Final Documentation Name: HISTOP11

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT

Recodes: None

Keywords: Uninsured

Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Never had health insurance

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.290_10.000

R67 RECODE

Instrument Variable Name:

Final Documentation Name: HISTOP12

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT

Recodes: None

Keywords: Uninsured

Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Moved from another county/state/country

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.290_10.000

R68 RECODE

Instrument Variable Name:

Final Documentation Name: HISTOP13

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT

Recodes: None

Keywords: Uninsured

Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Self-employed

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.290_10.000

R69 RECODE

Instrument Variable Name:

Final Documentation Name: HISTOP14

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT

Recodes: None

Keywords: Uninsured

Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

No need for it/chooses not to have

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.290_10.000

R70 RECODE

Instrument Variable Name:

Final Documentation Name: HISTOP15

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT

Recodes: None

Keywords: Uninsured

Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Got married

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.300_00.000

Instrument Variable Name: HINOTYR

Final Documentation Name: HINOTYR

In the PAST 12 MONTHS, was there any time when {person} did NOT have ANY health insurance or coverage?

Universe: AGE = ALL with any HIKINDNA - HIKINDNI

Description: All persons with known health insurance coverage

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HINOTYR to estimate the uninsured. Please see Survey Description Document for details.

No health coverage during past 12 months

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.310_00.000

Instrument Variable Name: HINOTMYR

Final Documentation Name: HINOTMYR

In the PAST 12 MONTHS, about how many months {were/was} {person} without coverage?

Universe: AGE = ALL and HINOTYR = '1'

Description: All persons who currently have health insurance, but did not have health insurance/coverage at some time in the PAST 12 months

Sources: None

Recodes: None

Keywords: Uninsured

Notes: None

Months without coverage in past 12 months

- | | |
|-------|-----------------|
| 01-12 | 1-12 months |
| 97 | Refused |
| 98 | Not ascertained |
| 99 | Don't know |
-
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.312_00.010

Instrument Variable Name: FHICHNG

Final Documentation Name: FHICHNG

Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months?

Universe: HINOTYR IN('2','7','9')

Description: All persons who are currently insured who were continuously covered in the past year or Ref/DK insurance status last year

Sources: None

Recodes: None

Keywords: None

Notes: None

Change in coverage in past 12 months

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

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_01.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBA

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had private health insurance coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_02.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBB

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Medicare coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_03.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBC

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Medi-Gap coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_04.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBD

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Medicaid coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_05.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBE

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had SCHIP coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_06.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBF

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Military health care coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_07.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBG

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Indian Health Service coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_08.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBH

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had State-sponsored health plan coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_09.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBI

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Other government program coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_10.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBJ

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Single service plan coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.315_11.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBK

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had no coverage in the past 12 months

- 1 Mentioned
 - 2 Not mentioned
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.316_00.010

R71 RECODE

Instrument Variable Name:

Final Documentation Name: PWRKBR1

Which one of these categories best describes how this plan was obtained?

Universe: AGE = ALL and FHIKDBA = '1'

Description: All persons who had private health insurance previously

Sources: PWRKB, PWRKBSP

Recodes: None

Keywords: Employer, parents, workplace, Affordable Care Act

Notes: The answer categories '08', '09' and '10' were added after examination of the verbatim responses to the question.

How previous private coverage was obtained

- 01 Through employer
 - 02 Through union
 - 03 Through workplace, but don't know if employer or union
 - 04 Through workplace, self-employed or professional association
 - 05 Purchased directly
 - 06 Through a state/local government or community program
 - 07 Other
 - 08 Through school
 - 09 Through parents
 - 10 Through relative other than parents
 - 97 Refused
 - 98 Not ascertained
 - 99 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.320_00.000

Instrument Variable Name: HCSPFYR

Final Documentation Name: HCSPFYR

The next question is about money that [you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [you/your family] spend for medical care and dental care?

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: None

Keywords: Medical costs

Notes: None

Amount family spent for medical care

0	Zero
1	Less than \$500
2	\$500 - \$1,999
3	\$2,000 - \$2,999
4	\$3,000 - \$4,999
5	\$5,000 or more
7	Refused
8	Not ascertained
9	Don't know

Question ID: FHI.325_00.010

Instrument Variable Name: MEDBILL

Final Documentation Name: MEDBILL

In the past 12 months did [fill1: you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

Universe: All

Description: All families

Sources: None

Recodes: None

Keywords: Medical bills, cost

Notes: None

Problems paying medical bills

1	Yes
2	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.327_00.010

Instrument Variable Name: MEDBPAY

Final Documentation Name: MEDBPAY

[fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

Universe: All

Description: All families

Sources: None

Recodes: None

Keywords: Medical bills, cost

Notes: None

Medical bills being paid off over time

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.327_00.020

Instrument Variable Name: MEDBNOP

Final Documentation Name: MEDBNOP

[fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?

Universe: MEDBILL IN ('1','7','9')

Description: All families but those who said they don't have problems paying their medical bills

Sources: None

Recodes: None

Keywords: Medical bills, cost

Notes: None

Unable to pay medical bills

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.330_00.000

Instrument Variable Name: FSA

Final Documentation Name: FSA

[Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

Universe: AGE=ALL

Description: All persons

Sources: None

Recodes: None

Keywords: Flexible spending account

Notes: None

Flexible Spending Accounts

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_01.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNA

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: PRIVATE

Keywords: Private health insurance

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with use of this variable. See survey description documentation for details.

Private health insurance

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.070_02.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNB

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: MEDICARE

Keywords: Medicare

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medicare

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_03.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNC

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: PRIVATE

Keywords: Medi-Gap

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medi-Gap

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.070_04.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDND

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: MEDICAID

Keywords: Medicaid

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medicaid

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_05.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNE

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: SCHIP

Keywords: State Children's Health Insurance Program; CHIP

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

SCHIP

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.070_06.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNF

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: MILCARE

Keywords: Military; TRICARE; VA; CHAMP-VA

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Military health care

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FHI.070_07.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNG

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: IHS

Keywords: Indian Health Service

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Indian Health Service

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.070_08.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNH

What kind of health insurance or health care coverage {do/does} {person} have? **INCLUDE** those that pay for only one type of service (nursing home care, accidents, or dental care). **EXCLUDE** private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: OTHPUB

Keywords: State-sponsored health plan

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

State-sponsored health plan

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_09.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNI

What kind of health insurance or health care coverage {do/does} {person} have? **INCLUDE** those that pay for only one type of service (nursing home care, accidents, or dental care). **EXCLUDE** private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: OTHGOV

Keywords: Other government program

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Other government plan

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Health Insurance

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHI.070_10.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNJ

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: SINGLE

Keywords: Single service plan; dental; vision; prescription

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Single service plan

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.070_11.000

Instrument Variable Name: HIKIND1-HIKIND11

Final Documentation Name: HIKINDNK

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: None

Keywords: Uninsured

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

No coverage of any type

- | | |
|---|-----------------|
| 1 | Mentioned |
| 2 | Not mentioned |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.072_00.000

Instrument Variable Name: MCAREPRB

Final Documentation Name: MCAREPRB

People covered by Medicare have a card that looks like this. {Are/Is} {person} covered by Medicare?

Universe: AGE GE '065' and HIKINDNB ne '1'

Description: All persons 65 years of age and over who did not respond with the original question that they had Medicare

Sources: None

Recodes: MEDICARE

Keywords: Medicare

Notes: This question does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medicare coverage probe

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FHI.073_00.000

Instrument Variable Name: MCAIDPRB

Final Documentation Name: MCAIDPRB

There is a program called Medicaid that pays for health care for persons in need. In this state it is also called [state name]. {Are/Is} {person} covered by Medicaid?

Universe: AGE LT '065' and HIKINDNK in '1'

Description: All persons under age 65 who did not indicate that they had any coverage with the original question.

Sources: None

Recodes: MEDICAID

Keywords: Medicaid

Notes: This question does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medicaid coverage probe

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Health Insurance****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FHI.074_00.000

Instrument Variable Name: SINCOV

Final Documentation Name: SINCOV

{Do/Does} {person} have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

Universe: AGE = ALL and HIKINDNJ ne '1'

Description: All persons who had not indicated that they had a single service plan with the original question

Sources: None

Recodes: SINGLE

Keywords: Single service plan

Notes: This question does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Single service plan probe

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FSD.001_00.000

Instrument Variable Name: PLBORN

Final Documentation Name: PLBORN

{Was person} born in the United States?

Universe: ALL

Description: All persons

Sources: None

Recodes: None

Keywords: birthplace

Notes: None

Born in the United States

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Socio-Demographic****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FSD.003_01.000

RECODE

Instrument Variable Name:

Final Documentation Name: GEOBRTH

Universe: ALL

Description: All persons

Sources: USBRTHPL; COUNTRY

Recodes: None

Keywords: immigrate; foreign-born; place of birth

Notes: This is a geographic measure of birthplace, and is not intended to indicate legal status or citizenship. Please see the Survey Description document for more information.

Geographic place of birth recode

- | | |
|---|--|
| 1 | USA: born in one of the 50 United States or D.C. |
| 2 | USA: born in a U.S. territory |
| 3 | Not born in the U.S. or a U.S. territory |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FSD.005_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: YRSINUSN

Universe: All Persons and PLBORN = 2

Description: All persons not born in the United States

Sources: USYR; USLONG; YRSINUS

Recodes: None

Keywords: immigrate; foreign-born

Notes: None

Years that -- has been in the U.S.

- | | |
|---|------------------------------|
| 1 | Less than 5 years |
| 2 | 5 years, less than 10 years |
| 3 | 10 years, less than 15 years |
| 4 | 15 years or more |
| 9 | Unknown |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Socio-Demographic****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FSD.006_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: CITIZENP

{Is person} a CITIZEN of the United States?

Universe: ALL

Description: All persons

Sources: CITIZEN

Recodes: None

Keywords: citizenship; naturalization

Notes: Category 1 includes all persons born in the 50 United States and District of Columbia, as well as persons born in U.S.-held territories, born abroad to U.S. parent(s), and naturalized citizens.

U.S. citizenship status

- | | |
|---|--|
| 1 | Yes, citizen of the United States |
| 2 | No, not a citizen of the United States |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FSD.007_00.000

Instrument Variable Name: HEADST

Final Documentation Name: HEADST

Is {person} now attending Head Start?

Universe: AGE LE '006' and AGE NE ''

Description: All persons 6 years of age or younger

Sources: None

Recodes: None

Keywords: attending head start

Notes: None

Now attending Head Start

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Socio-Demographic

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FSD.008_00.000

Instrument Variable Name: HEADSTEV

Final Documentation Name: HEADSTV1

Has {person} ever attended Head Start?

Universe: (AGE LT '018' and AGE NE ' ') and HEADST NE '1'

Description: All persons under age 18 not currently enrolled in Head Start

Sources: None

Recodes: None

Keywords: attended head start

Notes: None

Ever attended Head Start

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FSD.010_00.000

R02 RECODE

Instrument Variable Name:

Final Documentation Name: EDUCN

Universe: ALL

Description: All persons

Sources: EDUC1

Recodes: None

Keywords: education; level of education completed

Notes: For persons aged 5-17 years, a minimal consistency check was done between AGE and years of education. Unlikely education values (e.g., a 17- year -old with a college degree) were reclassified as "Not ascertained".

Highest level of school completed

- | | |
|----|---|
| 01 | 12th grade or less (no high school diploma) |
| 02 | High school graduate/GED recipient |
| 03 | Some college, no degree |
| 04 | Associate degree (occupational, technical, vocational, or academic) |
| 05 | Bachelor's degree |
| 06 | Master's, professional, and/or doctoral degree |
| 96 | Child under 5 years old |
| 97 | Refused |
| 98 | Not ascertained |
| 99 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Socio-Demographic

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FSD.021_00.000

Instrument Variable Name: ARMFEV

Final Documentation Name: ARMFEV

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

***Read if necessary. Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the U.S. or in a foreign country, in support of military or humanitarian operations.**

Universe: AGE GE '018' and AGE not IN ('997','999') and (ARMFVER IN('1','2','7','9') or NOWAF ne 1)

Description: All persons aged 18+ who are not currently on active duty in the U.S. Armed Forces

Sources: None

Recodes: None

Keywords: armed forces; veterans; humanitarian mission

Notes: This question was first asked in 2011. The value of the final annual person weight (WTFA) for active duty military personnel is zero, so they will not be included in national (i.e., weighted) estimates. See Survey Description Document for more information.

Has - - ever served in U.S. Armed Forces, Reserves, or National Guard?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FSD.022_00.000

Instrument Variable Name: ARMFFC

Final Documentation Name: ARMFFC

Did [fill: you/alias] ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

Universe: AGE GE '018' and AGE not IN ('997','999') and ARMFEV='1'

Description: All persons aged 18+ who are currently on active duty in the U.S. Armed Forces

Was - - active duty personnel who served on a humanitarian or peacekeeping mission?

Sources: None

Recodes: None

Keywords: armed forces; active duty military; veterans; humanitarian or peacekeeping mission

Notes: This question was first asked in 2011. The value of the final annual person weight (WTFA) for active duty military personnel is zero, so they will not be included in national (i.e., weighted) estimates. See Survey Description Document for more information.

Active duty personnel who served on a humanitarian or peacekeeping mission?

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Socio-Demographic

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FSD.050_00.000

R01 RECODE

Instrument Variable Name: DOINGLW

Final Documentation Name: DOINGLNP

[The next few questions are about [your employment status/the employment status of family members 18 and older]].

Which of the following {was person} doing LAST WEEK?

Universe: AGE GE '018' and AGE not IN ('997','999')

Description: All persons aged 18+

Sources: DOINGLWP

Recodes: None

Keywords: working; employment

Notes: DOINGLNP is the FSD equivalent of DOINGLNA in the ASD section. For the majority of respondents, DOINGLNP and DOINGLNA should have the same values. Users wishing to reconcile any discrepant values are advised to use the values of DOINGLNA rather than DOINGLNP since this information was confirmed and corrected by the sample adult during his or her ASD interview.

What was -- doing last week

- 1 Employed last week
 - 2 Looking for work
 - 3 Not working at a job or business and not looking for work
 - 7 Refused
 - 8 Not ascertained
 - 9 Don't know
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Socio-Demographic

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FSD.060_00.000

R01

Instrument Variable Name: WHYNOWRK

Final Documentation Name: WHYNOWNP

(If DOINGLWP eq 2)

What is the main reason {person} did not work last week?

(Else)

What is the main reason {person} did not have a job or business last week?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and DOINGLNP eq '5'

Description: All persons aged 18+ who were with a job or business but not at work last week, or not working at a job or business and not looking for work last week

Sources: WHYNOWKP

Recodes: None

Keywords: not working; unemployed; retired; keeping house

Notes: WHYNOWNP is the FSD equivalent of WHYNOWNA in the ASD section. For the majority of respondents, WHYNOWNP and WHYNOWNA should have the same values. Users wishing to reconcile any discrepant values are advised to use the values of WHYNOWNA rather than WHYNOWNP since this information was confirmed and corrected by the sample adult during his or her ASD interview

Main reason for not working last week

- | | |
|---|--------------------------------|
| 1 | Taking care of house or family |
| 2 | Going to school |
| 3 | Retired |
| 4 | Disabled |
| 5 | Other |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Socio-Demographic

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FSD.070_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: WRKHRSN

(If DOINGLWP eq 1 or 4)**How many hours did {person} work LAST WEEK at ALL jobs or businesses?****(Else)****How many hours {does person} USUALLY work at ALL jobs or businesses?**

Universe: (AGE GE '018' and AGE not IN ('997','999')) and (DOINGLWP IN ('1','4') or WHYNOWKP IN ('04','05','06','07'))

Description: During last week, all persons aged 18+ who were working for pay at a job/business; working, but not for pay, at a job/business last week; on a planned vacation from work; on family or maternity leave; temporarily unable to work for health reasons; or have job/contract and off season

Sources: WRKHRS1

Recodes: None

Keywords: total hours worked last week (ALL jobs)

Notes: None

Hours worked last week

01-59	1-59 hours
60	60+ hours
97	Refused
98	Not ascertained
99	Don't know

Question ID: FSD.080_00.000

Instrument Variable Name: WRKFTALL

Final Documentation Name: WRKFTALL

{Does person} USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and ('001' <=WRKHRS1 <= '034' or WRKHRS1 IN ('997','998','999'))

Description: All persons aged 18+ who worked less than 35 hours last week or it was unknown/refused how many hours person worked last week

Sources: None

Recodes: None

Keywords: usual work hours; hours per week

Notes: None

Usually work full time

1	Yes
2	No
7	Refused
8	Not ascertained
9	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Socio-Demographic****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FSD.100_00.000

Instrument Variable Name: WRKLYR

Final Documentation Name: WRKLYR1

Did {person} work for pay at any time in [last calendar year in 4-digit format]?

Universe: AGE GE '018' and AGE not IN ('997','999')

Description: All persons aged 18+

Sources: None

Recodes: None

Keywords: work last year; employment

Notes: None

Work for pay last year

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FSD.110_00.000

Instrument Variable Name: WRKMYR

Final Documentation Name: WRKMYRN

How many months in [last calendar year in 4-digit format] did {person} have at least one job or business?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and WRKLYR1 = '1'

Description: All persons aged 18+ who worked last year

Sources: None

Recodes: None

Keywords: months worked; months with one job

Notes: None

Months worked last year

- | | |
|---|--------------------|
| 1 | 3 months or less |
| 2 | 4 through 6 months |
| 3 | 7 through 9 months |
| 4 | 10 or 11 months |
| 5 | 12 months |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Socio-Demographic****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FSD.120_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: ERNYR_P

What is your best estimate of {person's} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in [last calendar year in 4-digit format]?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and WRKLYR1 = '1'

Description: All persons aged 18+ who worked last year

Sources: ERNYR

Recodes: None

Keywords: income earned; last year's earnings

Notes: The question text of the source question (ERNYR) refers to the calendar year prior to the year of interview. Therefore, a respondent interviewed in 2014 should have answered this question based on earnings received in 2013.

Total earnings last year

01	\$01-\$4,999
02	\$5,000-\$9,999
03	\$10,000-\$14,999
04	\$15,000-\$19,999
05	\$20,000-\$24,999
06	\$25,000-\$34,999
07	\$35,000-\$44,999
08	\$45,000-\$54,999
09	\$55,000-\$64,999
10	\$65,000-\$74,999
11	\$75,000 and over
97	Refused
98	Not ascertained
99	Don't know

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Socio-Demographic

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FSD.130_00.000

Instrument Variable Name: HIEMPOF

Final Documentation Name: HIEMPOF

Regarding {person's} job or work last week, was health insurance offered to {person} through {person's} workplace?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and DOINGLWP IN ('1','2','4')

Description: All persons aged 18+ who were working for pay last week, with a job or business but not at work last week, or working, but not for pay, last week

Sources: None

Recodes: None

Keywords: health insurance; employer offered health coverage

Notes: None

Health insurance offered at workplace

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FIN.010_00.000

Instrument Variable Name: FINCINT

Final Documentation Name: FINCINT

The next questions are about [your total/your total family] income in [last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: None

Notes: None

Introduction to the family income section

- | | |
|---|---------------------|
| 1 | Enter 1 to continue |
| 8 | Not ascertained |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Income****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FIN.040_00.000

Instrument Variable Name: PSAL1-PSAL25

Final Documentation Name: PSAL

Did {person 18+} receive income in [last calendar year in 4-digit format] from wages and salaries?

Universe: (AGE GE '018' and AGE not IN('997','999'))

Description: Persons 18+ years

Sources: None

Recodes: None

Keywords: income; wage; salary

Notes: Family/person variable conversion; refer to ERNYR, FSD.120, for another family-level question that asks about earnings before taxes. Families consisting solely of emancipated minors are not asked this question.

Received income from wages or salary (last CY)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FIN.060_00.000

Instrument Variable Name: PSEINC1-PSEINC25

Final Documentation Name: PSEINC

Did {person 18+} receive income in [last calendar year in 4-digit format] from self-employment including business and farm income?

Universe: (AGE GE '018' and AGE not IN('997','999'))

Description: Persons 18+ years

Sources: None

Recodes: None

Keywords: income; self-employment; business; farm

Notes: Family/person variable conversion. Families consisting solely of emancipated minors are not asked this question.

Received income from self-employment (last CY)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Income

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FIN.080_00.000

Instrument Variable Name: PSSRR1-PSSRR25

Final Documentation Name: PSSRR

Did {person} receive income in [last calendar year in 4-digit format] from Social Security or Railroad Retirement?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; Social Security; Railroad Retirement; pensions

Notes: Family/person variable conversion.

Received income from Social Security or Railroad Retirement (last CY)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FIN.084_00.000

Instrument Variable Name: PSSRRDB1-PSSRRDB25

Final Documentation Name: PSSRRDB

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

Universe: AGE LE '064' and PSSRR = '1'

Description: Persons <= 64 years receiving Social Security or Railroad Retirement income

Sources: None

Recodes: None

Keywords: income; Social Security; Railroad Retirement; disability

Notes: None

Received Social Security or Railroad Retirement income as a disability benefit

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Income****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FIN.086_00.000

Instrument Variable Name: PSSRRD

Final Documentation Name: PSSRRD

Did {person} receive this benefit because [you are/he is/she is] disabled?

Universe: AGE LE '064' and PSSRRDB = '1'

Description: Persons <= 64 years receiving Social Security or Railroad Retirement income as a disability benefit

Sources: None

Recodes: None

Keywords: income; Social Security; Railroad Retirement; disability; disabled

Notes: None

Received benefit due to disability

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FIN.100_00.000

Instrument Variable Name: PPENS1-PPENS25

Final Documentation Name: PPENS

Did {person} receive income (in the last calendar year) from any disability pension [other than Social Security or Railroad Retirement]?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; pensions; retirement; disability; Social Security; Railroad Retirement

Notes: Family/person variable conversion.

Received income from disability pension exp. Soc Security or Railroad Retirement

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Income****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FIN.104_00.000

Instrument Variable Name: POPENS1-POPENS25

Final Documentation Name: POPENS

Did {person} receive income (in the last calendar year) from any retirement or survivor pension {if FSSRR=1 and FPENS ne 1, then fill "other than Social Security or Railroad Retirement"; if FPENS=1 and FSSRR ne 1, then fill "other than a disability pension"; if FSSRR=1 and FPENS=1, then fill "other than Social Security, Railroad Retirement, or a disability pension"; or if FSSRR ne 1 and FPENS ne 1, then No Fill}?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; pensions; retirement; survivor; disability; Social Security; Railroad Retirement

Notes: Family/person variable conversion.

Received income from any other pension

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FIN.120_00.000

Instrument Variable Name: PSSI1-PSSI25

Final Documentation Name: PSSI

Did {person} receive Supplemental Security Income (SSI)?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; Supplemental Security Income; SSI

Notes: Family/person variable conversion.

Received income from SSI

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Income

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FIN.122_00.000

Instrument Variable Name: PSSID

Final Documentation Name: PSSID

Did {person} receive SSI because [you have/he has/she has] a disability?

Universe: PSS = '1'

Description: All persons who received Supplemental Security Income in the last calendar year

Sources: None

Recodes: None

Keywords: income; Supplemental Security Income; SSI

Notes: Family/person variable conversion.

Received SSI due to disability

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FIN.160_00.000

Instrument Variable Name: PTANF1-PTANF25

Final Documentation Name: PTANF

At any time during [last calendar year in 4-digit format], even for one month, did {person} receive any CASH assistance from a state or county welfare program, such as (fill specific program name)?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: low income; welfare; state assistance; county assistance; TANF

Notes: Family/person variable conversion. This variable may have limited analytic value at the person level since TANF benefits are based on a family's economic circumstances. Analysts may wish to use the family level variable (FTANFYN) indicating whether any family member received TANF benefits. This variable can be found in the Family File.

Received income from a state or county welfare program (e.g., TANF)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Income

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FIN.166_00.000

Instrument Variable Name: POWBEN1-POWBEN25

Final Documentation Name: POWBEN

At any time during [last calendar year in 4-digit format], did {person} receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: low income; welfare; government assistance; job training; education; child care; transportation

Notes: Family/person variable conversion. This variable may have limited analytic value at the person level since these benefits are based on a family's economic circumstances. Analysts may wish to use the family level variable (FOWBENYN) indicating whether any family member received these benefits. This variable can be found in the Family File.

Received other government assistance

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

Question ID: FIN.180_00.000

Instrument Variable Name: PINTRST1-PINTRST25

Final Documentation Name: PINTRSTR

Did {person} receive income (in the last calendar year) from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; interest; savings

Notes: Family/person variable conversion.

Received interest income

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Income

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FIN.200_00.000

Instrument Variable Name: PDIVD1-PDIVD25

Final Documentation Name: PDIVD

Did {person} receive income (in the last calendar year) from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; interest; dividends; stocks; mutual funds; property; royalties; trusts; estates

Notes: Family/person variable conversion.

Received dividends from stocks, funds, etc.

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FIN.220_00.000

Instrument Variable Name: PCHLDSP1-PCHLDSP25

Final Documentation Name: PCHLDSP

Did {person} receive income (in the last calendar year) from child support?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; child support

Notes: Family/person variable conversion.

Received income from child support

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Income****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FIN.240_00.000

Instrument Variable Name: PINCOT1-PINCOT25

Final Documentation Name: PINCOT

Did {person} receive income (in the last calendar year) from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; alimony; VA; worker's compensation; unemployment compensation

Notes: Family/person variable conversion.

Received income from any other source

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FIN.310_00.000

Instrument Variable Name: PSSAPL1-PSSAPL25

Final Documentation Name: PSSAPL

Has {person} EVER applied for Supplemental Security Income or SSI, even if the claim was denied?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; Supplemental Security Income; SSI

Notes: Family/person variable conversion.

Ever applied for Supplemental Security Income (SSI)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**Person****personsx : Family Income****PUBLIC USE****Document Version Date: 06-Dec-16**

Question ID: FIN.340_00.000

Instrument Variable Name: PSDAPL1-PSDAPL25

Final Documentation Name: PSDAPL

Has {person} EVER applied for disability benefits from Social Security, even if the claim was denied?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; Social Security; disability benefits

Notes: Family/person variable conversion.

Ever applied for Social Security Disability Insurance (SSDI)

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |
-

Question ID: FIN.350_00.000

Instrument Variable Name: TANFMYR

Final Documentation Name: TANFMYR

Earlier I recorded that {person} received cash assistance from programs such as welfare or public assistance in [last calendar year in 4-digit format]. During [last calendar year in 4-digit format], about how many months did {person} receive this assistance?

Universe: PTANF = '1'

Description: Persons who received welfare/TANF

Sources: None

Recodes: None

Keywords: low income; TANF; government assistance; welfare;

Notes: None

Months received welfare/TANF (last CY)

- | | |
|-------|-----------------|
| 01-12 | 1-12 months |
| 97 | Refused |
| 98 | Not ascertained |
| 99 | Don't know |
-

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Income

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FIN.384_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: ELIGPWIC

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: Women, Infants, and Children program; WIC; benefits

Notes: This variable indicates whether the person was in a family where at least 1 member was age-eligible for the WIC program. This includes family members who were children 0-5 years of age or female 12-55 years of age.

Anyone age-eligible for the WIC program?

- | | |
|---|---|
| 0 | No WIC age-eligible family members |
| 1 | At least 1 WIC age-eligible family member |

Question ID: FIN.385_00.000

Instrument Variable Name: PWIC1-PWIC25

Final Documentation Name: PWIC

At any time during [last calendar year in 4-digit format] did {person} receive benefits from the WIC program, that is, the Women, Infants and Children program?

Universe: ELIGPWIC = 1

Description: All persons in families with females aged 12-55 or children aged 0-5

Sources: None

Recodes: None

Keywords: Women, Infants and Children program; WIC; benefits

Notes: Family/person variable conversion. This variable may have limited analytic value at the person level since WIC benefits are based on a family's economic circumstances. Analysts may wish to use the family level variable (FWICYN) indicating whether any family member received WIC benefits. Persons in families without a WIC age-eligible persons are out of universe for this question.

Received WIC benefits

- | | |
|---|-----------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 8 | Not ascertained |
| 9 | Don't know |

2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

personsx : Family Income

PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FIN.385_00.000

R01 RECODE

Instrument Variable Name:

Final Documentation Name: WIC_FLAG

Universe: ELIGPWIC = 1 and PWIC = 1

Description: All persons receiving WIC benefits.

Sources: PWIC; ELIGPWIC

Recodes: None

Keywords: Women, Infants and Children program; WIC; benefits

Notes: This variable serves as a flag to indicate whether the person(s) who received WIC benefits was/were age-eligible for the program.

WIC recipient age-eligible

0	Person not age-eligible
1	Person age-eligible

Question ID: FLG.010_00.000

Instrument Variable Name: ENGLANG

Final Documentation Name: ENGLANG

How well [fill: do you/ does ALIAS] speak English? Would you say...***Read categories below.**

Universe: Age >= 5

Description: All persons age 5 and older

Sources: None

Recodes: None

Keywords: None

Notes: None

How well English is spoken

1	Very well
2	Well
3	Not well
4	Not at all
7	Refused
8	Not ascertained
9	Don't know