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**2004 NHIS Spanish Questionnaire - Family  
Family Identification****Document Version Date: 20-Jul-05**

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**Question ID:** FID.100\_00.000    **Instrument Variable Name:** HHCHANGE    **QuestionnaireFileName:** Family**Spanish Text:**    He anotado que [fill 5]. [fill 6] [fill 7] y [fill 9] su raza es:  
[fill 10]

¿Está correcta la información?

1. Sí, est correcta
2. No, hace falta corregir / hacen falta más correcciones

**Universe:**    All nondeleted family members**Skip Instructions:**    <1> if no additional PX remain  
if SCREENIN = 0 and I\_SCRN\_STATUS = S [goto EXIT(HHC)]  
else [goto FIDCC13]  
<2> [goto CWHAT2]

---

**Question ID:** FID.110\_00.000    **Instrument Variable Name:** CWHAT2    **QuestionnaireFileName:** Family**Spanish Text:****Universe:**    HHCHANGE = 2 (No, not correct)**Skip Instructions:**    <1> [goto CHG\_NAME\_FNAME]  
<2> [goto CHG\_AGEDOB\_1]  
<3> [goto CHG\_SEX]  
<4> [goto CHG\_NATOR]  
<5> [goto CHG\_RACE]

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**Question ID:** FID.250\_00.000    **Instrument Variable Name:** MARITAL    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify

¿Está ahora [fill: usted/Alias] casado(a), viudo(a), divorciado(a), separado(a), nunca se ha casado, o viviendo en unión libre?

1. Casado(a)
  2. Viudo(a)
  3. Divorciado(a)
  4. Separado(a)
  5. Nunca se ha casado
  6. Viviendo en unión libre
- Refused  
Don't know

**Universe:**    All persons, 14 and older, who don't have a marital status yet**Skip Instructions:**    <1> [goto SPFLAG]  
<2-5, R, D> [goto FIDCCI3]  
<6> if LINTAL[FAMINT] = 1 [goto FIDCCI4]  
else [goto COHAB1]

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**Question ID:** FID.260\_00.000    **Instrument Variable Name:** SPOUS    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify

[fill1: ¿Actualmente vive en el hogar su (marido/esposa) ?]

[fill2: ¿Actualmente vive en el hogar (el marido/la esposa) de [fill: Alias]?]

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    A potential spouse lives in the unit.**Skip Instructions:**    <1> If SPOUS2[PX] = null [goto SPOUS2]  
else [goto FIDCCI3]  
<2,R,D> [goto FIDCCI3]

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**Question ID:** FID.270\_00.000    **Instrument Variable Name:** SPOUS2    **QuestionnaireFileName:** Family**Spanish Text:****Universe:**    Person has an unidentified spouse in the household.**Skip Instructions:**    Do not allow line number of the subject to be entered. If so [goto ERR\_SPOUS2]  
<1-25,R,D> [goto FIDCCI3]

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**Question ID:** FID.280\_00.000    **Instrument Variable Name:** COHAB1    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Ha estado [fill: usted/Alias] casado(a) alguna vez?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Marital status is "living with a partner."**Skip Instructions:**    <1> [goto COHAB2]  
<2,R,D> if COHAB3[PX] = null [goto COHAB3]  
else [goto FIDCCI3]



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**Question ID:** FID.324\_00.000    **Instrument Variable Name:** DEGREE5    **QuestionnaireFileName:** Family**Spanish Text:**    Anoté anteriormente que [fill R\_ALIAS(X2)] es la madre de [fill ALIAS]. ¿Es [fill ALIAS] su hijo(a) biológico(a)(natural), adoptivo(a), hijastro(a), de custodia temporal (foster) o yerno/nuera?

1. Hijo(a) biológico(a)(natural)
2. Hijo(a) adoptivo(a)
3. Hijastro(a)
4. Hijo(a) de custodia temporal (foster)
5. Yerno/nuera

**Universe:**    When the reference person is the person in question's parent.**Skip Instructions:**    <1> if AGEDIFF <12 [goto ERR\_DEGREE5]  
if yes, continue the interview [goto FIDCCI4B]  
else, reset DEGREE5 [goto DEGREE5] endif  
else [goto FIDCCI4B]  
<2-5,R,D> [goto FIDCCI4B]

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**Question ID:** FID.326\_00.000    **Instrument Variable Name:** MOTHER    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify

¿Vive en este hogar la madre [fill SP\_PTEMPNAME]? (incluida la suegra)

\* Enter the line number of the mother or mother-in-law.

\* If the mother or mother-in-law is not a household member, enter '0'.

\* If the person has no parents present but has a legal guardian, enter '96'.

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

**Universe:**    Potential mother in the Family, mother not already identified**Skip Instructions:**    <01-25> [goto MOTHERCK\_A]  
<0,R,D> [goto FIDCCI5]  
<96> [goto GUARD]

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**Question ID:** FID.330\_01.000    **Instrument Variable Name:** MOTHERCK\_A    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Es usted    ¿Es ella la madre biológica (natural), adoptiva, madrastra, de custodia temporal (foster) o la suegra [fill SP\_PTEMPNAME]?

1. Madre biológica
2. Madre adoptiva
3. Madrastra
4. De custodia temporal (foster)
5. Suegra

**Universe:**    Mother is in the immediate family.

**Skip Instructions:**    <1> If AGEDIFF <12 [goto ERR\_MOTHERCK\_A]  
if <1> [goto FIDCCI5]  
elseif <2> [goto MOTHER]  
elseif <3>, reset MOTHERCK\_A [goto MOTHERCK\_A]  
else [goto FIDCCI5]  
<2-5,R,D> [goto FIDCCI5]

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**Question ID:** FID.340\_00.000    **Instrument Variable Name:** FATHER    **QuestionnaireFileName:** Family

**Spanish Text:**    \* Ask or verify

¿Vive en este hogar el padre de [fill SP\_TEMPNAME]? (incluido el suegro)

\* Enter the line number of the father or father-in-law.

\* If the father is not a household member, enter '0'.

\* If the person has no parents present but has a legal guardian, enter '96'.

\* Choose father over father-in-law if both are present.

**Universe:**    Potential Father in Family, not already identified

**Skip Instructions:**    <1-25> [goto FATHERCK\_A]  
<0,R,D> [goto FIDCCI4]  
<96> [goto GUARD]

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## 2004 NHIS Spanish Questionnaire - Family Family Identification

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**Question ID:** FID.350\_01.000    **Instrument Variable Name:** FATHERCK\_A    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Es usted    ¿Es él el padre biológico (natural), adoptivo, padrastro, o de custodia temporal o el suegro [fill SP\_PTEMPNAME]?

1. Padre biológico
2. Padre adoptivo
3. Padrastro
4. De custodia temporal (foster)
5. Suegro

**Universe:**    Father has been identified

**Skip Instructions:**    <1> If AGEDIFF <12 [goto ERR\_FATHERCK\_A]  
if ERRFATHERCK\_A = <1> [goto FIDCCI4]  
elseif <2> [goto FATHER]  
elseif <3> reset FATHERCK\_A  
[goto FATHERCK\_A] endif  
else [goto FIDCCI4]  
<2-5,R,D> [goto FIDCCI4]

**Question ID:** FID.360\_01.000    **Instrument Variable Name:** GUARD    **QuestionnaireFileName:** Family

**Spanish Text:**    Who is [fill 1] legal guardian? - Need translation

- \* Enter the line number of [fill 1] guardian.
- \* If the guardian is not a household member, enter '0'.

**Universe:**    Child identified as a guard at mother or father or, at the FIDCCI5 procedure, it's determined that the child (AGE<14) has no mother or father in the family.

**Skip Instructions:**    <0-25,R,D> [goto FIDCCI4]

**Question ID:** FID.380\_00.000    **Instrument Variable Name:** KNOW2    **QuestionnaireFileName:** Family

**Spanish Text:**    \* Verify or ask

¿Quién de la familia se mantiene al tanto de la salud familiar?

[fill 1]

- \* Mark all that apply, separate with commas.

**Universe:**    More than one adult

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

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**2004 NHIS Spanish Questionnaire - Family  
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**Question ID:** FID.390\_04.000    **Instrument Variable Name:** FAMRESP    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Ask if necessary

¿Con quién hablo?

[fill 1]

\* Enter the line number of the person you consider to be the main respondent for this family's health questions.

**Universe:**            More than 1 adult present.

**Skip Instructions:**    goto HLTH\_BEG

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**Question ID:** FID.700\_00.000    **Instrument Variable Name:** FINTRO2    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.

[fill 1]

\* If any persons listed are not present, say:

We would like to have all adult family members who are at home take part in the interview. Are

\* Read names

at home now?

\* If yes, ask: Could they join us?

\* If nobody is presently available, enter '96' to proceed to a callback screen.

**Universe:**            All nondeleted persons >17 or emancipated minors

**Skip Instructions:**    <96> [goto FCALLBK1]  
if only one PX selected [goto HLTH\_BEG]  
else [goto FAMRESP]

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**2004 NHIS Spanish Questionnaire - Family  
Family Health Status & Limitations**

**Document Version Date: 20-Jul-05**

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**Question ID:** FHS.005\_00.000    **Instrument Variable Name:** FLAPLYLM    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Está(n) \* (Read names)

[fill1: limitado(a)/limitados(as)] en cuanto al tipo o cantidad de actividades de juego que [fill2: el pueda/ella pueda/ellos puedan/ellas puedan) hacer debido a algún problema físico, mental o emocional?

- 1. Sí
- 2. No
- Refused
- Don't know

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

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

---

**Question ID:** FHS.010\_00.000    **Instrument Variable Name:** PLAPLYLM    **QuestionnaireFileName:** Family

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

¿Quién?  
(¿Hay alguien más?)

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

**Skip Instructions:**   goto PLAPLYUN

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

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**Question ID:** FHS.020\_00.000    **Instrument Variable Name:** PLAPLYUN    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Puede [fill: Alias listed in PLAPLYLM] PARTICIPAR DE CUALQUIER MANERA en las actividades normales que realizan la mayoría de los niños de su edad?

- 1. Sí
- 2. No
- Refused
- Don't know

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

**Skip Instructions:**   repeat this question for all persons listed at PLAPLYLM, then goto FSPPEDEIS

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**Question ID:** FHS.050\_00.000    **Instrument Variable Name:** FSPPEDEIS    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Alguno de los siguientes familiares, \* (Read names)

recibe Enseñanza Infantil Especial o Servicios de Intervención Temprana (Early Intervention Services)?

¿Recibe usted Enseñanza Infantil Especial o Servicios de Intervención Temprana (Early Intervention Services)?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:**    All families with one or more persons less than 18 years of age**Skip Instructions:**    <1> [if only one person less than 18 years of age, store the person number in PSPPEDEIS and goto PSPPEDEM;  
else, goto PSPPEDEIS]  
<2,R,D> [goto FLAADL]

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**Question ID:** FHS.060\_00.000    **Instrument Variable Name:** PSPPEDEIS    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:**    All families with two or more persons less than 18 years of age and at least one receives Special Educational or Early Intervention Services**Skip Instructions:**    goto PSPPEDEM

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

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**Question ID:** FHS.065\_00.000    **Instrument Variable Name:** PSPPEDEM    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Recibe [fill: usted/ALIAS] estos servicios debido a un problema emocional o del comportamiento?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:**    All persons less than 18 years of age who receive Special Educational or Early Intervention Services**Skip Instructions:**    repeat this question for all persons listed at PSPPEDEIS, then goto FLAADL

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Question ID: FHS.070\_00.000 Instrument Variable Name: FLAADL QuestionnaireFileName: Family

**Spanish Text:** Debido a un problema físico, mental o emocional, ¿necesita alguien de la familia la ayuda de otras personas para realizar sus CUIDADOS PERSONALES tales como comer, bañarse, vestirse o desplazarse dentro del hogar?

[fill: No incluya familiares de 2 años o menos.]

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All families with one or more persons 3 years of age or older**Skip Instructions:** <1> [if a single-person family, store the person number in PLAADL and goto LABATH; else, goto PLAADL]  
<2,R,D> [goto FLAIADL]

---

Question ID: FHS.080\_00.000 Instrument Variable Name: PLAADL QuestionnaireFileName: Family**Spanish Text:** \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:** All families with two or more persons 3 years of age or older and at least one needs the help of other persons with personal care needs**Skip Instructions:** goto LABATH

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

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Question ID: FHS.090\_01.000 Instrument Variable Name: LABATH QuestionnaireFileName: Family**Spanish Text:** ¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Bañarse?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All persons 3 years of age or older who need help with personal care needs**Skip Instructions:** goto LADDRESS

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**2004 NHIS Spanish Questionnaire - Family  
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**Question ID:** FHS.090\_02.000    **Instrument Variable Name:** LADDRESS    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Vestirse?

- 1. Sí
- 2. No
- Refused
- Don't know

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

**Skip Instructions:**    goto LAEAT

---

**Question ID:** FHS.090\_03.000    **Instrument Variable Name:** LAEAT    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Comer?

- 1. Sí
- 2. No
- Refused
- Don't know

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

**Skip Instructions:**    goto LABED

---

**Question ID:** FHS.090\_04.000    **Instrument Variable Name:** LABED    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Acostarse y levantarse de la cama, ponerse de pie o sentarse?

- 1. Sí
- 2. No
- Refused
- Don't know

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

**Skip Instructions:**    goto LATOILT

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**Question ID:** FHS.090\_05.000    **Instrument Variable Name:** LATOILT    **QuestionnaireFileName:** Family**Spanish Text:**    \* Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Usar el inodoro/lavabo incluso llegar a éste?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All persons 3 years of age or older who need help with personal care needs**Skip Instructions:** goto LAHOME

---

**Question ID:** FHS.090\_06.000    **Instrument Variable Name:** LAHOME    **QuestionnaireFileName:** Family**Spanish Text:**    \* Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Desplazarse dentro del hogar?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All persons 3 years of age or older who need help with personal care needs**Skip Instructions:** goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL

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**Question ID:** FHS.150\_00.000    **Instrument Variable Name:** FLAIADL    **QuestionnaireFileName:** Family**Spanish Text:**    Debido a un problema físico, mental o emocional, [fill: ¿necesita usted/alguien de la familia \* (Read names)]

la ayuda de otras personas para llevar a cabo sus RUTINAS, tales como las tareas diarias del hogar, hacer sus negocios, ir de compras, o desplazarse a otros lugares con algún otro propósito?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All families with one or more persons 18 years of age or older**Skip Instructions:** <1> [if only one person 18 years of age or older, store the person number in PLAIDL and goto FLAWKNOW;  
else, goto PLAIDL]  
<2,R,D> [goto FLAWKNOW]

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**Question ID:** FHS.160\_00.000    **Instrument Variable Name:** PLAIADL    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:** All families with two or more persons 18 years of age or older and at least one needs the help of other persons in handling routine needs**Skip Instructions:** goto FLAWKNOW

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

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**Question ID:** FHS.170\_00.000    **Instrument Variable Name:** FLAWKNOW    **QuestionnaireFileName:** Family**Spanish Text:**    ¿ACTUALMENTE, le impide algún problema físico, mental o emocional [fill: el atender un trabajo o negocio?/a alguno de estos familiares \*(Read names) trabajar en un empleo o negocio?]1. Sí  
2. No  
Refused  
Don't know**Universe:** All families with one or more persons 18 years of age or older**Skip Instructions:** <1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK; else, goto PLAWKNOW]  
<2,R,D> [goto FLAWKLIM]

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**Question ID:** FHS.180\_00.000    **Instrument Variable Name:** PLAWKNOW    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:** All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem**Skip Instructions:** all persons selected goto FLAWALK; else, goto FLAWKLIMNOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

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**Question ID:** FHS.190\_00.000    **Instrument Variable Name:** FLAWKLIM    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Está [fill: usted/Alias/alguno de estos familiares \* (Read names) ] limitado(a) en el tipo o cantidad de trabajo que puede desempeñar debido a un problema físico, mental o emocional?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:**    All families with one or more persons 18 years of age or older not listed as being unable to work due to a physical, mental, or emotional problem**Skip Instructions:**    <1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in PLAWKLIM and goto FLAWALK; else, goto PLAWKLIM]  
<2,R,D> [goto FLAWALK]

---

**Question ID:** FHS.200\_00.000    **Instrument Variable Name:** PLAWKLIM    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:**    All families with two or more persons 18 years of age or older able to work and at least one is limited in the kind or amount of work he/she can do**Skip Instructions:**    goto FLAWALK

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

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**Question ID:** FHS.210\_00.000    **Instrument Variable Name:** FLAWALK    **QuestionnaireFileName:** Family**Spanish Text:**    Como resultado de algún problema de la salud, ¿tiene [fill: usted/alguien de la familia] dificultad para caminar sin usar equipo especial?

1. Sí
  2. No
- Refused
- 
- Don't know

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

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**Question ID:** FHS.220\_00.000    **Instrument Variable Name:** PLAWALK    **QuestionnaireFileName:** Family**Spanish Text:**        \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:**            All families with two or more persons and at least one has difficulty walking without using special equipment**Skip Instructions:**    goto FLAREMEM

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

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**Question ID:** FHS.230\_00.000    **Instrument Variable Name:** FLAREMEM    **QuestionnaireFileName:** Family**Spanish Text:**        [Fill: ¿Está / ¿Está alguien de la familia ] LIMITADO(A) DE CUALQUIER MANERA debido a problemas con la memoria o porque experimenta períodos de confusión?1. Sí  
2. No  
Refused  
Don't know**Universe:**            All families**Skip Instructions:**    <1> [if a single-person family, store person number in PLAREMEM and goto LAHCC; else, goto PLAREMEM]  
<2,R,D> [goto FLIMANY]

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**Question ID:** FHS.240\_00.000    **Instrument Variable Name:** PLAREMEM    **QuestionnaireFileName:** Family**Spanish Text:**        \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:**            All families with two or more persons and at least one is limited due to difficulty remembering or periods of confusion**Skip Instructions:**    goto FLIMANYNOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

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**Question ID:** FHS.250\_00.000    **Instrument Variable Name:** FLIMANY    **QuestionnaireFileName:** Family

**Spanish Text:**    [¿Está usted/¿Está Alias/¿Hay alguien de la familia \* (Read names) que se encuentre] LIMITADO(A) DE CUALQUIER MANERA en sus actividades debido a un problema físico, mental o emocional?

- 1. Sí
- 2. No
- Refused
- Don't know

**Universe:**    All families with one or more family members not previously mentioned as having a limitation

**Skip Instructions:**    <1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY]  
<2,R,D> [goto LAHCC]

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**Question ID:** FHS.260\_00.000    **Instrument Variable Name:** PLIMANY    **QuestionnaireFileName:** Family

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

¿Quién?  
(¿Hay alguien más?)

**Universe:**    All families with two or more persons not previously mentioned as having a limitation

**Skip Instructions:**    goto LAHCC

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

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**Question ID:** FHS.270\_00.000    **Instrument Variable Name:** LAHCC    **QuestionnaireFileName:** Family

**Spanish Text:** (book) F1.

[Fill1: ¿Qué condiciones o problemas de salud causan sus limitaciones? /  
¿Qué condiciones o problemas de salud causan las limitaciones de [fill: ALIAS]? ]

\* Enter all that apply, separate with commas.  
\* Do not probe except to clarify answer.

1. Visión/Dificultad de la vista
  2. Dificultad auditiva
  3. Dificultad del habla
  4. Asma/problema respiratorio
  5. Defecto congénito
  6. Lesión o herida
  7. Retraso mental
  8. Otro problema de desarrollo (e.j. parálisis cerebral)
  9. Otro problema mental, emocional o de comportamiento
  10. Problema de huesos, coyunturas o muscular
  11. Epilepsia o ataques
  12. Dificultad en el aprendizaje
  13. Desorden de Deficit de Atención/Hiperactividad
  90. Otro impedimento/problema (LAHCC\_S1)
  91. Otro impedimento/problema (LAHCC\_S2)
- Refused  
Don't know/not sure

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

**Skip Instructions:** <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]  
<5> [fill "96" in LHCL05N and fill "6" in LHCL05T]  
<90> [goto LAHCC\_S1]  
<91> [goto LAHCC\_S2]  
<R,D> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.

**Question ID:** FHS.271\_90.000    **Instrument Variable Name:** LAHCC\_S1    **QuestionnaireFileName:** Family

**Spanish Text:** \* Enter other impairment or problem.

**Universe:** All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

**Skip Instructions:** goto LHCL90N

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**Question ID:** FHS.271\_91.000    **Instrument Variable Name:** LAHCC\_S2    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Enter other impairment or problem.

**Universe:**            All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

**Skip Instructions:**    goto LHCL91N

**Question ID:** FHS.280\_01.000    **Instrument Variable Name:** LHCL01N    **QuestionnaireFileName:** Family

**Spanish Text:**        1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas de la vista?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:**            All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing

**Skip Instructions:**    <1-95,D> [goto LHCL01T]  
<96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

**Question ID:** FHS.280\_02.000    **Instrument Variable Name:** LHCL01T    **QuestionnaireFileName:** Family

**Spanish Text:**        2 of 2

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

(LHCL01N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:**    <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL01T]

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1\_LHCL01T

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**Question ID:** FHS.282\_01.000    **Instrument Variable Name:** LHCL02N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene una dificultad auditiva?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

**Skip Instructions:** <1-95,D> [goto LHCL02T]  
<96> [fill "6" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

**Question ID:** FHS.282\_02.000    **Instrument Variable Name:** LHCL02T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for hearing problem.

(LHCL02N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL02T]  
  
if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto ERR1\_LHCL02T

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**Question ID:** FHS.284\_01.000    **Instrument Variable Name:** LHCL03N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [usted/Alias] tiene dificultades del habla?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to a speech problem

**Skip Instructions:** <1-95,D> [goto LHCL03T]  
<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

**Question ID:** FHS.284\_02.000    **Instrument Variable Name:** LHCL03T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for speech problem.

(LHCL03N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL03T]  
  
if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1\_LHCL03T

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**Question ID:** FHS.286\_01.000    **Instrument Variable Name:** LHCL04N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene asma o un problema respiratorio?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to asthma/breathing problem

**Skip Instructions:** <1-95,D> [goto LHCL04T]  
<96> [fill "6" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

**Question ID:** FHS.286\_02.000    **Instrument Variable Name:** LHCL04T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for asthma or a breathing problem.

(LHCL04N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL04T]

if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1\_LHCL04T

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Question ID: FHS.288\_01.000 Instrument Variable Name: LHCL06N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene la lesión o herida que resultó en su limitación?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

Skip Instructions: <1-95,D> [goto LHCL06T]  
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

Question ID: FHS.288\_02.000 Instrument Variable Name: LHCL06T QuestionnaireFileName: Family

Spanish Text: 2 of 2

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

(LHCL06N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL06T]  
  
if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1\_LHCL06T

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**Question ID:** FHS.290\_01.000    **Instrument Variable Name:** LHCL07N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene retraso mental?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to mental retardation

**Skip Instructions:** <1-95,D> [goto LHCL07T]  
<96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

**Question ID:** FHS.290\_02.000    **Instrument Variable Name:** LHCL07T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for mental retardation.

(LHCL07N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL07T]

if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1\_LHCL07T

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**Question ID:** FHS.292\_01.000    **Instrument Variable Name:** LHCL08N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene otro problema de desarrollo (ej.: parálisis cerebral)?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

**Skip Instructions:** <1-95,D> [goto LHCL08T]  
<96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

**Question ID:** FHS.292\_02.000    **Instrument Variable Name:** LHCL08T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for developmental problem (e.g. cerebral palsy).

(LHCL08N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL08T]

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1\_LHCL08T

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**Question ID:** FHS.294\_01.000    **Instrument Variable Name:** LHCL09N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene otro problema mental, emocional, o de comportamiento?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem

**Skip Instructions:** <1-95,D> [goto LHCL09T]  
<96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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

**Spanish Text:** 2 of 2

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

(LHCL09N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL09T]

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1\_LHCL09T

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**Question ID:** FHS.296\_01.000    **Instrument Variable Name:** LHCL10N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene un problema de los huesos, las coyunturas o los músculos?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem

**Skip Instructions:** <1-95,D> [goto LHCL10T]  
<96> [fill "6" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

**Question ID:** FHS.296\_02.000    **Instrument Variable Name:** LHCL10T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for bone, joint, or muscle problem.

(LHCL10N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL10T]

if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1\_LHCL10T

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**Question ID:** FHS.298\_01.000    **Instrument Variable Name:** LHCL11N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene epilepsia o ataques?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

**Skip Instructions:** <1-95,D> [goto LHCL11T]  
<96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

**Question ID:** FHS.298\_02.000    **Instrument Variable Name:** LHCL11T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for epilepsy or seizures.

(LHCL11N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL11T]

if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto ERR1\_LHCL11T

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**Question ID:** FHS.300\_01.000    **Instrument Variable Name:** LHCL12N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene dificultad en el aprendizaje?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to a learning disability

**Skip Instructions:** <1-95,D> [goto LHCL12T]  
<96> [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

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

**Spanish Text:** 2 of 2

\* Enter time period for learning disability.

(LHCL12N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons less than 18 years of age who have a limitation due to a learning disability and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL12T]

if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto ERR1\_LHCL12T

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**Question ID:** FHS.302\_01.000    **Instrument Variable Name:** LHCL13N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene desorden de deficit de atención/hiperactividad?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder

**Skip Instructions:** <1-95,D> [goto LHCL13T]  
<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

---

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

**Spanish Text:** 2 of 2

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

(LHCL13N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL13T]

if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1\_LHCL13T

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**Question ID:** FHS.304\_01.000    **Instrument Variable Name:** LHCL90N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCC2@S1]?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC\_S1

**Skip Instructions:** <1-95,D> [goto LHCL90T]  
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

**Question ID:** FHS.304\_02.000    **Instrument Variable Name:** LHCL90T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for [fill: problem in LAHCC\_S1].

(LHCL90N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC\_S1 and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL90T]

if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1\_LHCL90T

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**Question ID:** FHS.306\_01.000    **Instrument Variable Name:** LHCL91N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCC2@S2]?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC\_S2

**Skip Instructions:** <1-95,D> [goto LHCL91T]  
<96> [fill "6" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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**Question ID:** FHS.306\_02.000    **Instrument Variable Name:** LHCL91T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for [fill: problem in LAHCC\_S2].

(LHCL91N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC\_S2 and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2\_LHCL91T]

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1\_LHCL91T

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Question ID: FHS.350\_00.000 Instrument Variable Name: LAHCA QuestionnaireFileName: Family

Spanish Text: (book) F2

[Fill1: ¿Qué condiciones o problemas de salud causan sus limitaciones?/  
¿Qué condiciones o problemas de salud causan las limitaciones de [fill: Alias]?]

\* Enter all that apply, separate with commas.

\* Do not probe except to clarify answer.

1. Visión/dificultad de la vista
  2. Dificultad auditiva
  3. Artritis/reumatismo
  4. Problema del cuello o espalda
  5. Fractura/lesión de huesos o coyunturas
  6. Otra lesión
  7. Problema cardíaco
  8. Derrame cerebral
  9. Hipertensión/presión alta
  10. Diabetes
  11. Problema pulmonar o respiratorio (e.j. asma y enfisema)
  12. Cáncer
  13. Defecto congénito
  14. Retraso mental
  15. Otro problema del desarrollo (e.j. parálisis cerebral)
  16. Senilidad
  17. Depresión/ansiedad/problema emocional
  18. Problema con su peso
  - 19) Pérdida de brazo/pierna/dedos
  - 20) Problemas de riñon/vejiga/renal
  - 21) Problemas circulatorios
  - 22) Tumores benignos, quistes
  - 23) Fibromyalgia, lupus
  - 24) Osteoporosis, tendonitis
  - 25) Epilepsia, ataques
  - 26) Esclerosis múltiple,  
distrofia muscular
  - 27) Polio, (myelitis), parálisis/  
paraplejía/apoplejía
  - 28) Enfermedad Parkinson's
  - 29) Otro daño nervioso
  - 30) Hernia
  - 31) Ulcera
  - 32) Varices/hemorroides
  - 33) Tiroides, enfermedad de Graves o gota
  - 34) Problema de rodillas
  - 35) Migrañas
  - 36) Otro impedimento(especifique)
  - 37) Otro impedimento(especifique)
-



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**Universe:** All persons 18 years of age or older who have at least one reported limitation

**Skip Instructions:** <1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]  
 <13> [fill "96" in LHAL13N and fill "6" in LHAL13T]  
 <90> [goto LAHCA\_S1]  
 <91> [goto LAHCA\_S2]  
 <R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person 18 years of age or older with a reported limitation. The instrument then proceeds to PHSTAT.

**Question ID:** FHS.351\_90.000    **Instrument Variable Name:** LAHCA\_S1    **QuestionnaireFileName:** Family

**Spanish Text:** \* Enter other impairment or problem.

**Universe:** All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

**Skip Instructions:** goto LHAL90N

**Question ID:** FHS.351\_91.000    **Instrument Variable Name:** LAHCA\_S2    **QuestionnaireFileName:** Family

**Spanish Text:** \* Enter other impairment or problem.

**Universe:** All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

**Skip Instructions:** goto LHAL91N

**Question ID:** FHS.360\_01.000    **Instrument Variable Name:** LHAL01N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas de la vista?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing

**Skip Instructions:** <1-95,D> [goto LHAL01T]  
 <96> [fill "6" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
 <R> [store "R" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.360\_02.000    **Instrument Variable Name:** LHAL01T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

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

(LHAL01N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL01T]

if LHAL01T = 4 and LHAL01N > AGE, goto ERR1\_LHAL01T

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**Question ID:** FHS.362\_01.000    **Instrument Variable Name:** LHAL02N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas auditivos?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a hearing problem

**Skip Instructions:** <1-95,D> [goto LHAL02T]  
<96> [fill "6" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.362\_02.000    **Instrument Variable Name:** LHAL02T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for hearing problem.

(LHAL02N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL02T]

if LHAL02T = 4 and LHAL02N > AGE, goto ERR1\_LHAL02T

---

**Question ID:** FHS.364\_01.000    **Instrument Variable Name:** LHAL03N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene artritis/reumatismo?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to arthritis/rheumatism

**Skip Instructions:** <1-95,D> [goto LHAL03T]  
<96> [fill "6" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.364\_02.000    **Instrument Variable Name:** LHAL03T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for arthritis or rheumatism.

(LHAL03N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to arthritis/rheumatism and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL03T]if LHAL03T = 4 and LHAL03N > AGE, goto ERR1\_LHAL03T

---

**Question ID:** FHS.366\_01.000    **Instrument Variable Name:** LHAL04N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas del cuello o la espalda?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a back or neck problem**Skip Instructions:** <1-95,D> [goto LHAL04T]  
<96> [fill "6" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.366\_02.000 Instrument Variable Name: LHAL04T QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for back or neck problem.

(LHAL04N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL04T]

if LHAL04T = 4 and LHAL04N > AGE, goto ERR1\_LHAL04T

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Question ID: FHS.368\_01.000 Instrument Variable Name: LHAL05N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene lesiones de los huesos o las coyunturas?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury

**Skip Instructions:** <1-95,D> [goto LHAL05T]  
<96> [fill "6" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.368\_02.000    **Instrument Variable Name:** LHAL05T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

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

(LHAL05N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL05T]if LHAL05T = 4 and LHAL05N > AGE, goto ERR1\_LHAL05T

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**Question ID:** FHS.370\_01.000    **Instrument Variable Name:** LHAL06N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha estado lesionado(a) o herido(a)?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to some "other" injury**Skip Instructions:** <1-95,D> [goto LHAL06T]  
<96> [fill "6" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.370\_02.000    **Instrument Variable Name:** LHAL06T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for [fill1: other] injury that caused [fill2: your/his/her] limitation.

(LHAL06N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL06T]

if LHAL06T = 4 and LHAL06N > AGE, goto ERR1\_LHAL06T

---

**Question ID:** FHS.372\_01.000    **Instrument Variable Name:** LHAL07N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha tenido problemas del corazón?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a heart problem

**Skip Instructions:** <1-95,D> [goto LHAL07T]  
<96> [fill "6" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.372\_02.000    **Instrument Variable Name:** LHAL07T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for heart problem.

(LHAL07N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to a heart problem and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL07T]if LHAL07T = 4 and LHAL07N > AGE, goto ERR1\_LHAL07T

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**Question ID:** FHS.374\_01.000    **Instrument Variable Name:** LHAL08N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas debido a un derrame cerebral?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a stroke problem**Skip Instructions:** <1-95,D> [goto LHAL08T]  
<96> [fill "6" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.374\_02.000    **Instrument Variable Name:** LHAL08T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for stroke problem.

(LHAL08N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1\_LHAL08T

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**Question ID:** FHS.376\_01.000    **Instrument Variable Name:** LHAL09N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene hipertensión o presión alta sanguínea?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure

**Skip Instructions:** <1-95,D> [goto LHAL09T]  
<96> [fill "6" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

**Spanish Text:** 2 of 2

\* Enter time period for hypertension or high blood pressure.

(LHAL09N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL09T]

if LHAL09T = 4 and LHAL09N > AGE, goto ERR1\_LHAL09T

**Question ID:** FHS.378\_01.000    **Instrument Variable Name:** LHAL10N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene diabetes?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

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

**Skip Instructions:** <1-95,D> [goto LHAL10T]  
<96> [fill "6" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.378\_02.000    **Instrument Variable Name:** LHAL10T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for diabetes.

(LHAL10N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to diabetes and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL10T]if LHAL10T = 4 and LHAL10N > AGE, goto ERR1\_LHAL10T

---

**Question ID:** FHS.380\_01.000    **Instrument Variable Name:** LHAL11N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas respiratorios?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a lung/breathing problem**Skip Instructions:** <1-95,D> [goto LHAL11T]  
<96> [fill "6" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.380\_02.000    **Instrument Variable Name:** LHAL11T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

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

(LHAL11N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to a lung/breathing problem and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL11T]if LHAL11T = 4 and LHAL11N > AGE, goto ERR1\_LHAL11T

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**Question ID:** FHS.382\_01.000    **Instrument Variable Name:** LHAL12N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene cáncer?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to cancer**Skip Instructions:** <1-95,D> [goto LHAL12T]  
<96> [fill "6" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.382\_02.000    **Instrument Variable Name:** LHAL12T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for cancer.

(LHAL12N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL12T]

if LHAL12T = 4 and LHAL12N > AGE, goto ERR1\_LHAL12T

**Question ID:** FHS.384\_01.000    **Instrument Variable Name:** LHAL14N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene retraso mental?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to mental retardation

**Skip Instructions:** <1-95,D> [goto LHAL14T]  
<96> [fill "6" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.384\_02.000 Instrument Variable Name: LHAL14T QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for mental retardation.

(LHAL14N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1\_LHAL14T

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Question ID: FHS.386\_01.000 Instrument Variable Name: LHAL15N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas del desarrollo?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

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

**Skip Instructions:** <1-95,D> [goto LHAL15T]  
<96> [fill "6" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.386\_02.000 Instrument Variable Name: LHAL15T QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for developmental problem (e.g. cerebral palsy).

(LHAL15N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL15T]

if LHAL15T = 4 and LHAL15N > AGE, goto ERR1\_LHAL15T

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Question ID: FHS.388\_01.000 Instrument Variable Name: LHAL16N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene senilidad?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to senility

**Skip Instructions:** <1-95,D> [goto LHAL16T]  
<96> [fill "6" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

**Spanish Text:** 2 of 2

\* Enter time period for senility.

(LHAL16N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL16T]

if LHAL16T = 4 and LHAL16N > AGE, goto ERR1\_LHAL16T

**Question ID:** FHS.390\_01.000    **Instrument Variable Name:** LHAL17N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene depresión, ansiedad o problemas emocionales?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem

**Skip Instructions:** <1-95,D> [goto LHAL17T]  
<96> [fill "6" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]



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**Question ID:** FHS.390\_02.000    **Instrument Variable Name:** LHAL17T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

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

(LHAL17N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL17T]if LHAL17T = 4 and LHAL17N > AGE, goto ERR1\_LHAL17T

---

**Question ID:** FHS.392\_01.000    **Instrument Variable Name:** LHAL18N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene dificultades debido a su peso?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a weight problem**Skip Instructions:** <1-95,D> [goto LHAL18T]  
<96> [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.392\_02.000    **Instrument Variable Name:** LHAL18T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for weight problem.

(LHAL18N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to a weight problem and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL18T]if LHAL18T = 4 and LHAL18N > AGE, goto ERR1\_LHAL18T

---

**Question ID:** FHS.394\_01.000    **Instrument Variable Name:** LHAL19N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que a [fill: usted/Alias] le falta un brazo/una pierna/dedos?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to missing limbs**Skip Instructions:** <1-95,D> [goto LHAL19T]  
<96> [fill "6" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.394\_02.000    **Instrument Variable Name:** LHAL19T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for missing limb (finger, toe, or digit).

(LHAL19N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to missing limbs and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL19T]if LHAL19T = 4 and LHAL19N > AGE, goto ERR1\_LHAL19T

---

**Question ID:** FHS.396\_01.000    **Instrument Variable Name:** LHAL20N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas de riñón/vejiga/renal?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem**Skip Instructions:** <1-95,D> [goto LHAL20T]  
<96> [fill "6" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.396\_02.000    **Instrument Variable Name:** LHAL20T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

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

(LHAL20N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL20T]

if LHAL20T = 4 and LHAL20N > AGE, goto ERR1\_LHAL20T

**Question ID:** FHS.398\_01.000    **Instrument Variable Name:** LHAL21N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas circulatorios?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to circulation problems

**Skip Instructions:** <1-95,D> [goto LHAL21T]  
<96> [fill "6" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

**Spanish Text:** 2 of 2

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

(LHAL21N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL21T]

if LHAL21T = 4 and LHAL21N > AGE, goto ERR1\_LHAL21T

---

**Question ID:** FHS.400\_01.000    **Instrument Variable Name:** LHAL22N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene tumores benignos/quistes?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to benign tumors or cysts

**Skip Instructions:** <1-95,D> [goto LHAL22T]  
<96> [fill "6" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.400\_02.000    Instrument Variable Name: LHAL22T    QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for benign tumors or cysts.

(LHAL22N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL22T]

if LHAL22T = 4 and LHAL22N > AGE, goto ERR1\_LHAL22T

Question ID: FHS.402\_01.000    Instrument Variable Name: LHAL23N    QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene fibromyalgia/lupus?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

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

**Skip Instructions:** <1-95,D> [goto LHAL23T]  
<96> [fill "6" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

**Spanish Text:** 2 of 2

\* Enter time period for fibromyalgia or lupus.

(LHAL23N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1\_LHAL23T

**Question ID:** FHS.404\_01.000    **Instrument Variable Name:** LHAL24N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene osteoporosis/tendinitis?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis

**Skip Instructions:** <1-95,D> [goto LHAL24T]  
<96> [fill "6" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.404\_02.000    **Instrument Variable Name:** LHAL24T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for osteoporosis or tendinitis.

(LHAL24N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL24T]if LHAL24T = 4 and LHAL24N > AGE, goto ERR1\_LHAL24T

---

**Question ID:** FHS.406\_01.000    **Instrument Variable Name:** LHAL25N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene epilepsia/ataques?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to epilepsy or seizures**Skip Instructions:** <1-95,D> [goto LHAL25T]  
<96> [fill "6" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.406\_02.000 Instrument Variable Name: LHAL25T QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for epilepsy or seizures.

(LHAL25N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL25T]

if LHAL25T = 4 and LHAL25N > AGE, goto ERR1\_LHAL25T

---

Question ID: FHS.408\_01.000 Instrument Variable Name: LHAL26N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene esclerosis múltiple/distrofia muscular?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

**Skip Instructions:** <1-95,D> [goto LHAL26T]  
<96> [fill "6" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.408\_02.000    Instrument Variable Name: LHAL26T    QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for multiple sclerosis (MS) or muscular dystrophy (MD).

(LHAL26N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL26T]

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1\_LHAL26T

Question ID: FHS.410\_01.000    Instrument Variable Name: LHAL27N    QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene polio/myelitis parálisis/paraplejía/apoplejía?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadruplegia

**Skip Instructions:** <1-95,D> [goto LHAL27T]  
<96> [fill "6" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.410\_02.000    **Instrument Variable Name:** LHAL27T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for polio(myelitis), paralysis or para/quadruplegia.

(LHAL27N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadruplegia and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL27T]if LHAL27T = 4 and LHAL27N > AGE, goto ERR1\_LHAL27T

---

**Question ID:** FHS.412\_01.000    **Instrument Variable Name:** LHAL28N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene enfermedad de Parkinson's?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors**Skip Instructions:** <1-95,D> [goto LHAL28T]  
<96> [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.412\_02.000    **Instrument Variable Name:** LHAL28T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for Parkinson's disease or tremors.

(LHAL28N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL28T]if LHAL28T = 4 and LHAL28N > AGE, goto ERR1\_LHAL28T

---

**Question ID:** FHS.414\_01.000    **Instrument Variable Name:** LHAL29N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha tenido daño al sistema nervioso?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome**Skip Instructions:** <1-95,D> [goto LHAL29T]  
<96> [fill "6" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.414\_02.000 Instrument Variable Name: LHAL29T QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for nerve damage (including carpal tunnel syndrome).

(LHAL29N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome, and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL29T]

if LHAL29T = 4 and LHAL29N > AGE, goto ERR1\_LHAL29T

---

Question ID: FHS.416\_01.000 Instrument Variable Name: LHAL30N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas debido a una hernia?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to a hernia

**Skip Instructions:** <1-95,D> [goto LHAL30T]  
<96> [fill "6" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.416\_02.000    **Instrument Variable Name:** LHAL30T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for hernia.

(LHAL30N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

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

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL30T]

if LHAL30T = 4 and LHAL30N > AGE, goto ERR1\_LHAL30T

---

**Question ID:** FHS.418\_01.000    **Instrument Variable Name:** LHAL31N    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene úlceras?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to an ulcer

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

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**Question ID:** FHS.418\_02.000    **Instrument Variable Name:** LHAL31T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for ulcer.

(LHAL31N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to an ulcer and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL31T]if LHAL31T = 4 and LHAL31N > AGE, goto ERR1\_LHAL31T

---

**Question ID:** FHS.420\_01.000    **Instrument Variable Name:** LHAL32N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha tenido varices/hemorroides?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids**Skip Instructions:** <1-95,D> [goto LHAL32T]  
<96> [fill "6" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.420\_02.000    **Instrument Variable Name:** LHAL32T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for varicose veins or hemorrhoids.

(LHAL32N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL32T]if LHAL32T = 4 and LHAL32N > AGE, goto ERR1\_LHAL32T

---

**Question ID:** FHS.422\_01.000    **Instrument Variable Name:** LHAL33N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas de la glándula tiroides, enfermedad Graves o gota?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout**Skip Instructions:** <1-95,D> [goto LHAL33T]  
<96> [fill "6" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.422\_02.000    **Instrument Variable Name:** LHAL33T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

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

(LHAL33N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL33T]if LHAL33T = 4 and LHAL33N > AGE, goto ERR1\_LHAL33T

---

**Question ID:** FHS.424\_01.000    **Instrument Variable Name:** LHAL34N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas con las rodillas?

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to knee problems**Skip Instructions:** <1-95,D> [goto LHAL34T]  
<96> [fill "6" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.424\_02.000 Instrument Variable Name: LHAL34T QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for knee problem.

(LHAL34N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to knee problems and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL34T]if LHAL34T = 4 and LHAL34N > AGE, goto ERR1\_LHAL34T

---

Question ID: FHS.426\_01.000 Instrument Variable Name: LHAL35N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene migrañas?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to migraine headaches**Skip Instructions:** <1-95,D> [goto LHAL35T]  
<96> [fill "6" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.426\_02.000    **Instrument Variable Name:** LHAL35T    **QuestionnaireFileName:** Family**Spanish Text:** 2 of 2

\* Enter time period for migraine headaches.

(LHAL35N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth
- 
- Refused
- 
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to migraine headaches and 1-95, D was entered for the "number" part of this two-part question**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL35T]if LHAL35T = 4 and LHAL35N > AGE, goto ERR1\_LHAL35T

---

**Question ID:** FHS.450\_01.000    **Instrument Variable Name:** LHAL90N    **QuestionnaireFileName:** Family**Spanish Text:** 1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCA\_S1]?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S1**Skip Instructions:** <1-95,D> [goto LHAL90T]  
<96> [fill "6" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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Question ID: FHS.450\_02.000 Instrument Variable Name: LHAL90T QuestionnaireFileName: Family

Spanish Text: 2 of 2

\* Enter time period for [fill: LAHCA\_S1].

(LHAL90N..)

1. Día(s)
  2. Semana(s)
  3. Mes(es)
  4. Año(s)
- Since Birth  
Refused  
Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S1 and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL90T]

if LHAL90T = 4 and LHAL90N > AGE, goto ERR1\_LHAL90T

---

Question ID: FHS.452\_01.000 Instrument Variable Name: LHAL91N QuestionnaireFileName: Family

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCA\_S2]?

- \* Enter '95' for 95 or more.
- \* Enter '96' if since birth.

**Universe:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S2

**Skip Instructions:** <1-95,D> [goto LHAL91T]  
<96> [fill "6" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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**Question ID:** FHS.452\_02.000    **Instrument Variable Name:** LHAL91T    **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 2

\* Enter time period for [fill: LAHCA\_S2].

(LHAL91N..)

- 1. Día(s)
- 2. Semana(s)
- 3. Mes(es)
- 4. Año(s)
- Since Birth
- Refused
- Don't Know

**Universe:** All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA\_S2 and 1-95, D was entered for the "number" part of this two-part question

**Skip Instructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2\_LHAL91T]

if LHAL91T = 4 and LHAL91N > AGE, goto ERR1\_LHAL91T

---

**Question ID:** FHS.500\_00.000    **Instrument Variable Name:** PHSTAT    **QuestionnaireFileName:** Family

**Spanish Text:** [fill1: ¿Diría que, en general, su salud es excelente, muy buena, buena, regular, o mala?/

¿Diría que, en general, la salud de [fill: Alias] es excelente, muy buena, buena, regular, o mala?]

- 1. Excelente
- 2. Muy buena
- 3. Buena
- 4. Regular
- 5. Mala
- Refused
- Don't Know

**Universe:** All persons

**Skip Instructions:** repeat for all persons in the family, goto FINJ3M

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**Question ID:** FIJ.010\_01.000      **Instrument Variable Name:** FINJ3M      **QuestionnaireFileName:** Family

**Spanish Text:** Las siguientes preguntas tratan de las LESIONES Y LOS EVENENAMIENTOS.  
Las personas pueden ser lesionadas o envenenadas inesperadamente,  
por accidente o intencionalmente. Uno puede que se lastime o que otros lo lastimen.

DURANTE LOS ULTIMOS TRES MESES, es decir, desde [fill 1: date]  
¿ sufrió [fill 2: usted / usted o alguien de su familia] una lesión en la cual [fill 3: su/el]  
cuerpo fue, herido, por ejemplo, con un(a) [fill 4: (random set of examples must match the English order) cortada  
o herida, hueso roto, torcedura o quemadura] ?

1. Sí
2. No
- Refused
- Don't know

**Universe:** All families

**Skip Instructions:** <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]  
<2,R,D> [goto FPOI3M]

**Question ID:** FIJ.012\_00.000      **Instrument Variable Name:** WFINJ3M      **QuestionnaireFileName:** Family

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

¿Quién?  
(¿Hay alguien más?)

**Universe:** All families with two or more psersons and at least was injured during the past 3 months

**Skip Instructions:** <R,D> [goto FPOI3M]  
else, goto TFINJ3M

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

**Question ID:** FIJ.014\_00.000      **Instrument Variable Name:** TFINJ3M      **QuestionnaireFileName:** Family

**Spanish Text:** DURANTE LOS ULTIMOS TRES MESES, ¿en cuántas diferentes ocasiones  
[fill 1: fue usted / fue ALIAS] lesionado(a)?

**Universe:** All persons injured during the past 3 months

**Skip Instructions:** <1-10,D> [goto MFINJ3M]  
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode,  
goto FPOI3M]  
<11-91> [goto ERR\_TFINJ3M]

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**Question ID:** FIJ.016\_00.000      **Instrument Variable Name:** MFINJ3M      **QuestionnaireFileName:** Family**Spanish Text:**      ¿Consultó [fill 1: usted /ALIAS] a un profesional de la medicina sobre  
[fill 2: cualquiera de estas lesiones/ esta lesión / su lesión o lesiones]?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All persons with at least one or an unknown number of injury episodes during the past 3 months**Skip Instructions:** <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]  
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

---

**Question ID:** FIJ.018\_00.000      **Instrument Variable Name:** MTFINJ3M      **QuestionnaireFileName:** Family**Spanish Text:**      De [fill 1: las ^TFINJ3M/ todas las] veces en que [fill 2: usted fue / ALIAS fue] lesionado(a),  
¿en cuántas de ellas fue la lesión tan seria como para consultar a un profesional de la medicina?**Universe:** All persons who consulted a medical professional for their injury episode(s)**Skip Instructions:** <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1\_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto  
ERR2\_MTFINJ3M; else, goto IPDATEM]  
<R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

---

**Question ID:** FIJ.020\_00.000      **Instrument Variable Name:** FPOI3M      **QuestionnaireFileName:** Family**Spanish Text:**      DURANTE LOS ULTIMOS TRES MESES, es decir, desde [fill 1: date (91 days before today's date)], ¿ [fill 2:  
fue usted / fue usted o alguien en su familia] envenado(a) tomando o respirando una sustancia dañina tal como  
lejía, monóxido de carbono, o demasiadas píldoras o medicamentos? No incluya intoxicación alimenticia o del sol,  
o sarpullidos debido a la hiedra venenosa.

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All families**Skip Instructions:** <1> [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]  
<2,R,D> [goto FDMED12M]

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**Question ID:** FIJ.022\_00.000    **Instrument Variable Name:** WFPOI3M    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién?  
(¿Hay alguien más?)**Universe:** All families with two or more persons and at least one was poisoned during the past 3 months**Skip Instructions:** <R,D> [goto FDMED12M]  
else, goto TFPOI3M

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

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**Question ID:** FIJ.024\_00.000    **Instrument Variable Name:** TFPOI3M    **QuestionnaireFileName:** Family**Spanish Text:** DURANTE LOS ULTIMOS TRES MESES, ¿en cuántas diferentes ocasiones fue [fill 1: usted / ALIAS] envenenado(a)? No incluya intoxicación alimenticia o del sol, o sarpullidos debido a la hiedra venenosa.**Universe:** All persons poisoned during the past 3 months**Skip Instructions:** <1-10,D> [goto MFPOI3M]  
<R> [goto TFPOI3M for next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]  
<11-91> [goto ERR\_TFPOI3M]

---

**Question ID:** FIJ.026\_00.000    **Instrument Variable Name:** MFPOI3M    **QuestionnaireFileName:** Family**Spanish Text:** ¿Consultó o visitó [fil 1: usted / ALIAS] a un profesional de la medicina sobre [fill2: cualquier de estos envenenamientos / este envenenamiento / su(s) envenenamientos(s)]?1. Sí  
2. No  
Refused  
Don't know**Universe:** All persons with at least one or an unknown number of poisoning episodes during the past 3 months**Skip Instructions:** <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else, goto MTFPOI3M]  
<2,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]



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**Question ID:** FIJ.028\_00.000    **Instrument Variable Name:** MTFPOI3M    **QuestionnaireFileName:** Family

**Spanish Text:** De [fill 1: las TFPOI3M / todas las] veces que [fill 2: usted fue / ALIAS fue] envenado(a) ¿en cuántas de ellas fue el envenenamiento tan serio como para consultar a un profesional de la medicina?

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

**Skip Instructions:** <1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1\_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2\_MTFPOI3M; else, goto IPDATEM]  
<R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]

---

**Question ID:** FIJ.050\_01.000    **Instrument Variable Name:** IPDATEM    **QuestionnaireFileName:** Family

**Spanish Text:** 1 of 3  
  
(calendar card)

\* Please hand the calendar card to the respondent.

¿Cuándo fue que ocurrió [fill 2: la lesión / el envenenamiento]  
[fill1: suyo(a) / de ALIAS] que resultó en una consulta a un profesional de la medicina?

Ahora le preguntaré sobre las [fill 3: MTFINJ3M / MTFPOI3M] veces que  
[fill 4: usted / ALIAS] fue [fill 5: lesionado(a) / envenenado(a)] y como resultado se consultó a un profesional de la medicina. Empezando con la ocasión más reciente, ¿cuándo fue que ocurrió este(a) [fill 6: lesión / envenenamiento]?

You just told me about [fill 7: your/ALIAS's] [fill 8: month, day of previous event] [fill1 1: most recent/second most recent/third most recent/fourth most recent][fill 9: injury/poisoning]. What was the date of the [fill 10: injury/poisoning] before that for which a medical professional was consulted?

\* Enter month.

1. enero
2. febrero
3. marzo
4. abril
5. mayo
6. junio
7. julio
8. agosto
9. septiembre
10. octubre
11. noviembre
12. diciembre

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

**Skip Instructions:** <1-12> [goto IPDATED]  
<R> [goto IPHOW]  
<D> [goto IPDATENO]

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**Question ID:** FIJ.050\_02.000      **Instrument Variable Name:** IPDATED      **QuestionnaireFileName:** Family

**Spanish Text:** 2 of 3  
  
\* Enter day.

**Universe:** All injury/poisoning episodes where a valid month of episode was entered

**Skip Instructions:** <1-31> [goto IPDATEY]  
<R> [goto IPHOW]  
<D> [goto IPDATEMT]

---

**Question ID:** FIJ.050\_03.000      **Instrument Variable Name:** IPDATEY      **QuestionnaireFileName:** Family

**Spanish Text:** 3 of 3  
  
\* Enter year.  
  
1. 2003  
2. 2004  
Refused  
Don't know

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

**Skip Instructions:** if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR\_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1\_IPDATEY; else, goto IPHOW

---

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

**Spanish Text:** 1 of 2  
  
¿Me puede decir aproximadamente hace cuánto tiempo se [fill2 : lastimó / envenenó] [fill1: usted / ALIAS]?

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

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

---

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

**Spanish Text:** 2 of 2

\* Enter time period.

^IPDATENO...

1. Days
  2. Weeks
  3. Months
- Refused  
Don't know

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

**Skip Instructions:** goto IPHOW

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

**Spanish Text:** (book) F3

¿Fue esto a principios de [fill 1: Date], a mediados de [fill 2: Date], o hacia el final de [fill 3: Date]?

1. Principios
2. Medios
3. Final

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

**Skip Instructions:** gotoIPHOW

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

**Spanish Text:** ¿Cómo fue que se [fill 2: lastimó / envenenó] [fill1: usted / ALIAS] el [FILL 3: Date]? [fill 5: Cómo fue que se [fill 6: lastimó / envenenó]]?

Por favor describa detalladamente los hechos o las causas por las que se [fill 4: lastimó / envenenó] y cualquier objeto, sustancia, u otra persona que estuvo involucrada.

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

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

**Skip Instructions:** <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]  
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]  
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]

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**Question ID:** FIJ.065\_00.000      **Instrument Variable Name:** ICAUS      **QuestionnaireFileName:** Family

**Spanish Text:**      \* Do not read.

Enter the number which best describes the cause of the person's injury from the list below.

1. En un vehículo de motor
2. En una bicicleta, un patinete, un monopatín, patines, esquíes, caballo, etc.
3. Peatón golpeado por un vehículo tal como un auto o una bicicleta
4. En un bote, tren, o avión
5. Caída
6. Quemado o escaldado por sustancias tales como objetos o líquidos calientes, fuego, o químicas
7. Otra

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

**Skip Instructions:** goto IJBODY

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Question ID: FIJ.070\_00.000 Instrument Variable Name: IJBODY QuestionnaireFileName: Family

Spanish Text: (book) F4

\* Enter up to 4 responses, separate with commas.

¿Qué partes del cuerpo [fill1: suyo(a) / de ALIAS] fueron heridas debido a esta lesión?

1. Cabeza (excluyendo la cara)
2. Cuello
3. Hombro
4. Parte superior del brazo
5. Codo
6. Antebrazo (parte inferior del brazo)
7. Muñeca
8. Mano
9. Dedo
10. Pecho
11. Estómago
12. Ingle
13. Espalda
14. Nalgas
15. Cadera
16. Muslo
17. Rodilla
18. Parte inferior de la pierna
19. Tobillo
20. Pie
21. Dedo del pie
22. Ojo
23. Oreja
24. Nariz
25. Boca
26. Dientes
27. Mandíbula
28. Cara
29. Otra, especifique, por favor

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

Skip Instructions: <1-28> [goto IJTYPE1]  
<29> [goto IJBODYOS]  
<R,D> [goto IPEV]

---

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

Spanish Text: \*Read if necessary.

¿Qué otras partes del cuerpo fueron heridas?

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

Skip Instructions: goto IJTYPE1

---

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

**Spanish Text:** (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

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

**Skip Instructions:** <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]  
<9> [goto IJTYP1OS]  
<R> [goto IPEV]

**Question ID:** FIJ.073\_00.000      **Instrument Variable Name:** IJTYP1OS      **QuestionnaireFileName:** Family

**Spanish Text:** ¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

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

**Skip Instructions:** goto IJTYPE2 for next body part; if no more body parts, goto IPEV

**Question ID:** FIJ.074\_00.000      **Instrument Variable Name:** IJTYPE2      **QuestionnaireFileName:** Family

**Spanish Text:** (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: second entry--^IJBODY (text) or ^IJBODYOS] ?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

**Universe:** All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

**Skip Instructions:** <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]  
<9> [goto IJTYP2OS]  
<R> [goto IPEV]

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**Question ID:** FIJ.075\_00.000      **Instrument Variable Name:** IJTYP2OS      **QuestionnaireFileName:** Family

**Spanish Text:**      \* Read if necessary.

¿De qué otra manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: ^IJBODY/ IJBODYOS]?

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

**Skip Instructions:**      goto IJTYP3 for next body part; if no more body parts, goto IPEV

---

**Question ID:** FIJ.076\_00.000      **Instrument Variable Name:** IJTYP3      **QuestionnaireFileName:** Family

**Spanish Text:**      (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

**Universe:**      All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYP2

**Skip Instructions:**      <1-8,D> [goto IJTYP4 for next body part entered at IJBODY; if no more body parts, goto IPEV]  
                                 <9> [goto IJTYP3OS]  
                                 <R> [goto IPEV]

---

**Question ID:** FIJ.077\_00.000      **Instrument Variable Name:** IJTYP3OS      **QuestionnaireFileName:** Family

**Spanish Text:**      \* Read if necessary.

¿De qué otra manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: ^IJBODY/ IJBODYOS]?

**Universe:**      All injury episodes where the third body part was hurt in some "other" way

**Skip Instructions:**      goto IJTYP4 for next body part; if no more body parts, goto IPEV

---

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**Question ID:** FIJ.078\_00.000    **Instrument Variable Name:** IJTYPE4    **QuestionnaireFileName:** Family

**Spanish Text:** (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

**Universe:** All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

**Skip Instructions:** <1-8,R,D> [goto IPEV]  
<9> [goto IJTYP4OS]

**Question ID:** FIJ.079\_00.000    **Instrument Variable Name:** IJTYP4OS    **QuestionnaireFileName:** Family

**Spanish Text:** \* Read if necessary.

¿De qué otra manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: ^IJBODY/ IJBODYOS]?

**Universe:** All injury episodes where the fourth body part was hurt in some "other" way

**Skip Instructions:** if a poisoning episode, goto PPCC; else, goto IPEV

**Question ID:** FIJ.080\_01.000    **Instrument Variable Name:** PPCC    **QuestionnaireFileName:** Family

**Spanish Text:** ¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADO SUBSECUENTE para este envenamiento a través de..

Una llamada a un centro para el control de envenenamientos?

1. Sí
2. No

**Universe:** All poisoning episodes for which a medical professional was consulted

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





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

**Spanish Text:**      \* Read lead-in if necessary.

¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADO SUBSECUENTE para esta(e) [fill 2: lesión / envenenamiento] a través de..

Una llamada a un médico, enfermera(o), u otro profesional de la salud?

1. Sí
2. No

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

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

**Question ID:** FIJ.080\_06.000      **Instrument Variable Name:** IPOTH      **QuestionnaireFileName:** Family

**Spanish Text:**      \* Read lead-in if necessary.

¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADO SUBSECUENTE para esta(e) [fill 2: lesión / envenenamiento] a través de..

Algun otro lugar?

1. Sí
2. No

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

**Skip Instructions:**      <1> [goto IPOTHOS]  
                                  if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER  
                                  <2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2,  
                                  goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto  
                                  IPVER; else goto IPHOSP]  
                                  <R,D> [goto IPHOSP]

**Question ID:** FIJ.081\_00.000      **Instrument Variable Name:** IPOTHOS      **QuestionnaireFileName:** Family

**Spanish Text:**      En qué otro lugar obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADO SUBSECUENTE para esta(e) [fill 2: lesión / envenenamiento]?

**Universe:**      All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

**Skip Instructions:**      goto IPHOSP

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**Question ID:** FIJ.082\_00.000      **Instrument Variable Name:** IPVER      **QuestionnaireFileName:** Family**Spanish Text:**      \* Please verify.

[Fill 1: Usted / ALIAS] NO obtuvo consejo o tratamiento médico, o seguimiento para esta(e) [fill 2: lesión / envenenamiento] ¿correcto?

1. Sí
2. No

**Universe:** All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected**Skip Instructions:** <1>[if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning; else, if no more family members with an injury/poisoning, go to FPOI3M/FDMED12M]  
<2> [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]

---

**Question ID:** FIJ.090\_00.000      **Instrument Variable Name:** IPHOSP      **QuestionnaireFileName:** Family**Spanish Text:** [fill 1: Fue usted/ Fue ALIAS] hospitalizado(a) por lo menos una noche como resultado de esta(a) [fill 2: lesión / envenenamiento] ?

1. Sí
2. No

**Universe:** All injury/poisoning episodes for which a medical professional was consulted**Skip Instructions:** <1> [goto IPIHNO]  
<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

---

**Question ID:** FIJ.091\_00.000      **Instrument Variable Name:** IPIHNO      **QuestionnaireFileName:** Family**Spanish Text:** ¿Cuántas noches pasó [fill 1: usted / ALIAS] en el hospital?

\* If still in hospital, ask how many nights up to today.

\* Enter '95' for 95 or more nights.

**Universe:** All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization**Skip Instructions:** <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]  
<61-95> [goto ERR\_IPIHNO]

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**Question ID:** FIJ.109\_00.000      **Instrument Variable Name:** IMTRAF      **QuestionnaireFileName:** Family

**Spanish Text:**      ¿Ocurrió este accidente en una autopista, calle pública o carretera?

1. Sí
2. No

**Universe:**      All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

**Skip Instructions:**      goto IMVWHO

**Question ID:** FIJ.110\_00.000      **Instrument Variable Name:** IMVWHO      **QuestionnaireFileName:** Family

**Spanish Text:**      \*FR read all categories.

[fill 1: Fue usted/ Fue ALIAS] lesionado(a) mientras que:

1. Era el chofer de un vehículo de motor
2. Era un pasajero en un vehículo de motor
3. Era un peatón / caminaba
4. En bicicleta o triciclo
5. En un patinete, un monopatín, patines u otro vehículo no motorizado

**Universe:**      All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

**Skip Instructions:**      <1,2> [goto IMVTYP]  
<4,5> [goto IHELMT]  
<3,R,D> [goto IPWHAT]

**Question ID:** FIJ.111\_00.000      **Instrument Variable Name:** IMVTYP      **QuestionnaireFileName:** Family

**Spanish Text:**      (book) F6

¿En qué tipo de vehículo viajaba [fill 1: usted / ALIAS]?

1. Automóvil
2. Camioneta o troca de pasajeros, tal como un "pickup" un "van" o un "SUV"
3. Autobús
4. Un camión comercial grande, tal como un semi-trailer o 18-ruedas.
5. Motocicleta (incluyendo ciclomotores y mini-motocicletas)
6. Vehículo de todo terreno o de nieve/motonieve
7. Equipo granjero (tal como un tractor)
8. Vehículo industrial o de construcción
9. Otro

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

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

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**Question ID:** FIJ.112\_00.000      **Instrument Variable Name:** ISBELT      **QuestionnaireFileName:** Family

**Spanish Text:**      ¿Estaba [fill 1: usted / ALIAS] asegurado(a) al ocurrir el accidente? Es decir, usando un cinturón de seguridad o en un asiento de seguridad infantil?

1. Sí usando CINTURON
2. Sí usando ASIENTO de seguridad infantil
3. No

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

**Skip Instructions:**      goto IPWHAT

---

**Question ID:** FIJ.113\_00.000      **Instrument Variable Name:** IHELMT      **QuestionnaireFileName:** Family

**Spanish Text:**      ¿Estaba [fill 1: usted / ALIAS] usando casco al ocurrir el accidente?

1. Sí
2. No

**Universe:**      All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

**Skip Instructions:**      goto IPWHAT

---

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

**Spanish Text:**      (book) F7

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

¿De qué o porqué se cayó [fill 1: usted / ALIAS]? Algo más?

1. Escalones o escalera eléctrica
2. Piso/terreno plano
3. Acera, incluya banqueta
4. Escalera o andamio
5. Equipo recreativo infantil
6. Campo de terreno recreativo, cancha o pista
7. Edificio u otra estructura
8. Silla, cama, sofá, u otro mueble
9. Tina, ducha, regadera o inodoro/tasa
10. Hoyo/hueco u otra abertura
11. Otro

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

**Skip Instructions:**      goto IFALLWHY

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

**Spanish Text:** (book) F8

¿Qué causó [fill 1: su caída?/ la caída de [ALIAS]?] ¿Fue por un?

1. Resbalón o tropezón
2. Brincó o se hechó un clavado
3. Tropezó con un objeto u otra persona
4. Fue empujado por otra persona
5. Perdió el balance o sufrió un mareo (se desmayó o tuvo convulsiones)
6. Otra

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

**Skip Instructions:** goto IPWHAT

---

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

**Spanish Text:** (book) F9

[Fill:¿Qué causó su envenenamiento?/

¿Qué causó el envenenamiento de [ALIAS]?]

1. Tomando un medicamento o una droga equivocadamente o en sobredosis
2. Tragando o tocando una sustancia dañina líquida o sólida
3. Respirando gases o vapores dañinos
4. Comiendo una planta venenosa u otra sustancia confundiéndola con comida
5. Mordida de un animal venenoso
6. Otra

**Universe:** All poisoning episodes for which a medical professional was consulted

**Skip Instructions:** <1-5,R,D> [goto IPWHAT]  
<6> [goto PPOISOS]

---

**Question ID:** FIJ.141\_00.000    **Instrument Variable Name:** PPOISOS    **QuestionnaireFileName:** Family

**Spanish Text:** \* Read if necessary.

[Fill:¿Cómo ocurrió su envenenamiento?/

¿Cómo ocurrió el envenenamiento de [ALIAS]?]

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

**Skip Instructions:** goto IPWHAT

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**2004 NHIS Spanish Questionnaire - Family  
Injuries & Poisoning**

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**Question ID:** FIJ.150\_00.000      **Instrument Variable Name:** IPWHAT      **QuestionnaireFileName:** Family

**Spanish Text:** (book) F10

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

¿Qué estaba haciendo [fill 1: usted / ALIAS] cuando se  
[fill 2: lastimó / envenenó]?

1. Conduciendo o viajando en un vehículo de motor
2. Trabajo a salario
3. Trabajando en casa o el patio
4. Asistiendo a la escuela
5. Trabajo sin paga (por ejemplo, trabajo voluntario)
6. Deportes y ejercicios
7. Actividad recreativa o de diversión (excluyendo deportes)
8. Durmiendo, descansando, comiendo, o bebiendo
9. Cocinando
10. Bajo el cuidado de otra persona
12. Otra actividad

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

**Skip Instructions:** <1-10,R,D> [goto IPWHER]  
<11> [goto IPWHATOT]

---

**Question ID:** FIJ.151\_00.000      **Instrument Variable Name:** IPWHATOT      **QuestionnaireFileName:** Family

**Spanish Text:** \* Read if necessary.

¿Qué otra actividad desempeñaba [fill 1: usted / ALIAS] cuando se  
[fill 2: lastimó / envenenó]?

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

**Skip Instructions:** goto IPWHER

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## 2004 NHIS Spanish Questionnaire - Family Injuries & Poisoning

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**Question ID:** FIJ.160\_00.000      **Instrument Variable Name:** IPWHER      **QuestionnaireFileName:** Family

**Spanish Text:** (book) F11

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

¿Dónde estaba [fill 1: usted / ALIAS] cuando se [fill 2: lastimó / envenenó]?

1. Hogar (adentro)
2. Hogar (afuera)
3. Escuela (no residencial)
4. Centro de cuidado de niños, guardería infantil
5. Institución residencial (excluyendo hospitales)
6. Centro médico (incluyendo hospitales)
7. Calle o autopista
8. Acera
9. Area de estacionamiento
10. Centro deportivo, campo atlético, o parque infantil
11. Centro de compras, restaurante, tienda, banco, gasolinera, u otro centro comercial
12. Finca
13. Parque o área recreativa (incluyendo camino de bicicletas o de correr)
14. Río, lago, arroyo u océano
15. Area industrial o de construcción
16. Otro edificio público
17. Otro

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

**Skip Instructions:** if AGE lt 5 and the person has more injury/poisoning episodes, goto IPDATEM; else, if AGE lt 5 and the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if AGE lt 5 and no more family members with an injury/poisoning, goto FPOI3M/FDMED12M; else, if AGE ge 13, goto IPEMP; else, if AGE ge 5 and AGE le 12, goto IPSTU

**Question ID:** FIJ.170\_00.000      **Instrument Variable Name:** IPEMP      **QuestionnaireFileName:** Family

**Spanish Text:** Al ocurrir esta(e) [fill 1: lesión / envenenamiento], ¿[fill 2: tenía usted / tenía ALIAS] un trabajo de jornada/tiempo completa(o) (full-time), de jornada/tiempo parcial o reducida (part time), o no tenía empleo?

1. Jornada/tiempo completa(o) (full-time)
2. Jornada/tiempo parcial o reducida (part-time)
3. No tenía empleo

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

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



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**Question ID:** FIJ.171\_00.000    **Instrument Variable Name:** IPWKLS    **QuestionnaireFileName:** Family**Spanish Text:** Como resultado de esta(e) [fill 1: lesión / envenenamiento], ¿cuántos días de trabajo faltó [fill 2: usted / ALIAS] ?

1. Ninguno
2. Menos de 1 día
3. De uno a cinco días
4. Seis días o más

**Universe:** All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode**Skip Instructions:** goto IPSTU

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**Question ID:** FIJ.180\_00.000    **Instrument Variable Name:** IPSTU    **QuestionnaireFileName:** Family**Spanish Text:** Al ocurrir esta(e) [fill 1: lesión / envenenamiento], ¿era [fill 2: usted / ALIAS] un estudiante de tiempo completo (full-time), tiempo parcial o reducida (part time), o no era estudiante?

1. Tiempo completo (full-time)
2. Tiempo parcial o reducida (part-time)
3. No era estudiante

**Universe:** All medically-consulted injury/poisoning episodes for persons 5 years of age or older**Skip Instructions:** <1,2> [goto IPSCLS]  
<3,R,D> [goto FDMED12M]

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**Question ID:** FIJ.181\_00.000    **Instrument Variable Name:** IPSCLS    **QuestionnaireFileName:** Family**Spanish Text:** Como resultado de esta(e) [fill 1: lesión / envenenamiento], ¿cuántos días de escuela faltó [fill 2: usted / ALIAS] ?

1. Ninguno
2. Menos de 1 día
3. De uno a cinco días
4. Seis días o más

**Universe:** All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode**Skip Instructions:** if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FDMED12M

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**2004 NHIS Spanish Questionnaire - Family  
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**Question ID:** FAU.010\_00.000    **Instrument Variable Name:** FDMED12M    **QuestionnaireFileName:** Family

**Spanish Text:** Las siguientes preguntas se refieren al uso de servicios de salud. No incluya el cuidado dental.

DURANTE LOS ULTIMOS 12 MESES, ¿se ha demorado el cuidado médico [fill: por preocupación al costo?/  
para alguien de la familia por preocupación al costo?]

- 1. Sí
- 2. No
- Refused
- Don't know

**Universe:** All families

**Skip Instructions:** <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]  
<2,R,D> [goto FNMED12M]

---

**Question ID:** FAU.020\_00.000    **Instrument Variable Name:** PDMED12M    **QuestionnaireFileName:** Family

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

¿A quién de la familia se le ha demorado el cuidado médico?  
(¿Hay alguien más?)

**Universe:** All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

**Skip Instructions:** goto FNMED12M

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

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**Question ID:** FAU.030\_00.000    **Instrument Variable Name:** FNMED12M    **QuestionnaireFileName:** Family

**Spanish Text:** DURANTE LOS ULTIMOS 12 MESES, ¿hubo algún momento en que [fill1: usted/alguien de la familia] necesitó atención médica pero no la obtuvo porque [fill2: /la familia] no la pudo pagar?

- 1. Sí
- 2. No
- Refused
- Don't know

**Universe:** All families

**Skip Instructions:** <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]  
<2,R,D> [goto FHOSPYR]

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**Question ID:** FAU.040\_00.000    **Instrument Variable Name:** PNMED12M    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién no obtuvo la atención médica que necesitaba?  
(¿Hay alguien más?)**Universe:** All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months**Skip Instructions:** goto FHOSPYR

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

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**Question ID:** FAU.050\_00.000    **Instrument Variable Name:** FHOSPYR    **QuestionnaireFileName:** Family**Spanish Text:** DURANTE LOS ULTIMOS 12 MESES, ¿estuvo [fill1: usted/alguien de la familia] ingresado(a) en el hospital POR UNA NOCHE O MAS? Sin incluir la estancia de un día a otro en la sala de emergencia.

[fill2: Incluya madres y/o bebés recién nacidos hospitalizados por nacimiento.]

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All families**Skip Instructions:** <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]  
<2,R,D> [goto FHCHM2W]

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**Question ID:** FAU.060\_00.000    **Instrument Variable Name:** PHOSPYR    **QuestionnaireFileName:** Family**Spanish Text:**    \*Ask or verify. Enter applicable line number(s), separate with commas.¿Quién estuvo ingresado en el hospital una noche o más?  
(¿Alguien más?)**Universe:** All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)**Skip Instructions:** goto HOSPNONOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

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**Question ID:** FAU.070\_00.000    **Instrument Variable Name:** HOSPNO    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Cuántas veces estuvo [fill:usted/Alias] hospitalizado por una noche o m s DURANTE LOS ULTIMOS 12 MESES?**Universe:**    All persons who had an overnight hospital stay during the past 12 months (excluding ER)**Skip Instructions:**    <1-10> [goto HPNITE]  
<11-365> [goto ERR\_HOSPNO]  
<R,D> [goto HPNITE]

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**Question ID:** FAU.110\_00.000    **Instrument Variable Name:** HPNITE    **QuestionnaireFileName:** Family**Spanish Text:**    En total, ¿cuántas noches pasó [fill: usted/Alias] en el hospital DURANTE LOS ULTIMOS 12 MESES?**Universe:**    All persons who had an overnight hospital stay during the past 12 months (excluding ER)**Skip Instructions:**    <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]  
<51-365> [goto ERR1\_HPNIITE]  
  
if HOSPNO gt HPNITE, goto ERR2\_HPNIITE

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**Question ID:** FAU.120\_00.000    **Instrument Variable Name:** FHCHM2W    **QuestionnaireFileName:** Family**Spanish Text:**    \* Hand calendar card

Las siguientes preguntas se refieren a la atención médica recibida durante las 2 SEMANAS subrayadas en el calendario. Incluya atención de TODA clase de médicos, tales como dermatólogos, psiquiatras, oftalmólogos y médicos en práctica general. Incluya también el cuidado de OTROS profesionales de la salud como enfermeras, terapistas físicos y quiroprácticos. No incluya el cuidado dental. No incluya cuidado recibido durante una estancia en el hospital de una noche o más.

Durante esas 2 SEMANAS, ¿obtuvo [fill: usted/alguien de la familia] atención medica EN EL HOGAR por parte de un(a) enfermero(a) o algún otro profesional de la salud?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    All families**Skip Instructions:**    <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]  
<2,R,D> [goto FHCPH2W]

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**Question ID:** FAU.130\_00.000    **Instrument Variable Name:** PHCHM2W    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién recibió atención médica en el hogar?  
(¿Alguien más?)**Universe:**    All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)**Skip Instructions:**    goto PHCHMN2W

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

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**Question ID:** FAU.140\_00.000    **Instrument Variable Name:** PHCHMN2W    **QuestionnaireFileName:** Family**Spanish Text:**    [Fill1: ¿Cuántas visitas médicas al hogar le hicieron durante esas 2 SEMANAS?/  
¿Cuántas visitas médicas al hogar le hicieron a [fill: Alias] durante esas 2 SEMANAS?]

\* 50 or more visits should be coded as '50'.

**Universe:**    All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)**Skip Instructions:**    <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]  
<15-50> [goto ERR\_PHCPHMN2W]

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**Question ID:** FAU.150\_00.000    **Instrument Variable Name:** FHCPH2W    **QuestionnaireFileName:** Family**Spanish Text:**    Durante esas 2 SEMANAS, ¿obtuvo [usted/alguien de la familia] consejo médico o resultados de pruebas por TELEFONO de un médico, un(a) enfermero(a) o algún otro profesional de la salud?

No incluya llamadas para hacer citas, discutir los pagos, o para reordenar medicamentos recetados.

1. Sí  
2. No  
Refused  
Don't know**Universe:**    All families**Skip Instructions:**    <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]  
<2,R,D> [goto FHCDV2W]

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**2004 NHIS Spanish Questionnaire - Family  
Family Access to Health Care & Utilization**Document Version Date: 20-Jul-05

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**Question ID:** FAU.160\_00.000    **Instrument Variable Name:** PHCPH2W    **QuestionnaireFileName:** Family

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

¿Para quién se hizo la llamada?  
(¿Alguien más?)

**Universe:**            All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

**Skip Instructions:**    goto PHCPHN2W

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

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**Question ID:** FAU.170\_00.000    **Instrument Variable Name:** PHCPHN2W    **QuestionnaireFileName:** Family

**Spanish Text:**        Durante esas 2 SEMANAS, ¿cuántas llamadas [fill1 hizo?] [fill2 se hicieron con respecto a la salud de [fill:Alias]?)

**Universe:**            All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

**Skip Instructions:**    <1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]  
<15-50> [goto ERR\_PHCPHN2W]

---

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

**Spanish Text:**        Durante esas 2 SEMANAS, ¿consultó [fill1: usted/alguien de la familia] con un médico u otro profesional de la salud en persona, ya fuera en un CONSULTORIO, una clínica, una sala de emergencia, o cualquier otro lugar?

[fill2: No incluya estancias en el hospital de una noche o más.]

1. Sí  
2. No  
Refused  
Don't know

**Universe:**            All families

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

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

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

¿Quién recibió atención?  
(¿Alguien más?)

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

**Skip Instructions:**    goto PHCDVN2W

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

**Question ID:** FAU.200\_00.000    **Instrument Variable Name:** PHCDVN2W    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Cuántas veces fue [fill: usted/Alias] al médico u otro profesional de la salud durante esas 2 SEMANAS?

**Universe:**            All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

**Skip Instructions:**    <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]  
<15-50> [goto ERR\_PHCDVN2W]

**Question ID:** FAU.210\_00.000    **Instrument Variable Name:** F10DVYR    **QuestionnaireFileName:** Family

**Spanish Text:**        Durante los últimos 12 MESES, ¿recibió [fill: usted/alguien de la familia] atención médica de doctores u otros profesionales de la salud en 10 o más ocasiones? No incluya consultas por teléfono.

1. Sí  
2. No  
Refused  
Don't know

**Universe:**            All families

**Skip Instructions:**    <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]  
<2,R,D> [goto FHICOV]

**Question ID:** FAU.220\_00.000    **Instrument Variable Name:** P10DVYR    **QuestionnaireFileName:** Family

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

¿Quién recibió atención en 10 o más ocasiones?  
(¿Alguien más?)

**Universe:**            All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

**Skip Instructions:**    goto FHICOV

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

**2004 NHIS Spanish Questionnaire - Family  
Family Health Insurance**

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**Question ID:** FHI.050\_00.000    **Instrument Variable Name:** FHICOV    **QuestionnaireFileName:** Family

**Spanish Text:** (book) F12 and (book) F13

Las siguientes preguntas se refieren a los planes de seguro médico. Incluya seguro de salud obtenido a través del empleo o comprado directamente, así como programas gubernamentales como Medicare y Medicaid, que proveen cuidado de salud o ayudan a pagar los gastos médicos.

[fill: ¿Está usted cubierto(a) por algún seguro de salud o/ ¿Hay alguien cubierto por un seguro de salud o] algún otro plan de protección médica?

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:** All families

**Skip Instructions:** <1,R,D> [goto HIKIND]  
<2> [if QUARTER=1 or 2, goto SINCOV; else, if QUARTER=3 or 4 and AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]



**2004 NHIS Spanish Questionnaire - Family  
Family Health Insurance**

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**Question ID:** FHI.070\_00.000    **Instrument Variable Name:** HIKIND    **QuestionnaireFileName:** Family

**Spanish Text:** (book) F12 and (book) F13

¿Qué tipo de seguro médico o cobertura de servicios de salud tiene [fill: usted/ ALIAS]?  
INCLUYA aquellos que pagan solamente por un tipo de servicio (cuidado en un hogar de convalecencia, accidentes, o cuidado dental). EXCLUYA planes privados que solamente proveen compensación monetaria adicional mientras se encuentra hospitalizado.

\* Enter all that apply, separate with commas.

\* Please refer to flashcards F12 and F13 for your state.

1. Seguro privado
  2. Medicare
  3. Medi-Gap
  4. Medicaid
  5. Programa para la Salud Infantil (CHIP/SCHIP)
  6. Cuidado militar/(TRICARE/para veteranos VA/ CHAMP-VA)
  7. Servicio de Salud Indígena
  8. Plan estatal
  9. Otro plan de gobierno
  10. Plan único (e.j. dental, visión, recetas)
  11. Ninguna cobertura
- Don't Know  
Refused

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

**Skip Instructions:** <R,D> [goto HCSPFYR]  
<1-10> [if QUARTER=1 or 2 and HIKIND ne 10, goto SINCOV; else, goto HICHANGE]  
<1-10> [if QUARTER=3 or 4 and AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]  
<11> [if QUARTER=1 or 2 and HIKIND=1-10, goto ERR\_HIKIND; else, goto HICHANGE]  
<11> [if QUARTER=3 or 4 and HIKIND = 1-10, goto ERR\_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]

**Question ID:** FHI.072\_00.000    **Instrument Variable Name:** MCAREPRB    **QuestionnaireFileName:** Family

**Spanish Text:** (book) F12a  
Las personas cubiertas por Medicare tienen una tarjeta que luce así.  
[fill 1: ¿Está usted/¿Está ALIAS] cubierto(a) por Medicare?  
  
1. Sí  
2. No

**Universe:** All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

**Skip Instructions:** if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

NOTE: MCAREPRB was only asked in Quarters 3 and 4.

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**Question ID:** FHI.073\_00.000    **Instrument Variable Name:** MCAIDPRB    **QuestionnaireFileName:** Family

**Spanish Text:** (book F13)  
\* Refer to flashcard F13 for state Medicaid names.  
Hay un programa conocido como Medicaid que paga por el cuidado de salud para las personas necesitadas. En este estado, tambien se le conoce como (fill State name). [fill 1: ¿Está usted/¿Está ALIAS] cubierto(a) por Medicaid?  
  
1. Sí  
2. No

**Universe:** All persons less than 65 years of age with no insurance coverage of any type**Skip Instructions:** goto SINCOV

NOTE: MCAIDPRB was only asked in Quarters 3 and 4.

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**Question ID:** FHI.074\_00.000    **Instrument Variable Name:** SINCOV    **QuestionnaireFileName:** Family

**Spanish Text:** ¿Tiene [fill: usted/Alias] el tipo de seguro que cubre solo un tipo de servicio, tal como dental, de la visión, o de medicamentos recetados?  
  
1. Sí  
2. No  
Don't Know  
Refused

**Universe:** All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND**Skip Instructions:** goto HICHANGE

---

**Question ID:** FHI.075\_00.000    **Instrument Variable Name:** HICHANGE    **QuestionnaireFileName:** Family

**Spanish Text:** Anoté que [fill1: usted/Alias][fill2: no está cubierto(a)/está cubierto(a)] por [fill3: HIKIND]. ¿Es esto correcto?  
  
1. Sí  
2. No  
Don't Know  
Refused

**Universe:** All persons**Skip Instructions:** <1,R,D> [repeat for all eligible persons, then goto MCNO]  
<2> [goto ERR\_HICHANGE]

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Family Health Insurance**

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**Question ID:** FHI.080\_01.000    **Instrument Variable Name:** MCNO    **QuestionnaireFileName:** Family

**Spanish Text:**        \* 1 of 2

Anoté anteriormente que usted está cubierto(a) por Medicare. ¿Me permite ver su tarjeta de Medicare para determinar el tipo de cobertura y anotar su número de reclamación?

\* Enter the number.

Con este número se pueden localizar e identificar fácilmente los expedientes de Medicare mantenidos por Los Centros de Administración de Servicios de Medicare y Medicaid, para estudios estadísticos. Además este número pudiera ser importante para nosotros algún día en caso de que necesitemos comunicarnos de nuevo con usted. Fuera de las razones ya aquí estipuladas, el Centro Nacional de Estadística de Salud no compartirá con nadie su número de reclamación, incluso con ninguna otra agencia del gobierno. Compartir este número con nosotros es un acto voluntario suyo. La Ley del Servicio de Salud Pública nos permite solicitárselo. Su decisión voluntaria en cuanto a darnos o no el número no tendrá ningún efecto en sus beneficios. La confidencialidad de este número se mantendrá en todo momento.

\* If necessary: La ley del Servicio de Salud Publica se encuentra en el Titulo 42 del codigo de leyes de los Estados Unidos, Seccion 242K.

**Universe:**                Family respondents with Medicare

**Skip Instructions:**    <0-99999996> [goto MCLET]  
                                 <R,D> [goto MCPART]

---

**Question ID:** FHI.080\_02.000    **Instrument Variable Name:** MCLET    **QuestionnaireFileName:** Family

**Spanish Text:**

**Universe:**                Family respondents with Medicare who reported a Medicare claim number

**Skip Instructions:**    goto MCPART

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**Question ID:** FHI.090\_00.000    **Instrument Variable Name:** MCPART    **QuestionnaireFileName:** Family**Spanish Text:** (Fill 1]

\* Fill in appropriate coverage type below.

Read if necessary: ¿Que tipo de cobertura Medica tiene [fill2: usted/Alias]?  
Es parte A- seguro de hospital, Parte B- seguro médico, o ambos?

1. Parte A - Sólo Hospital
  2. Parte B - Sólo Médico
  3. Ambas, Parte A y Parte B
- Refused
- 
- Don't know

**Universe:** All persons with Medicare**Skip Instructions:** <1-3> [goto MCCARD]  
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

---

**Question ID:** FHI.092\_00.000    **Instrument Variable Name:** MCCARD    **QuestionnaireFileName:** Family**Spanish Text:****Universe:** All persons with Part A Medicare coverage, Part B Medicare coverage, or both**Skip Instructions:** if MCPART = 1, goto MCRXCARD; else, goto MCCHOICE

---

**Question ID:** FHI.095\_00.000    **Instrument Variable Name:** MCCHOICE    **QuestionnaireFileName:** Family**Spanish Text:** ¿Está [fill: usted/Alias] matriculado(a) en un plan de Medicare Plus Choice?

1. Sí
  2. No
- Don't Know
- 
- Refused

**Universe:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage**Skip Instructions:** goto MCHMO

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**Question ID:** FHI.100\_00.000    **Instrument Variable Name:** MCHMO    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Read: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

¿Está [fill: usted/Alias] cubierto(a) por algún arreglo de cuidado médico a través del Medicare, por ejemplo, un HMO? (Con un HMO, usted recibe atención médica principalmente por medio de los médicos propios del HMO. De lo contrario, los gastos no son cubiertos al menos que tenga un referido del HMO para ver a un especialista, o si el tratamiento obtenido es de urgencia.

1. Sí
2. No
- Don't Know
- Refused

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

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

**Question ID:** FHI.110\_00.000    **Instrument Variable Name:** MCNAME    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Cuál es el nombre del HMO?

\* Read if necessary

¿Tiene usted un carnet o algo que muestra el nombre del plan?

**Universe:**            All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for part B coverage, and are enrolled under a Medicare managed care arrangement

**Skip Instructions:**    goto MCREf

**Question ID:** FHI.114\_00.000    **Instrument Variable Name:** MCREf    **QuestionnaireFileName:** Family

**Spanish Text:**        Si [fill: usted/Alias] necesitara ir a un médico o sitio diferente para obtener tratamiento especial, ¿necesitaría autorización o referencia? No incluya cuidado de emergencia.

1. Sí
2. No
- Don't Know
- Refused

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

**Skip Instructions:**    goto MCPAYPRE

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**Question ID:** FHI.116\_00.000    **Instrument Variable Name:** MCPAYPRE    **QuestionnaireFileName:** Family**Spanish Text:**        Aparte del su seguro Medicare, ¿Está [fill: usted/Alias] pagando una mensualidad adicional o una prima anual para recibir un plan de salud más completo?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:**            All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage**Skip Instructions:**    goto MCRXCARD

---

**Question ID:** FHI.118\_00.000    **Instrument Variable Name:** MCRXCARD    **QuestionnaireFileName:** Family**Spanish Text:****Universe:**            All persons with Medicare**Skip Instructions:**    goto MCPART for next person with Medicare; else, goto MACHMD

---

**Question ID:** FHI.120\_00.000    **Instrument Variable Name:** MACHMD    **QuestionnaireFileName:** Family**Spanish Text:**        (book) F13

\* Read: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

\* Refer to flashcard F10 for state Medicaid names.

Las siguientes preguntas se refieren a la cobertura de Medicaid.

En este estado se le conoce también como [fill: state name].

[fill1: Usted/Alias] se encuentra alistado con coberatura de Medicaid. ¿Puede [fill2: usted/Alias] ir a CUALQUIER médico que acepte Medicaid? o, de lo contrario, TIENE que elegir de una lista, o tiene el médico asignado de antemano?

1. Cualquier médico
  2. Selecciona de una lista
  3. Se le asigna el médico
- Refused  
Don't know

**Universe:**            All persons with Medicaid**Skip Instructions:**    <1,R,D> [goto MAPCMD]  
<2> [goto MACHMD1]  
<3> [goto MACHMD2]

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**Question ID:** FHI.130\_00.000    **Instrument Variable Name:** MACHMD1    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify

Cómo se llama el plan de salud que le proporcionó la lista?

**Universe:** All persons with Medicaid who must select a doctor from a book or list of doctors**Skip Instructions:** goto MANAM

---

**Question ID:** FHI.131\_00.000    **Instrument Variable Name:** MACHMD2    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify

Cómo se llama el plan de salud que le asignó el médico?

**Universe:** All persons with Medicaid for whom a doctor is assigned**Skip Instructions:** goto MANAM

---

**Question ID:** FHI.132\_00.000    **Instrument Variable Name:** MANAM    **QuestionnaireFileName:** Family**Spanish Text:****Universe:** All persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned**Skip Instructions:** goto MAPCMD

---

**Question ID:** FHI.140\_00.000    **Instrument Variable Name:** MAPCMD    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Se le requiere a [fill: usted/Alias] que se asigne un médico principal o un grupo principal de médicos? o, ¿se le requiere ir exclusivamente a una clínica asignada para todos sus tratamientos rutinarios? No incluya atención de emergencia o cuidado por parte de un especialista al que [fill: usted/Alias] haya sido referido.

1. Sí
  2. No
- Don't Know
- 
- Refused

**Universe:** All persons with Medicaid**Skip Instructions:** goto MAREF

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**Question ID:** FHI.150\_00.000    **Instrument Variable Name:** MAREF    **QuestionnaireFileName:** Family**Spanish Text:** Si [fill: usted/Alias] necesitara ir a un médico o sitio diferente para obtener tratamiento especial, ¿necesitaría autorización o referencia? No incluya atención de emergencia.

1. Sí
2. No
- Don't Know
- Refused

**Universe:** All persons with Medicaid**Skip Instructions:** goto MACHMD for the next person with Medicaid; else, goto SSTYPE2

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**Question ID:** FHI.156\_00.000    **Instrument Variable Name:** SSTYPE2    **QuestionnaireFileName:** Family**Spanish Text:** (book) F14

\* Enter all that apply, separate with commas.

Usted mencionó que [fill1: usted /Alias] tiene un plan de cobertura única, es decir, un plan que provee un solo tipo de cobertura específica. ¿Cuál tipo de servicio o cuidado cubre [fill2: su plan o planes/ el plan o planes de [Alias]] de servicio único?

1. Accidentes
2. Cuidado para personas con SIDA
3. Tratamiento para el cáncer
4. Cuidado para situaciones catastróficas
5. Cuidado dental
6. Seguro por incapacidad (pagos en efectivo cuando no puede trabajar por razones de salud)
7. Cuidado en una residencia de enfermos terminales
8. Solamente hospitalización
9. Cuidado a largo plazo (cuidado en un hogar de convalecencia)
10. Recetas
11. Cuidado de la vista
12. Otro - especifique

**Universe:** All persons with single service plans**Skip Instructions:** <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]  
<12> [goto SSOTHER]

---

**Question ID:** FHI.157\_00.000    **Instrument Variable Name:** SSOTHER    **QuestionnaireFileName:** Family**Spanish Text:****Universe:** All persons with an "other" single service plan**Skip Instructions:** goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6

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**Question ID:** FHI.158\_00.000    **Instrument Variable Name:** FHICCI6    **QuestionnaireFileName:** Family

**Spanish Text:**        Ahora le haré preguntas acerca de los planes de salud privados obtenidos a través del trabajo o de un programa del gobierno estatal, local o de la comunidad.

[Fill 1]

\* Enter 1 to continue

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

**Skip Instructions:**    goto HIPNAM1

---

**Question ID:** FHI.160\_00.000    **Instrument Variable Name:** HIPNAM1    **QuestionnaireFileName:** Family

**Spanish Text:**        Es importante que anotemos completo y exacto el nombre de cada plan de seguro médico. ¿Cuál es el nombre COMPLETO del primer plan?

NO incluya planes que sólo proveen dinero mientras esta hospitalizado o planes que pagan por un sólo tipo de servicio, tal como seguros que solo pagan por servicio de asilo o residencia de ancianos o enfermos, seguro por accidentes o seguro dental.

\* Read if necessary.

\* ¿Tiene usted un carnet o algo que muestra el nombre del plan?

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

**Skip Instructions:**    <verbatim> [goto PCARD1]  
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

---

**Question ID:** FHI.160\_01.000    **Instrument Variable Name:** PCARD1    **QuestionnaireFileName:** Family

**Spanish Text:**

**Universe:**            All private health insurance plans where the plan name was entered at HIPNAM1

**Skip Instructions:**    goto HIPNAM1B

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**Question ID:** FHI.170\_00.000    **Instrument Variable Name:** HIPNAM1B    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

\* Indicate each family member covered by this plan.

**Universe:** All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

**Skip Instructions:** <R,D> [if HIPNAM1= R or D, goto STNAME]  
goto MORPLAN

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

**Question ID:** FHI.171\_00.000    **Instrument Variable Name:** MORPLAN    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Ask if necessary

¿Hay otro(s) plan(es) de seguro médico?

1. Sí
2. No
- Don't Know
- Refused

**Universe:** All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

**Skip Instructions:** <1> [goto HIPNAM2]  
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

**Question ID:** FHI.172\_00.000    **Instrument Variable Name:** HIPNAM2    **QuestionnaireFileName:** Family

**Spanish Text:**

¿Cuál es el nombre del próximo plan?

**Universe:** All families with a second private health insurance plan

**Skip Instructions:** <verbatim> [goto PCARD2]  
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]

**Question ID:** FHI.172\_01.000    **Instrument Variable Name:** PCARD2    **QuestionnaireFileName:** Family

**Spanish Text:**

**Universe:** All private health insurance plans where the plan name was entered at HIPNAM2

**Skip Instructions:** goto HIPNAM2B

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**Question ID:** FHI.173\_00.000    **Instrument Variable Name:** HIPNAM2B    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

\* Indicate each family member covered by this plan.

**Universe:** All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

**Skip Instructions:** <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

**Question ID:** FHI.174\_00.000    **Instrument Variable Name:** MORPLAN2    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Ask if necessary

¿Hay otro(s) plan(es) de seguro médico?

1. Sí
2. No
- Don't Know
- Refused

**Universe:** All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

**Skip Instructions:** <1> [goto HIPNAM3]  
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]

**Question ID:** FHI.175\_00.000    **Instrument Variable Name:** HIPNAM3    **QuestionnaireFileName:** Family

**Spanish Text:**

¿Cuál es el nombre del próximo plan?

**Universe:** All families with a third private health insurance plan

**Skip Instructions:** <verbatim> [goto PCARD3]  
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

**Question ID:** FHI.175\_01.000    **Instrument Variable Name:** PCARD3    **QuestionnaireFileName:** Family

**Spanish Text:**

**Universe:** All private health insurance plans where the plan name was entered at HIPNAM3

**Skip Instructions:** goto HIPNAM3B

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**Question ID:** FHI.176\_00.000    **Instrument Variable Name:** HIPNAM3B    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

\* Indicate each family member covered by this plan.

**Universe:** All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

**Skip Instructions:** <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3

**Question ID:** FHI.177\_00.000    **Instrument Variable Name:** MORPLAN3    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Ask if necessary

¿Hay otro(s) plan(es) de seguro médico?

1. Sí
2. No
- Don't Know
- Refused

**Universe:** All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

**Skip Instructions:** <1> [goto HIPNAM4]  
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

**Question ID:** FHI.178\_00.000    **Instrument Variable Name:** HIPNAM4    **QuestionnaireFileName:** Family

**Spanish Text:**

¿Cuál es el nombre del próximo plan?

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

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

**Question ID:** FHI.178\_01.000    **Instrument Variable Name:** PCARD4    **QuestionnaireFileName:** Family

**Spanish Text:**

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

**Skip Instructions:** goto HIPNAM4B

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**Question ID:** FHI.179\_00.000    **Instrument Variable Name:** HIPNAM4B    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

\* Indicate each family member covered by this plan.

**Universe:** All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

**Skip Instructions:** <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]  
goto FHICCI8

**Question ID:** FHI.180\_00.000    **Instrument Variable Name:** HIVER1    **QuestionnaireFileName:** Family

**Spanish Text:**

He anotado que [fill: usted/ ALIAS] tiene un seguro privado, pero este no se mencionó en nuestra discusión de los seguros médicos. ¿Tiene [fill: usted/ ALIAS] cobertura por seguro privado?

1. Sí
2. No
- Don't Know
- Refused

**Universe:** All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**Skip Instructions:** <1> [ goto HIVER2]  
<2,R,D> [goto ERR\_HIVER1]

**Question ID:** FHI.190\_00.000    **Instrument Variable Name:** HIVER2    **QuestionnaireFileName:** Family

**Spanish Text:**

\* Enter all that apply, separate with commas.

¿Está el plan de seguro médico de [fill1: usted/ ALIAS] entre los que ya mencionó?

Authors: fill names of plans for precodes 1-4 as follows:

1. [HIPNAM]
2. [NEXTPNM] (if available)
3. [NEXTPNM2] (if available)
4. [NEXTPNM3] (if available)
5. Otro plan no mencionado
- Refused
- Don't know

**Universe:** All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**Skip Instructions:** <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]  
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]  
<R,D> [goto FHICCI8]

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**Question ID:** FHI.195\_01.000    **Instrument Variable Name:** FHICCI8    **QuestionnaireFileName:** Family

**Spanish Text:** [Fill 1]

\* Enter 1 to continue.

**Universe:** All families where a private health insurance plan was reported

**Skip Instructions:** goto FHI200

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

---

**Question ID:** FHI.200\_01.000    **Instrument Variable Name:** FHI200    **QuestionnaireFileName:** Family

**Spanish Text:** Los planes de seguro médico por lo regular se obtienen bajo el nombre de una sola persona, aún cuando otros familiares esten bajo la póliza. ¿Bajo qué nombre está registrado este plan?

\* Enter line number of family member (from list below) in whose name this plan is held.

\* (0) Policyholder outside of family

**Universe:** All private health insurance plans

**Skip Instructions:** goto PLNWRK

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

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**Question ID:** FHI.210\_01.000    **Instrument Variable Name:** PLNWRK    **QuestionnaireFileName:** Family

**Spanish Text:** (book) F15

¿Cuál de las siguientes categorías mejor describe cómo este plan fue obtenido?

1. Empleador/patrono
  2. Sindicato
  3. A través del trabajo, pero no por el empleador ni por un sindicato
  4. A través del trabajo por cuenta propia, o por una asociación profesional
  5. Comprado directamente
  6. A través del gobierno estatal o local o un programa comunitario
  7. Otro (especifique)
- Don't Know  
Refused

**Universe:** All private health insurance plans

**Skip Instructions:** <1-6,R,D> [goto PLNPAY]  
<7> [goto PLNWKSP]

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

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

**Spanish Text:**        \*Read if necessary.

¿Cómo fue obtenido este plan?

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

**Skip Instructions:**    goto PLNPAY

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

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**Question ID:** FHI.220\_10.000    **Instrument Variable Name:** PLNPAY    **QuestionnaireFileName:** Family

**Spanish Text:**        \* Enter all that apply, separate with commas.

¿Quién paga por este plan de seguro de salud?

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

1. Uno mismo o familiares (familiares viviendo en el hogar)
2. Empleador o Sindicato
3. Alguien que no reside en el hogar
4. Medicare
5. Medicaid
6. SCHIP (Programa de Seguro de Salud Infantil)
7. Programa del gobierno estatal o local o de la comunidad

**Universe:**            All private health insurance plans

**Skip Instructions:**    <1> [goto HICOSTN]  
<2-7,R,D> [if PLNPAY=1, goto HICOSTN; else, goto PLNMGD]

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

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

**Spanish Text:**        \* 1 of 2

Cuánto paga [fill: usted/su familia] por la prima de la póliza de salud [fill 2]? Incluya la deducción automática de nómina para el pago de las primas.

**Universe:**            All private health insurance plans payed for by self or family

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

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

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**Question ID:** FHI.230\_12.000    **Instrument Variable Name:** HICOSTT    **QuestionnaireFileName:** Family**Spanish Text:****Universe:** All private health insurance plans with a valid response to HICOSTN**Skip Instructions:** goto PLNMGD

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

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**Question ID:** FHI.240\_01.000    **Instrument Variable Name:** PLNMGD    **QuestionnaireFileName:** Family**Spanish Text:** ¿Es [fill 1] un HMO (Organización de Mantenimiento de la Salud), un IPA (Asociación de Práctica Individual), un PPO (Organización de Proveedores Preferidos), un POS (Punto de Servicio), pago por servicio, o indemnización, o es otro tipo de plan?

1. HMO/IPA
  2. PPO
  3. POS
  4. Pago Por Servicio
  5. Otro
- Refused
- 
- Don't Know

**Universe:** All private health insurance plans**Skip Instructions:** goto MGCHMD

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

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**Question ID:** FHI.242\_01.000    **Instrument Variable Name:** MGCHMD    **QuestionnaireFileName:** Family**Spanish Text:** [fill1: Bajo este plan, ¿puede usted escoger a CUALQUIER médico o TIENE que escoger de un grupo específico o de una lista de médicos?] [fill2: Bajo este plan, ¿pueden los familiares escoger a CUALQUIER médico o TIENEN que escoger de un grupo específico o de una lista de médicos?]

1. Cualquier médico
  2. Seleccionar de una lista
- Refused
- 
- Don't Know

**Universe:** All private health insurance plans**Skip Instructions:** <1> [goto MGPRMD]  
<2> [goto MGPYMD]  
<R,D> [goto MGPREF]NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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**Question ID:** FHI.244\_01.000    **Instrument Variable Name:** MGPRMD    **QuestionnaireFileName:** Family

**Spanish Text:** [fill1: ¿Tiene usted la opción de elegir al médico de una lista preferencial que le reduce el costo?] [fill2: ¿Tienen los familiares con este plan la opción de elegir al médico de una lista preferencial que le reduce el costo?]

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:** All private health insurance plans where covered persons can choose any doctor

**Skip Instructions:** goto MGPREF

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

---

**Question ID:** FHI.246\_01.000    **Instrument Variable Name:** MGPYMD    **QuestionnaireFileName:** Family

**Spanish Text:** [fill1: Si usted elige a un médico que no pertenece al plan, ¿paga [fill2] cualquier parte del costo?] [fill3: Si los familiares con este plan eligen a un médico que no pertenece al plan, ¿paga [fill2] cualquier parte del costo?]

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:** All private health insurance plans where covered persons must select from a group or list of doctors

**Skip Instructions:** goto MGPREF

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

---

**Question ID:** FHI.248\_01.000    **Instrument Variable Name:** MGPREF    **QuestionnaireFileName:** Family

**Spanish Text:** Cuando [fill: usted/alguien de la familia con este plan] necesita ir a un médico o sitio diferente para obtener tratamiento especial, ¿necesita autorización o referencia? No incluya atención de emergencia.

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:** All private health insurance plans

**Skip Instructions:** goto PRRXCOV

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

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**Question ID:** FHI.249\_01.000    **Instrument Variable Name:** PRRXCOV    **QuestionnaireFileName:** Family**Spanish Text:****Universe:** All private health insurance plans**Skip Instructions:** goto FHICCI8 for the next private health insurance plan; else, goto STNAME1

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

---

**Question ID:** FHI.250\_00.000    **Instrument Variable Name:** STNAME1    **QuestionnaireFileName:** Family**Spanish Text:** Anoté anteriormente que [fill: usted/Alias] está cubierto por el Programa para la Salud Infantil(CHIP/ SCHIP).  
¿Cuál es el nombre de ese plan?

\* Read if necessary: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

**Universe:** All persons with SCHIP**Skip Instructions:** goto STDOC1

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**Question ID:** FHI.251\_00.000    **Instrument Variable Name:** STDOC1    **QuestionnaireFileName:** Family**Spanish Text:** Con [fill1:STNAME], ¿puede [fill2:usted/Alias] ir a CUALQUIER médico que acepta este plan o TIENE [fill3: usted/el/ella] que escoger de un libro o de una lista de médicos, o es el médico asignado?

1. Cualquier médico
  2. Selecciona de una lista
  3. Se le asigna el médico
- Refused
- 
- Don't Know

**Universe:** All persons with SCHIP**Skip Instructions:** goto STPCMD1

---

**Question ID:** FHI.252\_00.000    **Instrument Variable Name:** STPCMD1    **QuestionnaireFileName:** Family**Spanish Text:** ¿Se le requiere a [fill1: usted/Alias] escoger a un médico principal, un grupo de médicos, o una clínica en específico a la que tiene que ir para recibir atención rutinaria? No incluya atención de emergencia o atención de un especialista al que [fill4: usted/el/ella] fue referido(a).

1. Sí
  2. No
- Don't Know
- 
- Refused

**Universe:** All persons with SCHIP**Skip Instructions:** goto STREF1

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**Question ID:** FHI.253\_00.000    **Instrument Variable Name:** STREF1    **QuestionnaireFileName:** Family

**Spanish Text:**    Con [fill1: STNAME1], si [fill2: usted / Alias] necesita ir a un médico diferente o un lugar diferente para atención especializada, ¿requiere [fill3: usted/el/ella] una aprobación o recomendación en escrito? No incluya atención de emergencia.

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:**    All persons with SCHIP

**Skip Instructions:**    goto STNAME1 for the next person with SCHIP; else, goto STNAME2

---

**Question ID:** FHI.257\_00.000    **Instrument Variable Name:** STNAME2    **QuestionnaireFileName:** Family

**Spanish Text:**    Anoté anteriormente que [fill: usted/Alias] está cubierto por un plan de salud gubernamental estatal. ¿Cuál es el nombre de ese plan?

\* Read if necessary: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

**Universe:**    All persons covered by a state sponsored health plan

**Skip Instructions:**    goto STDOC2

---

**Question ID:** FHI.258\_00.000    **Instrument Variable Name:** STDOC2    **QuestionnaireFileName:** Family

**Spanish Text:**    Con [fill1:STNAME], ¿puede [fill2:usted/Alias] ir a CUALQUIER médico que acepta este plan o TIENE [fill3: usted/el/ella] que escoger de un libro o de una lista de médicos, o es el médico asignado?

- 1. Cualquier médico
- 2. Selecciona de una lista
- 3. Se le asigna el médico
- Refused
- Don't Know

**Universe:**    All persons covered by a state sponsored health plan

**Skip Instructions:**    goto STPCMD2

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**Question ID:** FHI.259\_00.000    **Instrument Variable Name:** STPCMD2    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Se le requiere a [fill1: usted/Alias] escoger a un médico principal, un grupo de médicos, o una clínica en específico a la que tiene que ir para recibir atención rutinaria? No incluya atención de emergencia o atención de un especialista al que [fill4: usted/el/ella] fue referido(a).

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All persons covered by a state sponsored health plan**Skip Instructions:** goto STREF2

---

**Question ID:** FHI.260\_00.000    **Instrument Variable Name:** STREF2    **QuestionnaireFileName:** Family**Spanish Text:**    Con [fill1: STNAME1], si [fill2: usted / Alias] necesita ir a un médico diferente o un lugar diferente para atención especializada, ¿requiere [fill3: usted/el/ella] una aprobación o recomendación en escrito? No incluya atención de emergencia.

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All persons covered by a state sponsored health plan**Skip Instructions:** goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3

---

**Question ID:** FHI.264\_00.000    **Instrument Variable Name:** STNAME3    **QuestionnaireFileName:** Family**Spanish Text:**    Anoté anteriormente que [fill: usted/Alias] está cubierto(a) por un programa auspiciado por el estado u otro programa. ¿Cuál es el nombre del plan?

\* Read if necessary: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

**Universe:** All persons covered by an "other" government plan**Skip Instructions:** goto STDOC3

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**Question ID:** FHI.265\_00.000    **Instrument Variable Name:** STDOC3    **QuestionnaireFileName:** Family**Spanish Text:** Con [fill1:STNAME], ¿puede [fill2:usted/Alias] ir a CUALQUIER médico que acepta este plan o TIENE [fill3:usted/el/ella] que escoger de un libro o de una lista de médicos, o es el médico asignado?

1. Cualquier médico
  2. Selecciona de una lista
  3. Se le asigna el médico
- Refused  
Don't Know

**Universe:** All persons covered by an "other" government plan**Skip Instructions:** goto STPCMD3

---

**Question ID:** FHI.266\_00.000    **Instrument Variable Name:** STPCMD3    **QuestionnaireFileName:** Family**Spanish Text:** ¿Se le requiere a [fill1: usted/Alias] escoger a un médico principal, un grupo de médicos, o una clínica en específico a la que tiene que ir para recibir atención rutinaria? No incluya atención de emergencia o atención de un especialista al que [fill4: usted/el/ella] fue referido(a).

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All persons covered by an "other" government plan**Skip Instructions:** goto STREF3

---

**Question ID:** FHI.267\_00.000    **Instrument Variable Name:** STREF3    **QuestionnaireFileName:** Family**Spanish Text:** Con [fill1: STNAME1], si [fill2: usted / Alias] necesita ir a un médico diferente o un lugar diferente para atención especializada, ¿requiere [fill3: usted/el/ella] una aprobación o recomendación en escrito? No incluya atención de emergencia.

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All persons covered by an "other" government plan**Skip Instructions:** goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC

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**Question ID:** FHI.270\_00.000    **Instrument Variable Name:** MILSPC    **QuestionnaireFileName:** Family**Spanish Text:**    Anteriormente yo anoté que [fill usted/Alias] está cubierto(a) por un plan de salud militar. ¿Qué tipos de planes militares cubren a [fill usted/Alias] ?

1. TRICARE
  2. VA
  3. CHAMP-VA
  4. Otro plan militar (especifique)
- Don't know  
Refused

**Universe:**    All persons with military health care**Skip Instructions:**    <1> [goto MILMAN]  
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]  
<4> [goto MILSPCOT]

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**Question ID:** FHI.271\_00.000    **Instrument Variable Name:** MILSPCOT    **QuestionnaireFileName:** Family**Spanish Text:****Universe:**    All persons with "other" military coverage**Skip Instructions:**    if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST

---

**Question ID:** FHI.275\_00.000    **Instrument Variable Name:** MILMAN    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Es el plan de TRICARE que tiene [fill: usted/ Alias] TRICARE prime, TRICARE Extra, TRICARE Standard o TRICARE for Life?

1. TRICARE Prime
  2. TRICARE Extra
  3. TRICARE Standard
  4. TRICARE for Life
  5. Otro plan de TRICARE (especifique)
- Refused  
Don't know

**Universe:**    All persons with TRICARE coverage**Skip Instructions:**    <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]  
<5> [goto MILMANOT]

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**Question ID:** FHI.276\_00.000    **Instrument Variable Name:** MILMANOT    **QuestionnaireFileName:** Family**Spanish Text:****Universe:**    All persons with "other" type of TRICARE coverage**Skip Instructions:**    goto MILSPC for the next person with military health care; else, goto HILAST

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**Question ID:** FHI.280\_00.000    **Instrument Variable Name:** HILAST    **QuestionnaireFileName:** Family**Spanish Text:** (book) F16

¿Aproximadamente cuánto tiempo hace desde la última vez que [fill: usted/Alias] tuvo cobertura a través de un plan de seguro médico, sin incluir planes de servicio único?

1. 6 meses o menos
  2. Más de 6 meses, pero no más de 1 año atrás
  3. Más de 1 año, pero no más de 3 años atrás
  4. Más de 3 años
  5. Nunca
- Refused  
Don't Know

**Universe:** All persons without known health insurance or with only single service plans**Skip Instructions:** goto HISTOP

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**Question ID:** FHI.290\_00.000    **Instrument Variable Name:** HISTOP    **QuestionnaireFileName:** Family**Spanish Text:** (book) F17

¿Cuál de estas razones mejor explica por qué [fill: usted/Alias] perdió su cobertura o no tiene cobertura?

\* Enter up to 5 reasons, separate with commas.

1. La persona asegurada en la familia perdió el trabajo o cambió de patrón/empleador.
  2. Se divorció o separó/muerte del cónyuge o de un padre
  3. Se convirtió en inelegible por su edad/abandonó los estudios
  4. El patrón/empleador no ofrece cobertura /no es elegible para cobertura
  5. El costo es demasiado alto
  6. La compañía de seguros se negó a extenderle cobertura
  7. Medicaid/plan médico terminó después del embarazo
  8. Perdió el Medicaid/plan médico debido a un trabajo nuevo o un aumento en los ingresos
  9. Perdió el Medicaid (otro)
  10. Otra (especifique)
- Refused  
Don't Know

**Universe:** All persons without known health insurance or with only single service plans**Skip Instructions:** <1-9,R,D> [goto HCSPFYR]  
<10> [goto HISTOPOT]

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**Question ID:** FHI.291\_00.000    **Instrument Variable Name:** HISTOPOT    **QuestionnaireFileName:** Family**Spanish Text:****Universe:** All persons without known health insurance and an "other" reason for stopping or not having coverage**Skip Instructions:** goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR

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**Question ID:** FHI.300\_00.000    **Instrument Variable Name:** HINOTYR    **QuestionnaireFileName:** Family**Spanish Text:** En los ULTIMOS 12 MESES, ¿hubo algún tiempo en que [fill: usted/Alias] NO tenía cobertura NI seguro médico ALGUNO?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All persons with known health insurance coverage except single service plans**Skip Instructions:** <1> [goto HINOTMYR]  
<2,R,D> [goto HCSPFYR]

---

**Question ID:** FHI.310\_00.000    **Instrument Variable Name:** HINOTMYR    **QuestionnaireFileName:** Family**Spanish Text:** En los ULTIMOS 12 MESES, ¿aproximadamente cuántos meses estuvo [fill: usted/Alias] sin cobertura?

\* If less than 1 month, enter 1.

**Universe:** All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months**Skip Instructions:** goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto HCSPFYR

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**Question ID:** FHI.320\_00.000    **Instrument Variable Name:** HCSPFYR    **QuestionnaireFileName:** Family**Spanish Text:** (book) F18

\* Read each category if telephone interview.

La próxima pregunta trata del dinero que [fill: usted/ usted y sus familiares que viven en esta residencia] ha(n) gastado de su bolsillo en atención médica. NO incluya las primas de los planes de seguro, ni los medicamentos comprados sin receta, ni tampoco cualquieres gastos para los que será reembolsado(a). EN LOS ULTIMOS 12 MESES, ¿aproximadamente cuánto gastó [fill2: usted/ su familia] en atención médica y dental?

0. Cero
  1. Menos de \$500
  2. \$500-\$1,999
  3. \$2,000-\$2,999
  4. \$3,000-\$4,999
  5. \$5,000 o más
- Refused  
Don't Know

**Universe:** All families**Skip Instructions:** goto PLBORN1



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

**Spanish Text:**        ¿Nació [fill: usted/ ALIAS] en los Estados Unidos?

- 1. Sí
- 2. No
- Don't know
- Refused

**Universe:**            All persons

**Skip Instructions:**   <1> [store "1" in CITIZEN and goto PLBORN1]  
                              <2> [goto PLBORN2]  
                              <R,D> [goto CITIZEN]

**Question ID:** FSD.002\_00.000    **Instrument Variable Name:** PLBORN1    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿En qué estado nació [fill: usted/ Alias]?

- |                      |                    |                    |
|----------------------|--------------------|--------------------|
| 1. Alabama           | 19. Louisiana      | 37. Oklahoma       |
| 2. Alaska            | 20. Maine          | 38. Oregon         |
| 3. Arizona           | 21. Maryland       | 39. Pennsylvania   |
| 4. Arkansas          | 22. Massachusetts  | 40. Rhode Island   |
| 5. California        | 23. Michigan       | 41. South Carolina |
| 6. Colorado          | 24. Minnesota      | 42. South Dakota   |
| 7. Connecticut       | 25. Mississippi    | 43. South Dakota   |
| 8. Delaware          | 26. Missouri       | 44. Texas          |
| 9. Dist. Of Columbia | 27. Montana        | 45. Utah           |
| 10. Florida          | 28. Nebraska       | 46. Vermont        |
| 11. Georgia          | 29. Nevada         | 47. Virginia       |
| 12. Hawaii           | 30. New Hampshire  | 48. Washington     |
| 13. Idaho            | 31. New Jersey     | 49. West Virginia  |
| 14. Illinois         | 32. New Mexico     | 50. Wisconsin      |
| 15. Indiana          | 33. New York       | 51. Wyoming        |
| 16. Iowa             | 34. North Carolina |                    |
| 17. Kansas           | 35. North Dakota   | Refused            |
| 18. Kentucky         | 36. Ohio           | Don't Know         |

**Universe:**            All persons born in the United States

**Skip Instructions:**   <1-51,R,D> [goto HEADST]

**Question ID:** FSD.003\_00.000    **Instrument Variable Name:** PLBORN2    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿En qué país nació [fill: usted/ Alias]?

\* Please record country of birth. If country not found, type "ZZ"

\*\*\*\*\* Please record the country of birth in English. If not found, type "ZZ"\*\*\*\*\*

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

**Skip Instructions:**   <60-85> [store "2" in CITIZEN and goto USYR]  
                              <100-696,996,R,D> [goto USYR]



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**Question ID:** FSD.007\_00.000    **Instrument Variable Name:** HEADST    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Actualmente asiste [fill: Alias] al programa pre-escolar (Head Start)?

- 1. Sí
- 2. No
- Don't know
- Refused

**Universe:**            All persons less than 7 years of age

**Skip Instructions:**   <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]  
                             <2,R,D> [ goto HEADSTEV]

---

**Question ID:** FSD.008\_00.000    **Instrument Variable Name:** HEADSTEV    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Asistió alguna vez [fill: Alias] al programa pre-escolar (Head Start)?

- 1. Sí
- 2. No
- Don't know
- Refused

**Universe:**            All persons less than 18 years of age and not currently enrolled in Head Start

**Skip Instructions:**   if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person

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**Question ID:** FSD.010\_00.000    **Instrument Variable Name:** EDUC    **QuestionnaireFileName:** Family

**Spanish Text:**        \* (book) F20

¿Cuál es el nivel escolar o grado MAS ALTO que [fill: usted/ Alias] completó? Favor, de decirme el número de la tarjeta.

\* Enter highest level of school.

- 0. Nunca asistió/sólo escuela para párvulos
- 1. 1er grado
- 2. 2do grado
- 3. 3er grado
- 4. 4to grado
- 5. 5to grado
- 6. 6to grado
- 7. 7mo grado
- 8. 8vo grado
- 9. 9no grado
- 10. 10mo grado
- 11. 11no grado
- 12. 12mo grado, sin diploma
- 13. Diploma GED o equivalente
- 14. GRADUADO DE ESCUELA SUPERIOR
- 15. Algunos cursos universitarios/sin diploma
- 16. Grado Asociado: programa ocupacional, técnico, o programa vocacional
- 17. Grado Asociado: programa académico
- 18. Título de Licenciatura (Ejemplo: BA, AB, BS, BBA)
- 19. Título de Maestría (Ejemplo: MA, MS, MEng, MEd, MBA)
- 20. Título de Escuela Profesional (Ejemplo: MD, DDS, DVM, JD)
- 21. Título Doctoral (Ejemplo: PhD, EdD)
- Refused
- Don't know

**Universe:**            All persons 5 years of age or older

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

**Question ID:** FSD.041\_00.000    **Instrument Variable Name:** FMILTRY    **QuestionnaireFileName:** Family

**Spanish Text:**        [fill Usted/ Algún miembro de la familia (\* Read names below)] ¿ha sido dado de alta honorablemente (honorably discharged) del servicio activo en el ejército (U. S. Army), la marina (U. S. Navy), la fuerza aérea (U. S. Air Force), la infantería de la marina (U. S. Marine Corps), o la guardia costera (U. S. Coast Guard)?

- 1. Sí
- 2. No
- Don't know
- Refused

**Universe:**            All families with persons 18 years of age or older

**Skip Instructions:**    <1> [if only one person 18 years of age or older, store the person number in PMILTRY and goto DOINGLW; else, goto PMILTRY]  
<2,R,D> [goto DOINGLW]



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**Question ID:** FSD.060\_00.000    **Instrument Variable Name:** WHYNOWRK    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Cuál es la razón principal por la que [fill1: usted/ Alias] no [fill2: trabajo la semana pasada/ tuvo un trabajo o negocio la semana pasada]?

1. Cuidando al hogar o a la familia
  2. Asistiendo a la escuela
  3. Retirado(a)/jubilado(a)
  4. En vacaciones planeadas de antemano con su empleador
  5. Ausente del trabajo por razón de maternidad o cuidado infantil
  6. Incapacitado temporalmente para trabajar por cuestiones de salud
  7. Despedido temporalmente de su empleo (en "lay-off")
  8. Incapacitado a largo plazo
  9. Desempeña su trabajo o contrato sólo durante ciertas temporadas
  10. Otra
- Refused  
Don't know

**Universe:**    All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work

**Skip Instructions:**    <1-3,8-10,R,D> [goto WRKLYR]  
<4-7> [goto WRKHRS]

**Question ID:** FSD.070\_00.000    **Instrument Variable Name:** WRKHRS    **QuestionnaireFileName:** Family

**Spanish Text:**    [fill1:¿Cuántas horas trabaja(ó) [fill2: usted/ Alias] LA SEMANA PASADA en TODOS sus empleos o negocios?/  
¿Cuántas horas trabaja(ó) [fill2: usted/ Alias] usualmente en TODOS sus empleos o negocios?]

**Universe:**    All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have job/contract and off-season

**Skip Instructions:**    <1-34,R,D> [goto WRKFTALL]  
<35-94> [goto WRKLYR]  
<95-168> [goto ERR1\_WRKHRS]

**Question ID:** FSD.080\_00.000    **Instrument Variable Name:** WRKFTALL    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Trabaja [fill: usted/ Alias] NORMALMENTE un total 35 horas o más por semana en TODOS sus empleos o negocios?

1. Sí
  2. No
- Don't know  
Refused

**Universe:**    All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

**Skip Instructions:**    goto WRKLYR

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

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**Question ID:** FSD.100\_00.000    **Instrument Variable Name:** WRKLYR    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Recibió [fill1: usted/ Alias] pago por trabajo en cualquier momento en [fill2: last year in 4 digit format]?

- 1. Sí
- 2. No
- Don't know
- Refused

**Universe:**            All persons 18 years of age or older

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

---

**Question ID:** FSD.110\_00.000    **Instrument Variable Name:** WRKMYR    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Por cuántos meses en [fill: last year in 4 digit format] tenía [fill1: usted/ Alias] por lo menos un empleo o negocio?

\*If less than one month, enter '1'.

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

**Skip Instructions:**    goto ERNYR

---

**Question ID:** FSD.120\_00.000    **Instrument Variable Name:** ERNYR    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Cuál sería su mejor estimación de [fill1: sus ingresos/ los ingresos de [fill: Alias]] antes de los impuestos y las deducciones, provenientes de TODOS los empleos y negocios en [fill: last year in 4 digit format]?

Incluyendo el pago por hora, sueldos, propinas y comisiones.

\* Enter 999995 if the reported income is greater than \$999,995.

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

**Skip Instructions:**    goto HIEMPOF

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**2004 NHIS Spanish Questionnaire - Family  
Family Socio-Demographic**

Document Version Date: 20-Jul-05

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**Question ID:** FSD.130\_00.000    **Instrument Variable Name:** HIEMPOF    **QuestionnaireFileName:** Family

**Spanish Text:**            [fill1: Con respecto al trabajo que usted mantenía a partir de la semana pasada ¿se le ofreció seguro médico a través de ese empleador?/

Con respecto al trabajo que [fill: Alias] mantenía a partir de la semana pasada ¿se le ofreció seguro médico a [fill: Alias] a través de ese empleador?]

- 1. Sí
- 2. No
- Don't know
- Refused

**Universe:**                All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

**Skip Instructions:**     goto INTROINC

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.



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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.010\_00.000    **Instrument Variable Name:** INTROINC    **QuestionnaireFileName:** Family**Spanish Text:****Universe:** All families**Skip Instructions:** goto FSAL

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**Question ID:** FIN.030\_00.000    **Instrument Variable Name:** FSAL    **QuestionnaireFileName:** Family**Spanish Text:** [fill: ¿Recibió ingresos en [fill: last calendar year in 4 digit format] por.. pago por hora o salarios?]

[fill: Cuando responda a estas preguntas, por favor acuérdesse que con la frase "ingreso combinado de la familia," me refiero a su ingreso MAS los ingresos de todos los familiares viviendo en esta residencia (incluyendo a las parejas viviendo juntas, y a miembros de las fuerzas armadas que residen en el hogar).

¿Algún miembro de la familia de 18 años de edad o mayor, es decir, \* Read names

[fill roster of people GE 18 in column format, in bold black]

recibió ingresos en [fill: last calendar year in 4 digit format] por...

pago por hora o salarios?

1. Sí
2. No
- Don't Know
- Refused

**Universe:** All families with one or more persons 18 years of age or older**Skip Instructions:** <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]  
<2,R,D> [goto FSEINC]

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**Question ID:** FIN.040\_00.000    **Instrument Variable Name:** PSAL    **QuestionnaireFileName:** Family**Spanish Text:** \* Ask or verify. Enter applicable line number(s), separate with commas.

¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year**Skip Instructions:** goto FSEINC

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

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**2004 NHIS Spanish Questionnaire - Family  
Family Income**

**Document Version Date: 24-Aug-05**

**Question ID:** FIN.050\_00.000    **Instrument Variable Name:** FSEINC    **QuestionnaireFileName:** Family

**Spanish Text:**    [fill: ¿Recibió ingresos en [fill: variable calculating last calendar year] por trabajo por cuenta propia, incluyendo ingresos de negocios y fincas o granjas?

[else, fill: ¿Algún miembro de la familia de 18 años de edad o mayor, es decir, \* Read names

[fill roster of all non-deleted family members GE 18 in column format in bold black]

recibió ingresos en [fill: last year in 4 digit format] por... trabajo por cuenta propia, incluyendo ingresos de negocios y fincas o granjas?]

- 1. Sí
- 2. No
- Don't Know
- Refused

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

**Skip Instructions:** <1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]  
<2,R,D> [goto FSSRR]

**Question ID:** FIN.060\_00.000    **Instrument Variable Name:** PSEINC    **QuestionnaireFileName:** Family

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

¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year

**Skip Instructions:** goto FSSRR

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

**Question ID:** FIN.070\_00.000    **Instrument Variable Name:** FSSRR    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Recibió [usted/algún miembro de la familia que vive aquí] ingresos durante [fill: last year in 4 digit format] del Seguro Social o del Plan de Retiro Ferroviario?

\* Read if necessary: Los cheques del Seguro Social son depositados automáticamente en el banco o enviados por correo el tercer día de cada mes. Si se envían por correo, llegan en un sobre color amarillo/dorado.

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:** All families

**Skip Instructions:** <1> [if a single-person family, store the person number in PSSRR and goto FSSRRD; else, goto PSSRR]  
<2,R,D> [goto FPENS]

**2004 NHIS Spanish Questionnaire - Family  
Family Income**

**Document Version Date: 24-Aug-05**

**Question ID:** FIN.080\_00.000    **Instrument Variable Name:** PSSRR    **QuestionnaireFileName:** Family

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

¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

**Skip Instructions:** goto FSSRRD

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

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

**Spanish Text:**    [fill: ¿Recibió su Seguro Social o Retiro Ferroviario en forma de beneficios por incapacidad?]

[fill2: ¿Recibió algún miembro de la familia, \* Read names

[fill roster of all non-deleted family members selected in PSSRR and AGE LE 64 in column format in bold black]]

su Seguro Social o Retiro Ferroviario en forma de beneficios por incapacidad?]

1. Sí  
2. No  
Don't Know  
Refused

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

**Skip Instructions:** <1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]  
<2,R,D> [goto FPENS]

**Question ID:** FIN.084\_00.000    **Instrument Variable Name:** PSSRRDB    **QuestionnaireFileName:** Family

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

¿Quién recibió Seguro Social o Retiro Ferroviario en forma de beneficios por incapacidad?  
(¿Alguien más?)

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

**Skip Instructions:** goto PSSRRD

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

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.086\_00.000    **Instrument Variable Name:** PSSRRD    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Recibió [fill: usted/Alias] este beneficio porque está deshabilitado(a)?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:**    All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year**Skip Instructions:**    repeat for all eligible persons, then goto FPENS

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**Question ID:** FIN.090\_00.000    **Instrument Variable Name:** FPENS    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Recibió [usted/algún miembro de la familia que vive aquí] ingresos a través de alguna pensión por incapacidad durante [fill:variable for last calendar year] [fill: , aparte del Seguro Social o el Retiro Ferroviario]?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:**    All families**Skip Instructions:**    <1> [if a single-person family, store the person number in PPENS and goto FOPENS; else, goto PPENS]  
<2,R,D> [goto FOPENS]

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**Question ID:** FIN.100\_00.000    **Instrument Variable Name:** PPENS    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:**    All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year**Skip Instructions:**    goto FOPENSNOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.102\_00.000    **Instrument Variable Name:** FOPENS    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Recibió [fill: usted/ algún miembro de la familia que vive aquí] ingresos a través de alguna pensión de retiro/jubilación o de sobreviviente [fill:2] [fill:3] [fill:4]?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:**    All families**Skip Instructions:**    <1> [if a single-person family, store the person number in POPENS and goto FSSI; else, goto POPENS]  
<2,R,D> [goto FSSI]

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**Question ID:** FIN.104\_00.000    **Instrument Variable Name:** POPENS    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:**    All families with two or more persons and at least one received income from a retirement or survivor pension in the last calendar year**Skip Instructions:**    goto FSSI

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

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**Question ID:** FIN.110\_00.000    **Instrument Variable Name:** FSSI    **QuestionnaireFileName:** Family**Spanish Text:**    [fill: ¿Recibió beneficios del Seguro de Ingreso Suplementario (SSI)?]

[fill: ¿Recibió algún miembro de la familia que vive aquí beneficios del Seguro de Ingreso Suplementario (SSI)?]

\* Read if necessary: Los cheques del Seguro de Ingreso Suplementario (SSI) federal son depositados automáticamente en el banco o enviados por correo el primer día de cada mes. Si son enviados, llegan en un sobre azul.

1. Sí
  2. No
- Don't Know  
Refused

**Universe:**    All families**Skip Instructions:**    <1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]  
<2,R,D> [goto FTANF]

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**2004 NHIS Spanish Questionnaire - Family  
Family Income**

**Document Version Date: 24-Aug-05**

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**Question ID:** FIN.120\_00.000    **Instrument Variable Name:** PSSI    **QuestionnaireFileName:** Family

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

¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

**Skip Instructions:** goto PSSID

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

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**Question ID:** FIN.122\_00.000    **Instrument Variable Name:** PSSID    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Recibió [fill: usted/ Alias] el Seguro de Ingreso Suplementario (SSI) porque está deshabilitado?

1. Sí  
2. No  
Don't Know  
Refused

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

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

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**Question ID:** FIN.150\_00.000    **Instrument Variable Name:** FTANF    **QuestionnaireFileName:** Family

**Spanish Text:**    \*(book) F21

En algún momento durante [fill: last year in 4 digit format], aunque fuera solo por un mes, ¿recibió [fill: usted/ algún familiar que vive aquí] DINERO EN EFECTIVO por parte de un programa de bienestar público a nivel estatal o del condado tal como (specific program name)?

\* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

1. Sí  
2. No  
Don't Know  
Refused

**Universe:** All families

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

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.160\_00.000    **Instrument Variable Name:** PTANF    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year**Skip Instructions:** goto FOWBEN

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

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**Question ID:** FIN.164\_00.000    **Instrument Variable Name:** FOWBEN    **QuestionnaireFileName:** Family**Spanish Text:**    Alguna vez en [fill: variable for calculating last calendar year], ¿recibió [usted/ algún miembro de la familia que vive aquí] cualquier OTRO tipo de asistencia social, tal como: asistencia en obtener un trabajo, colocación en programas educacionales o entrenamiento vocacional, ayuda para cuidado infantil, o transportación.1. Sí  
2. No  
Don't Know  
Refused**Universe:** All families**Skip Instructions:** <1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]  
<2,R,D> [goto FINTRST]

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**Question ID:** FIN.166\_00.000    **Instrument Variable Name:** POWBEN    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year**Skip Instructions:** goto FINTRSTNOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.170\_00.000    **Instrument Variable Name:** FINTRST    **QuestionnaireFileName:** Family**Spanish Text:**    ¿[fill: Usted /Algún miembro de la familia que vive aquí] recibió dinero de intereses pagados por cuentas de cheques o ahorros bancarios, cuentas particulares de cuentas de retiro a inversión (IRAs) o certificados de depósito, inversiones a largo plazo, notas o bonos de tesorería, o cualquier otra clase de inversión que pague intereses?

\* No se incluye dividendos.

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All families**Skip Instructions:** <1> [if a single-person family, store the person number in PINTRST and goto FDIVD; else, goto PINTRST]  
<2,R,D> [goto FDIVD]

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**Question ID:** FIN.180\_00.000    **Instrument Variable Name:** PINTRST    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons and at least one received interest income in the last calendar year**Skip Instructions:** goto FDIVD

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

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**Question ID:** FIN.190\_00.000    **Instrument Variable Name:** FDIVD    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Obtuvo [usted /algún miembro de la familia que vive aquí] ingresos a través de dividendos provenientes de acciones o fondos mutuos, depósitos, o ingresos netos de propiedades, regalías, bienes/proiedades o fideicomisos?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All families**Skip Instructions:** <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD]  
<2,R,D> [goto FCHLDSP]



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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.200\_00.000    **Instrument Variable Name:** PDIVD    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

**Universe:** All families with two or more persons and at least one received dividend or net rental income in the last calendar year**Skip Instructions:** goto FCHLDSP

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

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**Question ID:** FIN.210\_00.000    **Instrument Variable Name:** FCHLDSP    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Obtuvo [usted /algún miembro de la familia que vive aquí] ingresos a través de pagos obligatorios para el mantenimiento infantil (child support)?1. Sí  
2. No  
Don't Know  
Refused**Universe:** All families**Skip Instructions:** <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP]  
<2,R,D> [goto FINCOT]

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**Question ID:** FIN.220\_00.000    **Instrument Variable Name:** PCHLDSP    **QuestionnaireFileName:** Family**Spanish Text:**    \*Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los recibió?  
(¿Alguien más?)

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

**Universe:** All families with two or more persons and at least received income from child support in the last calendar year**Skip Instructions:** goto FINCOTNOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

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**2004 NHIS Spanish Questionnaire - Family  
Family Income**

**Document Version Date: 24-Aug-05**

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

**Spanish Text:**    ¿Recibió [usted /algún miembro de la familia que vive aquí] ingresos de alguna otra fuente tal como pensión por divorcio, contribuciones de familia/otros, pagos a veteranos (VA), compensación a trabajadores incapacitados (workers comp.) o beneficios por el desempleo (Unemployment)?

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:** All families

**Skip Instructions:** <1> [if a single-person family, store the person number in PINCOT and goto FAMINC; else, goto PINCOT]  
<2,R,D> [goto FAMINC]

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

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

¿Quién los recibió?  
(¿Alguien más?)

\* Indicate each family member with this income.

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

**Skip Instructions:** goto FAMINC

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

**Question ID:** FIN.250\_00.000    **Instrument Variable Name:** FAMINC    **QuestionnaireFileName:** Family

**Spanish Text:**    Ahora voy a preguntarle sobre la suma total de [fill: sus ingresos en [fill: last year in 4 digit format]/ los ingresos combinados de la familia en [fill: last year in 4 digit format], incluyendo ingresos de todas las fuentes que hemos mencionado, tales como paga por hora, salarios, Seguro Social, beneficios de retiro y asistencia por padres separados para la crianza de niños. ¿Puede decirme la suma de esos ingresos antes de la deducción por impuestos?

\* If necessary, remind respondent that total combined family income is their income plus the income of all family members including cohabiting partners and armed forces members living at home before taxes.

\* Enter 999,995 if the reported income is greater than \$999,995.

**Universe:** All families

**Skip Instructions:** <0-999995> [goto HOUSEOWN]  
<R,D> [goto FINC20]

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.260\_00.000    **Instrument Variable Name:** FINC20    **QuestionnaireFileName:** Family**Spanish Text:**    Quizás no nos pueda proporcionar una cantidad exacta de la suma total de [fill: sus ingresos/ de los ingresos de la familia], ¿pero podría decirme si sus los ingresos durante [fill: last year in 4 digit format] fueron...

\* Read if necessary: Los ingresos son importantes al analizar la informacion de salud que recogemos. Por ejemplo, esta informacion nos ayuda a averiguar si las personas con cierto nivel de ingresos usan ciertos servicios medicos o tienen ciertas condiciones con mas o menos frecuencia que personas con otro nivel de ingresos.

1. \$20,000 ó más
  2. Menos de \$20,000
- Don't Know  
Refused

**Universe:**    All families where "don't know" or "refused" was the answer for total family income (FAMINC)**Skip Instructions:**    <1,2> [goto FINCCAT]  
                                 <R,D> [goto HOUSEOWN]

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**Question ID:** FIN.270\_00.000    **Instrument Variable Name:** FINCCAT    **QuestionnaireFileName:** Family**Spanish Text:**    [If FINC20 = \$20,000 or more, fill: \* (book) F22]  
                                 [if FINC20 = \$20,000 or less, fill: \* (book) F23]

Considerando todas estas categorías de ingresos, ¿me puede decir cuál letra mejor representa la suma total [de sus ingresos/ de los ingresos de la familia] durante [fill: last year in 4 digit format]?

\* Enter [fill: 2] corresponding to total combined family income.

**Universe:**    All families where "less than \$20,000" or "\$20,000 or more" was the answer to FINC20**Skip Instructions:**    goto HOUSEOWN

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**Question ID:** FIN.280\_00.000    **Instrument Variable Name:** HOUSEOWN    **QuestionnaireFileName:** Family**Spanish Text:**    [fill: ¿Es esta a casa/apartamento... propia o siendo comprada, rentada u ocupada por algún otro arreglo?/

¿Es esta casa/apartamento... propia o siendo comprada, rentada o ocupada por algún otro arreglo por usted o alguien de la familia?]

1. Propia o siendo comprada
  2. Rentada
  3. Otro arreglo
- Don't Know  
Refused

**Universe:**    All families**Skip Instructions:**    <1,3,R,D> [goto FSSAPL]  
                                 <2> [goto FGAH]

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.282\_00.000    **Instrument Variable Name:** FGAH    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Paga [fill: usted/ algún familiar que vive aquí] renta o alquiler reducido debido a que el gobierno federal, estatal, o local está pagando parte del costo?

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:**    All families that rent their house/apartment**Skip Instructions:**    goto FSSAPL

---

**Question ID:** FIN.300\_00.000    **Instrument Variable Name:** FSSAPL    **QuestionnaireFileName:** Family**Spanish Text:**    [fill: ¿Solicitó ALGUNA VEZ el Seguro de Ingreso Suplementario (SSI), ya fuera o no aceptada la solicitud?/

¿Solicitó algún miembro de la familia que vive aquí ALGUNA VEZ el Seguro de Ingreso Suplementario (SSI)? Esto incluye las personas que solicitaron los beneficios, ya fuera o no aceptada la solicitud.]

- 1. Sí
- 2. No
- Don't Know
- Refused

**Universe:**    All families**Skip Instructions:**    <1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]  
<2,R,D> [goto FSDAPL]

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**Question ID:** FIN.310\_00.000    **Instrument Variable Name:** PSSAPL    **QuestionnaireFileName:** Family**Spanish Text:**    \*Ask or verify. Enter applicable line number(s), separate with a comma.¿Quién lo solicitó?  
(¿Alguien más?)

\* Indicate each family member who applied for SSI benefits.

**Universe:**    All families with two or more persons and at least one applied for SSI**Skip Instructions:**    goto FSDAPL

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

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.330\_00.000    **Instrument Variable Name:** FSDAPL    **QuestionnaireFileName:** Family**Spanish Text:** [fill: ¿SOLICITO ALGUNA VEZ los beneficios por incapacidad (disability) del Seguro Social, aún cuando la solicitud fue rechazada?/

¿SOLICITO ALGUNA VEZ alguien de la familia que vive aquí los beneficios de incapacidad (disability) del Seguro Social? Esto incluye las personas que solicitaron los beneficios, aún cuando la solicitud fue rechazada.]

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All Families**Skip Instructions:** <1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL]  
<2,R,D> [goto TANFMYR]

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**Question ID:** FIN.340\_00.000    **Instrument Variable Name:** PSDAPL    **QuestionnaireFileName:** Family**Spanish Text:** \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién los solicitó?  
(¿Alguien más?)

\* Indicate each family member who applied for Social Security Disability benefits.

**Universe:** All families with two or more persons and at least one applied for Social Security Disability benefits**Skip Instructions:** goto TANFMYR

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

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**Question ID:** FIN.350\_00.000    **Instrument Variable Name:** TANFMYR    **QuestionnaireFileName:** Family**Spanish Text:** Anoté antes que [fill: usted/ Alias] recibió asistencia monetaria de un programa de beneficiencia estatal o del condado en [fill: last year in 4 digit format]. Durante [fill: last year in 4 digit format], ¿por cuántos meses recibió [fill: usted/ Alias] esta asistencia pública?

\*Enter "1" if less than one month.

**Universe:** All persons who received cash assistance from public assistance programs in the last calendar year**Skip Instructions:** repeat for all eligible persons, then goto FFSTIP

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**2004 NHIS Spanish Questionnaire - Family  
Family Income****Document Version Date: 24-Aug-05**

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**Question ID:** FIN.360\_00.000    **Instrument Variable Name:** FFSTIP    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Estuvo [fill: usted/alguien de la familia] autorizado para recibir beneficios a través del programa de cupones/estampillas para alimentos? (lo cual incluye libretas de cupones o vales por parte del estado para la compra de alimentos) en cualquier momento durante [fill: last year in 4 digit format]?

\*An authorized person is one whose name appears on a certification card.

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All families**Skip Instructions:** <1> [if a single-person family, store the person number in PFSTP and goto FSTPMYR; else, goto PFSTP]  
<2,R,D> [goto FINWIC]

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**Question ID:** FIN.370\_00.000    **Instrument Variable Name:** PFSTP    **QuestionnaireFileName:** Family**Spanish Text:**    \* Ask or verify. Enter applicable line number(s), separate with commas.¿Quién estaba autorizado para recibir los cupones de alimentos?  
(¿Alguien más?)

\* Indicate family members who were authorized to receive food stamps.

**Universe:** All families with two or more persons and at least one was authorized to receive food stamps in the last calendar year**Skip Instructions:** goto FSTPMYR

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

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**Question ID:** FIN.380\_00.000    **Instrument Variable Name:** FSTPMYR    **QuestionnaireFileName:** Family**Spanish Text:**    Durante [fill: last year in 4 digit format], ¿por cuántos meses estuvo [fill: usted/ Alias] autorizado(a) para recibir cupones de alimentos?

\* Enter "1" if less than 1 month

**Universe:** All persons authorized to receive food stamps in the last calendar year**Skip Instructions:** goto FINWIC

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**2004 NHIS Spanish Questionnaire - Family  
Family Income**

**Document Version Date: 24-Aug-05**

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**Question ID:** FIN.384\_00.000    **Instrument Variable Name:** FINWIC    **QuestionnaireFileName:** Family

**Spanish Text:**    Alguna vez durante [fill: last year in 4 digit format], ¿recibió [fill: usted/alguien en su familia] beneficios del programa WIC, es decir, el Programa para Mujeres, Bebés, y Niños?

- 1. Sí
- 2. No
- Don't Know
- Refused

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

**Skip Instructions:**    <1> [if a single-person family, store the person number in PWIC and goto FMSSN; else, goto PWIC]  
                                 <2,R,D> [goto FMSSN]

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**Question ID:** FIN.385\_00.000    **Instrument Variable Name:** PWIC    **QuestionnaireFileName:** Family

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

¿Quién los recibió?  
(¿Alguien más?)

\* Indicate family members who were authorized to receive WIC benefits.

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

**Skip Instructions:**    goto FMSSN

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

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