
2016 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 01-Sep-17

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

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

* If refused enter CTRL-R

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

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

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

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

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

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

- 1 Yes
- 2 No

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

SkipInstructions: <1> goto PROX2
<2> goto PROX3

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

QuestionText: * Ask if necessary.

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

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

UniverseText: Knowledgeable proxy is available.

SkipInstructions: <1-4> goto AIDVERF_S

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

QuestionText: *Ask if necessary.

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

- 1 Yes
- 2 No

UniverseText: Knowledgeable proxy is not available.

SkipInstructions: <1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
if recontact.RCIFLAG ne '1'
goto recontact.RCI_BEGIN procedure
else
goto back.OUTCOME1 procedure
endif

2016 NHIS Questionnaire - Sample Adult

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Question ID: AID.030_00.000 **Instrument Variable Name:** AIDVERF_S **QuestionnaireFileName:** Sample Adult

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

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

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

1 Yes

2 No

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

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

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

QuestionText: Are you Male or Female?

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

1 Male

2 Female

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

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

Hard Edit: ERR_AIDSEX

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

goto AIDVERF_S (as the default goto)

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Question ID: AID.045_00.000 **Instrument Variable Name:** AIDVERF_A **QuestionnaireFileName:** Sample Adult

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

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

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

- 1 Yes
- 2 No

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

SkipInstructions: <1> goto AIDVERF_D
<2> goto AIDAGE

Question ID: AID.050_00.000 **Instrument Variable Name:** AIDAGE **QuestionnaireFileName:** Sample Adult

QuestionText: How old are you?

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

UniverseText: Respondent said his/her age is not correct

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

Soft Edit: ERR_AIDAGE

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

goto AIDVERF_A (whether suppressed or not)

2016 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 01-Sep-17

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

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

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

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

1 Yes

2 No

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

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

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

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

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

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

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D

2016 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 01-Sep-17

Question ID: AID.060_02.000 **Instrument Variable Name:** AIDDOB_D **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 3

*Enter day of birth.

01-31 Day of the month

97 Refused

99 Don't know

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

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

If days not valid, goto ERR_AIDDOB_D

Hard Edit: ERR_AIDDOB_D

*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M].

*Please correct.

2016 NHIS Questionnaire - Sample Adult

Adult Identification

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Question ID: AID.060_03.000 **Instrument Variable Name:** AIDDOB_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 3 of 3

*Enter year of birth.

1880-2020 Year of birth

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- * If still cannot reconcile, enter 'Don't know' for year of birth.
- * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date:** 01-Sep-17

Question ID: ASD.050_00.000 **Instrument Variable Name:** WRKVER **QuestionnaireFileName:** Sample Adult**QuestionText:** Earlier I recorded that in the last week you were

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

Is that correct?

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

UniverseText: Sample adults 18+ who were working or not working last week**SkipInstructions:** <1>if DOINGLW2 = 1,2,4 [goto WHOWRK]
else if DOINGLW2 = 3,5 [goto EVERWRK]
<2> [go to WRKCOR]
<R,D> [go to EVERWRK]

Question ID: ASD.060_00.000 **Instrument Variable Name:** WRKCOR **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A1 ? [F1]

What is your correct working status?

* Read answer categories.

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

UniverseText: Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.**SkipInstructions:** <1,4> [goto to WHOWRK]
<2,5> [goto WHYNOWK2]
<3,R,D> [goto EVERWRK]

2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 01-Sep-17

Question ID: ASD.062_00.000 **Instrument Variable Name:** DOINGLW2 **QuestionnaireFileName:** Sample Adult

QuestionText: Corrected Employment Status Last Week: (not displayed)

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

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

SkipInstructions: if DOINGLW2 = Refused or Don't know then
[goto EVERWRK]
endif

Question ID: ASD.065_00.000 **Instrument Variable Name:** WHYNOWK2 **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

(Fill1: What is the main reason you did not work last week?)

(Fill2: What is the main reason you did not have a job or business last week?)

- 01 Taking care of house or family
- 02 Going to school
- 03 Retired
- 04 On a planned vacation from work
- 05 On family or maternity leave
- 06 Temporarily unable to work for health reasons
- 07 Have job or contract and off-season
- 08 On layoff
- 09 Disabled
- 10 Other
- 97 Refused
- 99 Don't know

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

SkipInstructions: <1-10,D,R> if WRKCOR = 2 then
[goto WHOWRK]
else [goto EVERWRK]

2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 01-Sep-17

Question ID: ASD.066_00.000 **Instrument Variable Name:** EVERWRK **QuestionnaireFileName:** Sample Adult

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

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

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

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

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

QuestionText: ? [F1]

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

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

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

- Verbatim** Verbatim response
- 7 Refused
 - 9 Don't know

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

SkipInstructions: <90 char long,D,R> [goto KINDIND]

2016 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date: 01-Sep-17**

Question ID: ASD.080_00.000 **Instrument Variable Name:** KINDIND **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

Verbatim Verbatim response

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,D,R> [goto KINDWRK]

Question ID: ASD.090_00.000 **Instrument Variable Name:** KINDWRK **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

Verbatim Verbatim response

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,D,R> [goto IMPACT]

Question ID: ASD.100_00.000 **Instrument Variable Name:** IMPACT **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

Verbatim Verbatim response

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,D,R> [goto SUPERVIS]

2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 01-Sep-17

Question ID: ASD.105_00.010 **Instrument Variable Name:** SUPERVIS **QuestionnaireFileName:** Sample Adult

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

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

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

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

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

QuestionText: (book) A2 ? [F1]

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

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

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

SkipInstructions: <1-4,6,D,R>[goto LOCALNO]
<5> [goto BUSINC]

2016 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date: 01-Sep-17**

Question ID: ASD.112_00.000 **Instrument Variable Name:** BUSINC **QuestionnaireFileName:** Sample Adult**QuestionText:** Is this business incorporated?

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

UniverseText: Sample adults 18+ who are self-employed**SkipInstructions:** <1,2,D,R> [goto LOCALNO]

Question ID: ASD.120_00.000 **Instrument Variable Name:** LOCALNO **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A3

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

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

* "People" includes both FULL- and PART-time employees.

* "Location" refers to the street address of the workplace.

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

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <1-9, R,D> [goto WRKLONGN]

2016 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
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Question ID: ASD.140_01.000 **Instrument Variable Name:** WRKLONGN **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

1 of 2

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

001-365 1-365
997 Refused
999 Don't know

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

SkipInstructions: <1-365> [goto WRKLONGT]
 <D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65)
 [goto HOURPD] ;
 Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R, " " and AGE lt 65) or (DOINGLW2 = 1,2,4)
 [goto WRKLONGH]

Question ID: ASD.140_02.000 **Instrument Variable Name:** WRKLONGT **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period.

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

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

SkipInstructions: <4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]
 <1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]
 else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R, " " and AGE lt 65) or (DOINGLW2 = 1,2,4)
 [goto WRKLONGH]

Hard Edit: ERR_WRKLONGT

* Number of years is greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 01-Sep-17

Question ID: ASD.146_00.000 **Instrument Variable Name:** WRKLONGH **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

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

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

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

Question ID: ASD.150_00.000 **Instrument Variable Name:** HOURPD **QuestionnaireFileName:** Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?

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

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

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

2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 01-Sep-17

Question ID: ASD.160_00.000 **Instrument Variable Name:** PDSICK **QuestionnaireFileName:** Sample Adult

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

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

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

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

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

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

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

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

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

2016 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 01-Sep-17

Question ID: ASD.210_00.000 **Instrument Variable Name:** WRKLYR2 **QuestionnaireFileName:** Sample Adult

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

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

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

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.010_00.000 **Instrument Variable Name:** HYPEV **QuestionnaireFileName:** Sample Adult

QuestionText: Now I am going to ask you about certain medical conditions.
Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

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

UniverseText: Sample adults 18+

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

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

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

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

UniverseText: Sample adults 18+ who were told they had hypertension

SkipInstructions: <1> [goto HYPYR]
<2,R,D> [goto HYPMDEV2]

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

QuestionText: DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

*Enter '1' if respondent is taking medication to control his/her high blood pressure.

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

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

SkipInstructions: <1,2,R,D> [goto HYPMDEV2]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.023_00.020 **Instrument Variable Name:** CHLYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had high cholesterol?

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

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

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

SkipInstructions: <1,2,R,D> [goto CHLMDEV2]

Question ID: ACN.023_03.030 **Instrument Variable Name:** CHLMDEV2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was any medication EVER prescribed by a doctor to help lower your cholesterol?

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

UniverseText: Sample adults 18+ who have ever been told they had high cholesterol

SkipInstructions: <1> [goto CHLMDNW2]
<2,R,D> [goto CHDEV]

Question ID: ACN.023_04.040 **Instrument Variable Name:** CHLMDNW2 **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

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

UniverseText: Sample adults 18+ who were ever prescribed medicine for high cholesterol

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.031_01.000 **Instrument Variable Name:** CHDEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had
... Coronary heart disease?

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

UniverseText: Sample adults 18+

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

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

QuestionText: * Read if necessary:
Have you EVER been told by a doctor or other health professional that you had
... Angina, also called angina pectoris?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.031_03.000 **Instrument Variable Name:** MIEV **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

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

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

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

UniverseText: Sample adults 18+

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

Question ID: ACN.031_04.000 **Instrument Variable Name:** HRTEV **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

* Read if necessary:

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

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.031_05.000 **Instrument Variable Name:** STREV **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

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

...A stroke?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.031_06.000 **Instrument Variable Name:** EPHEV **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

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

...Emphysema?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

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

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

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

UniverseText: Sample adults 18+

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

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

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

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

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

UniverseText: Sample adults 40+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.040_00.020 **Instrument Variable Name:** ASPMEDAD **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW following this advice?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.080_00.000 **Instrument Variable Name:** AASMEV **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: ? [F1]

Do you still have asthma?

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

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

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

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

QuestionText: ? [F1]

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

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

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

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

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

QuestionText: ? [F1]

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

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

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

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

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

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

...An ulcer

This could be a stomach, duodenal or peptic ulcer.

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.120_00.000 **Instrument Variable Name:** ULCYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

... An ulcer?

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

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

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

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

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

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

UniverseText: Sample adults 18+

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

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

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

...Cancer or a malignancy of any kind?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CANKIND_1]
<2,R,D> if SEX=2 [goto PREGEVER];
else if SEX=1 [goto DBHVPAY]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.140_00.001 **Instrument Variable Name:** CANKIND_1 **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of cancer was it?

* Enter code for the first kind of cancer.

- 01 Bladder
 - 02 Blood
 - 03 Bone
 - 04 Brain
 - 05 Breast
 - 06 Cervix
 - 07 Colon
 - 08 Esophagus
 - 09 Gallbladder
 - 10 Kidney
 - 11 Larynx-windpipe
 - 12 Leukemia
 - 13 Liver
 - 14 Lung
 - 15 Lymphoma
 - 16 Melanoma
 - 17 Mouth/tongue/lip
 - 18 Ovary
 - 19 Pancreas
 - 20 Prostate
 - 21 Rectum
 - 22 Skin (non-melanoma)
 - 23 Skin (DK what kind)
 - 24 Soft tissue (muscle or fat)
 - 25 Stomach
 - 26 Testis
 - 27 Throat - pharynx
 - 28 Thyroid
 - 29 Uterus
 - 30 Other
 - 97 Refused
 - 99 Don't know
-
-

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

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

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

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

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

Hard Edit: ERR1_CANKIND_1

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

ERR2_CANKIND_1

* Code 20 or 26 is unavailable for females.

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.140_00.002 **Instrument Variable Name:** CANKIND_2 **QuestionnaireFileName:** Sample Adult

QuestionText:

* Enter code for the second kind of cancer.

* Enter '96' for no more.

- 01 Bladder
 - 02 Blood
 - 03 Bone
 - 04 Brain
 - 05 Breast
 - 06 Cervix
 - 07 Colon
 - 08 Esophagus
 - 09 Gallbladder
 - 10 Kidney
 - 11 Larynx-windpipe
 - 12 Leukemia
 - 13 Liver
 - 14 Lung
 - 15 Lymphoma
 - 16 Melanoma
 - 17 Mouth/tongue/lip
 - 18 Ovary
 - 19 Pancreas
 - 20 Prostate
 - 21 Rectum
 - 22 Skin (non-melanoma)
 - 23 Skin (DK what kind)
 - 24 Soft tissue (muscle or fat)
 - 25 Stomach
 - 26 Testis
 - 27 Throat - pharynx
 - 28 Thyroid
 - 29 Uterus
 - 30 Other
 - 96 No more
 - 97 Refused
 - 99 Don't know
-
-

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

UniverseText: Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

SkipInstructions: <1-30,R,D>[goto CANAGE_2]
<96> if SEX=2 [goto PREGEVER];
 else IF SEX=1 [goto DBHVPAY]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_2]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_2]

Hard Edit: ERR1_CANKIND_2

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

ERR2_CANKIND_2

* Code 20 or 26 is unavailable for females.

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.140_00.003 **Instrument Variable Name:** CANKIND_3 **QuestionnaireFileName:** Sample Adult

QuestionText:

* Enter code for the third kind of cancer.

* Enter '96' for no more.

- 01 Bladder
 - 02 Blood
 - 03 Bone
 - 04 Brain
 - 05 Breast
 - 06 Cervix
 - 07 Colon
 - 08 Esophagus
 - 09 Gallbladder
 - 10 Kidney
 - 11 Larynx-windpipe
 - 12 Leukemia
 - 13 Liver
 - 14 Lung
 - 15 Lymphoma
 - 16 Melanoma
 - 17 Mouth/tongue/lip
 - 18 Ovary
 - 19 Pancreas
 - 20 Prostate
 - 21 Rectum
 - 22 Skin (non-melanoma)
 - 23 Skin (DK what kind)
 - 24 Soft tissue (muscle or fat)
 - 25 Stomach
 - 26 Testis
 - 27 Throat - pharynx
 - 28 Thyroid
 - 29 Uterus
 - 30 Other
 - 96 No more
 - 97 Refused
 - 99 Don't know
-
-

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

UniverseText: Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

SkipInstructions: <1-30,R,D>[goto CANAGE_3]
<96> if SEX=2 [goto PREGEVER];
 else IF SEX=1 [goto DBHVPAY]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_3]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_3]

Hard Edit: ERR1_CANKIND_3

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

ERR2_CANKIND_3

* Code 20 or 26 is unavailable for females.

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

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

* Enter '96' for no more.

95 More than three kinds
96 No more

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

SkipInstructions: <95,96> if SEX=2 [goto PREGEVER];
 else IF SEX=1 [goto DBHVPAY]

2016 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 01-Sep-17**

Question ID: ACN.150_00.001 **Instrument Variable Name:** CANAGE_1 **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed?

001-100 1-100 years
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> goto CANKIND_2
<R> and <R> at CANKIND_1 if SEX=2 [goto PREGEVER];
else IF SEX=1 [goto DBHVPAY]
<R> and CANKIND_1 NE <R> [goto CANKIND_2]

If number in CANAGE_1 greater than person years old (AGE) [goto ERR_ CANAGE_1]

Hard Edit: ERR_ CANAGE_1

* [Fill2: CANAGE_1] years old is older than age[fill3: AGE].
* Please correct.

Question ID: ACN.150_00.002 **Instrument Variable Name:** CANAGE_2 **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?

001-100 1-100 years
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> [goto CANKIND_3]
<R> and <R> at CANKIND_2 if SEX=2 [goto PREGEVER];
else IF SEX=1 [goto DBHVPAY]
<R> and CANKIND_2 NE <R> [goto CANKIND_3]

If number in CANAGE_2 greater than person years old (AGE) [goto ERR_ CANAGE_2]

Hard Edit: ERR_ CANAGE_2

* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE].
* Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 01-Sep-17**

Question ID: ACN.150_00.003 **Instrument Variable Name:** CANAGE_3 **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

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

001-100 1-100 years
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> [goto CANKIND_4]
<R> and <R> at CANKIND_3 if SEX=2 [goto PREGEVER];
else IF SEX=1 [goto DBHVPAY]
<R> and CANKIND_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) [goto ERR_ CANAGE_3]

Hard Edit: ERR_ CANAGE_3

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

Question ID: ACN.154_00.010 **Instrument Variable Name:** PREGEVER **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you ever been pregnant?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female Sample adults 18+**SkipInstructions:** <1,2,R,D> [goto DBHVPAY]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.155_00.010 **Instrument Variable Name:** DBHVPAY **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following ...
Increase your physical activity or exercise?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.155_00.020 **Instrument Variable Name:** DBHVCLY **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.
DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...
Reduce the amount of fat or calories in your diet?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.155_00.030 **Instrument Variable Name:** DBHVWLY **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

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

Participate in a weight loss program?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.155_00.040 **Instrument Variable Name:** DBHVPAN **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW doing any of the following...

Increasing your physical activity or exercise?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.155_00.050 **Instrument Variable Name:** DBHVCLN **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Are you NOW doing any of the following...

Reducing the amount of fat or calories in your diet?

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

UniverseText: Sample adults 18+

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

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

QuestionText: *Read if necessary.

Are you NOW doing any of the following...

Participating in a weight loss program?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.155_00.070 **Instrument Variable Name:** DIBREL **QuestionnaireFileName:** Sample Adult

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: ?[F1]
[Fill1:Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/
[Fill2:Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto DIBAGE]
<2,R,D> [goto DIBPRE1]
<3> [goto DIBTEST]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.165_00.000 **Instrument Variable Name:** DIBPRE1 **QuestionnaireFileName:** Sample Adult

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

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

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

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

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

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

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

UniverseText: Sample adults 18+ who do not have diabetes

SkipInstructions: <1-5,R,D> if DIBPRE1='1' [goto DIBPILL];
else if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM];
else (SEX=2 and PREGEVER=1) [goto DIBGDM]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.170_00.000 **Instrument Variable Name:** DIBAGE **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

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

000 thru 100 Age at which diagnosed

997 Refused

999 Don't know

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

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

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

Hard Edit: ERR_ DIBAGE

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

* Please correct.

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

QuestionText: What type of diabetes do you have?

*Read answer categories below.

1 Type 1

2 Type 2

3 Other

7 Refused

9 Don't know

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

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

2016 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 01-Sep-17**

Question ID: ACN.180_00.000 **Instrument Variable Name:** DIBPILL **QuestionnaireFileName:** Sample Adult**QuestionText:** Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

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

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar**SkipInstructions:** <1,2,R,D> [goto INSLN1]

Question ID: ACN.190_00.000 **Instrument Variable Name:** INSLN1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Insulin can be taken by shot or pump. Are you NOW taking insulin?

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

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar**SkipInstructions:** <1> if DIBEV1=1 and INSLN1=1 [goto DIBINS2]
else if DIBEV1 ne 1 and (SEX=2 and PREGEVER=1) [goto DIBGDM]
else DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]
<2,R,D> SEX=2 and PREGEVER=1 [goto DIBGDM]
else if DIBEV1=1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto AHAYFYR]
else if DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.190_00.010 **Instrument Variable Name:** DIBINS2 **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?

- 1 Less than 1 month
- 2 1 month to less than 6 months
- 3 6 months to less than 1 year
- 4 1 year or more
- 7 Refused
- 9 Don't know

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

SkipInstructions: <1-4,R,D> [goto DIBINS3]

Question ID: ACN.190_00.020 **Instrument Variable Name:** DIBINS3 **QuestionnaireFileName:** Sample Adult

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

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

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

SkipInstructions: {1> if DIBINS2=1,2,3 [goto DIBINS4]
else if SEX=1 or SEX=2 and PREGEVER=2,R,D [goto AHAYFYR];
else (SEX=2 and PREGEVER=1) [goto DIBGDM]
<2,R,D> if (SEX=2 and PREGEVER=1) [goto DIBGDM]
else [goto AHAYFYR]

2016 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date:** 01-Sep-17

Question ID: ACN.190_00.030 **Instrument Variable Name:** DIBINS4 **QuestionnaireFileName:** Sample Adult**QuestionText:** Was this only during the first year after you were diagnosed with diabetes?

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

UniverseText: Sample adults 18+ who started taking insulin within a year of being diagnosed with diabetes and stopped taking it for more than six months**SkipInstructions:** <1,2,R,D> if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM];
else (SEX=2 and PREGEVER=1) [goto DIBGDM]

Question ID: ACN.195_00.010 **Instrument Variable Name:** DIBGDM **QuestionnaireFileName:** Sample Adult**QuestionText:** [Fill1: Were you FIRST told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?/
Were you EVER told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?]

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

UniverseText: Female Sample adults 18+ who have ever been pregnant**SkipInstructions:** <1,2,R,D> [goto DIBBABY]

Question ID: ACN.197_00.010 **Instrument Variable Name:** DIBBABY **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER had a baby that weighed 9 pounds (4 kg) or more at birth?

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

UniverseText: Female Sample adults 18+ who have ever been pregnant**SkipInstructions:** <1,2,R,D> if DIBEV1=1 [goto AHAYFYR];
else if DIBEV=2,R,D [goto DIBPRGM]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.198_00.010 **Instrument Variable Name:** DIBPRGM **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about a year-long program that can help people prevent Type 2 diabetes. This program has weekly sessions during the first 6 months and monthly sessions over the last 6 months. People in the program receive support from a lifestyle coach on achieving and maintaining a healthy lifestyle.

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

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

UniverseText: Sample adults 18+ who have not been diagnosed with diabetes

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

Question ID: ACN.198_00.020 **Instrument Variable Name:** DIBREFER **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+ who have not been diagnosed with diabetes

SkipInstructions: <1> if DIBPRGM=1 [goto AHAYFYR];
else if DIBPRGM=2,R,D [goto DIBBEGIN]
<2,R,D> [goto DIBBEGIN]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.198_00.030 **Instrument Variable Name:** DIBBEGIN **QuestionnaireFileName:** Sample Adult

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

*Read categories below.

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

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

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

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

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

...Hay fever?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.201_02.000 **Instrument Variable Name:** SINYR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

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

...Sinusitis?

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

UniverseText: Sample adults 18+

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

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

QuestionText: * Read if necessary:

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

...Chronic bronchitis?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.201_04.000 **Instrument Variable Name:** KIDWKYR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

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

.....Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

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

UniverseText: Sample adults 18+

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

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

QuestionText: * Read if necessary:

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

...Any kind of liver condition?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 01-Sep-17**

Question ID: ACN.250_00.000 **Instrument Variable Name:** JNTSYMP **QuestionnaireFileName:** Sample Adult**QuestionText:** The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto JMTHP]
<2,R,D> [goto ARTH]

Question ID: ACN.260_00.000 **Instrument Variable Name:** JMTHP **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A5

Which joints are affected?

* Enter all that apply, separate with commas.

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

UniverseText: Sample adults 18+ who had joint pain in the past 30 days**SkipInstructions:** <1-17,R,D> [goto JNTCHR]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.270_00.000 **Instrument Variable Name:** JNTCHR **QuestionnaireFileName:** Sample Adult

QuestionText: Did your joint symptoms FIRST begin more than 3 months ago?

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

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

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

Question ID: ACN.280_00.000 **Instrument Variable Name:** JNTHP **QuestionnaireFileName:** Sample Adult

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

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

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

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.290_00.000 **Instrument Variable Name:** ARTH **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.295_00.000 **Instrument Variable Name:** ARTHLMT **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

UniverseText: Sample adults 18+ with joint pain or arthritis

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.300_00.000 **Instrument Variable Name:** PAINECK **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have

... Neck pain?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.310_00.000 **Instrument Variable Name:** PAINLB **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

* Read if necessary.

DURING THE PAST THREE MONTHS, did you have

... Low back pain?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.320_00.000 **Instrument Variable Name:** PAINLEG **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

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

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

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

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

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

QuestionText: DURING THE PAST THREE MONTHS, did you have

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.331_02.000 **Instrument Variable Name:** AMIGR **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST THREE MONTHS, did you have

...Severe headache or migraine?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.350_00.000 **Instrument Variable Name:** ACOLD2W **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about your recent health DURING THE LAST 2 WEEKS.

Did you have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]

2016 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 01-Sep-17**

Question ID: ACN.360_00.000 **Instrument Variable Name:** AINTIL2W **QuestionnaireFileName:** Sample Adult**QuestionText:** Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,2,R,D> if SEX=2 and AGE 18-49 [goto PREGNOW];
else if SEX=1 or AGE >49 [goto HRAIDNOW]

Question ID: ACN.370_00.000 **Instrument Variable Name:** PREGNOW **QuestionnaireFileName:** Sample Adult**QuestionText:** Are you currently pregnant?

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

UniverseText: Female sample adults 18-49 years of age**SkipInstructions:** <1> if INTERVIEW_MONTH=4,5,6,7 (April-July) [goto PREGFLYR];
else [goto HRAIDNOW]
<R> [goto HRAIDNOW]
<2,D> [goto PREGFLYR]

Question ID: ACN.370_00.010 **Instrument Variable Name:** PREGFLYR **QuestionnaireFileName:** Sample Adult**QuestionText:** [fill1: Were you pregnant any time since August 1st, [fill: LAST YEAR]?/Were you pregnant any time from August [fill: LAST YEAR] through March [fill: CURYEAR]?/Were you pregnant any time since August 1st, [fill: CURYEAR]?]

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

UniverseText: Female sample adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and interviewed April - July**SkipInstructions:** <1,2,R,D> [goto HRAIDNOW]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.400_00.000 **Instrument Variable Name:** HRAIDNOW **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEARST1]
<2,R,D> [goto HRAIDEV]

Question ID: ACN.410_00.000 **Instrument Variable Name:** HRAIDEV **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid

SkipInstructions: <1,2,R,D> [goto AHEARST1]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.420_00.000 **Instrument Variable Name:** AHEARST1 **QuestionnaireFileName:** Sample Adult

QuestionText: WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

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

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto AVISION]

Question ID: ACN.430_00.000 **Instrument Variable Name:** AVISION **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

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

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

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

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

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

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

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

...Diabetic retinopathy?

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

UniverseText: Sample adults 18+

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

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

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

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

UniverseText: Sample adults 18+ told they have diabetic retinopathy

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.440_00.030 **Instrument Variable Name:** VIM_CAEV **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary.

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: Have you lost any vision because of cataracts?

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

UniverseText: Sample adults 18+ told they have cataracts

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

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

QuestionText: Have you ever had cataract surgery?

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

UniverseText: Sample adults 18+ ever had cataracts

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.440_00.050 **Instrument Variable Name:** VIM_GLEV **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary.

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

...Glaucoma?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.440_00.060 **Instrument Variable Name:** VIMLS_GL **QuestionnaireFileName:** Sample Adult

QuestionText: Have you lost any vision because of glaucoma?

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

UniverseText: Sample adults 18+ told they have glaucoma

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.440_00.070 **Instrument Variable Name:** VIM_MDEV **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary.

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

...Macular Degeneration

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_MD];
<2,R,D> and ABLIND=2,R,D,' ' [goto VIMGLASS]
else if <2,R,D> and ABLIND=1 [goto AVISREH]

Question ID: ACN.440_00.080 **Instrument Variable Name:** VIMLS_MD **QuestionnaireFileName:** Sample Adult

QuestionText: Have you lost any vision because of macular degeneration?

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

UniverseText: Sample adults 18+ told they have macular degeneration

SkipInstructions: <1,2,R,D>and ABLIND=2,R,D,' ' [goto VIMGLASS];
else <1,2,R,D> and ABLIND=1 [goto AVISREH]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.440_00.100 **Instrument Variable Name:** VIMGLASS **QuestionnaireFileName:** Sample Adult

QuestionText: Do you currently wear eyeglasses or contact lenses?

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

UniverseText: Sample adults 18+ who are not blind

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

Question ID: ACN.440_00.110 **Instrument Variable Name:** VIMREAD **QuestionnaireFileName:** Sample Adult

QuestionText: Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?

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

UniverseText: Sample adults 18+ wear glasses or contacts

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

Question ID: ACN.440_00.120 **Instrument Variable Name:** VIMDRIVE **QuestionnaireFileName:** Sample Adult

QuestionText: Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?

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

UniverseText: Sample adults 18+ wear glasses or contacts

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.440_00.130 **Instrument Variable Name:** AVISREH **QuestionnaireFileName:** Sample Adult

QuestionText: Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?

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

UniverseText: Sample adults 18+ who have trouble seeing

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

Question ID: ACN.440_00.140 **Instrument Variable Name:** AVISDEV **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+ who have trouble seeing

SkipInstructions: <1 2,R,D> and if ABLIND = 2,R,D then [goto AVDF_NWS];
else <1,2,R,D> and ABLIND=1 [goto AVISEXAM]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.441_00.010 **Instrument Variable Name:** AVDF_NWS **QuestionnaireFileName:** Sample Adult

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

...To read ordinary print in newspapers

*Read categories below.

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

UniverseText: Sample adults 18+ who are not blind

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

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

QuestionText: *Read if necessary:

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

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

*Read categories below.

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

UniverseText: Sample adults 18+ who are not blind

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.441_00.030 **Instrument Variable Name:** AVDF_NIT **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

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

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

*Read categories below.

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

UniverseText: Sample adults 18+ who are not blind

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

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

QuestionText: *Read if necessary:

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

...To drive during daytime in familiar places

*Read categories below.

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

UniverseText: Sample adults 18+ who are not blind

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.441_00.050 **Instrument Variable Name:** AVDF_PER **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

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

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

*Read categories below.

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

UniverseText: Sample adults 18+ who are not blind

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

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

QuestionText: *Read if necessary:

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

...To find something on a crowded shelf

*Read categories below.

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

UniverseText: Sample adults 18+ who are not blind

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.442_00.010 **Instrument Variable Name:** AVISEXAM **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+

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

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

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.442_00.030 **Instrument Variable Name:** AVISPROT **QuestionnaireFileName:** Sample Adult

QuestionText: When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 7 Refused
- 9 Don't know

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

SkipInstructions: <1-4,R,D> [goto LUPPRT]

Question ID: ACN.451_00.000 **Instrument Variable Name:** LUPPRT **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[CHPAIN6M]

2016 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Sep-17

Question ID: ACN.460_00.010 **Instrument Variable Name:** CHPAIN6M **QuestionnaireFileName:** Sample Adult

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

*Read answer categories below.

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

UniverseText: Sample adults 18+

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

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

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

*Read answer categories below.

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

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

SkipInstructions: <1-4,R,D> [goto the next section]

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.040_00.000 **Instrument Variable Name:** WKDAYR **QuestionnaireFileName:** Sample Adult

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

* Enter '0' for None.

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

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

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

Soft Edit: ERR_WKDAYR

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

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

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

* Enter '0' for None.

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

UniverseText: Sample adults 18+

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

Soft Edit: ERR_BEDDAYR

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.060_00.000 **Instrument Variable Name:** AHSTATYR **QuestionnaireFileName:** Sample Adult

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

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

UniverseText: Sample adults 18+

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

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

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.091_01.000 **Instrument Variable Name:** FLWALK **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

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

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

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

UniverseText: Sample adults 18+

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

Question ID: AHS.091_02.000 **Instrument Variable Name:** FLCLIMB **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Walk up 10 steps without resting?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Sit for about 2 hours?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.091_05.000 **Instrument Variable Name:** FLSTOOP **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Stoop, bend, or kneel?

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Reach up over your head?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.141_03.000 **Instrument Variable Name:** FLPUSH **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.171_02.000 **Instrument Variable Name:** FLSOCL **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

Question ID: AHS.171_03.000 **Instrument Variable Name:** FLRELAX **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1-4 or FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4>[goto AFLHCA]

Else goto SMKEV (next section)

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations****Document Version Date: 01-Sep-17**

Question ID: AHS.200_00.000 **Instrument Variable Name:** AFLHCA **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A7

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

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

* Do not probe, except to clarify answer.

- 01 Vision/problem seeing
 - 02 Hearing problem
 - 03 Arthritis/rheumatism
 - 04 Back or neck problem
 - 05 Fracture, bone/joint injury
 - 06 Other injury
 - 07 Heart problem
 - 08 Stroke problem
 - 09 Hypertension/high blood pressure
 - 10 Diabetes
 - 11 Lung/breathing problem(for example, asthma and emphysema)
 - 12 Cancer
 - 13 Birth defect
 - 14 Intellectual disability, also known as mental retardation
 - 15 Other developmental problem (for example, cerebral palsy)
 - 16 Senility
 - 17 Depression/anxiety/emotional problem
 - 18 Weight problem
 - 19 Missing limbs (fingers, toes or digits), amputee
 - 20 Kidney, bladder or renal problems
 - 21 Circulation problems (including blood clots)
 - 22 Benign Tumors, Cysts
 - 23 Fibromyalgia, lupus
 - 24 Osteoporosis, tendinitis
 - 25 Epilepsy, seizures
 - 26 Multiple Sclerosis (MS), Muscular Dystrophy (MD)
 - 27 Polio(myelitis), paralysis, para/quadriplegia
 - 28 Parkinson's disease, other tremors
 - 29 Other nerve damage, including carpal tunnel syndrome
 - 30 Hernia
 - 31 Ulcer
 - 32 Varicose veins, hemorrhoids
 - 33 Thyroid problems, Grave's disease, gout
 - 34 Knee problems (not arthritis (03), not joint injury(05))
 - 35 Migraine headaches (not just headaches)
 - 90 Other impairment/problem (Specify one)
 - 91 Other impairment/problem (Specify one)
 - 97 Refused
 - 99 Don't know/Not sure
-

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

UniverseText: Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

SkipInstructions: [1- 12, 14 - 35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order
 <13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV]
 <90> [goto AFLHCA_S1]
 <91> [goto AFLHCA_S2]
 Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section)
 < R,D> [goto SMKEV (next section)]

Question ID: AHS.201_90.000 **Instrument Variable Name:** AFLHCA_S1 **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

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

SkipInstructions: <50 chars>[goto AHCL90N]
 >ENTER< only with no description [goto ERR1_AFLHCA_S1]
 Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA

Hard Edit: \$ You should enter something specific.

Question ID: AHS.201_91.000 **Instrument Variable Name:** AFLHCA_S2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

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

SkipInstructions: <50 chars>[goto AHCL91N]
 >ENTER< only with no description [goto ERR1_AFLHCA_S1]

Hard Edit: \$ You should enter something specific.

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.300_01.000 **Instrument Variable Name:** AHCL01N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a vision problem or problem seeing?

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

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a vision problem or problem seeing

SkipInstructions: <1-95,D>[goto AHCL01T]
<R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

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

QuestionText: 2 of 2

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

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

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

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

Hard Edit: ERR1_AHCL01T

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

ERR2_AHCL01T

* "6" not selectable.

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.301_01.000 **Instrument Variable Name:** AHCL02N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

2016 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Sep-17

Question ID: AHS.301_02.000 **Instrument Variable Name:** AHCL02T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

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

Hard Edit: ERR1_AHCL02T

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

ERR2_AHCL02T

* "6" not selectable.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.302_01.000 **Instrument Variable Name:** AHCL03N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.302_02.000 **Instrument Variable Name:** AHCL03T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

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

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

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

Hard Edit: ERR_AHCL03T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.303_01.000 **Instrument Variable Name:** AHCL04N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a back or neck problem

SkipInstructions: <1-95,D>[goto AHCL04T]
 <R>[store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.303_02.000 **Instrument Variable Name:** AHCL04T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with back or neck problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL04T
 [if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T

Hard Edit: ERR_AHCL04T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.304_01.000 **Instrument Variable Name:** AHCL05N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint injury?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL05T]
 <R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.304_02.000 **Instrument Variable Name:** AHCL05T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL05T
 [if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

Hard Edit: ERR_AHCL05T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.305_01.000 **Instrument Variable Name:** AHCL06N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had the (fill: other) injury that caused your limitation?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.305_02.000 **Instrument Variable Name:** AHCL06T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

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

Hard Edit: ERR_AHCL06T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

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

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with heart problem.

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

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

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

Hard Edit: ERR_AHCL07T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.307_01.000 **Instrument Variable Name:** AHCL08N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.307_02.000 **Instrument Variable Name:** AHCL08T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

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

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

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

Hard Edit: ERR_AHCL08T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.308_01.000 **Instrument Variable Name:** AHCL09N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had hypertension or high blood pressure?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.308_02.000 **Instrument Variable Name:** AHCL09T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

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

Hard Edit: ERR_AHCL09T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.309_01.000 **Instrument Variable Name:** AHCL10N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.309_02.000 **Instrument Variable Name:** AHCL10T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with diabetes.

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

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

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

Hard Edit: ERR_AHCL10T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.310_01.000 **Instrument Variable Name:** AHCL11N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL11T]
 <R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000 **Instrument Variable Name:** AHCL11T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL11T
 [if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T

Hard Edit: ERR_AHCL11T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.311_01.000 **Instrument Variable Name:** AHCL12N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had cancer?

* Enter number for time with cancer.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL12T]
 <R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.311_02.000 **Instrument Variable Name:** AHCL12T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with cancer.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL12T
 [if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T

Hard Edit: ERR_AHCL12T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.313_01.000 **Instrument Variable Name:** AHCL14N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had intellectual disability, also known as mental retardation?

* Enter number for time with intellectual disability/mental retardation.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with intellectual disability/mental retardation.

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

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

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

Hard Edit: ERR_AHCL14T
* Time with condition cannot be greater than age.
* Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.314_01.000 **Instrument Variable Name:** AHCL15N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

* Enter number for time with a developmental problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

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

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

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

Hard Edit: ERR_AHCL15T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.315_01.000 **Instrument Variable Name:** AHCL16N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had senility?

* Enter number for time with senility.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.315_02.000 **Instrument Variable Name:** AHCL16T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with senility.

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

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

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

Hard Edit: ERR_AHCL16T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.316_01.000 **Instrument Variable Name:** AHCL17N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had depression, anxiety, or an emotional problem?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.316_02.000 **Instrument Variable Name:** AHCL17T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

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

Hard Edit: ERR_AHCL17T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.317_01.000 **Instrument Variable Name:** AHCL18N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with weight problem.

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

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

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

Hard Edit: ERR_AHCL18T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.318_01.000 **Instrument Variable Name:** AHCL19N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a missing limb

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

Question ID: AHS.318_02.000 **Instrument Variable Name:** AHCL19T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with missing limb.

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

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

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

Hard Edit: ERR_AHCL19T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.319_01.000 **Instrument Variable Name:** AHCL20N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a kidney, bladder or renal problem?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL20T]
 <R>[store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.319_02.000 **Instrument Variable Name:** AHCL20T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL20T
 [if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T

Hard Edit: ERR_AHCL20T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.320_01.000 **Instrument Variable Name:** AHCL21N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

* Enter number for time with a circulation problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.320_02.000 **Instrument Variable Name:** AHCL21T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with circulation problem.

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

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

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

Hard Edit: ERR_AHCL21T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.321_01.000 **Instrument Variable Name:** AHCL22N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL22T]
 <R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.321_02.000 **Instrument Variable Name:** AHCL22T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL22T
 [if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

Hard Edit: ERR_AHCL22T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

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

QuestionText: 1 of 2

How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL23T
 [if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.323_01.000 **Instrument Variable Name:** AHCL24N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.323_02.000 **Instrument Variable Name:** AHCL24T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

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

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

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

Hard Edit: ERR_AHCL24T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

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

QuestionText: 1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

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

Hard Edit: ERR_AHCL25T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.325_01.000 **Instrument Variable Name:** AHCL26N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD).

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL26T]
 <R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.325_02.000 **Instrument Variable Name:** AHCL26T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with multiple sclerosis or muscular dystrophy.

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

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

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

Hard Edit: ERR_AHCL26T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.326_01.000 **Instrument Variable Name:** AHCL27N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had polio(myelitis), paralysis or para/quadruplegia?

* Enter number for time with polio (myelitis), paralysis or para/quadruplegia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL27T]
 <R>[store "R" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.326_02.000 **Instrument Variable Name:** AHCL27T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL27T
 [if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto ERR1_AHCL27T

Hard Edit: ERR_AHCL27T
 * Time with condition cannot be greater than age.
 * Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.327_01.000 **Instrument Variable Name:** AHCL28N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had Parkinson's disease or tremors?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL28T]
 <R>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.327_02.000 **Instrument Variable Name:** AHCL28T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL28T
 [if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T

Hard Edit: ERR_AHCL28T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.328_01.000 **Instrument Variable Name:** AHCL29N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to nerve damage

SkipInstructions: <1-95,D>[goto AHCL29T]
 <R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.328_02.000 **Instrument Variable Name:** AHCL29T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with nerve damage.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL29T
 [if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

Hard Edit: ERR_AHCL29T

* Time with condition cannot be greater than age.

* Please correct.

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.329_01.000 **Instrument Variable Name:** AHCL30N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL30T]
 <R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.329_02.000 **Instrument Variable Name:** AHCL30T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL30T
 [if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T

Hard Edit: ERR_AHCL30T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

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

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with ulcer.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL31T
 [if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T

Hard Edit: ERR_AHCL31T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.331_01.000 **Instrument Variable Name:** AHCL32N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

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

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

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

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

Hard Edit: ERR_AHCL32T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.332_01.000 **Instrument Variable Name:** AHCL33N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

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

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.332_02.000 **Instrument Variable Name:** AHCL33T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

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

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

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

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.333_01.000 **Instrument Variable Name:** AHCL34N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.333_02.000 **Instrument Variable Name:** AHCL34T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

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

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

Hard Edit: ERR1_AHCL34T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.334_01.000 **Instrument Variable Name:** AHCL35N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL35T]
 <R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL35T
 [if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T

Hard Edit: ERR1_AHCL35T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 01-Sep-17

Question ID: AHS.335_01.000 **Instrument Variable Name:** AHCL90N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?

* Enter number for time with {problem in AFLHCA90}.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL90T]
 <R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000 **Instrument Variable Name:** AHCL90T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

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

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

SkipInstructions: <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
 Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL90T
 [if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T

Hard Edit: ERR_AHCL90T

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

2016 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations****Document Version Date: 01-Sep-17**

Question ID: AHS.336_01.000 **Instrument Variable Name:** AHCL91N **QuestionnaireFileName:** Sample Adult**QuestionText:** 1 of 2

How long have you had {problem in AFLHCA91}?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA91}**SkipInstructions:** <1-95,D>[goto AHCL91T]
<R>[store "R" in AHCL91T] [goto SMKEV (next section)]
<96>[store "6" in AHCL91T] [goto SMKEV (next section)]

Question ID: AHS.336_02.000 **Instrument Variable Name:** AHCL91T **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL91T
[if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T**Hard Edit:** ERR_AHCL91T* Time with condition cannot be greater than age.
* Please correct.

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.010_00.000 **Instrument Variable Name:** SMKEV **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about cigarette smoking.

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto SMKREG]
<2,R,D>[goto ECIGEV2]

Question ID: AHB.020_00.000 **Instrument Variable Name:** SMKREG **QuestionnaireFileName:** Sample Adult

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

* Enter '6' if less than 6 years old.

* Enter '95' if 95 years old or older.

* Enter '96' if never smoked regularly.

- 06-84 6 - 84 years
- 85 85 years or older
- 96 Never smoked regularly
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <6-95,96,R,D> [goto SMKNOW]
If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG

Hard Edit: ERR_SMKREG

- * Starting age exceeded current age.
 - * Please correct.
-
-

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.030_00.000 **Instrument Variable Name:** SMKKNOW **QuestionnaireFileName:** Sample Adult

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

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

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

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

QuestionText: 1 of 2

How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

* Enter '95' for 95 years old or older.

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

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-95> [goto SMKQTTP]
<D,R> [goto ECIGEV2]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 01-Sep-17**

Question ID: AHB.040_02.000 **Instrument Variable Name:** SMKQTTP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

* Enter time period for time since quit smoking.

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

UniverseText: Sample adults 18+ who quit smoking**SkipInstructions:** <1-4> [goto ECIGEV2]
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.**Hard Edit:** ERR2_SMKQTTP* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).
* Please correct.**Soft Edit:** ERR1_SMKQTTP* Respondent quit smoking before age 15?
* Please verify.

Question ID: AHB.050_00.000 **Instrument Variable Name:** CIGSDA1 **QuestionnaireFileName:** Sample Adult**QuestionText:** On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

- 01-94 1 - 94 cigarettes
- 95 95+ cigarettes
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who are current every day smokers**SkipInstructions:** <1-95,R,D> [goto CIGQTYR]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.060_00.000 **Instrument Variable Name:** CIGDAMO **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS did you smoke a cigarette?

*Enter '0' for None.

- 00 None
- 01-30 1-30 days
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <0>[goto CIGQTYR]
<1-30,R,D> [goto CIGSDA2]

Question ID: AHB.070_00.000 **Instrument Variable Name:** CIGSDA2 **QuestionnaireFileName:** Sample Adult

QuestionText: On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

- 01-94 1-94 cigarettes
- 95 95+ cigarettes
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <1-95,D,R> [goto CIGQTYR]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.080_00.000 **Instrument Variable Name:** CIGQTYR **QuestionnaireFileName:** Sample Adult

QuestionText: During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

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

UniverseText: Sample adults 18+ who are every day or someday smokers

SkipInstructions: <1,2,R,D> [goto ECIGEV2]

Question ID: AHB.085_00.010 **Instrument Variable Name:** ECIGEV2 **QuestionnaireFileName:** Sample Adult

QuestionText: The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands include NJOY, BLU, LOGIC, and VUSE.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ECIGCUR2]
<2,R,D> [goto CIGAREV2]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.085_00.020 **Instrument Variable Name:** ECIGCUR2 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you now use e-cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used e-cigarettes

SkipInstructions: <1,R,D> [go to CIGAREV2]
<2,3> [go to ECIG30D2]

Question ID: AHB.085_00.030 **Instrument Variable Name:** ECIG30D2 **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you used e-cigarettes?

- 00-30 0-30
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who now use e-cigarettes some days or not at all

SkipInstructions: <0-30,R,D> [goto CIGAREV2]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.085_00.040 **Instrument Variable Name:** CIGAREV2 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

*Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

*Read if necessary: Do not include electronic cigars or e-cigars.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CIGCUR2]
<2, R, D> [goto PIPEV2]

Question ID: AHB.085_00.050 **Instrument Variable Name:** CIGCUR2 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

SkipInstructions: <1 R,D> [goto PIPEV2]
<2,3> [go to CIG30D2]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.085_00.060 **Instrument Variable Name:** CIG30D2 **QuestionnaireFileName:** Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

- 00-30 0-30
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

SkipInstructions: <0-30,R,D> [goto PIPEV2]

Question ID: AHB.085_00.070 **Instrument Variable Name:** PIPEV2 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER smoked a pipe filled with tobacco-either a regular pipe, water pipe, or hookah EVEN ONE TIME?

*Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

*Read if necessary: Do not include electronic pipes or e-pipes.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PIPECUR2]
<2,R,D> [goto SMKLSTB1]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.085_00.080 **Instrument Variable Name:** PIPECUR2 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

*Read if necessary: Do not include pipes filled with substances other than tobacco.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

SkipInstructions: <1-3,R,D> [goto SMKLSTB1]

Question ID: AHB.085_00.090 **Instrument Variable Name:** SMKLSTB1 **QuestionnaireFileName:** Sample Adult

QuestionText: Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

*Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKLSCR2]
<2,R,D> [goto VIGNO]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.085_00.100 **Instrument Variable Name:** SMKLSCR2 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

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

Question ID: AHB.090_01.000 **Instrument Variable Name:** VIGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

- 000 Never
- 001-995 1-995 time(s)
- 996 Unable to do this type activity
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]
<1-995>[goto VIGTP]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**Document Version Date: 01-Sep-17

Question ID: AHB.090_02.000 **Instrument Variable Name:** VIGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for vigorous leisure-time physical activities.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 Unable to do this activity
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-4> goto VIGLNGNO
[if (VIGNO gt <4> and VIGTP eq <1>) or
(VIGNO gt <28> and VIGTP eq <2>) or
(VIGNO gt <31> and VIGTP eq <3>) or
(VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

Soft Edit: ERR1_VIGTP

* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high.
* Please verify.

Question ID: AHB.100_01.000 **Instrument Variable Name:** VIGLNGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

- 001-995 1-995
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-995>[goto VIGLNGTP]
<R,D>[goto MODNO]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 01-Sep-17

Question ID: AHB.100_02.000 **Instrument Variable Name:** VIGLNGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for length of vigorous leisure-time physical activities.

- 1 Minutes
- 2 Hours
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1,2>goto MODNO

if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP;

if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP

Hard Edit: ERR1_VIGLNGTP

- * Question asked for activities lasting at least 10 minutes.
- * Please correct.

Soft Edit: ERR2_VIGLNGTP

- * [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.
- * Please verify.

Question ID: AHB.110_01.000 **Instrument Variable Name:** MODNO **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

- 000 Never
- 001-995 1-995 time(s)
- 996 Unable to do this type activity
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]
<0, 996, R,D>[goto STRNGNO]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 01-Sep-17**

Question ID: AHB.110_02.000 **Instrument Variable Name:** MODTP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

* Enter time period for light or moderate leisure-time physical activities

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 Unable to do this activity
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who do light or moderate activities**SkipInstructions:** <1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or
(MODNO gt <28> and MODTP eq <2>) or
(MODNO gt <31> and MODTP eq <3>) or
(MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO

Soft Edit: ERR_MODNO

* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.
* Please verify.

Question ID: AHB.120_01.000 **Instrument Variable Name:** MODLNGNO **QuestionnaireFileName:** Sample Adult**QuestionText:** 1 of 2

About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

- 001-995 1-995
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who do light or moderate activities**SkipInstructions:** <1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 01-Sep-17

Question ID: AHB.120_02.000 **Instrument Variable Name:** MODLNGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

- 1 Minutes
- 2 Hours
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP

Hard Edit: ERR1_MODLNGTP

- * Question asked for activities lasting at least 10 minutes.
- * Please correct.

Soft Edit: ERR2_MODLNGTP

- * [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.
- * Please verify.

Question ID: AHB.130_01.000 **Instrument Variable Name:** STRNGNO **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

- 000 Never
- 001-995 1-995 time(s)
- 996 Unable to do this type activity
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**Document Version Date: 01-Sep-17

Question ID: AHB.130_02.000 **Instrument Variable Name:** STRNGTP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

* Enter time period for strengthening activities

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 Unable to do this activity
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who do strengthening activities**SkipInstructions:** <1-4> [goto ALC1YR]
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or
(STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto
ERR_STRNGTP]**Soft Edit:** ERR_STRNGTP* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.
* Please verify.

Question ID: AHB.140_00.000 **Instrument Variable Name:** ALC1YR **QuestionnaireFileName:** Sample Adult**QuestionText:** These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto ALC12MNO]
<2,R,D> [goto ALCLIFE]

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.150_00.000 **Instrument Variable Name:** ALCLIFE **QuestionnaireFileName:** Sample Adult

QuestionText: In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

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

UniverseText: Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto AHGT_FT]

Question ID: AHB.160_01.000 **Instrument Variable Name:** ALC12MNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

- 000 Never
- 001-365 1-365 days
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life

SkipInstructions: <1-365>[goto ALC12MTP]
<0,D,R>[goto AHGT_FT]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 01-Sep-17

Question ID: AHB.160_02.000 **Instrument Variable Name:** ALC12MTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0	Never/None
1	Week
2	Month
3	Year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank at least once in the past year

SkipInstructions: <1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

Hard Edit: ERR_ALC12MTP

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.
* Please correct.

Question ID: AHB.170_00.000 **Instrument Variable Name:** ALCAMT **QuestionnaireFileName:** Sample Adult

QuestionText: In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter '1' if less than 1 drink.

* Enter '95' if 95 or more drinks.

01-94	1-94 drinks
95	95+ drinks
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,D,R>[goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]

Soft Edit: ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.
* Please verify.
* Do not probe

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.180_01.000 **Instrument Variable Name:** ALC5UPNO **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

1 of 2

In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have [fill: 5 or more/4 or more] drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000	Never/None
001-365	1-365 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-365>[goto ALC5UPTP]
<0,R,D>[goto AHGT_FT]

2016 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**Document Version Date: 01-Sep-17

Question ID: AHB.180_02.000 **Instrument Variable Name:** ALC5UPTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for days per week, per month or per year.

- 0 Never/None
- 1 Per week
- 2 Per month
- 3 Per year
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

SkipInstructions: <1-3> [goto BINGE1]
[If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or
(ALC5UPNO gt <31> & ALC5UPTP = <2>) or
(ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP
[if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) It number of days per
year with 5 or more (for males)/4+ (females) drinks (calculated from ALC5UPNO and ALC5UPTP)] goto
ERR2_ALC5UPTP]

Hard Edit: ERR1_ALC5UPTP
* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.
* Please correct
ERR2_ALC5UPTP
* Number of days had [fill: 5 or more/4 or more] drinks exceeds number of days drank.
* Please correct.
* Do not probe.

Question ID: AHB.181_00.000 **Instrument Variable Name:** BINGE1 **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?

* Enter '0' if none.

* Enter '60' if 60 or more times.

- 00-60 0-60
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

SkipInstructions: <0-60,R,D> [goto AHGT_FT]

2016 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 01-Sep-17

Question ID: AHB.190_01.000 **Instrument Variable Name:** AHGT_FT **QuestionnaireFileName:** Sample Adult

QuestionText: How tall are you without shoes?

* Enter "M" to record metric measurements

02-07 2-7 feet
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <2-7> [goto AHGT_IN]
 <R.D> [goto AWGT_LB]
 <M> [goto AHGT_M]
 [if AHGT_FT NE<2-7,R,D,M> goto ERR1_AHGT_FT]
 [if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Hard Edit: ERR1_AHGT_FT

* Only 2-7, Don't Know/Refused or M allowed in this field.
 * Please correct.

Soft Edit: ERR2_AHGT_FT

* Respondent's height in feet is [fill: AHGT_FT]?
 * Please verify.

Question ID: AHB.190_02.000 **Instrument Variable Name:** AHGT_IN **QuestionnaireFileName:** Sample Adult

QuestionText: How tall are you without shoes?

* Enter '0' if exactly [fill: AHGT_FT] feet tall.

00-11 0-11 inches
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who answered their height in feet

SkipInstructions: <empty> goto ERR_AHGT_IN
 <0-11,R,D> if (SEX = '1' and (AHTINCH lt '61' or AHTINCH gt '75')) or
 (SEX = '2' and (AHTINCH lt '56' or AHTINCH gt '69'))
 goto ERR2_AHGT_IN
 else
 goto AWGT_LB

Hard Edit: ERR1_AHGT_IN

* If [fill: AHGT_FT] feet exactly, enter "0"; otherwise enter number of inches.

Soft Edit: ERR2_AHGT_IN

* Please verify that the height was entered correctly. Probe only if necessary.

2016 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 01-Sep-17

Question ID: AHB.190_03.000 **Instrument Variable Name:** AHGT_M **QuestionnaireFileName:** Sample Adult

QuestionText: How tall are you without shoes?

* Enter height in metric.

0-2 0-2 meters
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who choose to give their height in metric measurements

SkipInstructions: <empty> goto ERR_AHGT_M
 <0-2> goto AHGT_CM
 <R,D> goto AWGT_LB

Hard Edit: ERR_AHGT_M

* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

Question ID: AHB.190_04.000 **Instrument Variable Name:** AHGT_CM **QuestionnaireFileName:** Sample Adult

QuestionText:

*Enter centimeters.

000-241 0-241 centimeters
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who answered their height in meters

SkipInstructions: <empty> goto ERR2_AHGT_CM
 <0-241,R,D> if (AHGT_M eq '2' and AHGT_CM gt '41') or (AHGT_M eq '1' and AHGT_CM gt '141')
 goto ERR1_AHGT_CM
 elseif (SEX = '1' and (AHTCM lt '156' or AHTCM gt '192')) or
 (SEX = '2' and (AHTCM lt '143' or AHTCM gt '176'))
 goto ERR3_AHGT_CM
 else
 goto AWGT_LB

Hard Edit: ERR1_AHGT_CM

* Total height exceeds maximum allowed.
 * Please correct.

ERR2_AHGT_CM

* If [fill: AHGT_M] meters exactly, enter "0"; otherwise enter number of centimeters.

Soft Edit: ERR3_AHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.

2016 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 01-Sep-17

Question ID: AHB.200_01.000 **Instrument Variable Name:** AWGT_LB **QuestionnaireFileName:** Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter "M" to record metric measurements

* Enter '500' for 500 pounds or more

050-500 50-500 pounds

997 Refused

999 Don't know

M Metric

UniverseText: Sample adults 18+

SkipInstructions: <50-500> if AWGT_LB lt '50' or AWGT_LB gt '500'
 goto ERR1_AWGT_LB
 elseif ((SEX = '1' and (AWGT_LB lt '113' or AWGT_LB gt '316')) or
 ((SEX = '2' and (AWGT_LB lt '96' or AWGT_LB gt '293')))
 goto ERR2_AWGT_LB
 elseif AHGT_FLG = '1' and AWGT_FLG = '1'
 [goto next section]
 else
 calculate the BMI (Body Mass Index) - See BMI spec page
 <R,D> [goto next section]

Hard Edit: ERR1_AWGT_LB

* Weight is out of range (50-500).

* Please correct.

Soft Edit: ERR2_AWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.

2016 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Sep-17

Question ID: AHB.200_02.000 **Instrument Variable Name:** AWGT_KG **QuestionnaireFileName:** Sample Adult

QuestionText: How much do you weigh without shoes?

* Enter weight in kilograms

023-226 23-226 kilograms

997 Refused

999 Don't know

UniverseText: Sample adults 18+ who choose to give their weight in metric measurements

SkipInstructions: <23-226> if AWGT_KG lt '23' or AWGT_KG gt '226'
 goto ERR1_AWGT_KG
 elseif ((SEX = '1' and (AWGT_KG lt '51' or AWGT_KG gt '143')) or
 ((SEX = '2' and (AWGT_KG lt '43' or AWGT_KG gt '133'))
 goto ERR2_AWGT_KG
 elseif AHGT_FLG = '1' and AWGT_FLG = '1'
 goto next section
 else
 calculate the BMI (Body Mass Index) - See BMI spec page
<R,D> goto next section

Hard Edit: ERR1_AWGT_KG

*Weight is out of range (23-226).

* Please correct.

Soft Edit: ERR2_AWGT_KG

* Please verify that the weight was entered correctly. Probe only if necessary.

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.020_00.000 **Instrument Variable Name:** AUSUALPL **QuestionnaireFileName:** Sample Adult

QuestionText: Is there a place that you USUALLY go to when you are sick or need advice about your health?

- 1 Yes
- 2 There is NO place
- 3 There is MORE THAN ONE place
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,3> [goto APLKIND]
<2,R,D> [goto AHCPLKND]

Question ID: AAU.030_00.000 **Instrument Variable Name:** APLKIND **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

SkipInstructions: <1-5> [go to AHCPLROU]
<6,R,D> [go to AHCPLKND]

2016 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.035_00.000 **Instrument Variable Name:** AHCPLROU **QuestionnaireFileName:** Sample Adult

QuestionText: Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

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

UniverseText: Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health

SkipInstructions: <1> [goto AHCCHGYR]
<2,R,D> [go to AHCPLKND]

Question ID: AAU.037_00.000 **Instrument Variable Name:** AHCPLKND **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

UniverseText: Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

SkipInstructions: <0-6,R,D> if AUSUALPL=2,R,D [goto APRVTRYR]; ELSE [goto AHCCHGYR]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.040_00.000 **Instrument Variable Name:** AHCCHGYR **QuestionnaireFileName:** Sample Adult

QuestionText: At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

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

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

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

Question ID: AAU.050_00.000 **Instrument Variable Name:** AHCCHGHI **QuestionnaireFileName:** Sample Adult

QuestionText: Was this change for a reason related to health insurance?

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

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

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

Question ID: AAU.051_00.010 **Instrument Variable Name:** APRVTRYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.053_00.010 **Instrument Variable Name:** APRVTRFD **QuestionnaireFileName:** Sample Adult

QuestionText: Were you able to find a general doctor or provider who could see you?

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

UniverseText: Sample adults 18+ who had trouble finding a provider

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

Question ID: AAU.057_00.010 **Instrument Variable Name:** ADRNANP **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient?

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

UniverseText: Sample adults 18+

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

Question ID: AAU.059_00.010 **Instrument Variable Name:** ADRNAI **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care coverage?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.061_01.000 **Instrument Variable Name:** AHCDLY_1 **QuestionnaireFileName:** Sample Adult

QuestionText:

There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

Question ID: AAU.061_02.000 **Instrument Variable Name:** AHCDLY_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.061_03.000 **Instrument Variable Name:** AHCDLY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]

Question ID: AAU.061_04.000 **Instrument Variable Name:** AHCDLY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.061_05.000 **Instrument Variable Name:** AHCDLY_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_1]

Question ID: AAU.111_01.000 **Instrument Variable Name:** AHCAFY_1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_2]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.111_02.000 **Instrument Variable Name:** AHCAFY_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000 **Instrument Variable Name:** AHCAFY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.111_04.000 **Instrument Variable Name:** AHCAFY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_5]

Question ID: AAU.111_05.010 **Instrument Variable Name:** AHCAFY_5 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...To see a specialist.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_6]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.111_06.010 **Instrument Variable Name:** AHCAFY_6 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Follow-up care.

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

UniverseText: Sample adults 18+

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

Question ID: AAU.113_00.010 **Instrument Variable Name:** AWORPAY **QuestionnaireFileName:** Sample Adult

QuestionText: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.113_00.020 **Instrument Variable Name:** AHICOMP **QuestionnaireFileName:** Sample Adult

QuestionText: In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,3,R,D>[goto ARX12MO]

Question ID: AAU.126_01.010 **Instrument Variable Name:** ARX12MO **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARX12_1]
<2,R,D> [goto ARX12_5]

Question ID: AAU.127_01.010 **Instrument Variable Name:** ARX12_1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

...You skipped medication doses to save money.

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

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_2]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.127_02.010 **Instrument Variable Name:** ARX12_2 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You took less medicine to save money.

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

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_3]

Question ID: AAU.127_03.010 **Instrument Variable Name:** ARX12_3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You delayed filling a prescription to save money.

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

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_4]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.127_04.010 **Instrument Variable Name:** ARX12_4 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

... You asked your doctor for a lower cost medication to save money.

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

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_5]

Question ID: AAU.127_05.010 **Instrument Variable Name:** ARX12_5 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

... You bought prescription drugs from another country to save money.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARX12_6]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.127_06.010 **Instrument Variable Name:** ARX12_6 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

... You used alternative therapies to save money.

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

UniverseText: Sample adults 18+

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

Question ID: AAU.135_00.000 **Instrument Variable Name:** ADENLONG **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 0 Never
- 1 6 months or less
- 2 More than 6 mos, but not more than 1 yr ago
- 3 More than 1 yr, but not more than 2 yrs ago
- 4 More than 2 yrs, but not more than 5 yrs ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[goto AHCSY1_1]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.141_01.000 **Instrument Variable Name:** AHCSY1_1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_2]

Question ID: AAU.141_02.000 **Instrument Variable Name:** AHCSY1_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses).

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_3]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.141_03.000 **Instrument Variable Name:** AHCSY1_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_4]

Question ID: AAU.141_04.000 **Instrument Variable Name:** AHCSY1_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_5]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.141_05.000 **Instrument Variable Name:** AHCSY1_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_6]

Question ID: AAU.141_06.000 **Instrument Variable Name:** AHCSY1_6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[if SEX=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.200_00.000 **Instrument Variable Name:** AHCSYR7 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

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

UniverseText: Sample female adults aged 18+ years

SkipInstructions: <1,2,R,D> [go to AHCSY8_8]

Question ID: AAU.211_01.000 **Instrument Variable Name:** AHCSY8_8 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [go to AHCSY8_9]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.211_02.000 **Instrument Variable Name:** AHCSY8_9 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHCSYR10]
<2,R,D> [goto AHERNOYR]

Question ID: AAU.230_00.000 **Instrument Variable Name:** AHCSYR10 **QuestionnaireFileName:** Sample Adult

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

UniverseText: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.240_00.000 **Instrument Variable Name:** AHERNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

- 00 None
- 01 1
- 02 2-3
- 03 4-5
- 04 6-7
- 05 8-9
- 06 10-12
- 07 13-15
- 08 16 or more
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]

Question ID: AAU.243_00.010 **Instrument Variable Name:** AERVISND **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.245_00.010 **Instrument Variable Name:** AERHOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did this emergency room visit result in a hospital admission?

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERREAS1]

Question ID: AAU.248_01.010 **Instrument Variable Name:** AERREAS1 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... You didn't have another place to go

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS2]

Question ID: AAU.248_02.020 **Instrument Variable Name:** AERREAS2 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Your doctor's office or clinic was not open

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS3]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.248_03.030 **Instrument Variable Name:** AERREAS3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Your health provider advised you to go

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS4]

Question ID: AAU.248_04.040 **Instrument Variable Name:** AERREAS4 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... The problem was too serious for the doctor's office or clinic

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS5]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.248_05.050 **Instrument Variable Name:** AERREAS5 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Only a hospital could help you

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS6]

Question ID: AAU.248_06.060 **Instrument Variable Name:** AERREAS6 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... the emergency room is your closest provider

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS7]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.248_07.070 **Instrument Variable Name:** AERREAS7 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

...you get most of your care at the emergency room

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS8]

Question ID: AAU.248_08.080 **Instrument Variable Name:** AERREAS8 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

...you arrived by ambulance or other emergency vehicle

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.250_00.000 **Instrument Variable Name:** AHCHYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

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

UniverseText: Sample adults 18+

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

Question ID: AAU.260_00.000 **Instrument Variable Name:** AHCHMOYR **QuestionnaireFileName:** Sample Adult

QuestionText: During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

- 01-12 01-12 months
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-12,R,D>[goto AHCHNOYR]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.270_00.000 **Instrument Variable Name:** AHCHNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A10

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

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

Question ID: AAU.280_00.000 **Instrument Variable Name:** AHCNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.290_00.000 **Instrument Variable Name:** ASRGYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

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

UniverseText: Sample adults 18+

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

Question ID: AAU.300_00.000 **Instrument Variable Name:** ASRGNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

- 01-94 1-94 times
- 95 95+ times
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG]
<11-95> [goto ERR_ASGYR]

Soft Edit: ERR_ASRGNOYR

* {ASRGNOYR} is an unusually large number.

* Please verify.

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.305_00.000 **Instrument Variable Name:** AMDLONG **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8 ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

- 0 Never
- 1 6 months or less
- 2 More than 6 mos, but not more than 1 yr ago
- 3 More than 1 yr, but not more than 2 yrs ago
- 4 More than 2 yrs, but not more than 5 yrs ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto HIT1A]

Question ID: AAU.309_00.010 **Instrument Variable Name:** HIT1A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Look up health information on the Internet.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT2A]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.309_00.020 **Instrument Variable Name:** HIT2A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Fill a prescription.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]

Question ID: AAU.309_00.030 **Instrument Variable Name:** HIT3A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Schedule an appointment with a health care provider.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT4A]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.309_00.040 **Instrument Variable Name:** HIT4A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Communicate with a health care provider by email.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT5A]

Question ID: AAU.309_00.050 **Instrument Variable Name:** HIT5A **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Use online chat groups to learn about health topics.

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.310_00.000 **Instrument Variable Name:** FLUVACYR **QuestionnaireFileName:** Sample Adult

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, have you had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

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

UniverseText: Sample adults 18+

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

Question ID: AAU.311_00.000 **Instrument Variable Name:** FLUVACTP **QuestionnaireFileName:** Sample Adult

QuestionText: Was this a shot, or was it a vaccine sprayed in the nose?

* Read if necessary: A flu shot is injected in the arm.

*Read if necessary: The flu nasal spray is called FluMist™

- 1 Flu shot
- 2 Flu nasal spray (spray, mist or drop in nose)
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have received a flu vaccination in the past 12 months

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.312_01.000 **Instrument Variable Name:** FLUVAC_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu vaccination?

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

UniverseText: Sample adults 18+ who have have received a flu vaccination in the past 12 months

SkipInstructions: <1-12,D> [goto FLUVAC_Y]
RR> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1];
Rse if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.312_02.000 **Instrument Variable Name:** FLUVAC_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu vaccination.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their last flu vaccination or who didn't know the month

SkipInstructions: <valid year,R,D> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1];
 else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];
 else [goto SHTPNUYR]

[If FLUVAC_M and FLUVAC_Y = a future date [goto ERR1_FLUVAC_Y]
 [If FLUVAC_M and FLUVAC_Y = a date prior to birth [goto ERR2_FLUVAC_Y]
 [If FLUVAC_M and FLUVAC_Y = a date before 12 months ago [goto ERR3_FLUVAC_Y]

Hard Edit: ERR1_FLUVAC_Y

*Future date invalid

ERR2_FLUVAC_Y

*Date before birth

ERR3_FLUVAC_Y

*Date more than 12 months ago

Question ID: AAU.313_00.000 **Instrument Variable Name:** FLUSHPG1 **QuestionnaireFileName:** Sample Adult

QuestionText: Did you get a flu shot before or during your current pregnancy?

1	Before this pregnancy
2	During this pregnancy
7	Refused
9	Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December and received a flu shot in the past 12 months

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.314_00.000 **Instrument Variable Name:** FLUSHPG2 **QuestionnaireFileName:** Sample Adult

QuestionText: [Fill1: Earlier you said you were pregnant sometime since August 1st, [last year]. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?

- 1 Before this pregnancy
- 2 During this pregnancy
- 3 After this pregnancy
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been determined to be pregnant at a specific point in the past year and received a flu shot in the past 12 months

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

Question ID: AAU.320_00.000 **Instrument Variable Name:** SHTPNUYR **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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

UniverseText: Sample adults 18+

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

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.330_00.000 **Instrument Variable Name:** APOX **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had chickenpox?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APOX12MO]
<2,R,D> [goto AHEP]

Question ID: AAU.340_00.000 **Instrument Variable Name:** APOX12MO **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had chickenpox

SkipInstructions: <1,2,R,D> [goto AHEP]

Question ID: AAU.350_00.000 **Instrument Variable Name:** AHEP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had hepatitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPBTST]
<2,R,D> [goto AHEPLIV]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.360_00.000 **Instrument Variable Name:** AHEPLIV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

SkipInstructions: <1,2,R,D> [goto AHEPBTST]

Question ID: AAU.365_00.010 **Instrument Variable Name:** AHEPBTST **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever had a blood test for hepatitis B?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SHTHEPB]

Question ID: AAU.370_00.000 **Instrument Variable Name:** SHTHEPB **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SHEPDOS]
<2,R,D> [goto SHTHEPA]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.380_00.000 **Instrument Variable Name:** SHEPDOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- 1 Received at least 3 doses
- 2 Received less than 3 doses
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

SkipInstructions: <1,2,R,D> [goto SHTHEPA]

Question ID: AAU.390_00.010 **Instrument Variable Name:** SHTHEPA **QuestionnaireFileName:** Sample Adult

QuestionText: The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHEPANUM
<2,R,D> [goto AHEPCTST]

Question ID: AAU.400_00.010 **Instrument Variable Name:** SHEPANUM **QuestionnaireFileName:** Sample Adult

QuestionText: How many hepatitis A shots did you receive?

*Enter '96' if all shots were received

- 01-95 01-95 shots
- 96 Received all shots
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> [goto AHEPCTST]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.405_00.010 **Instrument Variable Name:** AHEPCTST **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever had a blood test for hepatitis C?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPCRES]
R2,R,D> if AGE GE 50 [goto SHINGLES]
R elseif AGE LT 50 [goto SHTTD]

Question ID: AAU.405_00.020 **Instrument Variable Name:** AHEPCRES **QuestionnaireFileName:** Sample Adult

QuestionText: What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.

- 1 You or your doctor thought you were at risk of having hepatitis C because a blood test or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease
- 2 You were born from 1945 through 1965
- 3 You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992
- 4 Some other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had a blood test for hepatitis C

SkipInstructions: <1-4,R,D> if AGE GE 50 [goto SHINGLES];
R elseif AGE LT 50 [goto SHTTD]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.410_00.010 **Instrument Variable Name:** SHINGLES **QuestionnaireFileName:** Sample Adult

QuestionText: Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 50+

SkipInstructions: <1,2,R,D> [goto SHTTD]

Question ID: AAU.420_00.010 **Instrument Variable Name:** SHTTD **QuestionnaireFileName:** Sample Adult

QuestionText: Have you received a tetanus shot in the past 10 years?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHTTD05
<2,R,D> and AGE >64 [goto LIVEV]
Else if <2,R,D> and AGE<65 [goto SHTHPV2]

Question ID: AAU.430_00.010 **Instrument Variable Name:** SHTTD05 **QuestionnaireFileName:** Sample Adult

QuestionText: Was your most recent tetanus shot given in 2005 or later?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in the past 10 years

SkipInstructions: <1,R> [goto SHTTDAP]
R2,D> if AGE le 64 [goto SHTHPV2]
R elseif AGE gt 64 [goto LIVEV]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.440_00.010 **Instrument Variable Name:** SHTTDAP **QuestionnaireFileName:** Sample Adult

QuestionText: There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

- 1 Yes-included pertussis
- 2 No-did not include pertussis
- 3 Doctor did not say
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond

SkipInstructions: <1-3,R,D> if age le 64 [goto SHTHPV2];
else [goto LIVEV]

Question ID: AAU.446_00.010 **Instrument Variable Name:** SHTHPV2 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever received an HPV shot or vaccine?

*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Refused
- 9 Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1> [goto SHHPVDOS]
<2,3,R,D> [goto LIVEV]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.448_00.010 **Instrument Variable Name:** SHHPVDOS **QuestionnaireFileName:** Sample Adult

QuestionText: How many HPV shots did you receive?
* Enter '50' if 50 or more shots
* Enter '96' for all shots

01-49	1-49 shots
50	50+ shots
96	All shots
97	Refused
99	Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <1-50,96,R,D> [goto AHPVAGE]
<51-95> [goto ERR_SHHPVDOS]

Hard Edit: ERR_SHHPVDOS

* Shots should be in the range 1-50 or 96 for all shots.

* Please correct.

Question ID: AAU.449_00.010 **Instrument Variable Name:** AHPVAGE **QuestionnaireFileName:** Sample Adult

QuestionText: How old were you when you received your first HPV shot?

008-064	8-64 years
997	Refused
999	Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <8-64,R,D> [goto LIVEV]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.450_00.010 **Instrument Variable Name:** LIVEV **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto TRAVEL]

Question ID: AAU.460_00.010 **Instrument Variable Name:** TRAVEL **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto WRKHLTH]

Question ID: AAU.465_00.010 **Instrument Variable Name:** WRKHLTH **QuestionnaireFileName:** Sample Adult

QuestionText: Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto WRKDIR] <2,R,D> [goto APSBPCHK]

2016 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.470_00.010 **Instrument Variable Name:** WRKDIR **QuestionnaireFileName:** Sample Adult

QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we MEAN PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who work or volunteer in a health-care setting

SkipInstructions: <1,2,R,D> [goto APSBPCHK]

Question ID: AAU.500_00.010 **Instrument Variable Name:** APSBPCHK **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APSCHCHK]

Question ID: AAU.510_00.010 **Instrument Variable Name:** APSCHCHK **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APSBSCHK]

2016 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.520_00.010 **Instrument Variable Name:** APSBSCHK **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=1 and AGE GE 40 [goto APSCOL]
Rlse if SEX=1 and AGE < 40 [goto APSDIET]
R Else if SEX=2 [goto APSPAP]

Question ID: AAU.530_00.010 **Instrument Variable Name:** APSPAP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE GE 30 [goto APSMAM];
Rlse if AGE<30 [goto APSDIET]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.540_00.010 **Instrument Variable Name:** APSMAM **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1,2,R,D> if AGE GE 40 [gotoAPSCOL];
Else if AGE<40> [goto APSDIET]

Question ID: AAU.550_00.010 **Instrument Variable Name:** APSCOL **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto APSDIET]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.560_00.010 **Instrument Variable Name:** APSDIET **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SMKNOW in ('1','2') [goto APSSMKC];
else [goto AINDINS]

Question ID: AAU.570_00.010 **Instrument Variable Name:** APSSMKC **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ currently who smoke every day or some days

SkipInstructions: <1,2,R,D> [goto AINDINS]

Question ID: AAU.600_00.010 **Instrument Variable Name:** AINDINS **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AINDPRCH]
<2,R,D> if age LT 65 [goto AEXCHNG];
else age GE 65 [goto next section]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Sep-17

Question ID: AAU.600_00.020 **Instrument Variable Name:** AINDPRCH **QuestionnaireFileName:** Sample Adult

QuestionText: Was a plan purchased?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

SkipInstructions: <1> [goto AINDWHO]
<2,R,D> if age LT 65 [goto AEXCHNG];
else [goto next section]

Question ID: AAU.600_00.030 **Instrument Variable Name:** AINDWHO **QuestionnaireFileName:** Sample Adult

QuestionText: Was this plan for yourself, someone else in your family, or both?

- 1 Self
- 2 Someone else in family
- 3 Both
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF1]

2016 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.600_00.040 **Instrument Variable Name:** AINDDIF1 **QuestionnaireFileName:** Sample Adult

QuestionText: How difficult was it to find a plan with the type of coverage you needed? Would you say...

*Read categories below.

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF2]

Question ID: AAU.600_00.050 **Instrument Variable Name:** AINDDIF2 **QuestionnaireFileName:** Sample Adult

QuestionText: How difficult was it to find a plan you could afford? Would you say...

*Read categories below.

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> if age LT 65 [goto AEXCHNG];
else [goto next section]

2016 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 01-Sep-17

Question ID: AAU.605_00.010 **Instrument Variable Name:** AEXCHNG **QuestionnaireFileName:** Sample Adult

QuestionText: Have you looked into purchasing health insurance coverage through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults LT 65 years

SkipInstructions: <1,2,R,D> [goto next section]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.005_00.000 **Instrument Variable Name:** ASIINTRO **QuestionnaireFileName:** Sample Adult

QuestionText: *You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer use, the respondent's neighborhood, sexual identity, financial worries, mental health, and HIV testing.

*Enter 1 to Continue.

1 Continue

UniverseText: Sample adults 18+

SkipInstructions: <1> goto ACICPUSE

Question ID: ASI.130_00.000 **Instrument Variable Name:** ACICPUSE **QuestionnaireFileName:** Sample Adult

QuestionText: These questions are about you and your neighborhood.

How often do you use a computer?

*Read answer categories.

- 1** Never or almost never
- 2** Some days
- 3** Most days
- 4** Every day
- 7** Refused
- 9** Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACISATHC]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.140_00.000 **Instrument Variable Name:** ACISATHC **QuestionnaireFileName:** Sample Adult

QuestionText: In general, how satisfied are you with the health care you received in the past 12 months?

*Read answer categories.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 You haven't had health care in the past 12 months
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACITENUR]

Question ID: ASI.150_00.000 **Instrument Variable Name:** ACITENUR **QuestionnaireFileName:** Sample Adult

QuestionText: About how long have you lived in your present neighborhood?

- 1 Less than 1 year
- 2 1-3 years
- 3 4-10 years
- 4 11-20 years
- 5 More than 20 years
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINHELP]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.160_00.000 **Instrument Variable Name:** ACINHELP **QuestionnaireFileName:** Sample Adult

QuestionText: How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood help each other out.

Would you say...

*Read answer categories.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACINCNT0]

Question ID: ASI.170_00.000 **Instrument Variable Name:** ACINCNT0 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

There are people I can count on in this neighborhood.

Would you say...

*Read answer categories if necessary.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACINTRU]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.180_00.000 **Instrument Variable Name:** ACINTRU **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood can be trusted.

Would you say...

*Read answer categories if necessary.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACINKNT]

Question ID: ASI.190_00.000 **Instrument Variable Name:** ACINKNT **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

This is a close-knit neighborhood.

Would you say...

*Read answer categories if necessary.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>
[if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.220_00.000 **Instrument Variable Name:** ACISIM **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI1

Which of the following best represents how you think of yourself?

- 1 Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 5 I don't know the answer
- 7 Refused

UniverseText: Male sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]

Question ID: ASI.240_00.000 **Instrument Variable Name:** ACISIF **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI2

Which of the following best represents how you think of yourself?

- 1 Lesbian or gay
- 2 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else
- 5 I don't know the answer
- 7 Refused

UniverseText: Female sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.260_00.000 **Instrument Variable Name:** ACIRETR **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you...

*Read answer categories.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACIMEDC]

Question ID: ASI.270_00.000 **Instrument Variable Name:** ACIMEDC **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACISTLV]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.280_00.000 **Instrument Variable Name:** ACISTLV **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to maintain the standard of living you enjoy? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICNHC]

Question ID: ASI.290_00.000 **Instrument Variable Name:** ACICNHC **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs for normal healthcare? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICCOLL]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.300_00.000 **Instrument Variable Name:** ACICCOLL **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not having enough money to pay for your children's college? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 5 This does not apply to me
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINBILL]

Question ID: ASI.310_00.000 **Instrument Variable Name:** ACINBILL **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not having enough to pay your normal monthly bills? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACIHCST]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.320_00.000 **Instrument Variable Name:** ACIHCST **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICCMP]

Question ID: ASI.330_00.000 **Instrument Variable Name:** ACICCMP **QuestionnaireFileName:** Sample Adult

QuestionText: How worried are you right now about not being able to make the minimum payments on your credit cards? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 5 I don't have credit cards
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACISLEEP]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.340_00.000 **Instrument Variable Name:** ACISLEEP **QuestionnaireFileName:** Sample Adult

QuestionText: On average, how many hours of sleep do you get in a 24-hour period?

*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

- 01-24** 1-24 hours
- 97** Refused
- 99** Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5>[goto ERR_SLEEP];
<1-24, R,D>[goto ACISLPFL]

Soft Edit: ERR_SLEEP

*Average number of hours of sleep is [ACISLEEP].
* Please verify.

Question ID: ASI.350_00.000 **Instrument Variable Name:** ACISLPFL **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you have trouble falling asleep?

*Enter '0' if respondent did not have trouble falling asleep in the past week.

*Enter '7' for 7 or more times.

- 00** Did not have trouble falling asleep in the past week
- 01-06** 1-6 times
- 07** 7 or more times
- 97** Refused
- 99** Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPST]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.360_00.000 **Instrument Variable Name:** ACISLPST **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you have trouble staying asleep?

*Enter '0' if respondent did not have trouble staying asleep in the past week.

*Enter '7' for 7 or more times.

- 00** Did not have trouble staying asleep in the past week
- 01-06** 1-6 times
- 07** 7 or more times
- 97** Refused
- 99** Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPMD]

Question ID: ASI.370_00.000 **Instrument Variable Name:** ACISLPMD **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, how many times did you take medication to help you fall asleep or stay asleep?

*Enter '0' if respondent did not take medication to help sleep in the past week.

*Enter '7' for 7 or more times.

- 00** Did not take medication to help sleep in the past week
- 01-06** 1-6 times
- 07** 7 or more times
- 97** Refused
- 99** Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACIREST]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.380_00.000 **Instrument Variable Name:** ACIREST **QuestionnaireFileName:** Sample Adult

QuestionText: In the past week, on how many days did you wake up feeling well rested?

*Enter '0' if respondent never felt well rested in the past week.

- 00 Never felt rested in the past week
- 01-07 1-7 days
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto MHSAD_CK]

Question ID: ASI.390_00.000 **Instrument Variable Name:** MHSAD_CK **QuestionnaireFileName:** Sample Adult

QuestionText: Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

- 1 Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACISAD]

Question ID: ASI.390_01.000 **Instrument Variable Name:** ACISAD **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

DURING THE PAST 30 DAYS, how often did you feel

...So sad that nothing could cheer you up?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINERV]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.390_02.000 **Instrument Variable Name:** ACINERV **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Nervous?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIRSTLS]

Question ID: ASI.390_03.000 **Instrument Variable Name:** ACIRSTLS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Restless or fidgety?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIHOPLS]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.390_04.000 **Instrument Variable Name:** ACIHOPLS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Hopeless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIEFFRT]

Question ID: ASI.390_05.000 **Instrument Variable Name:** ACIEFFRT **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACIWTHLS]

2016 NHIS Questionnaire - Sample Adult**Adult Selected Items****Document Version Date: 01-Sep-17**

Question ID: ASI.390_06.000 **Instrument Variable Name:** ACIWTHLS **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+**SkipInstructions:** <1-5,R,D>
if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto
ACIMUCH];
else [goto ACIBLD12]

Question ID: ASI.400_00.000 **Instrument Variable Name:** ACIMUCH **QuestionnaireFileName:** Sample Adult**QuestionText:** We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days**SkipInstructions:** <1-4,R,D> [goto ACIBLD12]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.405_00.000 **Instrument Variable Name:** ACIBLD12 **QuestionnaireFileName:** Sample Adult

QuestionText: Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

During the PAST 12 MONTHS, have you donated blood?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto ACIHIVT]

Question ID: ASI.410_00.000 **Instrument Variable Name:** ACIHIVT **QuestionnaireFileName:** Sample Adult

QuestionText: The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,R,D> [goto next section]
<2> [goto ACIHIVWN]

2016 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 01-Sep-17

Question ID: ASI.420_00.000 **Instrument Variable Name:** ACIHIVWN **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI6

I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

- 01 It's unlikely you've been exposed to HIV
- 02 You were afraid to find out if you were HIV positive (that you had HIV)
- 03 You didn't want to think about HIV or about being HIV positive
- 04 You were worried your name would be reported to the government if you tested positive
- 05 You didn't know where to get tested
- 06 You don't like needles
- 07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
- 08 Some other reason
- 09 No particular reason
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have never been tested for HIV

SkipInstructions: <1-9,R,D> [goto next section]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.010_00.000 **Instrument Variable Name:** BALEV **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about dizziness or balance problems. Have you EVER had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance? Do not include times when drinking alcohol.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto BALAGE]
<2,R,D> [goto BRPROB1]

Question ID: BAL.020_00.000 **Instrument Variable Name:** BALAGE **QuestionnaireFileName:** Sample Adult

QuestionText: At what age were you FIRST BOTHERED by dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance?

*Do not include times when drinking alcohol.

*Enter '996' if since birth.

- 001-995 001-995
- 996 Since birth
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who have ever had a balance or dizziness problem

SkipInstructions: <1-120, 996,R,D> [goto BDIZZ1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.040_00.000 **Instrument Variable Name:** BDIZZ1 **QuestionnaireFileName:** Sample Adult

QuestionText: During the PAST 12 MONTHS, have you had a problem with dizziness or balance? Do not include times when drinking alcohol.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB1]

Question ID: BAL.050_01.000 **Instrument Variable Name:** BRPROB1 **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about problems related to dizziness or balance. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Had severe fatigue

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB2]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.050_02.000 **Instrument Variable Name:** BRPROB2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Drifting to the side when trying to walk straight

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB3]

Question ID: BAL.050_03.000 **Instrument Variable Name:** BRPROB3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Bumping into one side or the other when walking through a doorway

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB4]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.050_04.000 **Instrument Variable Name:** BRPROB4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking in the dark without using support

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB5]

Question ID: BAL.050_05.000 **Instrument Variable Name:** BRPROB5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking on uneven ground or surfaces

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB6]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.050_06.000 **Instrument Variable Name:** BRPROB6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Had fear of heights

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRPROB7]

Question ID: BAL.050_07.000 **Instrument Variable Name:** BRPROB7 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty riding an escalator or moving walkway

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>
if BALEV=2,R,D and BRPROB1 through BRPROB7 all=2 then [goto BBIO1];
else if BALEV=1 and BDIZZ1=2 and BRPROB1 through BRPROB7 all=2 then [goto BHOSP2];
else where (BDIZZ1(e)=1) or (any BRPROB1 -BRPROB6 = 1 or BRPROB7=1,R,D) [goto BTYPE_1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.060_01.000 **Instrument Variable Name:** BTYPE_1 **QuestionnaireFileName:** Sample Adult

QuestionText: This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

A spinning or vertigo sensation or other illusion of motion such as tipping, tilting, or rocking

*Read if necessary: Vertigo is an illusion of rotation or other motion, as if riding a carousel.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTYPE_2]

Question ID: BAL.060_02.000 **Instrument Variable Name:** BTYPE_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...A floating, spacey, or disconnected sensation

*Read if necessary: Your head doesn't feel quite right or normal.

* Read if necessary: Do not include times when drinking alcohol.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTYPE_3]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.060_03.000 **Instrument Variable Name:** BTYPE_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling lightheaded, without a sense of motion

* Read if necessary: Do not include times when drinking alcohol.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTYPE_4]

Question ID: BAL.060_04.000 **Instrument Variable Name:** BTYPE_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling as if you are going to pass out or faint

* Read if necessary: Do not include times when drinking alcohol.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTYPE_5]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.060_05.000 **Instrument Variable Name:** BTYPE_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Blurring of your vision when you move your head

* Read if necessary: Do not include times when drinking alcohol.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTYPE_6]

Question ID: BAL.060_06.000 **Instrument Variable Name:** BTYPE_6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling off-balance or unsteady

* Read if necessary: Do not include times when drinking alcohol.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTYPE_7]

2016 NHIS Questionnaire - Sample Adult
Adult Balance
Document Version Date: 01-Sep-17

Question ID: BAL.060_07.000 **Instrument Variable Name:** BTYPE_7 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Other dizziness or balance problem.

* Read if necessary: Do not include times when drinking alcohol.

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

UniverseText: Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

SkipInstructions: <1,2,R,D> if BALEV=2,R,D and (all BTYPE_1 -BTYPE_7 = 2,R,D) [goto BBIO1];
else if BALEV=1 and (all BRPROB1-BRPROB7= 2,R,D) and (all BTYPE_1 -BTYPE_7 = 2,R,D) [goto BHOSP2]
else if BDIZZ1=1 and (all BTYPE_1 -BTYPE_7 = 2,R,D) fill '7' in BBOOTH1 and [goto BAGE1]
else if two or more BTYPE_1 - BTYPE_7 = 1,7,9 [goto BBOOTH1];
else [goto BAGE1]

Question ID: BAL.070_00.000 **Instrument Variable Name:** BBOOTH1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, which ONE of these feelings of dizziness or balance problems bothered you the most?

*Read answer categories below.

- | | |
|----|---|
| 01 | the spinning, vertigo, or motion sensation |
| 02 | the floating, spacey, or disconnected feeling |
| 03 | the feeling of lightheadedness |
| 04 | the feeling like you are about to pass out |
| 05 | Blurred vision |
| 06 | Unsteadiness |
| 07 | Other dizziness or balance problem |
| 97 | Refused |
| 99 | Don't know |

UniverseText: Sample adults 18+ and more than one balance symptom

SkipInstructions: <1-7,R,D> [goto BAGE1]

2016 NHIS Questionnaire - Sample Adult**Adult Balance****Document Version Date: 01-Sep-17**

Question ID: BAL.080_00.000 **Instrument Variable Name:** BAGE1 **QuestionnaireFileName:** Sample Adult**QuestionText:** About how old were you when (Fill: most bothersome or only feeling) first happened?

- * Read if necessary. If unsure, estimate as best you can.
- * Enter '996' If since birth.

001-995	1-995
996	Since birth
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months**SkipInstructions:** <1-120> if BAGE1 gt AGE
[goto ERR2_BAGE1];
Else
[goto BOFTN]
<121-995> [goto ERR1_BAGE1]
<'996', R, D> [goto BOFTN]**Hard Edit:** If BAGE1= 121-995 then display ERR1_BAGE1:

- * 121-995 years not allowed in this field.
- *Please correct.

If BAGE gt AGE, then display ERR2_BAGE:
* Time with condition cannot be greater than age.
* Please correct.

Question ID: BAL.100_01.000 **Instrument Variable Name:** BOFTN **QuestionnaireFileName:** Sample Adult**QuestionText:** 1 of 2

DURING THE PAST 12 MONTHS, about how often have you had (Fill: most bothersome or only feeling)?

*Please tell me the number of times per day, per week, per month.

*Enter '996' for 'Constantly' or 'Almost Always'.

001-995	1-995
996	Constantly or almost always
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months**SkipInstructions:** <1-365> [goto BOFTT]
<996,R,D> [goto BLAST1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.100_02.000 **Instrument Variable Name:** BOFTT **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period.

- 1 Day(s)
- 2 Week(s)
- 3 Month(s)
- 4 Year
- 6 Constantly or almost always
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who gave a number to how often they had the dizziness or balance problem

SkipInstructions: <1-4,R,D> [goto BLAST1]

Question ID: BAL.110_00.000 **Instrument Variable Name:** BLAST1 **QuestionnaireFileName:** Sample Adult

QuestionText: How long from beginning to end does each occurrence, i.e., episode, bout or "attack", of (Fill: most bothersome or only feeling) usually last?

* Read if necessary. Only count the duration of individual spells or bouts, not a whole cluster of them, and don't include other related symptoms. For example, do not include nausea or vomiting.

*Probe if needed.

- 01 Momentary, or less than two minutes
- 02 Two minutes to less than 20 minutes
- 03 20 minutes to less than 8 hours
- 04 8 hours to less than 24 hours
- 05 1 day to less than 14 days
- 06 2 weeks to less than 3 months
- 07 3 months or longer
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1-7, R,D> [goto BTRG_01]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.120_01.000 **Instrument Variable Name:** BTRG_01 **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about things that trigger your balance or dizziness problems.

Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Looking up or down, leaning head back or bending forward

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'

Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTRG_02]

Question ID: BAL.120_02.000 **Instrument Variable Name:** BTRG_02 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Rolling over in bed

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'

Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

SkipInstructions: <1,2,R,D> [goto BTRG_03]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.120_03.000 **Instrument Variable Name:** BTRG_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Getting up after sitting or lying down

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

SkipInstructions: <1,2,R,D> [goto BTRG_04]

Question ID: BAL.120_04.000 **Instrument Variable Name:** BTRG_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Headache, including migraine

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

SkipInstructions: <1,2,R,D> [goto BTRG_05]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.120_05.000 **Instrument Variable Name:** BTRG_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...A visual problem such as double vision, or your eyes "jerk", "bounce", move rapidly or oscillate

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

SkipInstructions: <1,2,R,D> [goto BTRG_06]

Question ID: BAL.120_06.000 **Instrument Variable Name:** BTRG_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Riding in a car, bus, airplane, boat, or train

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTRG_07]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.120_07.000 **Instrument Variable Name:** BTRG_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Walking down a grocery store aisle

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTRG_08]

Question ID: BAL.120_08.000 **Instrument Variable Name:** BTRG_08 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Hearing loud sounds

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTRG_09]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.120_09.000 **Instrument Variable Name:** BTRG_09 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Blowing your nose

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BTRG_10]

Question ID: BAL.120_10.000 **Instrument Variable Name:** BTRG_10 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Taking prescription medicines or drugs, or over-the-counter medications, e.g., for allergy or sleep aids

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BSAME]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.130_01.000 **Instrument Variable Name:** BSAME_1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Nausea or vomiting

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_1]
<2,R,D> [goto BSAME_2]

Question ID: BAL.130_02.000 **Instrument Variable Name:** BSAME_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Hearing loss in only one ear

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_2]
<2,R,D> [goto BSAME_3]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.130_03.000 **Instrument Variable Name:** BSAME_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Ringing, buzzing, or roaring in one ear-medical term is Tinnitus (TIN-uh-tus)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_3]
<2,R,D> [goto BSAME_4]

Question ID: BAL.130_04.000 **Instrument Variable Name:** BSAME_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Fullness, pressure, or stuffed-up feeling in one ear without pain

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_4]
<2,R,D> [goto BSAME_5]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.130_05.000 **Instrument Variable Name:** BSAME_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Sinus congestion

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_5]
<2,R,D> [goto BSAME_6]

Question ID: BAL.130_06.000 **Instrument Variable Name:** BSAME_6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Anxiety

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_6];
<2,R,D> [goto BSAME_7]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.130_07.000 **Instrument Variable Name:** BSAME_7 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Depression

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

SkipInstructions: <1> [goto BONLY_7];
<2,R,D> [goto BHOSP2]

Question ID: BAL.140_01.000 **Instrument Variable Name:** BONLY_1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have nausea or vomiting only when you have dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had nausea or vomiting around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_2]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.140_02.000 **Instrument Variable Name:** BONLY_2 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have hearing loss only when you have dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had hearing loss around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_3]

Question ID: BAL.140_03.000 **Instrument Variable Name:** BONLY_3 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have ringing in your ear or tinnitus only when you have dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had tinnitus around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_4]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.140_04.000 **Instrument Variable Name:** BONLY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have fullness, pressure, or stuffiness in your ear only when you have dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had fullness, pressure, or stuffiness in their ear around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_5]

Question ID: BAL.140_05.000 **Instrument Variable Name:** BONLY_5 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have sinus congestion only when you have the dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had sinus congestion around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_6]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.140_06.000 **Instrument Variable Name:** BONLY_6 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have anxiety only when you have the dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had anxiety around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BSAME_7]

Question ID: BAL.140_07.000 **Instrument Variable Name:** BONLY_7 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have depression only when you have the dizziness or balance problem(s) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had depression around the same time as their dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BHOSP2]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.150_00.000 **Instrument Variable Name:** BHOSP2 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever gone to a hospital or emergency room about a dizziness or balance problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months

SkipInstructions: <1> [goto BHOSPNO1]
<2, R, D> [goto BHP1]

Question ID: BAL.160_00.000 **Instrument Variable Name:** BHOSPNO1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, about how many times have you gone to a hospital emergency room about a dizziness or balance problem?

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-9 times
- 5 10-14 times
- 6 15 or more times
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ and ever been to ER about dizziness

SkipInstructions: <0-6, R,D> [goto BHP1]

2016 NHIS Questionnaire - Sample Adult**Adult Balance****Document Version Date: 01-Sep-17**

Question ID: BAL.170_00.000 **Instrument Variable Name:** BHP1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER seen a doctor or other health professional, except for in the emergency room, about a dizziness or balance problem?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months**SkipInstructions:** <1,2,R,D> if BALEV=1 and BDIZZ1=2,R,D and all from BTYPE_1-BTYPE_7=2,R,D [goto BBIO1];
else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=2,R,D and BHOSP2=2,R,D [goto BTRET1];
else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=2,R,D and BHOSP2=1 [goto BFIRST1];
else if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 and BHP1=1 [goto BHP1_01]

Question ID: BAL.180_01.000 **Instrument Variable Name:** BHP1_01 **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

... Family doctor, internal medicine doctor or general practitioner

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem**SkipInstructions:** < 1, 2, R,D> [goto BHP1_02]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.180_02.000 **Instrument Variable Name:** BHP1_02 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Cardiologist or heart specialist

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_03]

Question ID: BAL.180_03.000 **Instrument Variable Name:** BHP1_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Ear, nose, and throat doctor

* Ear, nose, and throat doctors are also known as: "otolaryngologists", "otologists" or "neurotologists"

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_04]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.180_04.000 **Instrument Variable Name:** BHP1_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Neurologist

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_05]

Question ID: BAL.180_05.000 **Instrument Variable Name:** BHP1_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

... Eye doctor, optometrist, or ophthalmologist (AHF-thal-MOL-oh-jist)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_06]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.180_06.000 **Instrument Variable Name:** BHP1_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Dentist, orthodontist or oral surgeon

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> and SEX =2 [goto BHP1_07];
Else if SEX=1 [goto BHP1_08]

Question ID: BAL.180_07.000 **Instrument Variable Name:** BHP1_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Gynecologist or OB/GYN

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_08]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.180_08.000 **Instrument Variable Name:** BHP1_08 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Psychiatrist, psychologist or social worker

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_09]

Question ID: BAL.180_09.000 **Instrument Variable Name:** BHP1_09 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Osteopath (OS-te-o-path) or doctor of osteopathy (os-tee-OP-uh-thee)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_10]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.180_10.000 **Instrument Variable Name:** BHP1_10 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Occupational therapist, physical therapist or rehabilitation ("rehab") specialist/doctor

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_11]

Question ID: BAL.180_11.000 **Instrument Variable Name:** BHP1_11 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Physician assistant or nurse practitioner

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_12]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.180_12.000 **Instrument Variable Name:** BHP1_12 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Nutritionist or dietician

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BHP1_13]

Question ID: BAL.180_13.000 **Instrument Variable Name:** BHP1_13 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Audiologist

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BHP1_14]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.180_14.000 **Instrument Variable Name:** BHP1_14 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Foot doctor

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BHP1_15]

Question ID: BAL.180_15.000 **Instrument Variable Name:** BHP1_15 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?
Please say yes or no to each.

...Some other health professional

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto B5YRS1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.190_00.000 **Instrument Variable Name:** B5YRS1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, about how many times have you seen a doctor or other health professional about your dizziness or balance problem(s)?

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-9 times
- 5 10-14 times
- 6 15 or more times
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

SkipInstructions: < 0-6,R,D> [goto BFIRST]

Question ID: BAL.200_00.000 **Instrument Variable Name:** BFIRST1 **QuestionnaireFileName:** Sample Adult

QuestionText: How long ago did you FIRST see a doctor or other health professional, including emergency room physicians about your dizziness or balance problem(s)?

- 1 Less than 12 months
- 2 12 months to less than 3 years
- 3 3 years to less than 5 years
- 4 5 years to less than 10 years
- 5 10 years to less than 15 years
- 6 15 years or more
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem

SkipInstructions: < 1-6,R,D> [goto BHELP1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.220_00.000 **Instrument Variable Name:** BHELP1 **QuestionnaireFileName:** Sample Adult

QuestionText: How much do you feel these doctors or other health professionals helped your dizziness or balance problem(s)? Would you say...

*Read answer categories below.

- 1 No help at all
- 2 A little help
- 3 Moderate help
- 4 A lot of help
- 5 Problem was cured or no longer exists
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem

SkipInstructions: <1,R,D> [goto BDIAG1]
<2,3,4,5> [goto BTHLP_N]

Question ID: BAL.230_01.000 **Instrument Variable Name:** BTHLP_N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

About how long was it between the first time you saw a doctor or other health professional about your dizziness or balance problem(s) until you began to feel helped by treatments or advice you received?

Please tell me the number of days, weeks, months or years.

- 001-365 1-365
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who feel doctor or other health professional helped dizziness at least a little

SkipInstructions: <1-365, D> [goto BTHLP_T];
<R> [goto BDIAG1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.230_02.000 **Instrument Variable Name:** BTHLP_T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since last saw a doctor or other health professional.

- 1 Day(s)
- 2 Week(s)
- 3 Month(s)
- 4 Year(s)
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who gave a number to the time between when first saw doctor and began to feel help, or said DK to the number part of this question

SkipInstructions: <1-3,R,D> [goto BDIAG1]
<4> if (BTHLP_T gt AGE and BTHLP_T=4) [goto ERR_BTHLP_T]
else [goto BDIAG1]

Hard Edit: * Time with condition cannot be greater than age.
* Please correct

Question ID: BAL.240_00.000 **Instrument Variable Name:** BDIAG1 **QuestionnaireFileName:** Sample Adult

QuestionText: Did any of the doctors or health care professionals tell you the cause or give you a diagnosis for your dizziness or balance problem(s)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem

SkipInstructions: <1> [goto BCAUS1]
<2,R,D> [goto BTRET1]

2016 NHIS Questionnaire - Sample Adult**Adult Balance****Document Version Date: 01-Sep-17**

Question ID: BAL.250_00.000 **Instrument Variable Name:** BCAUS1 **QuestionnaireFileName:** Sample Adult**QuestionText:** What did the doctor(s) or health care professional(s) tell you was the cause or causes of your dizziness or balance problem(s)?

* Enter all that apply, separate with commas.

* Read the list if necessary.

- 01 Allergies
- 02 Anxiety or depression
- 03 Benign positional vertigo (BPV or BPPV)
- 04 Crystals-loose or dislodged in ear
- 05 Diabetes
- 06 Headache or migraines
- 07 Head or neck trauma or concussion
- 08 Heart disease
- 09 Inner ear infection, viral labyrinthitis
- 10 Ménière's (Men-e-AIRZ) disease
- 11 Neurological-multiple sclerosis (MS), seizures, etc.
- 12 Side effects from medications (antibiotics, cancer treatments, etc.)
- 13 Stroke
- 14 Other health problem(s)
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who were told cause of dizziness or balance problem**SkipInstructions:** <1-14,R,D> [goto BTRET1]

Question ID: BAL.260_00.000 **Instrument Variable Name:** BTRET1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER taken or tried anything to treat your dizziness or balance problem(s) such as physical therapy, certain exercises, avoiding certain foods, taking medicines, surgery, or wearing magnets or wristbands?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months**SkipInstructions:** <1> [goto BTRT1_01]
<2,R,D> [goto BSTAT1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.270_01.000 **Instrument Variable Name:** BTRT1_01 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever tried any of the following treatments? Please say yes or no to each.

...Exercises or physical therapy

* Do not include Tai Chi, Yoga, or Qi Gong.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_02]

Question ID: BAL.270_02.000 **Instrument Variable Name:** BTRT1_02 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Bed rest for several hours or days

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_03]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.270_03.000 **Instrument Variable Name:** BTRT1_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

... Head rolling maneuver by a doctor or therapist (Epley maneuver)

* Do not include treatment by a chiropractor.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_04]

Question ID: BAL.270_04.000 **Instrument Variable Name:** BTRT1_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

... Steroid injections into the ear

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_05]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.270_05.000 **Instrument Variable Name:** BTRT1_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Gentamicin (jen-tah-MI-sin) injection into the ear

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_06]

Question ID: BAL.270_06.000 **Instrument Variable Name:** BTRT1_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Surgery

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_07]

Question ID: BAL.270_07.000 **Instrument Variable Name:** BTRT1_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Low salt diet

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_08]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.270_08.000 **Instrument Variable Name:** BTRT1_08 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Avoiding or cutting back on certain foods or drinks such as chocolate, coffee, or alcohol

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D>
if SMKEV=1 [goto BTRT1_09];
else [goto BTRT1_10]

Question ID: BAL.270_09.000 **Instrument Variable Name:** BTRT1_09 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Quitting or reducing use of tobacco or cigarettes

* Enter '2' for non-smokers.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem who have ever smoked

SkipInstructions: < 1,2,R,D> [goto BTRT1_10]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.270_10.000 **Instrument Variable Name:** BTRT1_10 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Prescription medicine or drugs

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_11]

Question ID: BAL.270_11.000 **Instrument Variable Name:** BTRT1_11 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Over-the-counter medicines such as allergy medications or sleep aids or Dramamine patches

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_12]

Question ID: BAL.270_12.000 **Instrument Variable Name:** BTRT1_12 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Psychiatric treatment

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_13]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.270_13.000 **Instrument Variable Name:** BTRT1_13 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Massage therapy or chiropractic treatment or manipulation

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_14]

Question ID: BAL.270_14.000 **Instrument Variable Name:** BTRT1_14 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Acupuncture

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_15]

Question ID: BAL.270_15.000 **Instrument Variable Name:** BTRT1_15 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Herbal remedy such as feverfew leaf, ginger or ginkgo biloba (GIN-ko bye-LO-bah)

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: < 1,2,R,D> [goto BTRT1_16]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.270_16.000 **Instrument Variable Name:** BTRT1_16 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Wearing magnets or acupressure wristband

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ treated for dizziness or balance problem

SkipInstructions: <1,2,R,D> [goto BSTAT1]

Question ID: BAL.280_00.000 **Instrument Variable Name:** BSTAT1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have your dizziness or balance problem(s) gotten worse, stayed the same, improved somewhat, or improved greatly?

- 1 Gotten worse
- 2 Stayed the same
- 3 Improved somewhat
- 4 Improved greatly
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1-4, R, D> [goto BMEDIC1]

Question ID: BAL.300_00.000 **Instrument Variable Name:** BMEDIC1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you regularly take any medicine that makes your dizziness or balance problem(s) worse?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1,2, R, D> [goto BCHNG1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.310_00.000 **Instrument Variable Name:** BCHNG1 **QuestionnaireFileName:** Sample Adult

QuestionText: Do your dizziness or balance problems prevent you in any way from doing things you otherwise could do?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1> [goto BCHG1_01]
<2, R,D> [goto BM12WS]

Question ID: BAL.320_01.000 **Instrument Variable Name:** BCHG1_01 **QuestionnaireFileName:** Sample Adult

QuestionText: Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Driving a motor vehicle

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

SkipInstructions: <1,2,R,D> [goto BCHNG_02]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.320_02.000 **Instrument Variable Name:** BCHG1_02 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Riding in a car, bus, airplane, boat or train

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

SkipInstructions: <1,2,R,D> [goto BCHNG_03]

Question ID: BAL.320_03.000 **Instrument Variable Name:** BCHG1_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

....Exercising or taking walks

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

SkipInstructions: <1,2,R,D> [goto BCHNG_04]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.320_04.000 **Instrument Variable Name:** BCHG1_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Walking down a flight of stairs

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

SkipInstructions: <1,2,R,D> [goto BCHNG_05]

Question ID: BAL.320_05.000 **Instrument Variable Name:** BCHG1_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Participating in social activities outside your home

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

SkipInstructions: <1,2,R,D> [goto BCHNG_06]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.320_06.000 **Instrument Variable Name:** BCHG1_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

... Performing household chores, such as cleaning or laundry

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

SkipInstructions: <1,2,R,D> [goto BCHNG_07]

Question ID: BAL.320_07.000 **Instrument Variable Name:** BCHG1_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

... Going to the toilet

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

SkipInstructions: <1,2,R,D> [goto BM12WS_N]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.350_00.000 **Instrument Variable Name:** BM12WS **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many days of work or school have you missed because of your dizziness or balance problems?

Enter '0' for none.

000-365 000-365 days

997 Refused

999 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <0-365,R,D> [goto BM12RA]

Question ID: BAL.355_00.000 **Instrument Variable Name:** BM12RA **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many days of other regularly scheduled activities - excluding work and school days - have you missed because of your dizziness or balance problems?

Enter '0' for none.

000-365 000-365 days

997 Refused

999 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <0-365,R,D> [goto BPROB1]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.360_00.000 **Instrument Variable Name:** BPROB1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem was your dizziness or balance condition? Would you say it was no problem, a small problem, a moderate problem, a big problem, or a very big problem?

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1-5,R,D> [goto BMED_1]

Question ID: BAL.370_01.000 **Instrument Variable Name:** BMED_1 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Meclizine or Antivert™ for dizziness, nausea or vomiting

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1,2,R,D> [goto BMED_2]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.370_02.000 **Instrument Variable Name:** BMED_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Other medicine or patches for motion sickness, nausea or vomiting

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1,2,R,D> [goto BMED_3]

Question ID: BAL.370_03.000 **Instrument Variable Name:** BMED_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Medicines for anxiety or depression

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1,2,R,D> [goto BMED_4]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.370_04.000 **Instrument Variable Name:** BMED_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Chemotherapy (ke-mo-THER-ah-pe) drugs

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: < 1,2,R,D> [goto BBIO1]

Question ID: BAL.380_00.000 **Instrument Variable Name:** BBIO1 **QuestionnaireFileName:** Sample Adult

QuestionText: Have any of your biological, that is, BLOOD relatives such as parents, brothers, sisters, or children had a problem with dizziness, balance, or falling, NOT related to aging?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1,2,R,D> if BDIZZ1=1 or any from BTYPE_1-BTYPE_7=1 [goto BFALL5Y]; else [goto BFALL12M]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.385_00.000 **Instrument Variable Name:** BFALL12M **QuestionnaireFileName:** Sample Adult

QuestionText: This next question is about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST YEAR, have you fallen at least one time?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who did not have a balance or dizziness problem in the past 12 months and did not have at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto either section shown below]
If FDRN_FLG= '1' [goto VIS_0 / AFD.090_00.000]
Else if FDRN_FLG= '2' [goto AWEBUSE / AWB.010_00.000]

Question ID: BAL.390_00.000 **Instrument Variable Name:** BFALL5Y **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST 5 YEARS, have you fallen at least one time?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1> if BTYPE_1=1 [goto BFL1_01];
else if BTYPE_2 =1 [goto BFL1_02];
else if BTYPE_3 =1 [goto BFL1_03];
else if BTYPE_4 =1[goto BFL1_04];
else if BTYPE_5 =1[goto BFL1_05];
else if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7=1 [goto BFL1_07];
<2,R,D> [goto BNRFALL]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.400_01.000 **Instrument Variable Name:** BFL1_01 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling a sense of spinning or other movement sensation?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have a balance symptom of feeling a sense of spinning or other movement sensation and have fallen past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_2=1 [goto BFL1_02];
else if BTYPE_3=1 [goto BFL1_03];
else if BTYPE_4=1 [goto BFL1_04];
else if BTYPE_5=1 [goto BFL1_05];
else if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7=1 [goto BFL1_07];
else [goto BFALL12A]

Question ID: BAL.400_02.000 **Instrument Variable Name:** BFL1_02 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a floating, spacey, or disconnected feeling?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have a balance symptom of a floating, spacey, or disconnected feeling and have fallen past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_3=1 [goto BFL1_03];
else if BTYPE_4=1 [goto BFL1_04];
else if BTYPE_5=1 [goto BFL1_05];
else if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7=1 [goto BFL1_07];
else [goto BFALL12A]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.400_03.000 **Instrument Variable Name:** BFL1_03 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling lightheaded?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have a balance symptom of feeling lightheaded and have fallen past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_4=1 [goto BFL1_04];
else if BTYPE_5=1 [goto BFL1_05];
else if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7=1 [goto BFL1_07];
else [goto BFALL12A]

Question ID: BAL.400_04.000 **Instrument Variable Name:** BFL1_04 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling like you are about to pass out?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have a balance symptom of feeling like they are about to pass out and have fallen past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_5=1 [goto BFL1_05];
else if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7 =1[goto BFL1_07];
else [goto BFALL12A]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.400_05.000 **Instrument Variable Name:** BFL1_05 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having blurred vision?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have a balance symptom of blurred vision and have fallen past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_6=1 [goto BFL1_06];
else if BTYPE_7=1 [goto BFL1_07];
else [goto BFALL12A]

Question ID: BAL.400_06.000 **Instrument Variable Name:** BFL1_06 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a general feeling of being unsteady or off-balance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have a balance symptom of unsteadiness and have fallen past 5 years

SkipInstructions: <1,2,R,D>
if BTYPE_7=1 [goto BFL1_07];
else [goto BFALL12A]

Question ID: BAL.400_07.000 **Instrument Variable Name:** BFL1_07 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having and other or general problem with dizziness or imbalance?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have an other or general balance symptom and have fallen past 5 years

SkipInstructions: <1,2,R,D> [goto BFALL12A]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.410_00.000 **Instrument Variable Name:** BFALL12A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you fallen at least once a month on average?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a fall in past 5 years

SkipInstructions: <1> go to BF12M_NO
<2,R,D> [goto BFTIME1]

Question ID: BAL.420_01.000 **Instrument Variable Name:** BF12M_NO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, about how many times per day, week, or month have you fallen?

- 001-365 001-365
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in last 12 months

SkipInstructions: <1-365,D> [goto BF12M_TP]
<R> [goto BINJ1]

2016 NHIS Questionnaire - Sample Adult**Adult Balance****Document Version Date: 01-Sep-17**

Question ID: BAL.420_02.000 **Instrument Variable Name:** BF12M_TP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

* Enter time period for time fallen.

- 1 Day(s)
- 2 Week(s)
- 3 Month(s)
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the last 12 months and gave a number for time fallen or said DK to number part of this question**SkipInstructions:** If (BF12M_NO ge 10 and BF12M_TP='1'), then [goto ERR_BF12M_TP];
If (BF12M_NO ge 50 and BF12M_TP='2'), then [goto ERR_BF12M_TP];
If (BF12M_NO ge 200 and BF12M_TP='3'), then [goto ERR_BF12M_TP];
<1-3,R,D> [goto BINJ1]**Soft Edit:** If (BF12M_NO ge 10 and BF12M_TP='1') or (BF12M_NO ge 50 and BF12M_TP='2') or (BF12M_NO ge 200 and BF12M_TP='3'),
then ERR_BF12M_TP:* [Fill1: BF12M_NO] times per [Fill2: BF12M_TP] is unusually high.
* Please verify.

Question ID: BAL.430_00.000 **Instrument Variable Name:** BFTIME1 **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, how many times have you fallen?

*Read if necessary. If unsure, estimate as best you can.

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-7 times
- 5 8 or more times
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who haven't fallen at least once a month in the past 12 months**SkipInstructions:** <0> [goto BNRFALL]
<1-5, R,D> [goto BINJ1]

2016 NHIS Questionnaire - Sample Adult**Adult Balance****Document Version Date: 01-Sep-17**

Question ID: BAL.440_00.000 **Instrument Variable Name:** BINJ1 **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, did you have an injury as a result of a fall? For example, with a bruise, cut or wound, sprain, dislocation, fracture, broken bones, back pain, head or neck injury.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months**SkipInstructions:** <1> [goto BINJWS]
<2,R,D> [goto BFWH_01]

Question ID: BAL.450_00.000 **Instrument Variable Name:** BINJWS **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, how many days of work or school did you miss because of injury from falls?

* Enter '996 if doesn't work or go to school.

- 000-995 000-995 days
- 996 Doesn't work or go to school
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who were injured by fall(s) in the past 12 months**SkipInstructions:** <0-365,996,R,D> [goto BINJHP]

Question ID: BAL.455_00.000 **Instrument Variable Name:** BINJHP **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, did you talk to or see a doctor or other health professional about any injuries that you had as a result of a fall or falling?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who were injured by fall(s) in the past 12 months**SkipInstructions:** <1> [goto BINJHPN]
<2,R,D> [goto BFWH_01]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.457_00.000 **Instrument Variable Name:** BINJHPN **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking about your worst injury that resulted from a fall or falling DURING THE PAST 12 MONTHS, how many times did you talk to or see a medical professional about that injury?

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-9 times
- 5 10-14 times
- 6 15 or more times
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who talked to a doctor or other health professional about falls or falling in the past 12 months

SkipInstructions: <0-6,R,D> [goto BFWH_01]

Question ID: BAL.460_01.000 **Instrument Variable Name:** BFWH_01 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You tripped, stumbled, or slipped

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_02]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.460_02.000 **Instrument Variable Name:** BFWH_02 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You blacked out or fainted

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_03]

Question ID: BAL.460_03.000 **Instrument Variable Name:** BFWH_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were playing sports or exercising

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2 R,D> [goto BFWH_04]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.460_04.000 **Instrument Variable Name:** BFWH_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with vision

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_05]

Question ID: BAL.460_05.000 **Instrument Variable Name:** BFWH_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had weakness or numbness in one or both legs

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_06]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.460_06.000 **Instrument Variable Name:** BFWH_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had not eaten recently or you had low blood sugar

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_07]

Question ID: BAL.460_07.000 **Instrument Variable Name:** BFWH_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You drank too much alcohol

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_08]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.460_08.000 **Instrument Variable Name:** BFWH_08 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem using a walker, cane, or other aid that helps you get around

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_09]

Question ID: BAL.460_09.000 **Instrument Variable Name:** BFWH_09 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with shoes, sandals or socks

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BFWH_10]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.460_10.000 **Instrument Variable Name:** BFWH_10 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...Some other reason

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month in the past 12 months

SkipInstructions: <1,2,R,D> [goto BNRFALL]

Question ID: BAL.470_00.000 **Instrument Variable Name:** BNRFALL **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you slipped or lost your balance and caught yourself WITHOUT falling?

- 0 None
- 1 1 time
- 2 2 times
- 3 3 to 4 times
- 4 5 to 7 times
- 5 8 or more times
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <0-5,R,D> [goto BINTHI]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.475_01.000 **Instrument Variable Name:** BINTHI **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each.

...To look up health information on your dizziness or balance problems

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BINTTR]

Question ID: BAL.475_02.000 **Instrument Variable Name:** BINTTR **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary. DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each.

...To learn about medical or other recommended treatments for your dizziness or balance problems

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D> [goto BINTRS]

2016 NHIS Questionnaire - Sample Adult

Adult Balance

Document Version Date: 01-Sep-17

Question ID: BAL.475_03.000 **Instrument Variable Name:** BINTRS **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary. DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons?
Please say yes or no to each.

...To learn about rehabilitation services or intervention programs for your dizziness or balance problems

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

SkipInstructions: <1,2,R,D>
If FDRN_FLG= '1' [goto VIS_0 / AFD.090_00.000]
Else if FDRN_FLG= '2' [goto AWEBUSE / AWB.010_00.000]

2016 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 01-Sep-17

Question ID: AWB.010_00.000 **Instrument Variable Name:** AWEBUSE **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about your Internet and email use.

Do you use the Internet?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBOFNO] <2,R,D> [goto AWEBEML]

Question ID: AWB.020_01.000 **Instrument Variable Name:** AWEBOFNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How often do you use the Internet?

*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?

*Enter number.

- 001-995 1-995
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who use the Internet

SkipInstructions: <1-995> [goto AWEBOFTP]
<R,D> [goto AWEBEML]<1-995> [goto AWEBOFTP]
<R,D> [goto AWEBEML]

2016 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 01-Sep-17

Question ID: AWB.020_02.000 **Instrument Variable Name:** AWEBOFTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for how often Internet is used.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

SkipInstructions: <1-4,R,D> [goto AWEBEML]

Question ID: AWB.030_00.000 **Instrument Variable Name:** AWEBEML **QuestionnaireFileName:** Sample Adult

QuestionText: Do you send or receive emails?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBEMAD] <2,R,D> [goto next section]

2016 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 01-Sep-17

Question ID: AWB.040_00.000 **Instrument Variable Name:** AWEBEMAD **QuestionnaireFileName:** Sample Adult

QuestionText: We may want to contact you to obtain additional health-related information.

May I have your email address?

*Enter email address.

*Enter 'N' for none.

allow 75

97 Refused

99 Don't Know

UniverseText: Sample adults 18+ who send or receive email

SkipInstructions: <address> [goto AWBEMNO] <N,R,D> [goto next section]

Question ID: AWB.050_01.000 **Instrument Variable Name:** AWEBMNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How often do you check this email account?

*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?

*Enter number.

001-995 1-995

997 Refused

999 Don't know

UniverseText: Sample adults 18+ who gave an email address

SkipInstructions: <1-995> [goto AWBEMTP] <R,D> [goto next section]

2016 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 01-Sep-17

Question ID: AWB.050_02.000 **Instrument Variable Name:** AWEBMTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for how often email is checked.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question

SkipInstructions: <1-4,R,D> [goto next section]
