## **Adult Identification**

Document Version Date: 27-Feb-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

## **Adult Identification**

Document Version Date: 27-Feb-17

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

**QuestionText:** \* Ask if necessary.

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

1 Relative who lives in household

2 Relative who doesn't live in household

3 Other caregiver

4 Other

7 Refused

9 Don't know

**UniverseText:** Knowledgeable proxy is available.

**SkipInstructions:** <1-4> goto AIDVERF\_S

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

**QuestionText:** \*Ask if necessary.

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

Yes
 No

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

**SkipInstructions:** <1> goto callbk.ACALLBK1

<2> store '3' in ASTAT

if recontact.RCIFLAG ne '1'

goto recontact.RCI\_BEGIN procedure

else

goto back.OUTCOMEB1 procedure

endif

#### **Adult Identification**

Document Version Date: 27-Feb-17

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".

Yes
 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 Male2 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)

#### **Adult Identification**

Document Version Date: 27-Feb-17

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".

Yes
 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)

#### **Adult Identification**

Document Version Date: 27-Feb-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".

Yes
 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

## **Adult Identification**

Document Version Date: 27-Feb-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 Refused99 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.

# **Adult Identification**

Document Version Date: 27-Feb-17

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

#### **Adult Identification**

Document Version Date: 27-Feb-17

```
UniverseText:
                     Respondent said his/her date of birth is not correct or his/her age is not correct
SkipInstructions:
                     <1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
                                                      goto AIDVERF_A
                                                     elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
                                                      goto AIDVERF_D
                                                     endif
                     (if year GT current year) or (if year = current year and month GT current month) or (if year = current year and
                     month = current month and day GT current day)
                       goto ERR1_AIDDOB_Y
                     endif
                     (if birth month = '02' and birth day = '29' and this is not a leap year)
                      goto ERR2_AIDDOB_Y
                     endif
                     (if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')
                       goto ERR3_AIDDOB_Y
                     else
                       store AIDDOB_M in DOBM
                       store AIDDOB_D in DOBD
                       store AIDDOB_Y in DOBY
                       if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
                        goto AIDVERF_A
                       elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
                        goto AIDVERF_D
                       endif
                     endif
                     Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.
                     if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
                       reset AIDVERF_A or AIDVERF_D.
                       goto ERR4_AIDDOB_Y
                     endif
                     ERR1_AIDDOB_Y
Hard Edit:
                      *Future date invalid: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
                      *Please correct.
                     goto AIDDOB_M (whether suppressed or not)
                     ERR2_AIDDOB_Y
                      *Not a valid day: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
                      *Please correct.
                     goto AIDDOB_M (whether suppressed or not)
                     ERR3_AIDDOB_Y
                      *DOB of [fill2: ALIAS of Sample Adult] remains [fill3: <DOBM> <DOBD>, <DOBY>]
                     goto AIDVERF_A (whether suppressed or not)
                     ERR4_AIDDOB_Y
```

# **Adult Identification**

**Document Version Date: 27-Feb-17** 

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

## **Adult Socio-Demographic**

Document Version Date: 27-Feb-17

**Question ID:** ASD.050\_00.000 Instrument Variable Name: QuestionnaireFileName: WRKVER 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 <1>if DOINGLW2 = 1,2,4 [goto WHOWRK] **SkipInstructions:** else if DOINGLW2 = 3,5 [goto EVERWRK] <2>go to WRKCOR <R,D>go to EVERWRK ASD.060\_00.000 Instrument Variable Name: **Question ID:** 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]

#### **Adult Socio-Demographic**

**Document Version Date: 27-Feb-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

- 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
- 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?)

- Taking care of house or family
- O2 Going to school
- 03 Retired
- On a planned vacation from work
- On family or maternity leave
- **06** Temporarily unable to work for health reasons
- 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]

#### **Adult Socio-Demographic**

Document Version Date: 27-Feb-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 next section]

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 Refused9 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]

#### **Adult Socio-Demographic**

Document Version Date: 27-Feb-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 Refused9 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 Refused9 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]

#### **Adult Socio-Demographic**

Document Version Date: 27-Feb-17

**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 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 LOCALLNO]

<5> [goto BUSINC]

#### **Adult Socio-Demographic**

Document Version Date: 27-Feb-17

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

**QuestionText:** Is this business incorporated?

Yes
 No
 Refused
 Don't know

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

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

Question ID: ASD.120\_00.000 Instrument Variable Name: LOCALLNO QuestionnaireFileName: Sample Adult

QuestionText: (book) A3

Thinking about [If DOINGLW2 eq <1,2,4>] this MAIN job or business [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] your last week at the job you held the longest [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] your last week at the job you held most recently how many people work(ed) at this location?

how many people (Fill4:work/Fill5: worked) at this location?

\* "People" includes both FULL- and PART-time employees; "location" refers to the street address of the workplace.

01 1-9 employees 02 10-24 employees 03 25-49 employees 04 50-99 employees 05 100-249 employees 06 250-499 employees 07 500-999 employees 08 1000 employees or more

97 Refused99 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:** <1-8, R,D>[goto WRKLONGN]

#### **Adult Socio-Demographic**

Document Version Date: 27-Feb-17

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?

001-365997 Refused999 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)  $\frac{1}{2}$ 

[goto WRKLONGH]

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

**QuestionText:** 2 of 2

\* Enter time period.

Day(s)
 Week(s)
 Month(s)
 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.

#### **Adult Socio-Demographic**

Document Version Date: 27-Feb-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]

#### **Adult Socio-Demographic**

Document Version Date: 27-Feb-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,D,R> [goto next section]

## **Adult Socio-Demographic**

Document Version Date: 27-Feb-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:** <0-2,D,R> [goto next section]

#### **Adult Conditions**

Document Version Date: 27-Feb-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 HYBPCKNO]

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 HYBPCKNO]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

**Question ID:** ACN.020 00.010 Instrument Variable Name: QuestionnaireFileName: HYPYR 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

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

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

 $ACN.021\_01.010 \ \ \textbf{Instrument Variable Name:}$ **Question ID:** QuestionnaireFileName: HYBPCKNO Sample Adult

QuestionText: 1 of 2

About how long has it been since you had your blood pressure checked by a doctor, nurse, or other health professional?

\*Enter '0' for Never.

\*Enter '95' for 95 or more.

00 Never 01-94 1 to 94 95 95 or more 97 Refused

99

UniverseText:

**SkipInstructions:** 

Don't know

Sample adults 18+

<0,R,D> if HYPEV=1 [goto HYPMDEV2]; else [goto CHLEV] <1-95> [goto HYBPCKTP]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

**Question ID:** ACN.021 02.010 Instrument Variable Name: QuestionnaireFileName: HYBPCKTP Sample Adult QuestionText: 2 of 2 \*Enter time period for time since last blood pressure check. 0 Never 1 Day(s) 2 Week(s) 3 Month(s) 4 Year(s) 7 Refused Don't know UniverseText: Sample adults 18+ who have ever had their blood pressure checked If (HYBPCKNO gt AGE and HYBPCKTP=4), {goto ERR\_HYBPCKTP] **SkipInstructions:** <1-4> [goto HYBPLEV] <R,D> if HYPEV=1 [goto HYPMDEV2]; else [goto CHLEV] If (HYBPCKNO gt AGE and HYBPCKTP=4), display: **Hard Edit:** \*Time period for last blood pressure check cannot be greater than age. \* Please correct. **Question ID:** ACN.022\_01.010 Instrument Variable Name: HYBPLEV QuestionnaireFileName: Sample Adult QuestionText: At that time, were you told that your blood pressure was high, normal, or low? 1 Not told 2 High 3 Normal 4 Low 5 Borderline 7 Refused 9 Don't know

UniverseText: Sample adults 18+ who have had their blood pressure checked some days/weeks/months/years ago

 $\textbf{SkipInstructions:} \hspace{1.5cm} <1\text{--}5, R, D> \text{if HYPEV=1 [goto HYPMDEV2];} \\$ 

else [goto CHLEV]

#### **Adult Conditions**

Document Version Date: 27-Feb-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 CLCKNO]

#### **Adult Conditions**

Document Version Date: 27-Feb-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 CLCKNO]

Question ID: ACN.023\_01.010 Instrument Variable Name: CLCKNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?

\*Enter '0' for Never.

\*Enter '95' for 95 or more.

00 Never
01-94 1 to 94
95 95 or more
97 Refused
99 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0,R,D> If CHLEV(e)='1', [goto CHLMDEV2]

Else [goto CHDEV] <1-95> [goto CLCKTP]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

**Question ID:** ACN.023 02.010 Instrument Variable Name: QuestionnaireFileName: CLCKTP Sample Adult

QuestionText: 2 of 2

\*Enter time period for time since last blood cholesterol check.

0 Never

1 Day(s)

2 Week(s)

3 Month(s)

4 Year(s)

7

Refused Don't know

UniverseText: Sample adults 18+ who have ever had their blood cholesterol checked

If (CLCKNO gt AGE and CLCKTP=4), {goto ERR\_CLCKTP] **SkipInstructions:** 

<1-4,R,D> If CHLEV=1 [goto CHLMDEV2]

Else [goto CHDEV]

If (CLCKNO gt AGE and CLCKTP=4), display: **Hard Edit:** 

\*Time period for last blood cholesterol check cannot be greater than age.

\* Please correct.

**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

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]

## **Adult Conditions**

Document Version Date: 27-Feb-17

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]

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]

## **Adult Conditions**

Document Version Date: 27-Feb-17

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]

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]

## **Adult Conditions**

Document Version Date: 27-Feb-17

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]

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]

## **Adult Conditions**

Document Version Date: 27-Feb-17

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 JAWP]

Question ID: ACN.032\_01.010 Instrument Variable Name: JAWP QuestionnaireFileName: Sample Adult

QuestionText: Which of the following would you say are the symptoms that someone may be having a heart attack? I am going to read a

list. Please say yes or no to each one.

...Pain or discomfort in the jaw, neck or back.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

## **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.032\_02.020 Instrument Variable Name: WEA QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Feeling weak, lightheaded or faint.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

Question ID: ACN.032\_03.030 Instrument Variable Name: CHE QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Chest pain or discomfort.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

## **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.032\_04.040 Instrument Variable Name: ARM QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Pain or discomfort in the arms or shoulder.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

Question ID: ACN.032\_05.050 Instrument Variable Name: BRTH QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Shortness of breath.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.032\_06.060 Instrument Variable Name: AHADO QuestionnaireFileName: Sample Adult

QuestionText: (book) A4

If you thought someone was having a heart attack, what is the BEST thing to do right away?

1 Advise them to drive to the hospital

2 Advise them to call their physician

3 Call 9-1-1 (or another emergency number)

4 Call spouse or family member

5 Other

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

Question ID: ACN.033\_01.010 Instrument Variable Name: FACE QuestionnaireFileName: Sample Adult

QuestionText: Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list.

Please say yes or no to each one.

... Sudden numbness or weakness of face, arm, or leg, especially on one side.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

## **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.033\_02.020 Instrument Variable Name: SPEAKING QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a stroke?

... Sudden confusion or trouble speaking.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

Question ID: ACN.033\_03.030 Instrument Variable Name: EYE QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a stroke?

... Sudden trouble seeing in one or both eyes.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

## **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.033\_04.040 Instrument Variable Name: WALKING QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a stroke?

... Sudden trouble walking, dizziness, or loss of balance.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

Question ID: ACN.033\_05.050 Instrument Variable Name: HEADACHE QuestionnaireFileName: Sample Adult

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

Which of the following would you say are the symptoms that someone may be having a stroke?

... Sudden severe headache with no known cause.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.033\_06.060 Instrument Variable Name: ASTDO QuestionnaireFileName: Sample Adult

QuestionText: (book) A4

If you thought someone was having a stroke, what is the BEST thing to do right away?

Advise them to drive to the hospitalAdvise them to call their physician

3 Call 9-1-1 (or another emergency number)

4 Call spouse or family member

5 Other

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

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 ASPMDMED;

else goto AASMEV]

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

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

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

disease?

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

1 for "yes."

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 40+

**SkipInstructions:** <1> [goto ASPMEDAD]

<2,R,D> [goto ASPONOWN]

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

**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]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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

#### **Adult Conditions**

Document Version Date: 27-Feb-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?

Yes
 No

7 Refused9 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]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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?

Yes
 No

7 Refused9 Don't know

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

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

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?

Yes
 No
 Refused

9 Don't know

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

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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 CANEV]

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 CANEV]

## **Adult Conditions**

Document Version Date: 27-Feb-17

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]

<2,R,D> [goto DIBEV]

# **Adult Conditions**

**Document Version Date: 27-Feb-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			

#### **Adult Conditions**

**Document Version Date: 27-Feb-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.

# **Adult Conditions**

**Document Version Date: 27-Feb-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

#### **Adult Conditions**

**Document Version Date: 27-Feb-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> goto DIBEV

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.

# **Adult Conditions**

**Document Version Date: 27-Feb-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

#### **Adult Conditions**

Document Version Date: 27-Feb-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> [goto DIBEV]

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> [goto DIBEV]

#### **Adult Conditions**

Document Version Date: 27-Feb-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 years997 Refused999 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[goto DIBEV]

<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 years997 Refused999 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\_2goto DIBEV]

<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.

#### **Adult Conditions**

Document Version Date: 27-Feb-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 years997 Refused999 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[goto DIBEV]

<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.160\_00.000 Instrument Variable Name: DIBEV 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

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto DIBAGE]

<2,R,D> [goto DIBPRE1]

<3> [goto INSLN]

#### **Adult Conditions**

Document Version Date: 27-Feb-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> [goto INSLN]

<2,R,D> [goto AHAYFYR]

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?

 01-84
 1-84 years

 85
 85+ years

 97
 Refused

 99
 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 INSLN]

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.

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.180\_00.000 Instrument Variable Name: INSLN QuestionnaireFileName: Sample Adult

**QuestionText:** Are you NOW taking insulin?

Yes
 No

7 Refused9 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:** <1,2,R,D> [goto DIBPILL]

Question ID: ACN.190\_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 AHAYFYR]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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

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

...Hay fever?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

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

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

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

...Sinusitis?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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

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

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

...Chronic bronchitis?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

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

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

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

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

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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?

Yes
 No
 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

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?

Yes
 No

NoRefused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto JMTHP]

 $\langle 2,R,D \rangle$  [goto ARTH]

# **Adult Conditions**

**Document Version Date: 27-Feb-17** 

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 JNTPN]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.265\_00.010 Instrument Variable Name: JNTPN QuestionnaireFileName: Sample Adult

QuestionText: Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken

medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of

0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

00-1097 Refused99 Don't know

UniverseText: Sample adults GE 18 years who have had any symptoms of pain, aching, or stiffness in or around a joint during the

past 30 days

**SkipInstructions:** <0-10,R,D> [goto JNTCHR]

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]

#### **Adult Conditions**

**Document Version Date: 27-Feb-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> or JNTSYMP eq <1>) [goto ARTHWT];

else (<2,R,D> and JNTSYMP ne 1) [goto PAINECK]

Question ID: ACN.290\_00.010 Instrument Variable Name: ARTHWT QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER suggested losing weight to help your 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 ARTHPH]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.290\_00.020 Instrument Variable Name: ARTHPH QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER suggested physical activity or exercise to help your 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 ARTHCLS]

Question ID: ACN.290\_00.030 Instrument Variable Name: ARTHCLS QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER taken an educational course or class to teach you how to manage problems related to your 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 ARTHLMT]

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 ARTHWRK]

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.295\_00.010 Instrument Variable Name: ARTHWRK QuestionnaireFileName: Sample Adult

**QuestionText:** In this next question we are referring to work for pay.

Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

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]

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]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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]

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]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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]

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]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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]

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 AHEARST2]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.370\_00.000 Instrument Variable Name: PREGNOW QuestionnaireFileName: Sample Adult

**QuestionText:** Are you currently pregnant?

Yes
 No
 Refused
 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 AHEARST2] <R> [goto AHEARST2] <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 AHEARST2]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.400\_00.010 Instrument Variable Name: AHEARST2 QuestionnaireFileName: Sample Adult

QuestionText: These next questions are about your hearing 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> [goto HRWHISP]

<2-6,R,D> [goto HRWORS]

Question ID: ACN.400\_00.020 Instrument Variable Name: HRWORS QuestionnaireFileName: Sample Adult

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

Without a hearing aid ...

Is your hearing WORSE in one ear than the other?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ with other than excellent hearing

**SkipInstructions:** <1> [goto HRWHICH]

<2,R,D> [goto HRWHISP]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.400\_00.030 Instrument Variable Name: HRWHICH QuestionnaireFileName: Sample Adult

**QuestionText:** Which ear is worse?

The right ear
 The left ear
 Refused
 Don't know

UniverseText: Sample adults 18+ who hears worse in one ear than the other

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

Question ID: ACN.400\_00.040 Instrument Variable Name: HRRIGHT QuestionnaireFileName: Sample Adult

QuestionText: Is your hearing in your RIGHT ear 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+ who hears worse in one ear than the other

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

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.400 00.050 Instrument Variable Name: HRLEFT QuestionnaireFileName: Sample Adult

**QuestionText:** Is your hearing in your LEFT ear 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+ who hears worse in one ear than the other

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

Question ID: ACN.400\_00.060 Instrument Variable Name: HRWHISP QuestionnaireFileName: Sample Adult

QuestionText: Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person

WHISPERS to you from across a QUIET room?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];

else [goto HRFAM] <2,R,D> [goto HRTALK]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.400\_00.070 Instrument Variable Name: HRTALK QuestionnaireFileName: Sample Adult

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

Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN

A NORMAL VOICE to you from across a QUIET room?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who cannot hear whispers across a quiet room or Ref/DK this question

**SkipInstructions:** <1> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];

else [goto HRFAM] <2,R,D> [goto HRSHOUT]

Question ID: ACN.400\_00.080 Instrument Variable Name: HRSHOUT QuestionnaireFileName: Sample Adult

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

Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS

to you from across a QUIET room?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who cannot hear a normal voice across a quiet room or Ref/DK this question

**SkipInstructions:** <1> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];

else [goto HRFAM] <2,R,D> [goto HRSPEAK]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.400\_00.090 Instrument Variable Name: HRSPEAK QuestionnaireFileName: Sample Adult

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

Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SPEAKS

LOUDLY into your [fill1: ear/better ear]?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who cannot hear a shouting voice across a quiet room

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

Question ID: ACN.400\_00.100 Instrument Variable Name: HRCOCREC QuestionnaireFileName: Sample Adult

QuestionText: A cochlear (KOH-klee-uhr) implant is an electrical device that a surgeon puts in a person's ear(s) if they have severe

hearing loss or are almost totally deaf. Has a doctor or other health care professional ever recommended a cochlear

implant to you?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who cannot hear a shouting voice across a quiet room

**SkipInstructions:** <1> [goto HRCOCIMP]

<2,R,D> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];

else [goto HRFAM]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.400\_00.110 Instrument Variable Name: HRCOCIMP QuestionnaireFileName: Sample Adult

**QuestionText:** Have you had cochlear implant surgery?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+ who have had a cochlear implant recommended

**SkipInstructions:** <1,2,R,D> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];

else [goto HRFAM]

Question ID: ACN.401\_00.010 Instrument Variable Name: HRFAM QuestionnaireFileName: Sample Adult

QuestionText: Has anyone, friends, relatives or others, ever told you that you have a hearing problem?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are not deaf or who are deaf but hear worse in one ear than the other

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

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.401 00.020 Instrument Variable Name: HRBACK QuestionnaireFileName: Sample Adult

QuestionText: How often do you find it difficult to follow a conversation if there is background NOISE, for example, when other people

are talking, TV or radio is on, or children are playing close by? Would you say...

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> if AHEARST2 eq 2-6,R,D [goto HRFRUST];

else [goto HRPROBHP]

Question ID: ACN.401\_00.030 Instrument Variable Name: HRFRUST QuestionnaireFileName: Sample Adult

QuestionText: How often does your hearing cause you to feel frustrated when talking to your friends or relatives? Would you say...

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing

 $\textbf{SkipInstructions:} \qquad <1\text{--}5\text{,R,D} > [goto \ HRSAFETY]$ 

#### **Adult Conditions**

Document Version Date: 27-Feb-17

ACN.401\_00.040 Instrument Variable Name: **Question ID:** QuestionnaireFileName: **HRSAFETY** Sample Adult

QuestionText: How often does your hearing cause you to worry about your safety while working or doing other activities? Would you

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing

<1-5,R,D> if (AHEARST2=2 and HRWORS=2,R,D) or AHEARST2=R,D [goto HRPROBHP]; **SkipInstructions:** 

else if ((AHEARST2(e) IN ('3','4','5','6')) or (AHEARST2(e)='2' and HRWORS(e)='1') [goto HEARAGE1]

**Question ID:** ACN.402\_00.010 Instrument Variable Name: QuestionnaireFileName: HEARAGE1 Sample Adult

QuestionText: How old were you when you began to have ANY [fill1: hearing loss/hearing loss in either ear]?

01 At birth

02 0 to 2 years of age

03 3 to 5 years of age

04 6 to 11 years of age

05 12 to 19 years of age

06 20 to 29 years of age

07 30 to 39 years of age

08 40 to 49 years of age

09 50 to 59 years of age

10 60 to 69 years of age

70 to 74 years of age

12 75 or more years of age

97 Refused

11

99 Don't know

UniverseText: Sample adults 18+ whose hearing is not excellent or good, we who reported good hearing, but hear worse in one

ear than the other

**SkipInstructions:** <1-12,R,D> [goto HRCAUS1]

# **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID:	ACN.402_00.020 Instrument Variable Name:	HRCAUS1	QuestionnaireFileName:	Sample Adult
QuestionText:	What is the MAIN cause of your hearing loss	3?		
01	Present at birth because mother had infectious disease, for example, German measles (rubella), cytomegalovirus (CMV), toxoplasmosis, etc.			
02	Present at birth for a genetic reason			
03	Present at birth for other reason, e.g., preterm birth (NOT genetic or infectious disease)			
04	After birth due to an infectious disease (measles, meningitis, mumps, etc.)			
05	Ear infections or otitis media, fluid in middle ear space, ear drum burst (perforation)			
06	Ear injury or head/neck trauma			
07	Ear surgery			
08	Medications/drugs, such as gentamicin (aminoglycosides), cisplatin (cancer drugs), antibiotics, anti-inflammatory drugs, diuretic			
09	Ear disease such as Meniere's disease or otosclerosis			
10	Brain tumor (acoustic neuroma/vestibular schwannoma, etc)			
11	Loud, brief noise from gunfire, hand grenade, IED, other blasts or explosions			
12	Sudden hearing loss, unexplained by loud, brief noise or other known causes			
13	Long term noise exposure from machinery, aircraft, power tools, loud music, appliances, personal stereos or MP3 players, hair dryers, etc.			
14	Getting older/aging			
15	Some other cause			
97	Refused			
99	Don't know			
UniverseTex	t: Sample adults 18+ whose hearing is no	ot excellent or go	od, war who reported good hearing, b	ut hear worse in one

ear than the other

**SkipInstructions:** <1-15,R,D> [goto HRPROBHP]

### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.402 00.030 Instrument Variable Name: HRPROBHP QuestionnaireFileName: Sample Adult

**QuestionText:** When was the LAST time you saw a doctor or other health care professional about any hearing or ear problems?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

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

<1-3> [goto HRENT]

Question ID: ACN.402\_00.040 Instrument Variable Name: HRENT QuestionnaireFileName: Sample Adult

QuestionText: IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to a...

Hearing specialist, such as an Ear, Nose, and Throat (ENT) doctor?

\*Read if necessary:

Include an Otolaryngologist (OH-toh-LAYR-ehn-GAHL-oh-jist), or Neuro-Otologist (OH-tol-o-jist)

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

UniverseText: Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 4 or less years

ago

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.402 00.050 Instrument Variable Name: HRAUD QuestionnaireFileName: Sample Adult

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

IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to

...an audiologist or hearing aid dispenser?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 4 or less years

ago

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

Question ID: ACN.402\_00.060 Instrument Variable Name: HRTEST QuestionnaireFileName: Sample Adult

QuestionText:

A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat (ENT) doctors, and trained health technicians or occupational nurses. When was the last time you had your hearing tested by a hearing specialist?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

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

### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.403\_00.010 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 HRAIDLNG]

<2,R,D> [goto HRAIDEV]

Question ID: ACN.403\_00.020 Instrument Variable Name: HRAIDLNG QuestionnaireFileName: Sample Adult

**QuestionText:** How long have you used a hearing aid(s)?

01 Less than 6 weeks

6 weeks to 11 months

03 1 to 2 years

**04** 3 to 4 years

**05** 5 to 9 years

06 10 to 14 years

07 15 years or more

97 Refused

99 Don't know

**UniverseText:** Sample adults 18+ who now use a hearing aid

**SkipInstructions:** <1-7,R,D> [goto HRAID2WK]

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.403\_00.030 Instrument Variable Name: HRAID2WK QuestionnaireFileName: Sample Adult

QuestionText: Think about how much you used your present hearing aid(s) over the past two weeks. On an average day, how many

hours did you use your hearing aid(s)?

0 None

1 Less than 1 hour a day

2 1 to 3 hours a day

3 4 to 7 hours a day

4 8 or more hours per day

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who now use a hearing aid

**SkipInstructions:** <0> [goto HRAIDNOT]

<1-4,R,D> [goto HRAIDHLP]

Question ID: ACN.403\_00.040 Instrument Variable Name: HRAIDHLP QuestionnaireFileName: Sample Adult

QuestionText: Think about the situation where you most wanted to hear better, before you got your present hearing aid(s). OVER THE

PAST 2 WEEKS, how much has the hearing aid helped in those situations?

\*Read categories below.

1 Helped not at all

2 Helped slightly

3 Helped moderately

4 Helped quite a lot

5 Helped very much

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who used a hearing aid for at least some of the time in the past two weeks or Ref/DK this

question

 $\textbf{SkipInstructions:} \qquad <1\text{--}5, R, D> if (AHEARST2=3\text{--}6, R, D) or (AHEARST2=2 \ and \ HRWORS=1) \ [goto \ HRAUDTRN];$ 

else [goto HRBDIZZ]

### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.403 00.050 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> [goto HRAIDLGP]

<2,R,D> [goto HRAIDREC]

Question ID: ACN.403\_00.060 Instrument Variable Name: HRAIDREC QuestionnaireFileName: Sample Adult

QuestionText: Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) to you?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who do not now use a hearing aid or who have not used one in the past or who refused to

answer whether they use or have used a hearing aid

**SkipInstructions:** <1> [goto HRAIDNOT]

<2,R,D> if AHEARST2=3-6,R,D or (AHEARST2=2 and HRWORS=1) [goto HRAUDTRN];

else [goto HRBDIZZ]

### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.403\_00.070 Instrument Variable Name: HRAIDLGP QuestionnaireFileName: Sample Adult

**QuestionText:** How long did you use a hearing aid(s) in the past?

01 Less than 6 weeks

6 weeks to 11 months

03 1 to 2 years

**04** 3 to 4 years

**05** 5 to 9 years

06 10 to 14 years

**07** 15 years or more

97 Refused

99 Don't know

**UniverseText:** Sample adults 18+ who have used a hearing aid in the past, but not currently

**SkipInstructions:** <1-7,R,D> [goto HRAIDOFT]

Question ID: ACN.403\_00.080 Instrument Variable Name: HRAIDOFT QuestionnaireFileName: Sample Adult

QuestionText: When you used to wear a hearing aid, on an average day, how many hours did you use your hearing aid?

- 0 None
- 1 Less than 1 hour a day
- 2 1 to 3 hours a day
- 3 4 to 7 hours a day
- 4 8 or more hours per day
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used a hearing aid in the past, but not currently

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

### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

<b>Question ID:</b>	ACN.403_00.090 Instrument Variable Name:	HRAIDNOT	QuestionnaireFileName:	Sample Adult
QuestionText:	Why have you decided not to use a hearing a	id(s)?		
	*Enter all that apply, separate with commas.			
01	It didn't help			
02	It made everything too loud			
03	Didn't like the way it sounded (unwanted sounds such as whistling or other noises)			
04	Didn't like the way I sounded (my own voice when wearing the hearing aid)			
05	It was uncomfortable			
06	It had frequent breakdowns/Needed repairs			
07	Didn't like the way it looked			
08	It cost too much			
09	Don't think I need a hearing aid			
10	It was misplaced or lost			
11	Other reason			
97	Refused			
99	Don't know			
UniverseTex	Sample adults 18+ who said they curre have ever used a hearing aid, but not c		•	
SkipInstruct	ions: <1-11,R,D> if AHEARST2=3-6,R,D of else [goto HRBDIZZ]	or (AHEARST2=2	and HRWORS=1) [goto HRAUD	TRN];

Question ID:	ACN.404_00.010 Instrument Variable Name:	HRAUDTRN	QuestionnaireFileName:	Sample Adult
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QuestionText: Auc

Auditory training includes learning how to use visual cues to enhance your listening skills, placing yourself in the best listening situation in a room, or for example, if you use a hearing aid, learning how to use it in specific circumstances, such as on the telephone or in a noisy place. Did you ever receive instruction or training to improve your ability to hear?

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

UniverseText: Sample adults 18+ whose hearing is not excellent or good, we who reported good hearing, but hear worse in one

ear than the other

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

ACN.404\_00.020 Instrument Variable Name: **Question ID:** QuestionnaireFileName: **HRALDS** Sample Adult QuestionText: BECAUSE OF YOUR HEARING, have you ever used assistive technology to communicate, such as FM systems, instant or text messages, headsets, closed-caption television, amplified telephone, relay services, or live video streaming? 1 Yes 2 No 7 Refused 9 Don't know Sample adults 18+ whose hearing is not excellent or good, we who reported good hearing, but hear worse in one UniverseText: ear than the other <1> [goto HRALDTP] **SkipInstructions:** <2,R,D> [goto HRBDIZZ] ACN.404\_00.030 Instrument Variable Name: **QuestionnaireFileName: Question ID: HRALDTP** Sample Adult QuestionText: What types of assistive technology have you EVER used? \*Enter all that apply, separate with commas. 01 FM system pocket talker or other personal listening device 02 Instant or text messages 03 Amplified telephone 04 Amplified or vibrating alarm clock 05 Notification or signaling alarm (light signaler for doorbell, baby cry monitor, etc.) 06 Headset with Television/Theater or closed-captioned TV 07 TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service 08 Video relay service

Live video streaming (video on computers or phones) using sign language or other means to communicate

**UniverseText:** Sample adults 18+ who have ever used assistive listening devices (ALDs)

 $\textbf{SkipInstructions:} \qquad <1\text{-}11, R, D> [goto\ HRBDIZZ]$ 

Other

Refused

Don't know

Sign language interpreter

09

10

11

97

99

### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.405\_00.010 Instrument Variable Name: HRBDIZZ QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a problem with dizziness, lightheadedness, feeling as if you are going

to pass out or faint, unsteadiness or imbalance?

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 HRTIN]

Question ID: ACN.406\_00.010 Instrument Variable Name: HRTIN QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts

for 5 minutes or more?

\*Read if necessary:

Tinnitus (TIN-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRTINOFT]

<2,R,D> [goto HRHCUSIS]

### **Adult Conditions**

Document Version Date: 27-Feb-17

**Question ID:** ACN.406\_00.020 Instrument Variable Name: QuestionnaireFileName: **HRTINOFT** Sample Adult QuestionText: DURING THE PAST 12 MONTHS, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say... \*Read categories below. 1 Almost always 2 At least once a day 3 At least once a week 4 At least once a month 5 Less frequently than once a month 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months **SkipInstructions:** <1-5,R,D> [goto HRTINLNG] **Question ID:** ACN.406\_00.030 Instrument Variable Name: **HRTINLNG** QuestionnaireFileName: Sample Adult QuestionText: How long have you been bothered by this ringing, roaring, or buzzing in your ears or head? 01 Less than 3 months 02 3 to 11 months 03 1 to 2 years 04 3 to 4 years 05 5 to 9 years 06 10 to 14 years 07 15 years or more 97 Refused

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12

months

Don't know

99

**SkipInstructions:** <1-7,R,D> [goto HRTINMUS]

### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.406\_00.040 Instrument Variable Name: HRTINMUS QuestionnaireFileName: Sample Adult

QuestionText: Are you bothered by ringing, roaring, or buzzing in your ears or head ONLY after listening to loud sounds or loud music?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12

months

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

Question ID: ACN.406\_00.050 Instrument Variable Name: HRTINSLP QuestionnaireFileName: Sample Adult

**QuestionText:** Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12

months

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

 Question ID:
 ACN.406\_00.060
 Instrument Variable Name:
 HRTINPROB
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 How much of a problem is this ringing, roaring, or buzzing in your ears or head?
 Would you say it is...

\*Read categories below.

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 have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12

months

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

Question ID: ACN.406\_00.070 Instrument Variable Name: HRTINDIS QuestionnaireFileName: Sample Adult

QuestionText: Have you ever discussed this ringing, roaring or buzzing in your ears or head with your doctor or other health care

professional?

1 Yes

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

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12

months

**SkipInstructions:** <1> [goto HRTINDOC]

<2,R,D> [goto HRTINRM]

### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.406\_00.080 Instrument Variable Name: HRTINDOC QuestionnaireFileName: Sample Adult

QuestionText: IN THE PAST 5 YEARS, have you been evaluated or treated for the ringing, roaring or buzzing in your ears or head by a

medical specialist in hearing, such as an Ear, Nose and Throat (ENT) doctor, audiologist, neurologist, or psychiatrist?

\*Include otolaryngologist, otologist and neuro-otologist.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who discussed this ringing, roaring or buzzing with their doctor or other health professional

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

Question ID: ACN.406\_00.090 Instrument Variable Name: HRTINRM QuestionnaireFileName: Sample Adult

QuestionText: Have you ever tried any remedies or treatments for this ringing, roaring, or buzzing in your ears or head?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12

months

**SkipInstructions:** <1> [goto HRREMTYP]

<2,R,D> [goto HRHCUSIS]

# **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID:	ACN.406_00.100 Instrument Variable Name:	HRREMTYP	QuestionnaireFileName:	Sample Adult
QuestionText:	What remedies or treatments have you tried?			
	*Enter all that apply, separate with commas.			
01	Started or taking drugs or medications			
02	Stopped or reduced use of drugs or medication	ons, such as aspirin, diur	etics, etc.	
03	Hearing aids/amplification			
04	Masking device(s)			
05	Surgical or other medical procedures			
06	Relaxation therapy, stress reduction techniqu	ies		
07	Tinnitus Retraining Therapy (TRT)			
08	Music Therapy			
09	Avoided irritants, such as caffeine, salt, smol	king (tobacco)		
10	Nutritional supplements, such as niacin or zi	nc		
11	₩lternative methods (hypnosis, acupuncture,	etc.)		
12	Other			
97	Refused			
99	Don't know			
UniverseText	Sample adults 18+ who have tried remo	edies or treatments for th	e ringing, roaring, or buzzing	g in their ears or head

Question ID:	ACN.406_04.100 Instrument Variable Name:	HRREMTYP	QuestionnaireFileName:	Sample Adult
QuestionText:	What remedies or treatments have you tried?			
	*Enter all that apply, separate with commas.			
1	Mentioned			
2	Not mentioned			
7	Refused			
9	Don't know			

Sample adults 18+ who have tried remedies or treatments for the ringing, roaring, or buzzing in their ears or head

**SkipInstructions:** <1-12,R,D> [goto HRTNRMHP]

<1-12,R,D> [goto HRTNRMHP]

**SkipInstructions:** 

**UniverseText:** 

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.407\_00.005 Instrument Variable Name: HRTNRMHP QuestionnaireFileName: Sample Adult

QuestionText: How much have remedies or treatments helped with the ringing, roaring, or buzzing in your ears or head? Would you say

they...

\*Read categories below.

1 Helped not at all

2 Helped slightly

3 Helped moderately

4 Helped quite a lot

5 Helped very much

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have tried remedies or treatments for the ringing, roaring, or buzzing in their ears or head

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

Question ID: ACN.407\_00.010 Instrument Variable Name: HRHCUSIS QuestionnaireFileName: Sample Adult

QuestionText: ?[F1]

Some people are bothered by everyday sounds or noises that don't bother most people. Do every day sounds, such as from a hair dryer, vacuum cleaner, lawnmower, or siren, seem too loud or annoying to you?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRHCPROB]

<2,R,D> [goto HRFIRE]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

**Question ID:** QuestionnaireFileName: ACN.407 00.020 Instrument Variable Name: **HRHCPROB** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem have you had because every day sounds seem unbearably

loud? Would you say it was...

\*Read categories below.

1 No problem

- 2 A small problem
- 3 A moderate problem
- A big problem 4
- 5 A very big problem
- 7 Refused
- Don't know

**UniverseText:** Sample adults 18+ who are bothered more than most people by loud sounds or noise or who perceive everyday

sounds as too loud

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

**Question ID:** ACN.408\_00.010 Instrument Variable Name: **HRFIRE** QuestionnaireFileName: Sample Adult

QuestionText: The next few questions are about your current or previous exposure to loud sounds or noises.

Have you EVER used guns or firearms for any reason?

\*Include target shooting, hunting, your job (including military service).

\*Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

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

UniverseText: Sample adults 18+

**SkipInstructions:** <1>[goto HRFIRTYP]

<2,R,D> If EVERWRK ne <2,R,D> [goto HRWKVLNS];

else if EVERWRK IN (2, R, D) [goto HRLSVLNS]

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.408 00.020 Instrument Variable Name: HRFIRTYP QuestionnaireFileName: Sample Adult

QuestionText: Was this for work, leisure, or both?

1 Work

2 Leisure

3 Both work and leisure

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have ever used guns or firearms

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

Question ID: ACN.408\_00.030 Instrument Variable Name: HRFRTIM QuestionnaireFileName: Sample Adult

QuestionText: When did you use guns or firearms... during the last 12 months, before then, or both during and before the last 12 months?

Winclude target shooting, hunting, your job (including military service).

WFirearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

1 During the last 12 months

2 Before the last 12 months

3 Both during and before the last 12 months

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have ever used guns or firearms

**SkipInstructions:** <1,3> [goto HR12MR]

<2,R,D> [goto HRTOTR]

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.408\_00.040 Instrument Variable Name: HR12MR QuestionnaireFileName: Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, about how many rounds have you fired?

\*Read categories if necessary.

\*Include target shooting, hunting, your job (including military service).

\*One round equals one shot.

1 1 to less than 100 rounds

- 2 100 to less than 1000 rounds
- 3 1000 to less than 10.000 rounds
- 4 10.000 rounds or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used firearms in the past 12 months

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

Question ID: ACN.408\_00.050 Instrument Variable Name: HRFRPROT QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, when shooting firearms how often have you worn hearing protection, such as ear

plugs or ear muffs? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have used firearms in the past 12 months

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

 Question ID:
 ACN.408\_00.060
 Instrument Variable Name:
 HRTOTR
 QuestionnaireFileName:
 Sample Adult

 QuestionText:
 How many TOTAL rounds have you ever fired?

 \*Read categories if necessary.

 \*Include target shooting, hunting, your job (including military service).

\*One round equals one shot.

1 1 to less than 100 rounds
 2 100 to less than 1000 rounds
 3 1000 to less than 10,000 rounds
 4 10,000 to less than 50,000 rounds

5 50,000 rounds or more

7 Refused9 Don't know

**UniverseText:** Sample adults 18+ Sample adults 18+ who have ever used guns or firearms

**SkipInstructions:** <1-5,R,D> if HRFRTIM=R,D and EVERWRK ne <2,R,D> [goto HRWKVLNS];

else [goto HRLSVLNS];

else if HRFRTIM=2,3 [goto HRFRPRT2]

Question ID: ACN.408\_00.070 Instrument Variable Name: HRFRPRT2 QuestionnaireFileName: Sample Adult

QuestionText: Before THE PAST 12 MONTHS, when shooting firearms how often have you worn hearing protection, such as ear plugs

or ear muffs? Would you say...

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have used firearms before the last 12 months

**SkipInstructions:** <1-5,R,D> If EVERWRK ne

<2,R,D> [goto HRWKVLNS]; else [goto HRLSVLNS]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.409\_00.010 Instrument Variable Name: HRWKVLNS QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a job, or combination of jobs, where you were exposed to VERY LOUD sounds or noise for 4 OR

MORE HOURS A DAY, SEVERAL DAYS A WEEK?

VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length)

away from you.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have ever worked

**SkipInstructions:** <1> [goto HRWKVLNT]

<2,R,D> [goto HRWKLNS]

Question ID: ACN.409\_00.020 Instrument Variable Name: HRWKLNS QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a job, or combination of jobs, where you were exposed to LOUD sounds or noise for 4 OR MORE

HOURS A DAY, SEVERAL DAYS A WEEK?

Loud means so loud that you must SPEAK IN A RAISED VOICE to be heard.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever worked, and who have NOT been exposed to VERY LOUD sounds or noise at

work

**SkipInstructions:** <1> [goto HRWKLNT]

<2,R,D> [goto HRLSVLNS]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

ACN.409\_00.030 Instrument Variable Name: **Question ID:** QuestionnaireFileName: HRWKVLNT Sample Adult QuestionText: In your work, how many months or years have you been exposed at work to VERY LOUD sounds or noise for 4 or more hours a day, several days a week? \*Read if necessary: VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length) away from you. 01 Less than 3 months 02 3 to 11 months 03 1 to 2 years 04 3 to 4 years 05 5 to 9 years 06 10 to 14 years 07 15 years or more 97 Refused 99 Don't know UniverseText: Sample adults 18+ who have ever had a job that exposed them to VERY LOUD noise 4 or more hours a day, several days a week **SkipInstructions:** <1-7,R,D> [goto HRWKVLEX] **Question ID:** ACN.409\_00.040 Instrument Variable Name: **HRWKVLEX QuestionnaireFileName:** Sample Adult QuestionText: When were you exposed to VERY LOUD sounds or noise at work... during the last 12 months, before then, or both during and before the last 12 months? 1 During the last 12 months 2 Before the last 12 months 3 Both during and before the last 12 months 7 Refused 9 Don't know

Sample adults 18+ who have ever had a job that exposed them to VERY LOUD noise 4 or more hours a day,

UniverseText:

**SkipInstructions:** 

several days a week

<1,3> [goto HRWKVLP1]; <2> [goto HRWKVLP2] <R,D> [goto HRLSVLNS]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.409\_00.050 Instrument Variable Name: HRWKVLP1 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how often did you wear hearing protection, such as ear plugs or ear muffs when

exposed to VERY LOUD sounds or noise at work? Would you say...

\*Read categories below.

1 Always

- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to VERY LOUD noise 4 or more hours a day,

several days a week in the past 12 months

**SkipInstructions:** <1-5,R,D> if HRWKVLEX=3 [goto HRWKVLP2];

else [goto HRLSVLNS]

Question ID: ACN.409\_00.060 Instrument Variable Name: HRWKVLP2 QuestionnaireFileName: Sample Adult

QuestionText: BEFORE THE LAST 12 MONTHS, when exposed at work to VERY LOUD sounds or noise, how often DID you wear

hearing protection, such as ear plugs or ear muffs? Would you say...

\*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have had a job that exposed them to very loud noise 4 or more hours a day, several days a

week BEFORE the past 12 months

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.409\_00.070 Instrument Variable Name: HRWRLNS QuestionnaireFileName: Sample Adult

QuestionText: For how many months or years have you been exposed at work to LOUD sounds or noise for 4 or more hours a day,

several days a week?

LOUD means so loud that you must speak in a RAISED VOICE TO BE HEARD.

01 Less than 3 months 02 3 to 11 months

03 1 to 2 years04 3 to 4 years

05 5 to 9 years06 10 to 14 years

15 years or moreRefused

99 Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a

week

**SkipInstructions:** <1-7,R,D> [goto HRWKLEX]

Question ID: ACN.409\_00.080 Instrument Variable Name: HRWKLEX QuestionnaireFileName: Sample Adult

QuestionText: When were you exposed to LOUD sounds or noise at work... during the last 12 months, before then, or both during and

before the last 12 months?

During the last 12 monthsBefore the last 12 months

3 Both during and before the last 12 months

7 Refused9 Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a

week

**SkipInstructions:** <1,3> [goto HRWKLP1];

<2> [goto HRWKLP2] <R,D> [goto HRLSVLNS]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.409\_00.090 Instrument Variable Name: HRWKLP1 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how often did you wear hearing protection, such as ear plugs or ear muffs when

exposed to LOUD sounds or noise at work? Would you say...

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have ever had a job that exposed them to LOUD noise 4 or more hours a day, several days

a week in the past 12 months

**SkipInstructions:** <1-5,R,D> if HRWKLEX=3 [goto HRWKLP2];

else [goto HRLSVLNS]

Question ID: ACN.409\_00.100 Instrument Variable Name: HRWKLP2 QuestionnaireFileName: Sample Adult

QuestionText: BEFORE THE LAST 12 MONTHS, when exposed at work to LOUD sounds or noise, how often DID you wear hearing

protection, such as ear plugs or ear muffs? Would you say...

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have had a job that exposed them to loud noise 4 or more hours a day, several days a week

BEFORE the past 12 months

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.410\_00.010 Instrument Variable Name: HRLSVLNS QuestionnaireFileName: Sample Adult

QuestionText: Outside of work, have you ever been exposed to VERY LOUD sounds or noise 10 or more times a year? This includes

noise from power tools, machinery, recreational vehicles, racing or speedways, rock concerts, some sporting events, and

other things?

VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length)

away from you.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRVLTYP]

<2,R,D> [goto HRLNOS]

Question ID: ACN.410\_00.020 Instrument Variable Name: HRVLTYP QuestionnaireFileName: Sample Adult

**QuestionText:** What VERY LOUD activities have you EVER been exposed to 10 or more times a year?

\*Enter all that apply, separate with commas.

Lawn mower, electric trimmer, leaf/snow blower, etc.

Power tools, e.g., for woodworking, cutting down trees, etc.

Household appliances: blender/mixer, food processor, vacuum cleaner, hairdryer, etc.

04 Recreational vehicles, e.g., motorcycles/auto racing/snowmobile/motor boats

Nock concerts, disco/clubs or bars, other very loud music exposure

Very loud music, including from CD Player/MP3 Player/iPod, etc.

07 Very loud sporting events

08 Guns, firearms

09 Video/computer games, home theater

10 Other97 Refused

99 Don't know

**UniverseText:** Sample adults 18+ who have ever been exposed to very loud leisure-time noise10 or more times a year

**SkipInstructions:** <1-10,R,D> [goto HRNOSEXP]

### **Adult Conditions**

Document Version Date: 27-Feb-17

**Question ID:** QuestionnaireFileName: ACN.410 00.031 Instrument Variable Name: **HRLNOS** Sample Adult QuestionText:

Outside of work, have you ever been exposed to LOUD sounds or noise 10 or more times a year? This includes noise

from lawn mowers, some household appliances, loud music, video games, and other things?

LOUD means so loud that you must speak in a RAISED VOICE TO BE HEARD.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were not exposed to very loud noise 10 or more times a year (outside of work)

<1>[goto HRLTYP] **SkipInstructions:** 

<2,R,D> [goto HRINTNET]

ACN.410\_00.032 Instrument Variable Name: **Question ID: QuestionnaireFileName: HRLTYP** Sample Adult

QuestionText: What LOUD activities have you EVER been exposed to 10 or more times a year?

\*Enter all that apply, separate with commas.

01 Lawn mower, electric trimmer, leaf/snow blower, etc.

02 Power tools, e.g., for woodworking, cutting down trees, etc.

03 Household appliances: blender/mixer, food processor, vacuum cleaner, hairdryer, etc.

04 Recreational vehicles, e.g., motorcycles/auto racing/snowmobile/motor boats

05 Rock concerts, disco/clubs or bars, other loud music exposure

06 Very loud music, including from CD Player/MP3 Player/iPod, etc.

**07** Very loud sporting events

08 Guns, firearms

09 Video/computer games, home theater

10 Other

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have ever been exposed to loud leisure-time noise 10 or more times a year

**SkipInstructions:** <1-10,R,D> [goto HRNOSEXP]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.410\_00.050 Instrument Variable Name: HRNOSEXP QuestionnaireFileName: Sample Adult

QuestionText: When were you exposed to [fill1: LOUD/VERY LOUD] sounds or noise during leisure time, non-occupational activities,

that is, during the last 12 months, before then, or both during and before the last 12 months?

1 During the last 12 months

2 Before the last 12 months

3 Both during and before the last 12 months

7 Refused

9 Don't know

UniverseText: Sample adults 18+ with very loud or loud leisure noise exposure outside of work

**SkipInstructions:** <1,3> [goto HRLSP1];

<2> [goto HRLSP2]

<R,D> [goto HRINTNET]

Question ID: ACN.410\_00.060 Instrument Variable Name: HRLSP1 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, when exposed to [fill1: LOUD/VERY LOUD] noise or music [fill2: outside of

work], how often have you worn hearing protection, such as ear plugs or ear muffs to reduce noise? Would you say...

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have been exposed to leisure-time noise in the past 12 months

**SkipInstructions:** <1-5,R,D> if HRNOSEXP=3 [goto HRLSP2];

else [goto HRINTNET]

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.410\_00.070 Instrument Variable Name: HRLSP2 QuestionnaireFileName: Sample Adult

**QuestionText:** BEFORE THE LAST 12 MONTHS, when exposed [Fill1: outside of work] to [Fill2: LOUD/VERY LOUD] noise or

music, how often did you wear hearing protection, such as ear plugs or ear muffs to reduce noise? Would you say...

\*Read categories below.

1 Always

2 Usually

3 About half the time

4 Seldom

5 Never

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have been exposed to leisure-time noise before the past 12 months

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

Question ID: ACN.411\_00.010 Instrument Variable Name: HRINTNET QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you get information from the internet about your health, medical treatments, or

rehabilitation services?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRINTHL]

<2,R,D> [goto AVISION]

#### **Adult Conditions**

**Document Version Date: 27-Feb-17** 

Question ID: ACN.411\_00.020 Instrument Variable Name: HRINTHL QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Hearing loss for you

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or

rehabilitation services.

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

Question ID: ACN.411\_00.021 Instrument Variable Name: HRINTHA QuestionnaireFileName: Sample Adult

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

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Hearing aids, including cochlear implants or other devices for you

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or

rehabilitation services.

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.411 00.022 Instrument Variable Name: HRINTTN QuestionnaireFileName: Sample Adult

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

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Ringing, roaring, or buzzing sounds in the ears or head (tinnitus) for you

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or

rehabilitation services.

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

Question ID: ACN.411\_00.023 Instrument Variable Name: HRINTDZ QuestionnaireFileName: Sample Adult

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

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Dizziness or balance problems for you

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or

rehabilitation services.

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

Question ID: ACN.411\_00.024 Instrument Variable Name: HRINTHP QuestionnaireFileName: Sample Adult

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

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Hearing protection such as ear plugs or ear muffs for you

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or

rehabilitation services.

**SkipInstructions:** <1,2,R,D> if HRINTHP=1 or HRINTHA=1 or HRINTTN=1 or HRINTDZ=1 or HRINTHP=1 [goto

HRINTHPR];

else [goto AVISION]

Question ID: ACN.411\_00.030 Instrument Variable Name: HRINTHPR QuestionnaireFileName: Sample Adult

QuestionText: Was any of this information written by a doctor, other health professionals, medical associations, or other health-related

organizations?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have received information from the internet in the past 12 months about hearing loss,

hearing aids (cochlear implants/other devices), tinnitus, or hearing protection (earplugs/ear muffs)

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

#### **Adult Conditions**

Document Version Date: 27-Feb-17

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 LUPPRT]

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 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>[goto next section]

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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]

#### **Adult Health Status & Limitations**

**Document Version Date: 27-Feb-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?

- 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]

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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?

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]

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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?

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]

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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]

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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?

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]

### **Adult Health Status & Limitations**

**Document Version Date: 27-Feb-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]

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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 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)

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

**Question ID:** QuestionnaireFileName: AHS.200 00.000 Instrument Variable Name: **AFLHCA** 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

99

Refused

Don't know/Not sure

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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 AHCL1N-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 Refused9 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.

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

Question ID: AHS.201\_91.000 Instrument Variable Name: AFLHCA\_S2 QuestionnaireFileName: Sample Adult

**QuestionText:** \* Enter other impairment/problem.

Verbatim Verbatim response

7 Refused9 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.

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
 95
 95+
 96 Since birth
 97 Refused

99

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

**SkipInstructions:** <1-95,D>[goto AHCL01T]

Don't know

<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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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 Refused9 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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

**Question ID:** AHS.307 02.000 Instrument Variable Name: QuestionnaireFileName: AHCL08T Sample Adult

QuestionText: 2 of 2

7

\* Enter time period for time with stroke problem.

1 Day(s)

2 Week(s)

3 Month(s)

4 Year(s)

6 Since birth

Refused Don't know

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

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

condition selected, goto SMKEV (next section)]

<6> goto ERR2\_AHCL08T

[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto

ERR1\_AHCL08T

ERR\_AHCL08T **Hard Edit:** 

\* Time with condition cannot be greater than age.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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 Refused99 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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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 Refused9 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.

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 95
 95+
 96 Since birth
 97 Refused

99

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

**SkipInstructions:** <1-95,D>[goto AHCL15T]

Don't know

<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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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 Refused9 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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 95
 95+
 96 Since birth
 97 Refused

99

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

**SkipInstructions:** <1-95,D>[goto AHCL17T]

Don't know

<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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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)

Since birthRefused

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
 95
 95+
 96
 Since birth
 97
 Refused

99

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

**SkipInstructions:** <1-95,D>[goto AHCL22T]

Don't know

<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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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/quadriplegia?

\* Enter number for time with polio (myelitis), paralysis or para/quadriplegia.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

01-94
 95
 95+
 96 Since birth
 97 Refused

99

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

**SkipInstructions:** <1-95,D>[goto AHCL27T]

Don't know

<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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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/quadriplegia.

- 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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

Question ID: AHS .332\_01.000 Instrument Variable Name: AHCL33N QuestionnaireFileName: Sample Adult

**QuestionText:** 1 of 2

99

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
 1-94

 95
 95+

 96
 Since birth

 97
 Refused

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

**SkipInstructions:** <1-95,D>[goto AHCL33T]

Don't know

<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

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
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

## **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

## **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
95
95+
96
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)]

## **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

#### **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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
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)]

## **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

## **Adult Health Status & Limitations**

Document Version Date: 27-Feb-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

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)]

## **Adult Health Status & Limitations**

Document Version Date: 27-Feb-17

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.

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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?

Yes
 No

7 Refused9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1>[goto SMKREG]

<2,R,D>[goto OTHCIGEV]

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.

06-74 6 - 74 years75 75 years or older

96 Never smoked regularly

97 Refused99 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.

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.030\_00.000 Instrument Variable Name: SMKNOW QuestionnaireFileName: Sample Adult

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

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 OTHCIGEV]

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 OTHCIGEV]

#### **Adult Health Behaviors**

**Document Version Date: 27-Feb-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.

Day(s)
 Week(s)
 Month(s)
 Year(s)

7 Refused9 Don't know

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

**SkipInstructions:** <1-4> [goto OTHCIGEV]

<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]

## **Adult Health Behaviors**

Document Version Date: 27-Feb-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,R,D> [goto CIGQTYR]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.080\_00.000 Instrument Variable Name: CIGOTYR 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,D,R> [goto OTHCIGEV]

Question ID: AHB.085\_00.010 Instrument Variable Name: OTHCIGEV QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

These next questions are about your use of tobacco products OTHER THAN CIGARETTES.

Tobacco products OTHER THAN CIGARETTES that are smoked include cigars, pipes, water pipes or hookahs, very small cigars that look like cigarettes, bidis (bee-dees) or cigarillos (cig-a-ril-los).

Have you ever smoked tobacco products other than cigarettes EVEN ONE TIME?

 $\ensuremath{^*}$  Do not include electronic cigarettes or e-cigarettes.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto OTHCIGED]

<2,R,D> [goto SMKLESEV]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.085\_00.020 Instrument Variable Name: OTHCIGED QuestionnaireFileName: Sample Adult

QuestionText: Do you NOW smoke tobacco products other than cigarettes every day, some days, rarely, or not at all?

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever smoked tobacco products other than cigarettes

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

Question ID: AHB.085\_00.030 Instrument Variable Name: SMKLESEV QuestionnaireFileName: Sample Adult

**QuestionText:** ? [F1]

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?

\* Do not include nicotine replacement therapy products (patch, gum, lozenge, spray), which are considered smoking cessation treatments.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto SMKLESED]

<2,R,D> [if SMKEV=1 or OTHCIGEV=1, [goto TOBLASYR];

else goto ECIGEV]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.085\_00.040 Instrument Variable Name: SMKLESED QuestionnaireFileName: Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, rarely, or not at all?

1 Every day

- 2 Some days
- 3 Rarely
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used smokeless tobacco products

**SkipInstructions:** <1,2,3,R,D> goto TOBLASYR

Question ID: AHB.085\_00.050 Instrument Variable Name: TOBLASYR QuestionnaireFileName: Sample Adult

QuestionText: Around this time last year, were you using ANY KIND of tobacco product?

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

UniverseText: Sample adults 18+ who smoked at least 100 cigarettes in their entire life, ever smoked tobacco products other than

cigarettes, or ever used smokeless tobacco products

**SkipInstructions:** <1,2,R,D>

If (TOBLASYR='1' or SMKNOW in('1','2') or OTHCIGED in('1','2','3') or SMKLESED in('1','2','3')) and

CIGQTYR ne '2' [goto TOBQTYR];

Else If (TOBLASYR ne'1' & SMKNOW not in('1','2')& OTHCIGED not in('1','2','3') & SMKLESED not

in('1','2','3')) or

CIGQTYR = '2' [goto ECIGEV]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.085\_00.060 Instrument Variable Name: TOBQTYR QuestionnaireFileName: Sample Adult

QuestionText: During the past 12 months, have you stopped using ALL KINDS of tobacco products for more than one day because you

were trying to quit using tobacco?

\* "All kinds" means trying to quit using tobacco completely, including smoking cigarettes, smoking products other than

cigarettes, and using smokeless tobacco products.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were using tobacco products around this time last year or were current users of any

tobacco products (cigarettes, non-cigarette tobacco, or smokeless)

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

Question ID: AHB.088\_00.010 Instrument Variable Name: ECIGEV QuestionnaireFileName: Sample Adult

QuestionText: The next questions are about electronic cigarettes, often called e-cigarettes. E-cigarettes look like regular cigarettes, but

are battery-powered and produce vapor instead of smoke.

Have you ever used an e-cigarette, even one time?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ECIGED]

<2,R,D> [goto VIGNO]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.088\_00.020 Instrument Variable Name: ECIGED 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:** <1-3,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 Refused999 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0,996,R,D>[goto MODNO]

<1-995>[goto VIGTP]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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 1-995997 Refused999 Don't know

**UniverseText:** Sample adults 18+ who do vigorous activities

**SkipInstructions:** <1-995>[goto VIGLNGTP]

<R,D>[goto MODNO]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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 Minutes2 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.

## **Adult Health Behaviors**

Document Version Date: 27-Feb-17

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 Refused999 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-995>[goto MODTP]

<0, 996, R,D>[goto STRNGNO]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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.

001-995997 Refused999 Don't know

**UniverseText:** Sample adults 18+ who do light or moderate activities

**SkipInstructions:** <1-995>[goto MODLNGTP]

<R,D>[goto STRNGNO]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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 Minutes2 Hours7 Refused

7 Refused9 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.

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

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 Refused999 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-995>[goto STRNGTP]

<0, 996,R,D>[goto ALC1YR]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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\_STRNGTP1

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]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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,R,D>[goto AHGT\_FT]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-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,R,D> [goto ALC5UPNO]

<10-95>[goto ERR\_ALCAMT]

**Soft Edit:** ERR\_ALCAMT

\* [Fill: ALCAMT] drinks is an unusually high number.

\* Please verify.

\* Do not probe

## **Adult Health Behaviors**

Document Version Date: 27-Feb-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]

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.180\_02.000 Instrument Variable Name: ALC5UPTP QuestionnaireFileName: Sample Adult

**QuestionText:** 2 of 2

9

\* Enter time period for days per week, per month or per year.

Never/None
Per week
Per month
Per year
Refused

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 BINGE]

Don't know

[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) is less than the 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.

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.181\_00.000 Instrument Variable Name: BINGE QuestionnaireFileName: Sample Adult

QuestionText:

Data for BINGE appear on in-house NCHS files only and are not included on the public use release.

? [F1]

DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks in about TWO HOURS?

\* Enter '0' if none.

\* Enter '60' if 60 or more times.

00-6097 Refused99 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]

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 feet97 Refused99 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,D,R,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.

#### **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.190\_02.000 Instrument Variable Name: AHGT\_IN QuestionnaireFileName: Sample Adult

QuestionText: How tall are you without shoes?

\* Enter '0' if exactly [fill1: AHGT\_FT] feet tall.

00-11 0-11 inches
 97 Refused
 99 Don't know

**UniverseText:** Sample adults 18+ who answered their height in feet

**SkipInstructions:** <0-11,R,D> [goto AWGT\_LB]

<empty> [goto ERR\_AHGT\_IN]

**Hard Edit:** ERR1\_AHGT\_IN

\* If [fill: AHGT\_FT] feet exactly, enter "0"; otherwise enter number of inches.

Soft Edit: ERR2\_AHGT\_IN

\* Please verify that the height was entered correctly. Probe only if necessary.

Question ID: AHB.190\_03.000 Instrument Variable Name: AHGT\_M QuestionnaireFileName: Sample Adult

**QuestionText:** How tall are you without shoes?

\* Enter height in metric.

0-2 meters
 7 Refused
 9 Don't know

**UniverseText:** Sample adults 18+ who choose to give their height in metric measurements

**SkipInstructions:** <0-2> [goto AHGT\_CM]

<R,D> [goto AWGT\_LB]

<empty> [goto ERR\_AHGT\_M]

**Hard Edit:** ERR\_AHGT\_M

\* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

## **Adult Health Behaviors**

Document Version Date: 27-Feb-17

Question ID: AHB.190\_04.000 Instrument Variable Name: AHGT\_CM QuestionnaireFileName: Sample Adult

QuestionText:

\*Enter centimeters.

**000-241** 0-241 centimeters

997 Refused999 Don't know

**UniverseText:** Sample adults 18+ who answered their height in meters

**SkipInstructions:** <0-241,R,D> goto AWGT\_LB

[If AHGT\_M eq <2> and AHGT\_CM gt <41> or AHGT\_M eq <1> and AHGT\_CM gt <141>] goto

ERR1\_AHGT\_CM]

<> goto ERR2\_AHGT\_CM

[If AHGT\_M eq <1> and AHGT\_CM lt <20> or AHGT\_M eq <0> and AHGT\_CM lt

<120>] goto ERR3\_AHGT\_CM]

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.

## **Adult Health Behaviors**

Document Version Date: 27-Feb-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

<sup>\*</sup> Please verify that the weight was entered correctly. Probe only if necessary.

## **Adult Health Behaviors**

Document Version Date: 27-Feb-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 Refused999 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

<sup>\*</sup> Please verify that the weight was entered correctly. Probe only if necessary.

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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?

Yes
 No

9

7 Refused

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]

Don't know

<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 [goto ANOUSLPL]; else if AUSUALPL=R,D goto APRVTRYR

ELSE goto AHCCHGYR

## **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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

**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]

Don't know

<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]

## **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-17** 

Question ID:	AAU.050_00.010 Instrument Variable Name:	ANOUSLPL	QuestionnaireFileName:	Sample Adult
QuestionText:	Why don't you have a usual source of medical care?			
	*Enter all that apply, separate with commas.			
01	Doesn't need a doctor/Haven't had any problems			
02	Doesn't like/trust/believe in doctors			
03	Doesn't know where to go			
04	Previous doctor is not available/moved			
05	Too expensive/no insurance/cost			
06	Speak a different language			
07	No care available/Care too far away, not convenient			
08	Put it off/Didn't get around to it			
09	Other			
97	Refused			
99	Don't know			
UniverseTex	t: Sample adults 18+ without a usual pla	ce of care		

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?

Yes
 No

**SkipInstructions:** 

7 Refused9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,>[goto APRVTRFD]

<2,R,D>[goto ADRNANP]

<1-9,R,D>[goto APRVTRYR]

### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.141\_06.000 Instrument Variable Name: AHCSY1\_6 QuestionnaireFileName: Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own

health?

...A nurse practitioner, physician assistant, or midwife.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[if SEX=1 goto AHCSY8\_8; else if SEX=2 goto AHCSYR7]

Question ID: AAU.200\_00.000 Instrument Variable Name: AHCSYR7 QuestionnaireFileName: Sample Adult

**QuestionText:** \* Read lead-in if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own

health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1 Yes

2 No

7 Refused

Don't know

**UniverseText:** Sample female adults aged 18+ years

**SkipInstructions:** <1,2,R,D> [go to AHCSY8\_8]

### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-17** 

Question ID: AAU.211\_01.000 Instrument Variable Name: AHCSY8\_8 QuestionnaireFileName: Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own

health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist,

psychiatrist, or ophthalmologist).

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [go to AHCSY8\_9]

Question ID: AAU.211\_02.000 Instrument Variable Name: AHCSY8\_9 QuestionnaireFileName: Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own

health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

1 Yes

2 No

7 Refused

Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHCSYR10]

<2,R,D> [goto AHERNOYR]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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)?

Yes
 No

7 Refused9 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]

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]

#### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-17** 

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]

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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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 months97 Refused99 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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

**Question ID:** AAU.270 00.000 Instrument Variable Name: QuestionnaireFileName: **AHCHNOYR** 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]

### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-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:** \* {ASRGYR} is an unusually large number.

\* Please verify.

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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

More than 1 yr, but not more than 2 yrs ago
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,R,D> [goto HIT1A] <1-5> [goto AVISLAST]

Question ID: AAU.306\_00.010 Instrument Variable Name: AVISLAST QuestionnaireFileName: Sample Adult

QuestionText: Thinking about your last visit for any type of medical care, where did you go?

\*Read categories if necessary.

1 Clinic or health center

2 Doctor's office or HMO

3 Hospital emergency room

4 Hospital outpatient department

5 Urgent care center

6 Some other place

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have ever seen/talked to a doctor

**SkipInstructions:** <1,2,4,6> [goto ALASTTYP]

<3,5> [goto AWAITRMN]

<R,D> [goto HIT1A]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.306\_00.020 Instrument Variable Name: ALASTTYP QuestionnaireFileName: Sample Adult

QuestionText: Did you see a general doctor, a specialist, a nurse practitioner or physician assistant, or someone else?

1 General doctor

2 Specialist

3 Nurse practitioner/Physician assistant

4 Someone else

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

(not ER or urgent care center) on their last visit

**SkipInstructions:** <1-3,R,D> [goto AVISAPTN] <4> [goto ALASTSPC]

Question ID: AAU.306\_00.025 Instrument Variable Name: ALASTSPC QuestionnaireFileName: Sample Adult

QuestionText: What kind of health professional did you see at your last visit?

Verbatim Verbatim response

**UniverseText:** Sample adults 18+ who saw some other kind of provider on their last health care visit

**SkipInstructions:** <Allow 75,R,D> [goto AVISAPTN]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.307\_01.010 Instrument Variable Name: AVISAPTN QuestionnaireFileName: Sample Adult

**QuestionText:** 1 of 2

For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor or other health professional?

\*Enter '0' for same day, walk-in appointment, or no appointment made.

\*Enter number for appointment wait time.

\*Enter '96' for routine appointment, appointment arranged during a previous visit, or received a reminder card from provider.

00 Same day/walk-in appt/no appt made

**01-95** 1-95

96 Routine appt/appt arranged on previous visit/rec'd appt reminder card

97 Refused99 Don't know

**UniverseText:** Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

(not ER or urgent care center) on their last visit

**SkipInstructions:** <0,96,R> [goto AWAITRMN]

<1-95,D> [goto AVISAPTT]

Question ID: AAU.307\_02.020 Instrument Variable Name: AVISAPTT QuestionnaireFileName: Sample Adult

**QuestionText:** 2 of 2

\*Enter time period for appointment wait time.

1 Days

2 Weeks

3 Months

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

and gave a number or answered DK for length of time to make an appointment

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

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.308\_01.010 Instrument Variable Name: AWAITRMN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long did you have to wait in the waiting room before you saw a doctor or other health professional for this visit?

\*Enter '0' for no wait time.

\*Enter number for time in waiting room.

00 No time
 01-96 1-96
 97 Refused
 99 Don't know

**UniverseText:** Sample adults 18+ who had a place of last medical visit

**SkipInstructions:** <0,R> [goto HIT1A]

<1-96,D> [goto AWAITRMT]

Question ID: AAU.308\_02.020 Instrument Variable Name: AWAITRMT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

\*Enter time period for time in waiting room.

1 Minutes2 Hours

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit and did not refuse number portion of waiting room time

**SkipInstructions:** <1,2,R,D> [goto HIT1A]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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 SHTFLUYR]

Question ID: AAU.310\_00.000 Instrument Variable Name: SHTFLUYR QuestionnaireFileName: Sample Adult

QuestionText: ?[F1]

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

\* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ASHFLU\_M]

<2,R,D> [ goto SPRFLUYR ]

### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-17** 

Question ID: AAU.312\_01.000 Instrument Variable Name: ASHFLU\_M QuestionnaireFileName: Sample Adult

**QuestionText:** 1 of 2

During what month and year did you receive your most recent flu shot?

January
 February
 March
 April
 May

06 June07 July08 August

09 September
10 October
11 November
12 December
97 Refused

99 Don't know

**UniverseText:** Sample adults 18+ who have had a flu shot

**SkipInstructions:** <1-12,D> [ goto ASHFLU\_Y]

<R> if PREGNOW=1 and INTERVIEW\_MONTH=1-3,8-12 [goto FLUSHPG1];

else if PREGNOW=1 and INTERVIEW\_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];

else [goto SPRFLUYR]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.312 02.000 Instrument Variable Name: ASHFLU\_Y QuestionnaireFileName: Sample Adult

**QuestionText:** 2 of 2

\*Enter year of most recent flu shot.

Year Year 9997 Refused 9999 Don't know

**UniverseText:** Sample adults 18+ who gave a month for their last flu shot or who didn't know the month

else if PREGNOW=1 and INTERVIEW\_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];

else [goto SPRFLUYR]

[If ASHFLU\_M and ASHFLU\_Y = a future date [goto ERR1\_ASHFLU\_Y]  $\,$ 

[If ASHFLU\_M and ASHFLU\_Y = a date prior to birth [goto ERR2\_ASHFLU\_Y]

[If ASHFLU\_M and ASHFLU\_Y = a date before 12 months ago [goto ERR3\_ASHFLU\_Y]

Hard Edit: ERR1\_ASHFLU\_Y

\*Future date invalid

ERR2\_ASHFLU\_Y

\*Date before birth

ERR3\_ASHFLU\_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

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

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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 since August 1 [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

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

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.315\_00.000 Instrument Variable Name: SPRFLUYR QuestionnaireFileName: Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health

professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects

against influenza for the flu season.

\* Read if necessary: This influenza vaccine is called FluMist (trademark).

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ASPFLU\_M]

[if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1\_SPRFLUYR

[if AGE GE 50] goto ERR2\_SPRFLUYR

<2,D,R> [goto SHTPNUYR]

Soft Edit: ERR1\_SPRFLUYR

\*Respondent says they have received both a flu shot and flu nasal vaccine.

\*Please verify.

ERR2\_SPRFLUYR

\*Respondent says they have received a nasal vaccine to PREVENT the flu, not to TREAT symptoms of the flu.

\*Please verify.

#### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-17** 

Question ID: AAU.318\_01.000 Instrument Variable Name: ASPFLU\_M QuestionnaireFileName: Sample Adult

**QuestionText:** 1 of 2

During what month and year did you receive your most recent flu nasal spray?

01 January
 02 February
 03 March
 04 April
 05 May

06 June07 July08 August

09 September10 October11 November

12 December 97 Refused 99 Don't know

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

 $\textbf{SkipInstructions:} \qquad <1\text{-}12\text{,}D>[\ goto\ ASPFLU\_Y]$ 

<R> [goto SHTPNUYR]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.318\_02.000 Instrument Variable Name: ASPFLU\_Y QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

\*Enter year of most recent flu nasal spray.

Year Year 9997 Refused 9999 Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn't know the month

**SkipInstructions:** <valid year, R, D> [goto SHTPNUYR]

[If ASPFLU\_M and ASPFLU\_Y = a future date] goto ERR1\_ASPFLU\_Y

[If ASPFLU\_M and ASPFLU\_Y = a date prior to birth] goto ERR2\_ASPFLU\_Y

[If ASPFLU\_M and ASPFLU\_Y = a date before 12 months ago] goto ERR3\_ASPFLU\_Y

Hard Edit: ERR1\_ASPFLU\_Y

\*Future date invalid

ERR2\_ASPFLU\_Y

\*Date before birth

ERR3\_ASPFLU\_Y

\*Date more than 12 months ago

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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

**Question ID:** AAU.330 00.000 Instrument Variable Name: QuestionnaireFileName: **APOX** Sample Adult QuestionText: Have you EVER had chickenpox? 1 Yes 2 No 7 Refused 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: QuestionnaireFileName: APOX12MO 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 Don't know UniverseText: Sample adults 18+ **SkipInstructions:** <1> [goto AHEPBTST]

<2,R,D> [goto AHEPLIV]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

#### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-17** 

Question ID: AAU.370 00.000 Instrument Variable Name: SHTHEPB QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

\* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto SHEPDOS]

<2,R,D> [goto SHTHEPA]

Question ID: AAU.380\_00.000 Instrument Variable Name: SHEPDOS QuestionnaireFileName: Sample Adult

**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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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?

Yes
 No

7 Refused9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHEPCRES]

<2,R,D> if AGE GE 50 goto SHINGLES 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.

- 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
- 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];

elseif AGE LT 50 goto SHTTD

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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?

Yes
 No
 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who have had a tetanus shot in the past 10 years

**SkipInstructions:** <1,R> [goto SHTTDAP]

<2,D> if AGE le 64 [goto SHTHPV2] elseif AGE gt 64 goto LIVEV

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]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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+

 96
 All shots

 97
 Refused

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

Don't know

\* Shots should be in the range 1-50 or 96 for all shots.

\* Please correct.

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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 years997 Refused999 Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

**SkipInstructions:** <8-120,R,D> [goto LIVEV]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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> and SEX=1 and AGE GE 40 [goto APSCOL] If<1,2,R,D> and SEX=1 and AGE < 40 [goto

APSDIET] Else<1,2,R,D> and SEX=2 [goto APSPAP]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.530\_00.010 Instrument Variable Name: APSPAP QuestionnaireFileName: Sample Adult

**QuestionText:** Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

\*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the

cervix with a small stick or brush, and sends it to the lab.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Female sample adults 18+

**SkipInstructions:** <1,2,R,D> if AGE GE 30 [goto APSMAM];

else <1,2,R,D and AGE<30 [goto APSDIET]

Question ID: AAU.540\_00.010 Instrument Variable Name: APSMAM QuestionnaireFileName: Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

\*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Female sample adults 30+

**SkipInstructions:** <1,2,R,D> if AGE GE 40 [gotoAPSCOL];

else <1,2,R,D and AGE<40> [goto APSDIET]

#### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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 if (40<=AGE<=65) [goto LTCFAM];

else [goto AINDINS]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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> if (40<=AGE<=65) [goto LTCFAM];

else [goto AINDINS]

Question ID: AAU.580\_00.010 Instrument Variable Name: LTCFAM QuestionnaireFileName: Sample Adult

QuestionText: Do you have a parent, spouse, sibling, or adult child who has needed help for at least a year with everyday needs like

bathing, dressing or eating due to a long term condition?

\*Read if necessary.

Due to a chronic illness or disability.

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 40-65

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

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.582\_00.010 Instrument Variable Name: LTCHELP QuestionnaireFileName: Sample Adult

QuestionText: How likely is it that you may someday need help with daily activities like bathing, dressing, eating, or using the toilet due

to a long term condition? Would you say...

\*Read categories below.

1 Very likely

2 Somewhat likely

3 Somewhat unlikely

4 Very unlikely

7 Refused

9 Don't know

**UniverseText:** Sample adults 40-65

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

Question ID: AAU.584\_00.010 Instrument Variable Name: LTCWHO QuestionnaireFileName: Sample Adult

**QuestionText:** If you needed such help, who would provide this help?

\*Enter all that apply, separate with commas.

1 My family

- 2 Someone I hire
- 3 Home health care organization
- 4 Nursing home/assisted living
- 5 Other
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 40-65

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

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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 Refused9 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]

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> [goto AINDNOT]

<R,D> if age LT 65 [goto AEXCHNG]; else [goto next section]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

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]

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]

### **Adult Access to Health Care & Utilization**

**Document Version Date: 27-Feb-17** 

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> [goto AINDENY1]

Question ID: AAU.600 01.060 Instrument Variable Name: AINDENY1 QuestionnaireFileName: Sample Adult

QuestionText: Did any company turn you down when you tried to buy coverage on your own?

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

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1,2,R,D> [goto AINDENY2]

Question ID: AAU.600\_02.060 Instrument Variable Name: AINDENY2 QuestionnaireFileName: Sample Adult

QuestionText: Did any company charge a higher price because of {fill 1: your/your family's/you or your family's} health?

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

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1,2,R,D> [goto AINDENY3]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.600\_03.060 Instrument Variable Name: AINDENY3 QuestionnaireFileName: Sample Adult

**QuestionText:** Did any company exclude a specific health problem from the coverage?

Yes
 No
 Refused

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1,2,R,D>

if age LT 65 [goto AEXCHNG];

else [goto next section]

Question ID: AAU.601\_00.070 Instrument Variable Name: AINDNOT QuestionnaireFileName: Sample Adult

QuestionText: Why did you not buy the plan?

Don't know

\*Enter all that apply, separate with commas.

1 Turned down

2 Cost

3 Pre-existing condition

4 Got health insurance from other source

5 Other7 Refused9 Don't know

UniverseText: Sample adults 18+ who tried but did not purchase health insurance directly in the past 3 years

**SkipInstructions:** <1-4,R,D>

if age LT 65 [goto AEXCHNG];

else [goto next section] <5> [goto AINDNTSP]

### **Adult Access to Health Care & Utilization**

Document Version Date: 27-Feb-17

Question ID: AAU.601\_00.080 Instrument Variable Name: AINDNTSP QuestionnaireFileName: Sample Adult

**QuestionText:** \*Specify other reason plan was not obtained.

Verbatim Verbatim response

**UniverseText:** Sample adults 18+ who had other reason plan was not purchased

**SkipInstructions:** <allow 75,R,D> if age LT 65 [goto AEXCHNG];

else [goto next section]

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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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]

#### **Adult Selected Items**

**Document Version Date: 27-Feb-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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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 ACINCNTO]

Question ID: ASI.170\_00.000 Instrument Variable Name: ACINCNTO QuestionnaireFileName: Sample Adult

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

How much do you agree or disagree with the following statements about your neighborhood?

There are people I can count on in this neighborhood.

Would you say...

\*Read answer categories if necessary.

1 Definitely agree

2 Somewhat agree

3 Somewhat disagree

4 Definitely disagree

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

#### **Adult Selected Items**

Document Version Date: 27-Feb-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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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:** <1-3,R> [goto ACIRETR]

<4> [goto ACISMELS] <5> [goto ACISIMDK]

Question ID: ASI.230\_00.000 Instrument Variable Name: ACISMELS QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI3

What do you mean by something else?

- 1 You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
- 2 You are transgender, transsexual or gender variant
- 3 You have not figured out or are in the process of figuring out your sexuality
- 4 You do not think of yourself as having sexuality
- 5 You do not use labels to identify yourself
- 6 You mean something else
- 7 Refused
- 9 Don't know

UniverseText: Male sample adults 18+ who think of themselves as something else

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

<6> [goto ACIMSESP]

#### **Adult Selected Items**

**Document Version Date: 27-Feb-17** 

Question ID: ASI.234\_00.000 Instrument Variable Name: ACISIMDK QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI4

What do you mean by don't know?

You don't understand the words

2 You understand the words, but you have not figured out or are in the process of figuring out your sexuality

3 You mean something else

7 Refused

9 Don't know

UniverseText: Male sample adults 18+ who answered don't know at ACISIM

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

<3> [goto ACIMSESP]

Question ID: ASI.238\_00.000 Instrument Variable Name: ACIMSESP QuestionnaireFileName: Sample Adult

**QuestionText:** What do you mean by something else?

Verbatim Verbatim response

97 Refused99 Don't know

**UniverseText:** Male sample adults 18+ who answered something else at ACISMELS or ACISIMDK

**SkipInstructions:** <Allow 75,R,D> [goto ACIRETR]

#### **Adult Selected Items**

Document Version Date: 27-Feb-17

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:** <1-3,R> [goto ACIRETR]

<4> [goto ACISFELS] <5> [goto ACISIFDK]

Question ID: ASI.250\_00.000 Instrument Variable Name: ACISFELS QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI3

What do you mean by something else?

- 1 You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
- 2 You are transgender, transsexual or gender variant
- 3 You have not figured out or are in the process of figuring out your sexuality
- 4 You do not think of yourself as having sexuality
- 5 You do not use labels to identify yourself
- 6 You mean something else
- 7 Refused
- 9 Don't know

**UniverseText:** Female sample adults 18+ who think of themselves as something else

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

<6> [goto ACIFSESP]

#### **Adult Selected Items**

**Document Version Date: 27-Feb-17** 

Question ID: ASI.254\_00.000 Instrument Variable Name: ACISIFDK QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI4

What do you mean by don't know?

You don't understand the words

2 You understand the words, but you have not figured out or are in the process of figuring out your sexuality

3 You mean something else

7 Refused

9 Don't know

**UniverseText:** Female sample adults 18+ who answered don't know at ACISIF

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

<3> [goto ACIFSESP]

Question ID: ASI.258\_00.000 Instrument Variable Name: ACIFSESP QuestionnaireFileName: Sample Adult

**QuestionText:** What do you mean by something else?

Verbatim Verbatim response

97 Refused99 Don't know

**UniverseText:** Female sample adults 18+ who answered something else at ACISFELS or ACISIFDK

**SkipInstructions:** <Allow 75,R,D> [goto ACIRETR]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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.

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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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 hours97 Refused99 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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-17

**Question ID:** ASI.360 00.000 Instrument Variable Name: QuestionnaireFileName: **ACISLPST** 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

UniverseText: Sample adults 18+

Don't know

**SkipInstructions:** <0-7,R,D> [goto ACISLPMD]

**Question ID:** ASI.370\_00.000 Instrument Variable Name: QuestionnaireFileName: **ACISLPMD** 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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-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.

Never felt rested in the past week

01-07 1-7 days97 Refused99 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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-17

Question ID: ASI.390\_01.000 Instrument Variable Name: ACISAD QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

DURING THE PAST 30 DAYS, how often did you feel

...So sad that nothing could cheer you up?

1 ALL of the time

- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

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

Question ID: ASI.390\_02.000 Instrument Variable Name: ACINERV QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Nervous?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

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

#### **Adult Selected Items**

Document Version Date: 27-Feb-17

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]

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]

#### **Adult Selected Items**

Document Version Date: 27-Feb-17

Question ID: ASI.390\_05.000 Instrument Variable Name: ACIEFFRT QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

1 ALL of the time

2 MOST of the time

3 SOME of the time

4 A LITTLE of the time

5 NONE of the time

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

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

Question ID: ASI.390\_06.000 Instrument Variable Name: ACIWTHLS QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

1 ALL of the time

2 MOST of the time

3 SOME of the time

4 A LITTLE of the time

5 NONE of the time

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+

SkipInstructions: <1-5,R,D> if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto

ACIMUCH];

else [goto ACIHIVT]

#### **Adult Selected Items**

Document Version Date: 27-Feb-17

 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 all7 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 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]

#### **Adult Selected Items**

**Document Version Date: 27-Feb-17** 

**Question ID:** ASI.420 00.000 Instrument Variable Name: QuestionnaireFileName: **ACIHIVWN** 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 Don't know

**UniverseText:** Sample adults 18+ who have never been tested for HIV

**SkipInstructions:** <1-9,R,D> [goto next section]

#### **Adult Internet and Email Usage**

Document Version Date: 27-Feb-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.

001-995997 Refused999 Don't know

**UniverseText:** Sample adults 18+ who use the Internet

**SkipInstructions:** <1-995> [goto AWEBOFTP]

<R,D> [goto AWEBORP]

#### **Adult Internet and Email Usage**

Document Version Date: 27-Feb-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 AWEBORP]

Question ID: AWB.025\_00.000 Instrument Variable Name: AWEBORP QuestionnaireFileName: Sample Adult

QuestionText: Research companies invite people to become members of online research panels where they regularly respond to surveys

online. Are you currently a member of an online research panel?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who use the Internet

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

## **Adult Internet and Email Usage**

Document Version Date: 27-Feb-17

Question ID: AWB.030\_00.000 Instrument Variable Name: AWEBEML QuestionnaireFileName: Sample Adult

**QuestionText:** Do you send or receive emails?

1 Yes

NoRefused

9 Don't know

**UniverseText:** Sample adults 18+

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

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]

#### **Adult Internet and Email Usage**

Document Version Date: 27-Feb-17

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]

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]