<table>
<thead>
<tr>
<th>Question ID: IDN.000_00.000</th>
<th>Instrument Variable Name:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Final Documentation Name: RECTYPE</td>
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**Record Type**

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<tbody>
<tr>
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| Sources: None |
| Recodes: None |
| Keywords: None |
| Notes: None |

**File type identifier**

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<tr>
<th>10</th>
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<tbody>
<tr>
<td>20</td>
<td>Person</td>
</tr>
<tr>
<td>25</td>
<td>Income Imputation</td>
</tr>
<tr>
<td>30</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>38</td>
<td>Functioning and Disability</td>
</tr>
<tr>
<td>40</td>
<td>Sample Child</td>
</tr>
<tr>
<td>60</td>
<td>Family</td>
</tr>
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<td>63</td>
<td>Family Disability Questions</td>
</tr>
<tr>
<td>65</td>
<td>Paradata</td>
</tr>
<tr>
<td>70</td>
<td>Injury/Poisoning Episode</td>
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<td>Injury/Poisoning Verbatim</td>
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<table>
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<td>Final Documentation Name: SRVY_YR</td>
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**Survey Year**

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| Sources: None |
| Recodes: None |
| Keywords: None |
| Notes: None |

**Year of Native Hawaiian and Pacific Islander Survey (NHPI)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Survey Year</th>
</tr>
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</table>
## Household Number

**Question ID:** IDN.000_04.000  
**Instrument Variable Name:** HHX  
**Final Documentation Name:** HHX  

**Universe:** All households  
**Description:** All households  

**Sources:** None  
**Recodes:** None  
**Keywords:** household number  
**Notes:** Use this variable in combination with SRVY_YR to identify individual households.

## Family Number

**Question ID:** IDN.000_35.000  
**Instrument Variable Name:** FMX  
**Final Documentation Name:** FMX  

**Universe:** All families  
**Description:** All families  

**Sources:** None  
**Recodes:** None  
**Keywords:** family number  
**Notes:** Use this variable in combination with HHX and SRVY_YR to identify individual families.

| 01-25 | Family number 1 - 25 |
Question ID: IDN.000_40.000
Instrument Variable Name: FPX
Final Documentation Name: FPX

Person Number

Universe: All persons
Description: All persons
Sources: None
Recodes: None
Keywords: person number
Notes: Use this variable in combination with HHX, FMX, and SRVY_YR to identify individual persons.

Person Number (Within family)

01-25 Person number 1 thru 25

Question ID: IDN.000_70.000
Instrument Variable Name: WTFA
Final Documentation Name: WTFA

Universe: ALL
Description: All records
Sources: None
Recodes: None
Keywords: final weight; annual; person weight
Notes: This weight should be used for most analyses at the person level when using a full year of data. This weight includes post-stratification adjustments (age, race/ethnicity, sex) using Census Bureau population control totals. The sum of these weights is equal to the average of the civilian, noninstitutionalized U.S. population estimates for February, May, August, and November.

Weight - Final Annual

Weight Final Annual
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<th>R13 RECODE</th>
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<td>Pseudo-stratum for variance estimation</td>
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<th>R14 RECODE</th>
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<td>Sources:</td>
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<td>Notes:</td>
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<td>Question ID: HHC.110_00.000</td>
<td>Instrument Variable Name: SEX</td>
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<td>-----------------------------</td>
<td>-------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Final Documentation Name: SEX</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Universe: HHSTAT NE 'D'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description: All non-deleted persons</td>
</tr>
</tbody>
</table>

Sources: None
Recodes: None
Keywords: None
Notes: None

<table>
<thead>
<tr>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: HHC.170_00.000</th>
<th>R01 RECODE</th>
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</thead>
<tbody>
<tr>
<td>Instrument Variable Name:</td>
<td></td>
</tr>
<tr>
<td>Final Documentation Name:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Universe: AGE = ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description: All persons</td>
</tr>
</tbody>
</table>

Sources: None
Recodes: HISPAN_I
Keywords: ethnicity; national origin; ancestry
Notes: This variable contains edited data from NATOR (HHC.170).

<table>
<thead>
<tr>
<th>Hispanic Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>
Question ID: HHC.170_00.000  R02 RECODE

Instrument Variable Name:

Final Documentation Name: ORIGIMPT

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: None

Keywords: Hispanic Origin imputation

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

Hispanic Origin Imputation Flag

1  Imputed: was 'refused' Hispanic Origin
2  Imputed: was 'not ascertained' Hispanic Origin
3  Imputed: was 'does not know' Hispanic Origin
4  Hispanic origin given by respondent/proxy
**Question ID:** HHC.180_00.000  
**Instrument Variable Name:** R03 RECODE  
**Final Documentation Name:** HISPAN_I

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

**Universe:** AGE = All  
**Description:** All persons

**Sources:** ORIGIN_I; HHC.180

**Recodes:** None

**Keywords:** ethnicity; national origin; ancestry

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

<table>
<thead>
<tr>
<th>Hispanic subgroup detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 Multiple Hispanic</td>
</tr>
<tr>
<td>01 Puerto Rico</td>
</tr>
<tr>
<td>02 Mexican</td>
</tr>
<tr>
<td>03 Mexican-American</td>
</tr>
<tr>
<td>04 Cuban/Cuban American</td>
</tr>
<tr>
<td>05 Dominican (Republic)</td>
</tr>
<tr>
<td>06 Central or South American</td>
</tr>
<tr>
<td>07 Other Latin American, type not specified</td>
</tr>
<tr>
<td>08 Other Spanish</td>
</tr>
<tr>
<td>09 Hispanic/Latino/Spanish, non-specific type</td>
</tr>
<tr>
<td>10 Hispanic/Latino/Spanish, type refused</td>
</tr>
<tr>
<td>11 Hispanic/Latino/Spanish, type not ascertained</td>
</tr>
<tr>
<td>12 Not Hispanic/Spanish origin</td>
</tr>
</tbody>
</table>
### Question ID: HHC.180_00.000 R04 RECODE

**Instrument Variable Name:**

Final Documentation Name: HISPIMPT

<table>
<thead>
<tr>
<th>Universe</th>
<th>Description</th>
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<tbody>
<tr>
<td>AGE = All</td>
<td>All persons</td>
</tr>
</tbody>
</table>

**Sources:** None

**Recodes:** None

**Keywords:** Type of Hispanic Origin imputation

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

**Type of Hispanic Origin Imputation Flag**

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

---

### Question ID: HHC.200_01.000 R13 RECODE

**Instrument Variable Name:**

Final Documentation Name: RACERPI2

**Recode of full detail race groups**

<table>
<thead>
<tr>
<th>Universe</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE = All</td>
<td>All persons</td>
</tr>
</tbody>
</table>

**Sources:** RACFULI2

**Recodes:** HRACERI2

**Keywords:** race; new OMB race standards

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

**OMB groups w/multiple race**

- 01 White only
- 02 Black/African American only
- 03 AIAN only
- 04 Asian only
- 05 NHPI only
- 06 Multiple race
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person
personsx : Household Composition
PUBLIC USE
Document Version Date: 06-Dec-16

Question ID: HHC.200_01.000 R18 RECODE
Instrument Variable Name:
Final Documentation Name: RACEIMP2

Recode

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>AGE = All</td>
<td>All persons</td>
</tr>
</tbody>
</table>

Sources: None
Recodes: None
Keywords: race imputation flag
Notes: This is a generated variable that does not have a true source variable. This variable indicates whether the race response is given in the survey or imputed. It also indicates the type of response (based on the raw data) that was imputed.

Race Imputation Flag

<table>
<thead>
<tr>
<th></th>
<th>Imputed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>was 'refused'</td>
</tr>
<tr>
<td>2</td>
<td>was 'not ascertained'</td>
</tr>
<tr>
<td>3</td>
<td>was 'does not know'</td>
</tr>
<tr>
<td>4</td>
<td>was other race'</td>
</tr>
<tr>
<td>5</td>
<td>was 'unspecified multiple race'</td>
</tr>
<tr>
<td>6</td>
<td>Race given by respondent/proxy</td>
</tr>
</tbody>
</table>
Question ID: HHC.200_01.000  R21 RECODE  Instrument Variable Name:
Final Documentation Name: MRACRPI2

Recode

Universe: AGE = All
Description: All persons
Sources: HHC.200; HHC.220
Recodes: None
Keywords: race; old OMB race standards
Notes: This variable identifies the primary or main race reported by the respondent. "Other Race" and "Unspecified Multiple race" are no longer available as separate race responses. These response categories are treated as missing, and the race is imputed if these are the only race responses. If only one valid race was given in response to the race question HHC.200, that answer was coded here. If more than one race was given the value of this variable is their value for HHC.220 (the “primary” race). Persons with more than one race given in response to the race question HHC.200 with no valid value for HHC.220 are given a value of 17.

Race coded to single/multiple race group

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

Question ID: HHC.200_01.000  R25 RECODE  Instrument Variable Name:
Final Documentation Name: ERIMPFLG

Recode

Universe: AGE = All
Description: All persons
Sources: None
Recodes: None
Keywords: ethnicity/race imputation
Notes: This is a summary variable that indicates whether the ethnicity or race response was given in the survey or imputed.

Ethnicity/Race Imputation Flag

1   Ethnicity/race imputed
2   Ethnicity/race given by respondent/proxy
Any mention of NHPI group

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned*</td>
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**Question ID:** HHC.200_01.000  
**Instrument Variable Name:** R77 RECODE  
**Final Documentation Name:** NHPI_ANY

**Universe:** AGE=ALL  
**Description:** All persons  
**Sources:** RACERP12, MRACRP12, WTFA  
**Recodes:** None  
**Keywords:** race; NHPI any mention  
**Notes:** This variable identifies whether the respondent had any mention of an NHPI group. * The difference between this variable and the ANYNHI2 variable is that this variable was coded using only variables available on the public use file (specifically, RACERP12, MRACRP12, and WTFA). In contrast, the ANYNHI2 variable is assigned a value of 1 if any NHPI race was mentioned in response to the race question HHC.200. Such persons who are also active duty military, who therefore have a value of the 0 for the weight variable WTFA, are still coded 1 in the ANYNHI2 variable. Thus, a few people (multiple race active military people whose primary race is not NHPI) are coded 2 for NHPI_ANY and 1 for ANYNHI2.

**In the Armed Forces?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Armed Forces</td>
</tr>
<tr>
<td>2</td>
<td>Not Armed Forces</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Question ID:** HHC.230_03.000  
**Instrument Variable Name:** NOWAF2_B1 -NOWAF2_B25  
**Final Documentation Name:** NOWAF

**Universe:** '018' <=AGE<='064' and HHSTAT NE 'D' and NOWAF_A NE ''  
**Description:** persons 18-64 years old  
**Sources:** None  
**Recodes:** None  
**Keywords:** active duty; armed forces  
**Notes:** Respondents with an "1" are active duty Armed Force members and have been given a weight of "zero" in the file. The NHIS sampling design can only infer to the civilian, non-institutionalized U.S. population and analysts are cautioned not to include members of the Armed Forces in their analysis.
Question ID: HHC.260_01.000

Instrument Variable Name: RPREL

Final Documentation Name: RRP

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

Universe: All and RPREL NE " "

Description: All persons

Sources: None

Recodes: None

Keywords: relationship; reference person

Notes: None

Relationship to the HH reference person

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<thead>
<tr>
<th>Code</th>
<th>Relationship</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Household reference person</td>
</tr>
<tr>
<td>02</td>
<td>Spouse (husband/wife)</td>
</tr>
<tr>
<td>03</td>
<td>Unmarried Partner</td>
</tr>
<tr>
<td>04</td>
<td>Child (biological/adoptive/in-law/step/foster)</td>
</tr>
<tr>
<td>05</td>
<td>Child of partner</td>
</tr>
<tr>
<td>06</td>
<td>Grandchild</td>
</tr>
<tr>
<td>07</td>
<td>Parent (biological/adoptive/in-law/step/foster)</td>
</tr>
<tr>
<td>08</td>
<td>Brother/sister (biological/adoptive/in-law/step/foster)</td>
</tr>
<tr>
<td>09</td>
<td>Grandparent (Grandmother/Grandfather)</td>
</tr>
<tr>
<td>10</td>
<td>Aunt/Uncle</td>
</tr>
<tr>
<td>11</td>
<td>Niece/Nephew</td>
</tr>
<tr>
<td>12</td>
<td>Other relative</td>
</tr>
<tr>
<td>13</td>
<td>Housemate/roommate</td>
</tr>
<tr>
<td>14</td>
<td>Roomer/Boarder</td>
</tr>
<tr>
<td>15</td>
<td>Other nonrelative</td>
</tr>
<tr>
<td>16</td>
<td>Legal guardian</td>
</tr>
<tr>
<td>17</td>
<td>Ward</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: HHC.260_01.000 R01 RECODE  
Instrument Variable Name: 
Final Documentation Name: HHREFLG

Universe: HHSTAT = P 
Description: Valid HH reference person flag 

Sources: None 
Recodes: None 
Keywords: None 
Notes: This variable indicates the household reference person.

HH Reference Person Flag

8 Not ascertained 
P HH Reference person
What is [person's/your] relationship to [person/you]?

Universe: All and RPREL NE ' '
Description: All persons

Sources: None
Recodes: None
Keywords: None
Notes: None

Relationship to family ref. Person

01 Family reference person
02 Spouse (husband/wife)
03 Unmarried Partner
04 Child (biological/adoptive/in-law/step/foster)
05 Child of partner
06 Grandchild
07 Parent (biological/adoptive/in-law/step/foster)
08 Brother/sister (biological/adoptive/in-law/step/foster)
09 Grandparent (Grandmother/Grandfather)
10 Aunt/Uncle
11 Niece/Nephew
12 Other relative
16 Legal guardian
17 Ward
97 Refused
98 Not ascertained
99 Don't know
Question ID: HHC.415_00.000 R01 RECODE

Recode

Universe: AGE = All
Description: All persons

Sources: DOB_Y
Recodes: None
Keywords: birth year
Notes: Data on year of birth came from HHC.120 and/or HHC.128.

Year of Birth

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9998</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Question ID: HHC.420_00.000 R01 RECODE

Recode

Universe: AGE = All
Description: All persons

Sources: AGE
Recodes: None
Keywords: age
Notes: In most cases, data on age came from HHC.120. Because age is an important variable for instrument check items and in developing the weights, all respondents must have data on age. A series of questions in the instrument from HHC.124 through HHC.165 attempted to collect data on age when age was not given in HHC.120.

Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Under 1 year</td>
</tr>
<tr>
<td>01-74</td>
<td>1-74 years</td>
</tr>
<tr>
<td>75</td>
<td>75+ years</td>
</tr>
</tbody>
</table>
### Question ID: HHC.425_00.000 RECODE

**Instrument Variable Name:**
- Final Documentation Name: AGE_CHG

**Universe:** All persons

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

**Sources:** HHC.120

**Recodes:** None

**Keywords:** AGE, DOB

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Change on AGE due to data entry error</td>
</tr>
<tr>
<td>Blank</td>
<td>No change</td>
</tr>
</tbody>
</table>

### Question ID: FID.060_00.000 R01 RECODE

**Instrument Variable Name:**
- Final Documentation Name: FMRPFLG

**Universe:** HHSTAT7 = B

**Description:** Valid family respondent flag

**Sources:** None

**Recodes:** None

**Keywords:** family respondent

**Notes:** None

**Family Respondent Flag**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>B</td>
<td>Family respondent</td>
</tr>
</tbody>
</table>
**2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS Person**

**personsx : Family Identification**

PUBLIC USE

**Document Version Date: 06-Dec-16**

**Question ID:** FID.060_00.000  
**Instrument Variable Name:** FMREFLG

**Universe:** HHSTAT6 = F  
**Description:** Valid family reference person flag

**Sources:** None  
**Recodes:** None  
**Keywords:** family reference person  
**Notes:** None

**Family Reference Person Flag**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>P</td>
<td>Family reference person</td>
</tr>
</tbody>
</table>

**Question ID:** FID.250_00.000  
**Instrument Variable Name:** MAR_STAT

**Universe:** AGE = ALL  
**Description:** All persons

**Sources:** R_MARITL  
**Recodes:** None  
**Keywords:** marital status  
**Notes:** None

**Marital status**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Under 14 years</td>
</tr>
<tr>
<td>1</td>
<td>Married</td>
</tr>
<tr>
<td>2</td>
<td>Widowed</td>
</tr>
<tr>
<td>3</td>
<td>Divorced or separated</td>
</tr>
<tr>
<td>4</td>
<td>Never married</td>
</tr>
<tr>
<td>5</td>
<td>Living with a partner</td>
</tr>
<tr>
<td>9</td>
<td>Unknown marital status</td>
</tr>
</tbody>
</table>
**Question ID:** FID.270_00.000  
*Instrument Variable Name:* LNSP1-LNSP25  
*Final Documentation Name:* FSPOUS2

Enter the line number of the spouse.

| Universe: | R_MARITL = '1' |
| Description: | Person married and spouse living in the household |

<table>
<thead>
<tr>
<th>Person # of spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-25</td>
</tr>
<tr>
<td>98</td>
</tr>
</tbody>
</table>

**Question ID:** FID.280_00.000  
*Instrument Variable Name:* COHAB1  
*Final Documentation Name:* COHAB1

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

| Universe: | R_MARITL = '8' |
| Description: | Marital status is "living with a partner." |

<table>
<thead>
<tr>
<th>Cohabiting person ever married</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>
What is [person's] current legal marital status?

Universe: COHAB1 = 1  
Description: Ever married persons who are currently living with a partner

Cohabitating person's current marital status

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

Person # of partner

Universe: R_MARITL = '8' or FRRP = '03'  
Description: Unmarried persons who are currently living with a partner

Person # of partner

01-25 Person number
Question ID: FID.300_00.000  
Instrument Variable Name: R02_RECODE
Final Documentation Name: SIB_DEGN

Universe: AGE = ALL and FRRP = 08
Description: All persons who are a brother/sister of the household reference person

Sources: SIB_DEGP
Recodes: None
Keywords: brother; sister; sibling
Notes: None

Degree of sibling relationship to HH reference person

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

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

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

Universe: ALL
Description: Potential mother in the household

Sources: None
Recodes: None
Keywords: None
Notes: New variable in 2013. It is comparable to FMOTHER from 2012 and earlier with one exception: the 96 category in FMOTHER has been discontinued.

Person # of mother

00  Mother not a household member
01-25  Person number of mother
97  Refused
98  Not ascertained
99  Don't know
**2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**

**Person**

**personsx : Family Identification**

**PUBLIC USE**

**Document Version Date: 06-Dec-16**

**Question ID:** FID.330_01.000  
**Instrument Variable Name:** MOM_DEGN

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

**Description:** All persons living with Mother in household

**Sources:** MOM_DEG

**Recodes:** None

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

**Notes:** None

Type of relationship with Mother

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

**Question ID:** FID.340_00.000  
**Instrument Variable Name:** LNDAD1-LNDAD25

**Final Documentation Name:** FFATHER1

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

**Universe:** ALL

**Description:** Potential father in the household

**Sources:** None

**Recodes:** None

**Keywords:** None

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

**Person # of father**

- 00 Father not in household
- 01-25 Person # of father
- 97 Refused
- 98 Not ascertained
- 99 Don't know
### Question ID: FID.350_01.000 R01 RECODE

**Instrument Variable Name:**
Final Documentation Name: DAD_DEGN

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

**Description:**
All persons living with Father in household

**Sources:**
DAD_DEG

**Recodes:**
None

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

**Notes:**
None

---

#### Type of relationship with father

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Biological or adoptive</td>
</tr>
<tr>
<td>2</td>
<td>In-law</td>
</tr>
<tr>
<td>9</td>
<td>Other and unknown</td>
</tr>
</tbody>
</table>

### Question ID: FID R01 RECODE

**Instrument Variable Name:**
Final Documentation Name: PARENTSN

**Universe:**

**Description:**
All persons

**Sources:**
PARENTS

**Recodes:**
None

**Keywords:**
father; mother; parent

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

---

#### Parent(s) present in the family

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single mother or single father</td>
</tr>
<tr>
<td>2</td>
<td>Mother and father</td>
</tr>
<tr>
<td>3</td>
<td>Neither mother nor father</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
<tr>
<td>Question ID:</td>
<td>FID R02 RECODE</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>

Universe: AGE LT 18

Description: All persons aged 17 or younger

Sources: MOM_ED

Recodes: None

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

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

Education of Mother

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>12th grade or less (no high school diploma)</td>
</tr>
<tr>
<td>02</td>
<td>High school graduate/GED recipient</td>
</tr>
<tr>
<td>03</td>
<td>Some college, no degree</td>
</tr>
<tr>
<td>04</td>
<td>Associate degree (occupational, technical, vocational, or academic)</td>
</tr>
<tr>
<td>05</td>
<td>Bachelor's degree</td>
</tr>
<tr>
<td>06</td>
<td>Master's, professional, and/or doctoral degree</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: FID R03 RECODE

Instrument Variable Name: DAD_EDN

Final Documentation Name: DAD_EDN

Universe: AGE LT 18

Description: All persons aged 17 or younger

Sources: DAD_ED

Recodes: None

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

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

Education of Father

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

Question ID: FID R04 RECODE

Instrument Variable Name: ASTATFLG

Final Documentation Name: ASTATFLG

Universe: AGE GE 18

Description: Persons 18 years or older

Sources: None

Recodes: None

Keywords: sample adult; sample adult flag

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

Sample Adult Flag

0 Sample Adult - no record
1 Sample Adult - has record
2 Not selected as Sample Adult
3 No one selected as Sample Adult
4 Armed Force member
5 Armed Force member - selected as Sample Adult
Question ID: FID R05 RECODE
Instrument Variable Name:  
Final Documentation Name: CSTATFLG

Universe: AGE le 17
Description: Persons 0 to 17 years

Sources: None
Recodes: None
Keywords: sample child; sample child flag
Notes: This variable can be used to choose valid records for sample child data. Every child in each family, except an emancipated minor or active duty Armed Forces member, was eligible to be selected as the Sample Child. All children within a family were assigned the value of "3" given these two situations: 1) If the Sample Child was incorrectly assigned to someone who was ineligible, or 2) it was unknown which child in the family was assigned as the Sample Child.

Sample Child Flag

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Sample Child - no record</td>
</tr>
<tr>
<td>1</td>
<td>Sample Child - has record</td>
</tr>
<tr>
<td>2</td>
<td>Not selected as Sample Child</td>
</tr>
<tr>
<td>3</td>
<td>No one selected as Sample Child</td>
</tr>
<tr>
<td>4</td>
<td>Emancipated minor</td>
</tr>
</tbody>
</table>

Question ID: FID.580_00.000 RECODE
Instrument Variable Name:  
Final Documentation Name: QCADULT

Universe:  
Description:  

Sources: None
Recodes: None
Keywords: Data quality; data removal
Notes: This flag represents a record where the Sample Adult data were removed for quality reasons.

Quality control flag for sample adult

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No sample adult record due to quality reasons</td>
</tr>
<tr>
<td>Blank</td>
<td>No SA removal</td>
</tr>
</tbody>
</table>
Quality control flag for sample child

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

Disability Questions flag

1  Families selected to receive AFD (sample adults) section
2  Families selected to receive FDB (all persons 1 year and older) section
Question ID: FHS.010_00.000

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

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

Description: Persons less than 5 years of age

Sources: FLAPLYLM

Recodes: LA1AR; LACHRONR

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

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

Is - - limited in kind/amount play?

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

Question ID: FHS.020_00.000

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

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

Description: Persons less than 5 years limited in play

Sources: None

Recodes: None

Keywords: functional limitation; play activities

Notes: Family/person variable conversion

Is - - able to play at all?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person

personsx : Family Health Status & Limitations
PUBLIC USE

Document Version Date: 06-Dec-16

**Question ID:** FHS.060_00.000

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

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

**Description:** Persons less than 18 years of age

**Sources:** FSPEDEIS

**Recodes:** LA1AR; LACHRONR

**Keywords:** functional limitation; special education; early intervention services

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

Does - - receive Special Education or EIS?

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

**Question ID:** FHS.065_00.000

**[Do you/Does ALIAS] receive these services because of an emotional or behavioral problem?**

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

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

**Sources:** None

**Recodes:** None

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

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

Receive Special Education/EIS due to emotional/behavioral problem

1: Yes
2: No
7: Refused
8: Not ascertained
9: Don't know
Because of a physical, mental, or emotional problem, {do you/does anyone in the family} need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

Universe: AGE GE '003' and AGE not in ('997', '999')
Description: All persons 3 years of age and older

Question ID: FHS.080_00.000
Instrument Variable Name: PLAADL1-PLAADL25
Final Documentation Name: PLAADL

Does - - need help with personal care?
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

Question ID: FHS.090_01.000
Instrument Variable Name: LABATH
Final Documentation Name: LABATH

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

Universe: (AGE GE '003' and AGE not in ('997', '999')) and PLAADL = '1'
Description: Persons 3+ years needing help with personal care

Does - - need help with bathing/showering?
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHS.090_02.000

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

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

Description: Persons 3+ years needing help with personal care

Sources: None
Recodes: None
Keywords: functional limitation; need help; dressing; activity of daily living (ADL)
Notes: None

Does - - need help dressing?

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

Question ID: FHS.090_03.000

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

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

Description: Persons 3+ years needing help with personal care

Sources: None
Recodes: None
Keywords: functional limitation; need help; eating; activity of daily living (ADL)
Notes: None

Does - - need help eating?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know
{Do you/Does ALIAS} need the help of other persons with getting in or out of bed or chairs?

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

Description: Persons 3+ years needing help with personal care

Sources: None
Recodes: None
Keywords: functional limitation; need help; in/out of bed/chair; activity of daily living (ADL)
Notes: None

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

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

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

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

Description: Persons 3+ years needing help with personal care

Sources: None
Recodes: None
Keywords: functional limitation; need help; toilet; activity of daily living (ADL)
Notes: None

Does - - need help using the toilet?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person

personsx : Family Health Status & Limitations
PUBLIC USE

Document Version Date: 06-Dec-16

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**Question ID:** FHS.090_06.000  
**Instrument Variable Name:** LAHOME  
**Final Documentation Name:** LAHOME

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

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

**Description:** Persons 3+ years needing help with personal care

**Sources:** None
**Recodes:** None
**Keywords:** functional limitation; need help getting around home; activity of daily living (ADL)
**Notes:** None

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

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

---

**Question ID:** FHS.160_00.000  
**Instrument Variable Name:** PLAIADL1-PLAIADL25  
**Final Documentation Name:** PLAIADL

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

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

**Description:** All persons 18+ years

**Sources:** FLAIADL
**Recodes:** LA1AR; LACHRONR
**Keywords:** functional limitation; need help; chores, shop, etc; routine needs; instrumental activity of daily living (IADL)
**Notes:** Family/person variable conversion

Does - - need help with routine needs?

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person
personsx : Family Health Status & Limitations
PUBLIC USE
Document Version Date: 06-Dec-16

Question ID: FHS.180_00.000
Instrument Variable Name: PLAWKNOW1-PLAWKNOW25
Final Documentation Name: PLAWKNOW

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

Universe: (AGE GE '018' and AGE not IN ('997','999'))
Description: All persons 18+ years
Sources: FLAWKNOW
Recodes: LA1AR; LACHRONR
Keywords: functional limitation; unable to work
Notes: Family/person variable conversion

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

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

Question ID: FHS.200_00.000
Instrument Variable Name: PLAWKLIM1-PLAWKLIM25
Final Documentation Name: PLAWKLIM

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

Universe: AGE GE '018' and AGE not IN ('997','999')
Description: All persons 18+ years
Sources: FLAWKLIM; PLAWKNOW
Recodes: LA1AR; LACHRONR
Keywords: functional limitation; limited kind/amount of work
Notes: Family/person variable conversion. This variable is identical to previous PLAWKLIM variables: respondents who said they were unable to work (PLAWKNOW = 1) are coded as "0", or "unable to work", on PLAWKLIM.

Is - - limited in kind/amount of work?

0 Unable to work
1 Limited in work
2 Not limited in work
7 Refused
8 Not ascertained
9 Don't know
Because of a health problem, {do you/does anyone in the family} have difficulty walking without using any special equipment?

Universe: AGE = ALL

Description: All persons

Sources: FLAWALK

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; difficulty walking without equipment

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

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

Universe: AGE = ALL

Description: All persons

Sources: FLAREMEM

Recodes: LA1AR; LACHRONR

Keywords: functional limitation; difficulty remembering

Notes: Family/person variable conversion

Is - - limited by difficulty remembering?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Question ID: FHS.220_00.000

Instrument Variable Name: PLAWALK1-PLAWALK25

Final Documentation Name: PLAWALK

Question ID: FHS.240_00.000

Instrument Variable Name: PLAREMEM1-PLAREMEM25

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

Universe: AGE = ALL
Description: All persons

Sources: FLIMANY
Recodes: LA1AR; LACHRONR
Keywords: functional limitation; limited in any activities
Notes: Family/person variable conversion. Persons coded 1 on PLIMANY are limited in some other way that was not previously mentioned in the survey or captured by one of the preceding limitation variables.

Is - - limited in any (other) way?

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

Any limitation - all persons, all conditions

1 Limited in any way
2 Not limited in any way
3 Unknown if limited
Question ID: FHS.270_01.000

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; vision problem

Notes: See Survey Description document for more information.

Vision/problem seeing causes limitation

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

Question ID: FHS.270_02.000

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; hearing problem

Notes: See Survey Description document for more information.

Hearing problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
Question ID: FHS.270_03.000

What conditions or health problems cause {person} limitations?

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

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

Sources: None
Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91
Keywords: functional limitation; speech problem
Notes: See Survey Description document for more information.

Speech problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don’t know

Question ID: FHS.270_04.000

What conditions or health problems cause {person} limitations?

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

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

Sources: None
Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91
Keywords: functional limitation; asthma; breathing problem
Notes: See Survey Description document for more information.

Asthma/breathing problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don’t know
What conditions or health problems cause {person} limitations?

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

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

Birth defect causes limitation
1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know

Injury causes limitation
1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
**2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**

**Person**

**personsx : Family Health Status & Limitations**

**PUBLIC USE**

**Document Version Date: 06-Dec-16**

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**Question ID:** FHS.270_07.000  
**Instrument Variable Name:** LAHCC1-LAHCC15  
**Final Documentation Name:** LAHCC7A

**What conditions or health problems cause {person} limitations?**

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

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

**Sources:** None

**Recodes:** LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

**Keywords:** functional limitation; intellectual disability; mental retardation

**Notes:** See Survey Description document for more information.

Intellectual disability, also known as mental retardation causes limitation

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

---

**Question ID:** FHS.270_08.000  
**Instrument Variable Name:** LAHCC1-LAHCC15  
**Final Documentation Name:** LAHCC8

**What conditions or health problems cause {person} limitations?**

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

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

**Sources:** None

**Recodes:** LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

**Keywords:** functional limitation; other developmental problem; cerebral palsy

**Notes:** See Survey Description document for more information.

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

1 Mentioned  
2 Not mentioned  
7 Refused  
8 Not ascertained  
9 Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; mental/emotional/behavioral problem

Notes: See Survey Description document for more information.

Other mental, emotional, or behavioral problem causes limitation

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

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; bone, joint, muscle problem

Notes: See Survey Description document for more information.

Bone, joint, or muscle problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; epilepsy; seizure

Notes: See Survey Description document for more information.

Epilepsy or seizures cause limitation

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

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation; learning disability

Notes: See Survey Description document for more information.

Learning disability causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

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

Notes: See Survey Description document for more information.

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

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

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LCCHRC1-LCCHRC13; LCCHRC90-LCCHRC91

Keywords: functional limitation

Notes: See Survey Description document for more information.

Other impairment/problem (1) causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHS.280_02.000 R03 RECODE Instrument Variable Name: 
Final Documentation Name: LCCHRC1

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

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

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

*Sources: LAHCC1; LCDURB1*

*Recodes: LCONDRT; LACHRONR*

*Keywords: functional limitation; vision problem*

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

**Vision problem condition status**

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

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

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

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

*Sources: LAHCC2; LCDURB2*

*Recodes: LCONDRT; LACHRONR*

*Keywords: functional limitation; hearing problem*

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

**Hearing problem condition status**

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</table>
Question ID: FHS.284_02.000 R03 RECODE

Instrument Variable Name:
Final Documentation Name: LCCHRC3

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

Universe: AGE LT '018' and LAHCC3 = '1'
Description: Persons less than 18 years of age limited due to speech problem

Sources: LAHCC3; LCDURB3
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; speech problem
Notes: Condition was coded as chronic (LCCHRC3 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Speech problem condition status
1 Chronic
2 Not chronic
9 Unknown if chronic

Question ID: FHS.286_02.000 R03 RECODE

Instrument Variable Name:
Final Documentation Name: LCCHRC4

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

Universe: AGE LT '018' and LAHCC4 = '1'
Description: Persons less than 18 years of age limited due to asthma/breathing problem

Sources: LAHCC4; LCDURB4
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; asthma/breathing problem
Notes: Condition was coded as chronic (LCCHRC4 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Asthma/breathing problem condition status
1 Chronic
2 Not chronic
9 Unknown if chronic
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<td>Final Documentation Name:</td>
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<tr>
<td></td>
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<td>LCCHRC5</td>
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**How long {have you/has ALIAS} had a birth defect?**

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<tr>
<th>Universe: AGE LT '018' and LAHCC5 = '1'</th>
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<tbody>
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<td>Description: Persons less than 18 years of age limited due to birth defect</td>
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</table>

<table>
<thead>
<tr>
<th>Sources: LAHCC5; LCDURB5</th>
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<tr>
<td>Recodes: LCONDRT; LACHRONR</td>
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<td>Keywords: functional limitation; birth defect</td>
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<tr>
<td>Notes: Condition was coded as chronic (LCCHRC5 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.</td>
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<thead>
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<th>Birth defect condition status</th>
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<td>Final Documentation Name:</td>
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<tr>
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<td>LCCHRC6</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Universe: AGE LT '018' and LAHCC6 = '1'</th>
</tr>
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<tbody>
<tr>
<td>Description: Persons less than 18 years of age limited due to injury</td>
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</table>

<table>
<thead>
<tr>
<th>Sources: LAHCC6; LCDURB6</th>
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<tr>
<td>Recodes: LCONDRT; LACHRONR</td>
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<tr>
<td>Keywords: functional limitation; injury</td>
</tr>
<tr>
<td>Notes: Condition was coded as chronic (LCCHRC6 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.</td>
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</table>

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<tr>
<th>Injury condition status</th>
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<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>9</td>
</tr>
</tbody>
</table>
How long {have you/has ALIAS} had intellectual disability, also known as mental retardation?

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

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

Sources: LAHCC7A; LCDURB7A

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; intellectual disability; mental retardation

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

Intellectual disability, also known as mental retardation condition status

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

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

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

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

Sources: LAHCC8; LCDURB8

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; other developmental problem; cerebral palsy

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

Other developmental problem condition status

- 1 Chronic
- 2 Not chronic
- 9 Unknown if chronic
How long {have you/has ALIAS} had a mental, emotional, or behavioral problem?

Universe: AGE LT '018' and LAHCC9 = '1'
Description: Persons less than 18 years of age limited due to other mental/emotional/behavioral problem

Sources: LAHCC9; LCDURB9
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; other mental/emotional/behavioral problem
Notes: Condition was coded as chronic (LCCHRC9 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Bone, joint, or muscle problem condition status

<p>| | |</p>
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<td>Not chronic</td>
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<tr>
<td>9</td>
<td>Unknown if chronic</td>
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</table>

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

Universe: AGE LT '018' and LAHCC10 = '1'
Description: Persons less than 18 years of age limited due to bone/joint/muscle problem

Sources: LAHCC10; LCDURB10
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; bone/joint/muscle problem
Notes: Condition was coded as chronic (LCCHRC10 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Bone, joint, or muscle problem condition status

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Chronic</td>
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<td>2</td>
<td>Not chronic</td>
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<td>9</td>
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</table>
### Question ID: FHS.298_02.000 R03 RECODE

**Instrument Variable Name:**

**Final Documentation Name:** LCCHRC11

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

| Universe: AGE LT '018' and LAHCC11 = '1' |
| Description: Persons less than 18 years of age limited due to epilepsy/seizures |

| Sources: LAHCC11; LCDURB11 |
| Recodes: LCONDRT; LACHRONR |
| Keywords: functional limitation; epilepsy; seizures |

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

<table>
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<th>Epilepsy or seizures condition status</th>
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<tbody>
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<td>1 Chronic</td>
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<td>2 Not chronic</td>
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<tr>
<td>9 Unknown if chronic</td>
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### Question ID: FHS.300_02.000 R03 RECODE

**Instrument Variable Name:**

**Final Documentation Name:** LCCHRC12

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

| Universe: AGE LT '018' and LAHCC12 = '1' |
| Description: Persons less than 18 years of age limited due to learning disability |

| Sources: LAHCC12; LCDURB12 |
| Recodes: LCONDRT; LACHRONR |
| Keywords: functional limitation; learning disability |

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

<table>
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<th>Learning disability condition status</th>
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<tr>
<td>1 Chronic</td>
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<tr>
<td>2 Not chronic</td>
</tr>
<tr>
<td>9 Unknown if chronic</td>
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</table>
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person

personsX : Family Health Status & Limitations
PUBLIC USE

Document Version Date: 06-Dec-16

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

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

Universe: AGE LT '018' and LAHCC13 = '1'
Description: Persons less than 18 years of age limited due to ADD/ADHD

Sources: LAHCC13; LCDURB13
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; attention deficit/hyperactivity disorder (ADD/ADHD)
Notes: Condition was coded as chronic (LCCHRC13 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

<table>
<thead>
<tr>
<th>Attention deficit/hyperactivity disorder (ADD/ADHD) condition status</th>
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<tr>
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<tr>
<td>9</td>
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</tbody>
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Question ID: FHS.304_02.000 R03 RECODE
Instrument Variable Name: LCCHRC90

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

Universe: AGE LT '018' and LAHCC90 = '1'
Description: Persons less than 18 years of age limited due to other impairment/problem (1)

Sources: LAHCC90; LCDURB90
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; other impairment problem
Notes: Condition was coded as chronic (LCCHRC90 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

<table>
<thead>
<tr>
<th>Other impairment/problem (1) condition status</th>
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</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>
What conditions or health problems cause {person} limitations?

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

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

Sources:  
None

Recodes:  
LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords:  
functional limitation; vision problem

Notes:  
See Survey Description document for more information.

Vision/problem seeing causes limitation

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

What conditions or health problems cause {person} limitations?

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

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

Sources:  
None

Recodes:  
LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords:  
functional limitation; hearing problem

Notes:  
See Survey Description document for more information.

Hearing problem causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: None
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; arthritis; rheumatism
Notes: See Survey Description document for more information.

Arthritis/rheumatism causes limitation

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

What conditions or health problems cause {person} limitations?

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

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

Sources: None
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; back/neck problem
Notes: See Survey Description document for more information.

Back or neck problem causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; fracture; bone/joint injury

Notes: See Survey Description document for more information.

Fracture, bone/joint injury causes limitation

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

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; other injury

Notes: See Survey Description document for more information.

Other injury causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHS.350_07.000  
Instrument Variable Name: LAHCA1-LAHCA37  
Final Documentation Name: LAHCA7

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; heart problem

Notes: See Survey Description document for more information.

Heart problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don’t know

---

Question ID: FHS.350_08.000  
Instrument Variable Name: LAHCA1-LAHCA37  
Final Documentation Name: LAHCA8

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; stroke

Notes: See Survey Description document for more information.

Stroke problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don’t know
What conditions or health problems cause {person} limitations?

Universe: \((\text{AGE} \geq '018' \text{ and } \text{AGE} \not\in ('997', '999')) \text{ and } (\text{PLAADL} = '1' \text{ or } \text{PLAIADL} = '1' \text{ or } \text{PLAWKNOW} = '1' \text{ or } \text{PLAWKLIM} = '1' \text{ or } \text{PLAWALK} = '1' \text{ or } \text{PLAREMEM} = '1' \text{ or } \text{PLIMANY} = '1')\)

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

Sources: None
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; hypertension; high blood pressure
Notes: See Survey Description document for more information.

Diabetes causes limitation

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

What conditions or health problems cause {person} limitations?

Universe: \((\text{AGE} \geq '018' \text{ and } \text{AGE} \not\in ('997', '999')) \text{ and } (\text{PLAADL} = '1' \text{ or } \text{PLAIADL} = '1' \text{ or } \text{PLAWKNOW} = '1' \text{ or } \text{PLAWKLIM} = '1' \text{ or } \text{PLAWALK} = '1' \text{ or } \text{PLAREMEM} = '1' \text{ or } \text{PLIMANY} = '1')\)

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

Sources: None
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; diabetes
Notes: See Survey Description document for more information.

Diabetes causes limitation

- 1 Mentioned
- 2 Not mentioned
- 7 Refused
- 8 Not ascertained
- 9 Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

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

Notes: See Survey Description document for more information.

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

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

What conditions or health problems cause {person} limitations?

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

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

Sources: None

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; cancer

Notes: See Survey Description document for more information.

Cancer causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
**Question ID:** FHS.350_13.000  
**Instrument Variable Name:** LAHCA1-LAHCA37  
**Final Documentation Name:** LAHCA13

**What conditions or health problems cause {person} limitations?**

**Universe:**  
\( \text{AGE} \geq '018' \text{ and } \text{AGE} \not\in ('997', '999') \text{ and } (\text{PLAADL} = '1' \text{ or } \text{PLAIADL} = '1' \text{ or } \text{PLAWKNOW} = '1' \text{ or } \text{PLAWKLIM} = '1' \text{ or } \text{PLAWALK} = '1' \text{ or } \text{PLAREMEM} = '1' \text{ or } \text{PLIMANY} = '1') \)

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

**Sources:** None

**Recodes:** LACHRC1-LACHRC34; LACHRC90-LACHRC91

**Keywords:** functional limitation; birth defect

**Notes:** See Survey Description document for more information.

Birth defect causes limitation

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

**Question ID:** FHS.350_14.000  
**Instrument Variable Name:** LAHCA1-LAHCA37  
**Final Documentation Name:** LAHCA14A

**What conditions or health problems cause {person} limitations?**

**Universe:**  
\( \text{AGE} \geq '018' \text{ and } \text{AGE} \not\in ('997', '999') \text{ and } (\text{PLAADL} = '1' \text{ or } \text{PLAIADL} = '1' \text{ or } \text{PLAWKNOW} = '1' \text{ or } \text{PLAWKLIM} = '1' \text{ or } \text{PLAWALK} = '1' \text{ or } \text{PLAREMEM} = '1' \text{ or } \text{PLIMANY} = '1') \)

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

**Sources:** None

**Recodes:** LACHRC1-LACHRC34; LACHRC90-LACHRC91

**Keywords:** functional limitation; intellectual disability; mental retardation

**Notes:** See Survey Description document for more information.

Intellectual disability, also known as mental retardation causes limitation

1. Mentioned
2. Not mentioned
7. Refused
8. Not ascertained
9. Don't know
Question ID: FHS.350_15.000
Instrument Variable Name: LAHCA1-LAHCA37
Final Documentation Name: LAHCA15

What conditions or health problems cause {person} limitations?

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

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

Sources: None
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; other developmental problem; cerebral palsy
Notes: See Survey Description document for more information.

Other developmental problem (e.g., cerebral palsy) causes limitation
1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know

Question ID: FHS.350_16.000
Instrument Variable Name: LAHCA1-LAHCA37
Final Documentation Name: LAHCA16

What conditions or health problems cause {person} limitations?

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

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

Sources: None
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; senility; dementia; Alzheimer's
Notes: See Survey Description document for more information.

Senility causes limitation
1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS

Person

persons*: Family Health Status & Limitations

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Document Version Date: 06-Dec-16

**Question ID:** FHS.350_17.000  
**Instrument Variable Name:** LAHCA1-LAHCA37  
**Final Documentation Name:** LAHCA17

What conditions or health problems cause {person} limitations?

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

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

**Sources:** None

**Recodes:** LACHRC1-LACHRC34; LACHRC90-LACHRC91

**Keywords:** functional limitation; depression; anxiety; emotional problem

**Notes:** See Survey Description document for more information.

Depression/anxiety/emotional problem causes limitation

1 Mentioned  
2 Not mentioned  
7 Refused  
8 Not ascertained  
9 Don’t know

**Question ID:** FHS.350_18.000  
**Instrument Variable Name:** LAHCA1-LAHCA37  
**Final Documentation Name:** LAHCA18

What conditions or health problems cause {person} limitations?

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

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

**Sources:** None

**Recodes:** LACHRC1-LACHRC34; LACHRC90-LACHRC91

**Keywords:** functional limitation; weight problem; overweight; obesity

**Notes:** See Survey Description document for more information.

Weight problem causes limitation

1 Mentioned  
2 Not mentioned  
7 Refused  
8 Not ascertained  
9 Don’t know
What conditions or health problems cause {person} limitations?

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

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

Sources: LAHCA19; LAHCA_S1; LAHCA_S2
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; missing limbs (fingers, toes, digits); amputee
Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Missing or amputated limb/finger/digit causes limitation

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

Musculoskeletal/connective tissue problem causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: LAHCA21; LAHCA32; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

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

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

Circulation problems (including blood clots) cause limitation

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

What conditions or health problems cause {person} limitations?

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

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

Sources: LAHCA33; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; endocrine; nutritional; metabolic

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

Endocrine/nutritional/metabolic problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
### Question ID: FHS.350_18.000 R05 RECODE

**What conditions or health problems cause {person} limitations?**

**Question Text:** What conditions or health problems cause {person} limitations?

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

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

**Sources:** LAHCA25-LAHCA29; LAHCA35; LAHCA_S1; LAHCA_S2

**Recodes:** LACHRC1-LACHRC34; LACHRC90-LACHRC91

**Keywords:** functional limitation; nervous system; sensory organ condition

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

#### Nervous system/sensory organ condition causes limitation

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</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
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<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
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</table>

### Question ID: FHS.350_18.000 R06 RECODE

**What conditions or health problems cause {person} limitations?**

**Question Text:** What conditions or health problems cause {person} limitations?

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

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

**Sources:** LAHCA30; LAHCA31; LAHCA_S1; LAHCA_S2

**Recodes:** LACHRC1-LACHRC34; LACHRC90-LACHRC91

**Keywords:** functional limitation; digestion

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

#### Digestive system problem causes limitation

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<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
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<td>9</td>
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Question ID: FHS.350_18.000  R07  RECODE  Instrument Variable Name:
Final Documentation Name: LAHCA25_

What conditions or health problems cause {person} limitations?

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

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

Sources: LAHCA20; LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; genitourinary system

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

Genitourinary system problem causes limitation

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

Question ID: FHS.350_18.000  R08  RECODE  Instrument Variable Name:
Final Documentation Name: LAHCA26_

What conditions or health problems cause {person} limitations?

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

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

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; skin; subcutaneous system

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

Skin/subcutaneous system problem causes limitation

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
What conditions or health problems cause {person} limitations?

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

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

Sources: LAHCA_S1; LAHCA_S2
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; blood; blood-forming organ
Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Blood or blood-forming organ problem causes limitation

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

What conditions or health problems cause {person} limitations?

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

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

Sources: LAHCA22; LAHCA_S1; LAHCA_S2
Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91
Keywords: functional limitation; benign tumor; cyst
Notes: This variable was created to categorize respondents' verbatim answers when asked about "other" problems or conditions causing functional limitations. Caution should be used when utilizing this variable -- please refer to the Survey Description Document for more information.

Benign tumor/cyst causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
What conditions or health problems cause {person} limitations?

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

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

**Sources:**
LAHCA_S1; LAHCA_S2

**Recodes:**
LACHRC1-LACHRC34; LACHRC90-LACHRC91

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

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

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

What conditions or health problems cause {person} limitations?

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

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

**Sources:**
LAHCA_S1; LAHCA_S2

**Recodes:**
LACHRC1-LACHRC34; LACHRC90-LACHRC91

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

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

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

Surgical after-effects/medical treatment causes limitation
Question ID: FHS.350_18.000  R14  RECODE  Instrument Variable Name: LAHCA32_

What conditions or health problems cause person's limitations?

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

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

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; elderly; old age; aging

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

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

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

Question ID: FHS.350_18.000  R15  RECODE  Instrument Variable Name: LAHCA33_

What conditions or health problems cause person's limitations?

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

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

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; fatigue; tiredness; weakness

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

Fatigue/tiredness/weakness causes limitation

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
What conditions or health problems cause {person} limitations?

Universe: \( (\text{AGE} \geq '018' \text{ and } \text{AGE not IN (997,999)}) \) and \( (\text{PLAADL} = '1' \text{ or } \text{PLAIADL} = '1' \text{ or } \text{PLAWKNOW} = '1' \text{ or } \text{PLAWKLIM} = '1' \text{ or } \text{PLAWALK} = '1' \text{ or } \text{PLAREMEM} = '1' \text{ or } \text{PLIMANY} = '1') \)

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

Sources: LAHCA_S1; LAHCA_S2

Recodes: LACHRC1-LACHRC34; LACHRC90-LACHRC91

Keywords: functional limitation; pregnancy

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

Pregnancy-related problem causes limitation

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Other impairment/problem (1) causes limitation

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</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>8</td>
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<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
How long {have you/has ALIAS} had a vision problem or problem seeing?

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

**Description:** Persons 18+ years limited due to vision problem

**Sources:** LAHCA1; LADURB1

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; vision problem

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

**Vision problem condition status**

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

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

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

**Description:** Persons 18+ years limited due to hearing problem

**Sources:** LAHCA2; LADURB2

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; hearing problem

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

**Hearing problem condition status**

- 1 Chronic
- 2 Not chronic
- 9 Unknown if chronic
**Question ID:** FHS.364_02.000 R03 RECODE

**Instrument Variable Name:**

**Final Documentation Name:** LACHRC3

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

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

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

**Sources:** LAHCA3; LADURB3

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; arthritis/rheumatism

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

**Arthritis/rheumatism condition status**

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
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<td>9</td>
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</tr>
</tbody>
</table>

**Question ID:** FHS.366_02.000 R03 RECODE

**Instrument Variable Name:**

**Final Documentation Name:** LACHRC4

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

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

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

**Sources:** LAHCA4; LADURB4

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; back/neck problem

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

**Back or neck problem condition status**

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
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</tr>
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<td>9</td>
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</tr>
</tbody>
</table>
**Question ID:** FHS.368_02.000  
**Instrument Variable Name:**  
**Final Documentation Name:** LACHRC5

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

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

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

**Sources:** LAHCA5; LADURB5

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; fracture; bone/joint injury

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

Fracture, bone/joint injury condition status

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<tr>
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<tr>
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<tr>
<td>Not chronic</td>
<td>2</td>
</tr>
<tr>
<td>Unknown if chronic</td>
<td>9</td>
</tr>
</tbody>
</table>

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

**How long have you had the injury that caused your limitation?**  

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

**Description:** Persons 18+ years limited due to other injury

**Sources:** LAHCA6; LADURB6

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; other injury

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

Other injury condition status

<table>
<thead>
<tr>
<th>Status</th>
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<tbody>
<tr>
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<tr>
<td>Not chronic</td>
<td>2</td>
</tr>
<tr>
<td>Unknown if chronic</td>
<td>9</td>
</tr>
</tbody>
</table>
How long {have you/has ALIAS} had a heart problem?

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

Description: Persons 18+ years limited due to heart problem

Sources: LAHCA7; LADURB7
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; heart problem
Notes: Condition was coded as chronic (LACHRC7 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Heart problem condition status
1 Chronic
2 Not chronic
9 Unknown if chronic

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

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

Description: Persons 18+ years limited due to stroke problem

Sources: LAHCA8; LADURB8
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; stroke
Notes: Condition was coded as chronic (LACHRC8 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Stroke problem condition status
1 Chronic
2 Not chronic
9 Unknown if chronic
How long {have you/has ALIAS} had hypertension or high blood pressure?

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

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

 Sources: LAHCA9; LADURB9

 Recodes: LCONDRT; LACHRONR

 Keywords: functional limitation; hypertension; high blood pressure

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

 Hypertension or high blood pressure condition status

<table>
<thead>
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<tbody>
<tr>
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<td>2</td>
<td>Not chronic</td>
</tr>
<tr>
<td>9</td>
<td>Unknown if chronic</td>
</tr>
</tbody>
</table>

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

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

 Description: Persons 18+ years limited due to diabetes

 Sources: LAHCA10; LADURB10

 Recodes: LCONDRT; LACHRONR

 Keywords: functional limitation; diabetes

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

 Diabetes condition status

<table>
<thead>
<tr>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Not chronic</td>
</tr>
<tr>
<td>9</td>
<td>Unknown if chronic</td>
</tr>
</tbody>
</table>
How long have you had a lung or breathing problem (e.g., asthma and emphysema)?

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

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

Sources: LAHCA11; LADURB11

Recodes: LCONDRT; LACHRONR

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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<td>Chronic</td>
</tr>
<tr>
<td>2</td>
<td>Not chronic</td>
</tr>
<tr>
<td>9</td>
<td>Unknown if chronic</td>
</tr>
</tbody>
</table>

How long have you had cancer?

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

Description: Persons 18+ years limited due to cancer

Sources: LAHCA12; LADURB12

Recodes: LCONDRT; LACHRONR

Keywords: functional limitation; cancer

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

Cancer condition status

<table>
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<th>Code</th>
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<tbody>
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<tr>
<td>2</td>
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<tr>
<td>9</td>
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</tr>
</tbody>
</table>
Question ID: FHS.383_02.000  R03  RECODE  Instrument Variable Name:  
Final Documentation Name: LACHRC13

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

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

Description: Persons 18+ years limited due to birth defect

Sources: LAHCA13; LADURB13
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; birth defect
Notes: Condition was coded as chronic (LACHRC13 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Birth defect condition status

1  Chronic
2  Not chronic
9  Unknown if chronic

Question ID: FHS.384_02.000  R03  RECODE  Instrument Variable Name:  
Final Documentation Name: LCHRC14A

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

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

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

Sources: LHCA14A; LDURB14A
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; intellectual disability; mental retardation
Notes: Condition was coded as chronic (LCHRC14A = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Intellectual disability, also known as mental retardation condition status

1  Chronic
2  Not chronic
9  Unknown if chronic
### Other developmental problem (e.g., cerebral palsy)

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

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

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

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

**Sources:** LAHCA15; LADURB15

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; other developmental problem; cerebral palsy

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

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
</tr>
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<tbody>
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<td>2</td>
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<td>Unknown if chronic</td>
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</table>

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### Senility

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

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

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

**Description:** Persons 18+ years limited due to senility

**Sources:** LAHCA16; LADURB16

**Recodes:** LCONDRT; LACHRONR

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

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

**Senility condition status**

<table>
<thead>
<tr>
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<tbody>
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<tr>
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<tr>
<td>Unknown if chronic</td>
<td>9</td>
</tr>
</tbody>
</table>
### Question ID: FHS.390_02.000 R03 RECODE

**Instrument Variable Name:**

**Final Documentation Name:** LACHRC17

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

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>Not chronic</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Unknown if chronic</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Sources:** LAHCA17; LADURB17

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; depression; anxiety; emotional problem

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

### Question ID: FHS.392_02.000 R03 RECODE

**Instrument Variable Name:**

**Final Documentation Name:** LACHRC18

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

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Unknown if chronic</td>
<td></td>
</tr>
</tbody>
</table>

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

**Description:** Persons 18+ years limited due to weight problem

**Sources:** LAHCA18; LADURB18

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; weight problem; overweight; obesity

**Notes:** Condition was coded as chronic (LACHRC18 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.
How long {have you/has ALIAS} had missing limbs (fingers, toes, or digits)?

Universe: AGE GE '018' and LAHCA19_ = '1'
Description: Persons 18+ years limited due to missing limbs (fingers, toes, or digits); amputation
Sources: LAHCA19_; LADURB19
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; missing limbs (fingers, toes, or digits); amputee
Notes: Condition was coded as chronic (LACHRC19 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Musculoskeletal/connective tissue problem condition status

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>9</td>
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</table>

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

Universe: AGE GE '018' and LAHCA20_ = '1'
Description: Persons 18+ years limited due to musculoskeletal/connective tissue problem
Sources: LAHCA20_; LADURB20
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; musculoskeletal system; connective tissue
Notes: Condition was coded as chronic (LACHRC20 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Musculoskeletal/connective tissue problem condition status

<p>| | |</p>
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<tbody>
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</table>
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person

personsx : Family Health Status & Limitations
PUBLIC USE

Document Version Date: 06-Dec-16

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

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

Universe: AGE GE '018' and LAHCA21_ = '1'
Description: Persons 18+ years limited due to circulation problems

Sources: LAHCA21_; LADURB21
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; circulation problem; circulatory system
Notes: Condition was coded as chronic (LACHRC21 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Circulation problems (including blood clots) condition status

1 Chronic
2 Not chronic
9 Unknown if chronic

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

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

Universe: AGE GE '018' and LAHCA22_ = '1'
Description: Persons 18+ years limited due to an endocrine/nutritional/metabolic problem

Sources: LAHCA22_; LADURB22
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; endocrine; nutritional; metabolic
Notes: Condition was coded as chronic (LACHRC22 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Endocrine/nutritional/metabolic problem condition status

1 Chronic
2 Not chronic
9 Unknown if chronic
### How long {have you/has ALIAS} had a nervous system/sensory organ condition?

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

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

**Sources:** LAHCA23_; LADURB23

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; nervous system; sense organs

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

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<th>Nervous system/sensory organ condition status</th>
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<tbody>
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<tr>
<td></td>
<td>9</td>
<td>Unknown if chronic</td>
</tr>
</tbody>
</table>

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

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

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

**Sources:** LAHCA24_; LADURB24

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; digestion

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

<table>
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<tr>
<th>Digestive system problems condition status</th>
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<tr>
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<td>Unknown if chronic</td>
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</table>
How long {have you/has ALIAS} had a genitourinary system problem?

Universe: AGE GE '018' and LAHCA25_ = '1'
Description: Persons 18+ years limited due to a genitourinary system problem

Sources: LAHCA25_; LADURB25
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; genitourinary system
Notes: Condition was coded as chronic (LACHRC25 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Genitourinary system problem condition status
1 Chronic
2 Not chronic
9 Unknown if chronic

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

Universe: AGE GE '018' and LAHCA30_ = '1'
Description: Persons 18+ years limited due to other mental problem/ADD/Bipolar/Schizophrenia

Sources: LAHCA30_; LADURB30
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; mental illness; ADD; bipolar; schizophrenia
Notes: Condition was coded as chronic (LACHRC30 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Other mental problem/ADD/Bipolar/Schizophrenia condition status
1 Chronic
2 Not chronic
9 Unknown if chronic
### How long {have you/has ALIAS} had surgical after-effects/medical treatment problems?

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

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

**Sources:** LAHCA31_; LADURB31

**Recodes:** LCONDRT; LACHRONR

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

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

*Surgical after-effects/medical treatment problems condition status*

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<td>Not chronic</td>
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</table>

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

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

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

**Sources:** LAHCA32_; LADURB32

**Recodes:** LCONDRT; LACHRONR

**Keywords:** functional limitation; elderly; old age; aging

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

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

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<th>Description</th>
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<td>2</td>
<td>Not chronic</td>
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<tr>
<td>9</td>
<td>Unknown if chronic</td>
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</table>
How long {have you/has ALIAS} had a fatigue/tiredness/weakness problem?

Universe: AGE GE '018' and LAHCA33_ = '1'
Description: Persons 18+ years limited due to a fatigue/tiredness/weakness problem

Sources: LAHCA33_; LADURB33
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; fatigue; tiredness; weakness
Notes: Condition was coded as chronic (LACHRC33 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Fatigue/tiredness/weakness problem condition status
1 Chronic
2 Not chronic
9 Unknown if chronic

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

Universe: AGE GE '018' and LAHCA34_ = '1'
Description: Persons 18+ years limited due to pregnancy-related problem

Sources: LAHCA34_; LADURB34
Recodes: LCONDRT; LACHRONR
Keywords: functional limitation; pregnancy
Notes: Condition was coded as chronic (LACHRC34 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

Pregnancy-related condition status
1 Chronic
2 Not chronic
9 Unknown if chronic
**Question ID:** FHS.450_02.000  
**Instrument Variable Name:** LACHRC90  
**Final Documentation Name:** LACHRC90

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

- **Universe:** AGE GE '018' and LAHCA90 = '1'
- **Description:** Persons 18+ years limited due to other impairment/problem (1)
- **Sources:** LAHCA90; LADURB90
- **Recodes:** LCONDRT; LACHRONR
- **Keywords:** functional limitation; not elsewhere classified
- **Notes:** N.E.C. is “not elsewhere classified.” Condition was coded as chronic (LACHRC90 = '1'), based on type of condition and/or reported duration of condition. See Survey Description Document for a more detailed explanation.

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

1. Chronic
2. Not chronic
9. Unknown if chronic

---

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

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

- **Universe:** AGE = ALL
- **Description:** All persons
- **Sources:** None
- **Recodes:** None
- **Keywords:** functional limitation; health status
- **Notes:** None

Reported health status

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Refused
8. Not ascertained
9. Don't know
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person
personsx : Family Access to Health Care & Utilization
PUBLIC USE
Document Version Date: 06-Dec-16

Question ID: FAU.020_00.000
Instrument Variable Name: PDMED12M1-PDMED12M25
Final Documentation Name: PDMED12M

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

Universe: All
Description: All persons

Sources: None
Recodes: None
Keywords: medical care; delayed care; expense; cost worry
Notes: Family/person variable conversion

Has medical care been delayed for - - (cost), 12m
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

Question ID: FAU.040_00.000
Instrument Variable Name: PNMED12M1-PNMED12M25
Final Documentation Name: PNMED12M

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

Universe: All
Description: All persons

Sources: None
Recodes: None
Keywords: medical care; no care; expense; afford care
Notes: (1) Family/person variable conversion. (2) Question sequence implies that dental care has been excluded from this question.

Did - - need and NOT get medical care (cost), 12m
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
**Question ID:** FAU.060_00.000  
**Instrument Variable Name:** PHOSPYR1-PHOSPYR25  
**Final Documentation Name:** PHOSPYR2

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

**Universe:** All  
**Description:** All persons

**Sources:** None  
**Recodes:** None  
**Keywords:** medical care; hospital; overnight; hospital episodes  
**Notes:** Family/person variable conversion

Has - - been in a hospital OVERNIGHT, 12m

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

---

**Question ID:** FAU.070_00.000 R01 RECODE  
**Instrument Variable Name:** HOSPNO  
**Final Documentation Name:** HOSPNO_P

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

**Universe:** PHOSPYR2 =’1’  
**Description:** Persons who stayed overnight in a hospital during past 12 months (excl. ER)

**Sources:** HOSPNO  
**Recodes:** None  
**Keywords:** medical care; hospital; overnight; hospital episodes  
**Notes:** Continuous variable top-coded for the Public Use file.

Number of times in hospital overnight, 12m

1-3  
4+  
7. Refused  
8. Not ascertained  
9. Don't know
Altogether how many nights was [person] in the hospital DURING THE PAST 12 MONTHS?

Universe: PHOSPYR2 = '1'

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

Sources: HPNITE

Recodes: None

Keywords: medical care; hospital; overnight; hospital episodes

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

Number of nights in hospital, 12m

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-30</td>
<td>1-30</td>
</tr>
<tr>
<td>31</td>
<td>31+</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

DURING THE LAST 2 WEEKS, did [person] receive care AT HOME from a nurse or other health care professional?

Do not include dental care. Do not include care received while an overnight patient in a hospital.

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: medical care; home care; health care visits

Notes: Family/person variable conversion.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
### How many home visits did {person} receive DURING THE LAST 2 WEEKS?

**Universe:** PHCHM2W='1'

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

<table>
<thead>
<tr>
<th>Number of HOME visits by health professional, 2wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-08 1-8</td>
</tr>
<tr>
<td>97 Refused</td>
</tr>
<tr>
<td>99 Don't know</td>
</tr>
</tbody>
</table>

### DURING THE LAST 2 WEEKS, did {person} get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

**Do not include phone calls to make appointments, for billing questions, or for prescription refills.**

**Universe:** All

**Description:** All persons

<table>
<thead>
<tr>
<th>Did--get advice/test results by phone, 2wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>7 Refused</td>
</tr>
<tr>
<td>9 Don't know</td>
</tr>
</tbody>
</table>
**Question ID:** FAU.170_00.000  
**Instrument Variable Name:** PHCPHN2W  
**Final Documentation Name:** PHCPN2WP

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

**Universe:** PHCPH2WR='1'

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

**Sources:** PHCPHN2W  
**Recodes:** None  
**Keywords:** health care professional; medical care; medical advice; telephone contacts; test results  
**Notes:** Continuous variable top-coded for the Public Use file.

Number of PHONE calls to health professional, 2wk

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
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<tbody>
<tr>
<td>1-5</td>
<td>1-5</td>
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<tr>
<td>6</td>
<td>6+</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>8</td>
<td>Not ascertained</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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</tbody>
</table>

**Question ID:** FAU.190_00.000  
**Instrument Variable Name:** PHCDV2W1-PHCDV2W25  
**Final Documentation Name:** PHCDV2W

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

**Universe:** All  
**Description:** All persons  
**Sources:** None  
**Recodes:** None  
**Keywords:** health care professional; doctor visit; office visit; emergency room (ER) visit; emergency department (ED) visit; clinic visit; appointment  
**Notes:** (1) Family/person variable conversion. (2) Question sequence implies that visits for dental care have been excluded from this question.

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
How many times did {person} visit a doctor or other health care professional DURING THE LAST 2 WEEKS?

**Universe:** PHCDV2W='1'

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

**Sources:** PHCDVN2W

**Recodes:** None

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

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

<table>
<thead>
<tr>
<th>Number of times VISITED health professional, 2wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 1-3</td>
</tr>
<tr>
<td>4 4+</td>
</tr>
<tr>
<td>7 Refused</td>
</tr>
<tr>
<td>8 Not ascertained</td>
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<tr>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

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

**Universe:** All

**Description:** All persons

**Sources:** None

**Recodes:** None

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

**Notes:** Family/person variable conversion.

Did - - receive care 10+ times, 12m

<table>
<thead>
<tr>
<th>Did - - receive care 10+ times, 12m</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
<tr>
<td>7 Refused</td>
</tr>
<tr>
<td>8 Not ascertained</td>
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<tr>
<td>9 Don't know</td>
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</tbody>
</table>
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person
personsx : Family Health Insurance
PUBLIC USE
Document Version Date: 06-Dec-16

Question ID: FHL070_00.000 R01 RECODE
Instrument Variable Name: Final Documentation Name: NOTCOV

Universe: AGE = ALL
Description: All persons

Sources: MEDICARE, MEDICAID, PRIVATE, OTHPUB, SCHIP, OTHGOV, MILCARE
Recodes: None
Keywords: Health insurance coverage
Notes: The uninsured are persons who did not report having health insurance at the time of the interview under private health insurance, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), a State-sponsored health plan, other government programs, or military health plan (includes TRICARE, VA, and CHAMP-VA). This definition of uninsured matches that used in Health United States.

Cov stat as used in Health United States
1  Not covered
2  Covered
7  Refused
8  Not ascertained
9  Don't know

Question ID: FHL070_00.000 R02 RECODE
Instrument Variable Name: Final Documentation Name: MEDICARE

Universe: AGE = ALL
Description: All persons

Sources: HIKINDNB, MCAREPRB
Recodes: NOTCOV
Keywords: Medicare, Insurance
Notes: The Medicare recode is based on responses to FHL070 and FHL072 as well as responses to the verbatim fields FHL160, FHL172, FHL175, FHL178, FHL250, FHL257, FHL264 and FHL291.

Medicare coverage recode
1  Yes, information
2  Yes, but no information
3  No
7  Refused
8  Not ascertained
9  Don't know
Earlier I recorded that {you/person} {are/is} covered by Medicare. May I please see {your/person's} Medicare card to determine the type of coverage?

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

Universe: AGE = ALL and (MEDICARE = '1' or MEDICARE = '2')
Description: All persons with Medicare

<table>
<thead>
<tr>
<th>Type of Medicare coverage</th>
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<tbody>
<tr>
<td>1</td>
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</table>

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

Universe: AGE = ALL and (MCPART='2' or MCPART='3' or MCPART='7' or MCPART='8' or MCPART='9')
Description: All persons with Medicare who have signed up for part B coverage or for whom it is unknown if they have signed up for Part B coverage

<table>
<thead>
<tr>
<th>Enrolled in Medicare Advantage Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>7</td>
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</tbody>
</table>
Question ID: FHL.100_00.000

Instrument Variable Name: MCHMO

Final Documentation Name: MCHMO

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

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

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

Sources: None

Recodes: None

Keywords: Medicare Health Maintenance Organizations

Notes: None

Is - - signed up with an HMO

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

Question ID: FHL.112_00.000 R03 RECODE

Instrument Variable Name: MCADVR

Final Documentation Name: MCADVR

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

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

Sources: MCANAME

Recodes: None

Keywords: Medicare, Managed Care, Medicare Advantage, Supplemental

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

Medicare Advantage Plan

1  Medicare Advantage
2  Private plan not Medicare Advantage
7  Refused
8  Not ascertained
9  Don't Know
Q1: Besides [fill 1: your/ALIAS's] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?

\[ \text{Universe: } \text{AGE} = \text{ALL} \text{ and (MCCHOICE='1' or MCHMO='1')} \]

\[ \text{Description: All persons enrolled in Medicare Advantage or Medicare HMO plan} \]

**Premium for Medicare Advantage/ Medicare HMO**

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

Q2: Under {your/person's} Medicare plan, if [you need/he needs/she needs] to go to a different doctor or place for special care, [do you/does he/does she] need approval or a referral? Do not include emergency care.

\[ \text{Universe: } \text{AGE} = \text{ALL} \text{ and (MCPART= '2' or MCPART= '3' or MCPART= '7' or MCPART= '8' or MCPART= '9')} \]

\[ \text{Description: All persons with Medicare who have signed up for Part B coverage or for whom it is unknown if they have signed up for Part B coverage} \]

**Need a referral for special care**

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know
[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

Universe: \( \text{AGE} = \text{ALL} \) and (\( \text{MEDICARE} = '1' \) or \( \text{MEDICARE} = '2' \))

Description: All persons with Medicare

Sources: None

Rcodes: None

Keywords: Medicare; Prescription drug benefit; Part D

Notes: None

Medicare Part D

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<thead>
<tr>
<th></th>
<th>Yes</th>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
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<tr>
<td>9</td>
<td>Don't know</td>
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Medicaid coverage recode

<table>
<thead>
<tr>
<th></th>
<th>Yes, information</th>
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<tbody>
<tr>
<td>2</td>
<td>Yes, but no information</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
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<td>9</td>
<td>Don't know</td>
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</tbody>
</table>
### Question ID: FHI070_00.000

**R05 RECODE**

**Instrument Variable Name:** MAFLG

**Final Documentation Name:** MAFLG

**Universe:** AGE = ALL

**Description:** All persons

**Sources:** HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4

**Recodes:** None

**Keywords:** Medicaid

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

<table>
<thead>
<tr>
<th>Medicaid reassignment flag</th>
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</table>

### Question ID: FHI120_00.000

**Instrument Variable Name:** MACHMD

**Final Documentation Name:** MACHMD

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

**Description:** All persons with Medicaid coverage

**Sources:** None

**Recodes:** None

**Keywords:** Medicaid

**Notes:** None

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

<table>
<thead>
<tr>
<th>Any doc, chooses from a list, doc assigned</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>3</td>
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<td>7</td>
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<tr>
<td>9</td>
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</tbody>
</table>
Question ID: FHL.135_00.010
Instrument Variable Name: MXCHNG
Final Documentation Name: MXCHNG

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

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

Description: All persons with Medicaid coverage

Sources: None
Recodes: None
Keywords: None
Notes: None

Medicaid Exchange

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

Question ID: FHL.135_00.020
Instrument Variable Name: MEDPREM
Final Documentation Name: MEDPREM

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

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

Description: All persons with Medicaid coverage

Sources: None
Recodes: None
Keywords: None
Notes: None

Medicaid Premium

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don’t know
**2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**  
**Person**  
**personsx : Family Health Insurance**  
**PUBLIC USE**  
**Document Version Date: 06-Dec-16**

**Question ID:** FHL.137.00.030  
**Instrument Variable Name:** MDPRINC  
**Final Documentation Name:** MDPRINC

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

**Universe:** All and MEDPREM='1'  
**Description:** All persons with Medicaid coverage who pay a premium for their plan

**Sources:** None  
**Recodes:** None  
**Keywords:** None  
**Notes:** None  
**Test:** Find testing evaluation report at [http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx](http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx)

**Medicaid Premium based on income**

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<td></td>
<td>Yes</td>
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<td></td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
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<td>9</td>
<td>Don’t know</td>
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</table>

**Question ID:** FHL.140_00.000  
**Instrument Variable Name:** MAPCMD  
**Final Documentation Name:** MAPCMD

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

**Universe:** AGE = ALL and (MEDICAID = '1' or MEDICAID = '2')  
**Description:** All persons with Medicaid coverage

**Sources:** None  
**Recodes:** None  
**Keywords:** Medicaid  
**Notes:** None

**Primary care physician for routine care**

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<td></td>
<td>Yes</td>
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<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td>8</td>
<td>Not ascertained</td>
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<td>9</td>
<td>Don’t know</td>
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</table>
Question ID: FHL150_00.000
Instrument Variable Name: MAREF
Final Documentation Name: MAREF

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

Universe: AGE = ALL and (MEDICAID = '1' or MEDICAID = '2')
Description: All persons with Medicaid coverage

Sources: None
Recodes: None
Keywords: Medicaid
Notes: None

Need a referral for special care

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<td>8</td>
<td>Not ascertained</td>
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<td>9</td>
<td>Don't know</td>
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</table>

Question ID: FHL070_00.000 R06 RECODE
Instrument Variable Name: SINGLE
Final Documentation Name: SINGLE

Universe: AGE = ALL
Description: All persons

Sources: HIKINDNJ, SINCOV
Recodes: None
Keywords: Single service plan, dental, vision, prescription, disability
Notes: The SINGLE recode is based on responses to FHL070 and FHL074 as well as responses to the verbatim fields FHL160, FHL172, FHL175, FHL178, FHL250, FHL257, FHL264 and FHL291.

Single service plan recode

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<tr>
<td>1</td>
<td>Yes, with information</td>
</tr>
<tr>
<td>2</td>
<td>Yes, but no information</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
What type of service or care does your single service plan or plans pay for?

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

Description: All persons covered by a single service plan

Sources: None

Recodes: None

Keywords: Single service plan

Notes: None

Accidents

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

AIDS care

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')
Description: All persons covered by a single service plan

Sources: None
Recodes: None
Keywords: Single service plan
Notes: None

Cancer treatment

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

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

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')
Description: All persons covered by a single service plan

Sources: None
Recodes: None
Keywords: Single service plan
Notes: None

Catastrophic care

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
What type of service or care does your single service plan or plans pay for?

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

Description: All persons covered by a single service plan

Dental care

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<th>Description</th>
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<tbody>
<tr>
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<td>2</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
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<tr>
<td>9</td>
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</table>

Disability insurance

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<td>Mentioned</td>
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<tr>
<td>2</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')
Description: All persons covered by a single service plan

Sources: None
Recodes: None
Keywords: Single service plan
Notes: None

Hospice care

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

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

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')
Description: All persons covered by a single service plan

Sources: None
Recodes: None
Keywords: Single service plan
Notes: None

Hospitalization only

1   Mentioned
2   Not mentioned
7   Refused
8   Not ascertained
9   Don't know
What type of service or care does {your/person's} single service plan or plans pay for?

Universe: AGE = ALL and (SINGLE = '1' or SINGLE = '2')
Description: All persons covered by a single service plan

Sources: None
Recodes: None
Keywords: Single service plan
Notes: None

Prescriptions

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
### Question ID: FHL.156_11.000

**What type of service or care does [your/person's] single service plan or plans pay for?**

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

**Description:**  
All persons covered by a single service plan

**Sources:**  
None

**Recodes:**  
None

**Keywords:**  
Single service plan

**Notes:**  
None

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<thead>
<tr>
<th>Vision care</th>
</tr>
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<tbody>
<tr>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
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</tbody>
</table>

### Question ID: FHL.156_12.000

**What type of service or care does [your/person's] single service plan or plans pay for?**

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

**Description:**  
All persons covered by a single service plan

**Sources:**  
None

**Recodes:**  
None

**Keywords:**  
Single service plan

**Notes:**  
None

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<thead>
<tr>
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</table>
**Question ID:** FHL.070_00.000  
**Instrument Variable Name:** R07 RECODE

**Final Documentation Name:** PRIVATE

**Universe:** AGE = ALL

**Description:** All persons

**Sources:** HIKINDNA, HIKINDNC

**Recodes:** NOTCOV

**Keywords:** Private health insurance

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

**Private health insurance recode**

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<tr>
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<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Question ID:** FHL.070_00.000  
**Instrument Variable Name:** R08 RECODE

**Final Documentation Name:** PRFLG

**Universe:** AGE = ALL

**Description:** All persons

**Sources:** STNAME2, STNAME3

**Recodes:** None

**Keywords:** Private health insurance

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

**Private reassignment flag**

<table>
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<td>1</td>
<td>Reassigned to private from public</td>
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Question ID: FHL160_00.000 R09 RECODE

Instrument Variable Name:
Final Documentation Name: EXCHANGE

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2')
Description: All private health insurance plans

Sources: HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4, STNAME2 STNAME3
Recodes: None
Keywords: Private health insurance, exchange
Notes: Indicates person is on an exchange plan based on DHIS algorithm

Plan through Health Insurance Exchange, NCHS algorithm

1 Exchange plan
2 Not exchange plan
8 Not ascertained

Question ID: FHL200_01.000 R10 RECODE

Instrument Variable Name:
Final Documentation Name: WHONAM1

Health Insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons with private health insurance

Sources: FHI200
Recodes: None
Keywords: Private health insurance; Policyholder
Notes: None

Plan in whose name (Plan 1)

1 In own name
2 Someone else in family
3 Person not in household
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHI.202_01.010  Instrument Variable Name: PRPOLH1-PRPOLH25
Final Documentation Name: PRPOLH1

How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?

*Read if Necessary…

[fill3:You are/ALIAS is} the policyholder’s…

Universe: FHI2001='00' and AGE=ALL and (PRIVATE='1' or PRIVATE='2')
Description: Plan where the policyholder is outside of the family roster

Relationship to outside policyholder (Plan 1)

1 Child (including stepchildren)
2 Spouse
3 Former spouse
4 Some other relationship
7 Refused
8 Not ascertained
9 Don’t know

Question ID: FHI.204_01.010  Instrument Variable Name: PRCOOH
Final Documentation Name: PRCOOH1

Does this plan cover anyone who does not live here?

Universe: ('01'<=FHI2001<='25')
Description: Plan with policyholder on family roster

Covered persons outside family roster (Plan 1)

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don’t know
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person

personsx : Family Health Insurance
PUBLIC USE

Document Version Date: 06-Dec-16

<table>
<thead>
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<th>Instrument Variable Name: PRRELOH1-PRRELOH4</th>
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<tbody>
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</table>

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

*Read if Necessary: Children includes adult children.

*Enter all that apply, separate with commas.

Universe: ('01'<=PRCTOH1<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

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<thead>
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<tbody>
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</tr>
<tr>
<td>Notes:</td>
<td>None</td>
</tr>
</tbody>
</table>

Child, including stepchild (Plan 1)

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

<table>
<thead>
<tr>
<th>Question ID: FHI.206_12.010</th>
<th>Instrument Variable Name: PRRELOH1-PRRELOH4</th>
</tr>
</thead>
<tbody>
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</table>

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

*Read if Necessary: Children includes adult children.

*Enter all that apply, separate with commas.

Universe: ('01'<=PRCTOH1<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

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<thead>
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<tbody>
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<td>Private health insurance; policyholder</td>
</tr>
<tr>
<td>Notes:</td>
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</tr>
</tbody>
</table>

Spouse (Plan 1)

1   Mentioned
2   Not mentioned
7   Refused
8   Not ascertained
9   Don't know
### Question ID: FHL.206_13.010

**Instrument Variable Name:** PRRELOH1-PRRELOH4  
**Final Documentation Name:** PRRLOH31

**What [fill in: is the relationship of this person/ are the relationships of these persons] to the policyholder?**  
*Read if Necessary: Children includes adult children.*  
*Enter all that apply, separate with commas.*  

**Universe:** 
'(01'<=PRCTOH1<='30')

**Description:** Plan with policyholder on family roster that cover someone outside the family roster

| Sources: | None |
| Recodes: | None |
| Keywords: | Private health insurance; policyholder |
| Notes: | None |

**Former spouse (Plan 1)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>8</td>
<td>Not ascertained</td>
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<tr>
<td>9</td>
<td>Don't know</td>
</tr>
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</table>

### Question ID: FHL.206_14.010

**Instrument Variable Name:** PRRELOH1-PRRELOH4  
**Final Documentation Name:** PRRLOH41

**What [fill in: is the relationship of this person/ are the relationships of these persons] to the policyholder?**  
*Read if Necessary: Children includes adult children.*  
*Enter all that apply, separate with commas.*

**Universe:** 
'(01'<=PRCTOH1<='30')

**Description:** Plan with policyholder on family roster that cover someone outside the family roster

| Sources: | None |
| Recodes: | None |
| Keywords: | Private health insurance; policyholder |
| Notes: | None |

**Some other relationship (Plan 1)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Which one of these categories best describes how this plan was obtained?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons with private health insurance

Sources: PLNWRK
Recodes: None
Keywords: Private health insurance premium, Union, Workplace, Employer
Notes: None

How plan was originally obtained (Plan 1)

01 Through employer
02 Through union
03 Through workplace, but don't know if employer or union
04 Through workplace, self-employed or professional association
05 Purchased directly
06 Through a state/local government or community program
07 Other
08 Through school
09 Through parents
10 Through relative other than parents
97 Refused
98 Not ascertained
99 Don't know
**Question ID:** FHL215_01.010  
**Instrument Variable Name:** PLNEXCHG  
**Final Documentation Name:** PLNEXCH1

**Was the plan obtained through the Healthcare.gov or the [fill 1]?**

- **Universe:** PLNWRK1 IN('05','06','07','97','99')
- **Description:** First private plan that is not employer based (or of unknown origins)

<table>
<thead>
<tr>
<th>Number</th>
<th>Option</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
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<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
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**Notes:** Find testing evaluation report at [http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx](http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx)

---

**Question ID:** FHL160_00.000 R15 RECODE  
**Instrument Variable Name:** \n**Final Documentation Name:** EXCHPR1

- **Universe:** AGE=ALL and (PRIVATE='1' or PRIVATE='2')
- **Description:** All private health insurance plans

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<th>Number</th>
<th>Option</th>
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<tbody>
<tr>
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<td>Company provides exchange plans</td>
</tr>
<tr>
<td>2</td>
<td>Not an exchange company</td>
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<tr>
<td>3</td>
<td>Exchange Portal or exact exchange plan name</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
</tbody>
</table>

**Notes:** Internal coding of insurance plan names from verbatim fields into four categories

---
Who pays for this health insurance plan?

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

Description: All persons covered by private health insurance

Sources: None
Recodes: None
Keywords: None
Notes: None

Paid for by self or family (Plan 1)

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

Who pays for this health insurance plan?

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

Description: All persons covered by private health insurance

Sources: None
Recodes: None
Keywords: None
Notes: None

Paid for by employer or union (Plan 1)

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons covered by private health insurance

Sources: None
Recodes: None
Keywords: None
Notes: None

Paid for by someone outside the household (Plan 1)

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

Who pays for this health insurance plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons covered by private health insurance

Sources: None
Recodes: None
Keywords: None
Notes: None

Paid for by Medicare (Plan 1)

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
### Question ID: FHI.220_15.000
#### Instrument Variable Name: PLNPAY1-PLNPAY7
#### Final Documentation Name: PLNPAY51

**Who pays for this health insurance plan?**

| Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') |
| Description: All persons covered by private health insurance |

| Sources: | None |
| Recodes: | None |
| Keywords: | None |
| Notes: | None |

Paid for by Medicaid (Plan 1)

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

### Question ID: FHI.220_16.000
#### Instrument Variable Name: PLNPAY1-PLNPAY7
#### Final Documentation Name: PLNPAY61

**Who pays for this health insurance plan?**

| Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') |
| Description: All persons covered by private health insurance |

| Sources: | None |
| Recodes: | None |
| Keywords: | None |
| Notes: | None |

Paid for by CHIP (Plan 1)

1. Mentioned
2. Not mentioned
7. Refused
8. Not ascertained
9. Don't know
**Question ID:** FHI.220_17.000  
Instrument Variable Name: PLNPAY1-PLNPAY7  
Final Documentation Name: PLNPAY71

**Who pays for this health insurance plan?**

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

**Description:** All persons covered by private health insurance

**Sources:** None  
**Recodes:** None  
**Keywords:** None  
**Notes:** None

Paid for by government program (Plan 1)

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

---

**Question ID:** FHI.225_01.000  
Instrument Variable Name: PLNPRE  
Final Documentation Name: PLNPRE1

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

**Universe:** HIPNAM1B = '1' and PLNPAY11='1'

**Description:** First private plan paid for by self or family

**Sources:** None  
**Recodes:** None  
**Keywords:** None  
**Notes:** None

Premium based on income (Plan 1)

1 Yes  
2 No  
7 Refused  
8 Not ascertained  
9 Don't know
Question ID: FHI.235_01.010

Do you know how much the employer or union is paying for [fill1: plan1/plan2/plan3/plan4]?

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2') and PLNPAY21='1'

Description: Plan paid for by employer or union

Know how much employer or union pays (Plan 1)

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

Question ID: FHI.240_01.000

Is [plan name] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service or indemnity, or is it some other kind of plan?

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

Description: All persons covered by private health insurance

Type of private plan (Plan 1)

1. HMO/IPA
2. PPO
3. POS
4. Fee-for-service/indemnity
5. Other
7. Refused
8. Not ascertained
9. Don’t know
Question ID: FHI.241_01.000
Instrument Variable Name: HDHP1
Final Documentation Name: HDHP1

Is the annual [ /family] deductible for medical care for this plan less than [$1,200 or $1,200 or more/$2,400 or $2,400 or more]? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons with private health insurance

Sources: None
Recodes: None
Keywords: Consumer Directed; High Deductible; HDHP; CDHP
Notes: None

High deductible health plan (Plan 1)

1 Less than [$1,250/$2,500]
2 [$1,250/$2,500] or more
7 Refused
8 Not ascertained
9 Don't know

Question ID: FHI.242_01.000
Instrument Variable Name: HSAHRA1
Final Documentation Name: HSAHRA1

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and HDHP1 = '2'
Description: The first private plan is a high deductible health plan

Sources: None
Recodes: None
Keywords: Consumer Directed; CDHP; HSA; HRA
Notes: None

Health Savings Accounts/Health Reimbursement Accounts (plan 1)

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHL243_01.000
Instrument Variable Name: MGCHMD
Final Documentation Name: MGCHMD1

Under this plan, can [you/person/the family members with this plan] choose ANY doctor or MUST [you/he/she/they] choose one from a specific group or list of doctors?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons covered by private health insurance

Sources: None
Recodes: None
Keywords: Managed care
Notes: None

Doctor choice (Plan 1)
1 Any doctor
2 Select from group/list
7 Refused
8 Not ascertained
9 Don't know

Question ID: FHL244_01.000
Instrument Variable Name: MGPRMD
Final Documentation Name: MGPRMD1

[Do you/Does person/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD1 = '1'
Description: All persons with at least one private health insurance plan for which they can choose any doctor for plan 1

Sources: None
Recodes: None
Keywords: Managed Care
Notes: None

Preferred list (Plan 1)
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHL246_01.000

If [you select/person selects/the family members with this plan select] a doctor who is not in the plan, will [plan name] pay for any part of the cost?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD1 = '2'

Description: All persons with at least one private health insurance plan for which they select a doctor from a group or list for plan 1

Out of plan use (Plan 1)

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

Question ID: FHL248_01.000

When [you need/person needs/the family members with this plan need] to go to a different doctor or place for special care, [do you/does person/do they] need approval or a referral? Do not include emergency care.

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

Description: All persons covered by private health insurance

Private referral (Plan 1)

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know
Question ID: FHL248_05.000

Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor or group of doctors for all routine care?

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

Description: All private health insurance plans

Sources: None

Keywords: Primary care physician

Notes: None

Primary care doctor required (Plan 1)

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

Question ID: FHL249_01.010

Does [plan name] pay for any of the costs for medicines prescribed by a doctor?

*Read if necessary: Does this plan have a drug benefit?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = ‘2’)

Description: All persons covered by private health insurance

Sources: None

Keywords: Prescription drug benefit

Notes: None

Prescription drug benefit (Plan 1)

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don’t know
Question ID: FHL249_02.010  
Instrument Variable Name: PRDNCOV  
Final Documentation Name: PRDNCOV1

**Does {plan name} pay for any of the costs for dental care?**

---

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

**Description:** All persons covered by private health insurance

---

**Sources:** None

**Recodes:** None

**Keywords:** Dental benefit

**Notes:** None

---

**Dental Coverage (Plan 1)**

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

---

Question ID: FHL257_00.010  
Instrument Variable Name: R20 RECODE  
Final Documentation Name: PXCHNG

**Universe:** AGE=ALL and PRFLG='1'

**Description:** All persons with plan reassigned from public to private

---

**Sources:** OPXCHNG, OGXCHNG

**Recodes:** None

**Keywords:** Private health insurance, exchange

**Notes:** Indicates that plan was obtained on Healthcare.gov/Health Insurance Marketplace or state-based exchange for a plan that has been reassigned from public to private

---

**Marketplace or state exchange, reassigned from public to private**

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know
### Question ID: FHL.257_00.000 R21 RECODE

**Instrument Variable Name:** RECODE

**Final Documentation Name:** PLEXCHPR

**Universe:** AGE=ALL and PRFLG='1'

**Description:** All persons with plan reassigned from public to private

**Sources:** STNAME2, STNAME3

**Recodes:** None

**Keywords:** Private health insurance, exchange

**Notes:** Plan has been reassigned from public to private and this is the internal coding from verbatim fields into four categories

**Exchange company coding, NCHS, reassigned from public to private**

1. Company provides exchange plans
2. Not an exchange company
3. Exchange Portal or exact exchange plan name
4. Not ascertained

### Question ID: FHL.257_00.020 R22 RECODE

**Instrument Variable Name:** RECODE

**Final Documentation Name:** PSTRFPRM

**Universe:** AGE=ALL and PRFLG='1'

**Description:** All persons with plan reassigned from public to private

**Sources:** STRFPRM2, STRFPRM3

**Recodes:** None

**Keywords:** Private health insurance

**Notes:** Indicates there is an enrollment fee or premium for a plan that has been reassigned from public to private

**Premium or enrollment fee on plan reassigned from public to private**

1. Yes
2. No
3. Refused
4. Not ascertained
5. Don't know
### Question ID: FHI.257_00.030  R23 RECODE

**Instrument Variable Name:** RECODE  
**Final Documentation Name:** PSSPRINC

**Universe:** AGE=ALL and PRFLG='1'

**Description:** All persons with plan reassigned from public to private

**Sources:** SSPRINC, OGPRINC

**Recodes:** None

**Keywords:** Private health insurance

**Notes:** Indicates that the premium paid for a plan is based on income for a plan that has been reassigned from public to private

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Question ID: FHI.258_00.000  R24 RECODE

**Instrument Variable Name:** RECODE  
**Final Documentation Name:** PSTDOC

**Universe:** AGE=ALL and PRFLG='1'

**Description:** All persons with plan reassigned from public to private

**Sources:** STDOC2, STDOC3

**Recodes:** None

**Keywords:** Private health insurance

**Notes:** Indicates how doctors are chosen or designated for a plan that has been reassigned from public to private

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Any doctor</td>
</tr>
<tr>
<td>2</td>
<td>Select from book/list</td>
</tr>
<tr>
<td>3</td>
<td>Doctor is assigned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
### Question ID: FHI.259_00.000  R25  RECODE

**Instrument Variable Name:** RECODE  
**Final Documentation Name:** PSTCMD  

<table>
<thead>
<tr>
<th><strong>Universe:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE=ALL and PRFLG='1'</td>
</tr>
</tbody>
</table>

**Description:** All persons with plan reassigned from public to private

**Sources:** STPCMD2, STPCMD3

**Recodes:** None

**Keywords:** Private health insurance

**Notes:** Indicates whether a plan requires signing up with a primary care doctor for a plan that has been reassigned from public to private

**Primary care physician for routine care, plan reassigned from public to private**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Question ID: FHI.260_00.000  R26  RECODE

**Instrument Variable Name:** RECODE  
**Final Documentation Name:** PSTREF  

<table>
<thead>
<tr>
<th><strong>Universe:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE=ALL and PRFLG='1'</td>
</tr>
</tbody>
</table>

**Description:** All persons with plan reassigned from public to private

**Sources:** STREF2, STREF3

**Recodes:** None

**Keywords:** Private health insurance

**Notes:** Indicates a referral is required to see a different doctor on a plan that has been reassigned from public to private

**Need referral for special care on plan reassigned from public to private**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Health Insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

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

**Description:** All persons with at least two private health insurance plans

<table>
<thead>
<tr>
<th>Plan in whose name (Plan 2)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In own name</td>
</tr>
<tr>
<td>2</td>
<td>Someone else in family</td>
</tr>
<tr>
<td>3</td>
<td>Person not in household</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?

*Read if Necessary…

[fill3:You are/ALIAS is] the policyholder's…

**Universe:** FHI2002='00' and HIPNAM2B='1'

**Description:** Plan where the policyholder is outside of the family roster

<table>
<thead>
<tr>
<th>Relationship to outside policyholder (Plan 2)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child (including stepchildren)</td>
</tr>
<tr>
<td>2</td>
<td>Spouse</td>
</tr>
<tr>
<td>3</td>
<td>Former spouse</td>
</tr>
<tr>
<td>4</td>
<td>Some other relationship</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
**Question ID:** FHI.204_02.010  
**Instrument Variable Name:** PRCOOH  
**Final Documentation Name:** PRCOOH2

### Does this plan cover anyone who does not live here?

**Universe:** ('01'<=FHI2002<='25')  
**Description:** Plan with policyholder on family roster

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

**Sources:** None  
**Recodes:** None  
**Keywords:** Private health insurance; policyholder  
**Notes:** None

---

**Question ID:** FHI.206_21.010  
**Instrument Variable Name:** PRRELOH1-PRRELOH4  
**Final Documentation Name:** PRRLOH12

### What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

*Read if Necessary: Children includes adult children.*  
*Enter all that apply, separate with commas.*

**Universe:** ('01'<=PRCTOH2<='30')  
**Description:** Plan with policyholder on family roster that cover someone outside the family roster

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

**Sources:** None  
**Recodes:** None  
**Keywords:** Private health insurance; policyholder  
**Notes:** None
What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

*Read if Necessary: Children includes adult children.

*Enter all that apply, separate with commas.

Universe: ('01'<=PRCTOH2<='30')

Description: All private health insurance plans (plan two) with policyholder on family roster that cover someone outside the family roster

Sources: None
Recodes: None
Keywords: Private health insurance; policyholder
Notes: None

Spouse (Plan 2)

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

What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?

*Read if Necessary: Children includes adult children.

*Enter all that apply, separate with commas.

Universe: ('01'<=PRCTOH2<='30')

Description: Plan with policyholder on family roster that cover someone outside the family roster

Sources: None
Recodes: None
Keywords: Private health insurance; policyholder
Notes: None

Former spouse (Plan 2)

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
Which one of these categories best describes how this plan was obtained?

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

Description: All persons with at least two private health insurance plans

Sources: PLNWRK

Recodes: None

Keywords: Private health insurance premium, Union, Workplace, Employer

Notes: PLNWRK2 was recoded for public use file.

How plan was originally obtained collapsed (Plan 2)

01   Through employer
02   Through union
03   Through workplace, but don't know if employer or union or self-employed or professional association
04   Blank
05   Purchased directly
06   Through a state/local government or community program
07   Other
08   Through school
09   Through parents
10   Through relative other than parents
97   Refused
98   Not ascertained
99   Don't know
Question ID: FHL.215_02.010

Instrument Variable Name: PLNEXCHG

Final Documentation Name: PLNEXCH2

Was the plan obtained through the Healthcare.gov or the [fill 1]?

Universe: PLNWRK2 IN('05','06','07','97','99')

Description: Second private plan that is not employer based (or of unknown origins)

Sources: None

Recodes: None

Keywords: None

Notes: None


Health Plan obtained through the MarketPlace (Plan 2)

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

Question ID: FHL.172_00.000 R33 RECODE

Instrument Variable Name: EXCHPR2R

Final Documentation Name: EXCHPR2R

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

Description: All private health insurance plans

Sources: HIPNAM2

Recodes: EXCHANGE

Keywords: Private health insurance, exchange

Notes: Internal coding of insurance plan names from verbatim fields into four categories

Exchange company coding, NCHS (Plan 2)

1 Company provides exchange plans
2 Not an exchange company
8 Not ascertained
### Who pays for this health insurance plan?

**Question ID:** FHI.220_21.000  
**Instrument Variable Name:** PLNPAY1-PLNPAY7  
**Final Documentation Name:** PLNPAY12

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')  
Description: All persons with at least two private health insurance plans

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Notes:** None

### Who pays for this health insurance plan?

**Question ID:** FHI.220_22.000  
**Instrument Variable Name:** PLNPAY1-PLNPAY7  
**Final Documentation Name:** PLNPAY22

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')  
Description: All persons with at least two private health insurance plans

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Notes:** None
**Who pays for this health insurance plan?**

- **Universe:** AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
- **Description:** All persons with at least two private health insurance plans

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

- **Universe:** HIPNAM2B = '1' and PLNPAY12='1'
- **Description:** Second private plan paid for by self or family

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: FHI.235_02.020
Instrument Variable Name: EMPPAY
Final Documentation Name: EMPPAY2

Do you know how much the employer or union is paying for [fill1: plan1/plan2/plan3/plan4]?

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2') and PLNPAY22='1'
Description: Plan paid for by employer or union (plan 2)

Sources: None
Recodes: None
Keywords: Private health insurance; premiums, employer
Notes: None

Know how much employer or union pays (Plan 2)

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

Question ID: FHI.240_02.000
Instrument Variable Name: PLNMGD
Final Documentation Name: PLNMGD2

Is [plan name] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service or indemnity, or is it some other kind of plan?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons with at least two private health insurance plans

Sources: None
Recodes: None
Keywords: Managed Care; HMO; PPO; IPA; POS; FFS
Notes: None

Type of private plan (plan 2)

1 HMO/IPA
2 PPO
3 POS
4 Fee-for-service/indemnity
5 Other
7 Refused
8 Not ascertained
9 Don’t know
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHL241_02.000</th>
<th>Instrument Variable Name:</th>
<th>HDHP2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final Documentation Name:</td>
<td>HDHP2</td>
</tr>
<tr>
<td><strong>Is the annual [ /family] deductible for medical care for this plan less than [$1,200 or $1,200 or more/$2,400 or $2,400 or more]?</strong> If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Universe:</strong></td>
<td>AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>All persons with at least two private health insurance plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sources:</strong></td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recodes:</strong></td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Keywords:</strong></td>
<td>Consumer Directed; High Deductible; HDHP; CDHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong></td>
<td>None</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>High deductible health plan (Plan 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>7</td>
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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHL242_02.000</th>
<th>Instrument Variable Name:</th>
<th>HSAHRA2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final Documentation Name:</td>
<td>HSAHRA2</td>
</tr>
<tr>
<td><strong>With this plan, is there a special account or fund that can be used to pay for medical expenses?</strong> The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Universe:</strong></td>
<td>AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and HDHP2 = '2'</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>The second private plan is a high deductible health plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sources:</strong></td>
<td>None</td>
<td></td>
<td></td>
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<tr>
<td><strong>Recodes:</strong></td>
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<td></td>
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<tr>
<td><strong>Keywords:</strong></td>
<td>Consumer Directed; CDHP; HSA; HRA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong></td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Savings Accounts/Health Reimbursement Accounts (plan 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>7</td>
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<tr>
<td>8</td>
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<tr>
<td>9</td>
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</tbody>
</table>
### Question ID: FHL243_02.000

**Instrument Variable Name:** MGCHMD  
**Final Documentation Name:** MGCHMD2

**Under this plan, can [you/person/the family members with this plan] choose ANY doctor or MUST [you/he/she/they] choose one from a specific group or list of doctors?**

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

**Description:** All persons with at least two private health insurance plans

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Any doctor</td>
</tr>
<tr>
<td>2</td>
<td>Select from group/list</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Question ID: FHL244_02.000

**Instrument Variable Name:** MGPRMD  
**Final Documentation Name:** MGPRMD2

**[Do you/Does person/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?**

**Universe:** AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD2 = '1'

**Description:** All persons with at least two private health insurance plans for which they can choose any doctor for plan 2

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
If [you select/person selects/the family members with this plan select] a doctor who is not in the plan, will [plan name] pay for any part of the cost?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2') and MGCHMD2 = '2'

Description: All persons with at least two private health insurance plans for which they select a doctor from a group or list for plan 2

Out of plan use (Plan 2)

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

When [you need/person needs/the family members with this plan need] to go to a different doctor or place for special care, [do you/does person/do they] need approval or a referral? Do not include emergency care.

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

Description: All persons with at least two private health insurance plans

Private referral (Plan 2)

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor or group of doctors for all routine care?

Universe: AGE=ALL and (PRIVATE='1' or PRIVATE='2')
Description: All persons covered by private health insurance

Sources: None
Recodes: None
Keywords: Primary care physician
Notes: None

Primary care doctor required (Plan 2)

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

Does [plan name] pay for any of the costs for medicines prescribed by a doctor?

*Read if necessary: Does this plan have a drug benefit?

Universe: AGE = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons with at least two private health insurance plans

Sources: None
Recodes: None
Keywords: Prescription drug benefit
Notes: None

Prescription drug benefit (Plan 2)

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHL249_02.020
Instrument Variable Name: PRDNCOV
Final Documentation Name: PRDNCOV2

Does {plan name} pay for any of the costs for dental care?

Universe: Age = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons with at least two private health insurance plans

Sources: None
Recodes: None
Keywords: Dental benefit
Notes: None

Dental Coverage (Plan 2)

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

Question ID: FHL175_00.000 R38 RECODE
Instrument Variable Name: PRPLPLUS
Final Documentation Name: PRPLPLUS

Universe: Age = ALL and (PRIVATE = '1' or PRIVATE = '2')
Description: All persons with at least three private health insurance plans

Sources: None
Recodes: None
Keywords: Multiple private plans
Notes: Additional information for the third and fourth plans for a person are available through the Data Research Center. See Survey Description Document for more information.

Person has more than two private plans

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHL249_03.000

Instrument Variable Name: FCOVCONF

Final Documentation Name: FCOVCONF

If [fill 1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage? Would you say...

*Read categories below.

Universe: PLNWRK1 IN('01','02','03','04') or PLNWRK2 IN('01','02','03','04') or PLNWRK3 IN('01','02','03','04') or PLNWRK4 IN('01','02','03','04')

Description: All families with an employer-based health plan

Sources: None

Recodes: None

Keywords: Private health insurance; employment-based coverage

Notes: None

Obtaining affordable coverage

1 Very confident
2 Somewhat confident
3 Not too confident
4 Not confident at all
7 Refused
8 Not ascertained
9 Don't know

Question ID: FHL070_00.000

Instrument Variable Name: R55 RECODE

Final Documentation Name: SCHIP

Universe: AGE = ALL

Description: All persons

Sources: HIKINDNE

Recodes: NOTCOV

Keywords: State Children's Health Insurance Program; CHIP

Notes: The SCHIP recode is based on responses to FHL070 as well as responses to the verbatim fields FHL160, FHL172, FHL175, FHL178, FHL250, FHL257, FHL264 and FHL290.

SCHIP coverage recode

1 Yes, information
2 Yes, but no information
3 No
7 Refused
8 Not ascertained
9 Don't know
### Question ID: FHL.070_00.000 R56 RECODE

**Instrument Variable Name:** CHFLG

**Final Documentation Name:** CHFLG

**Universe:** AGE = ALL

**Description:** All persons

**Sources:** HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4

**Recodes:** None

**Keywords:** State Children's Health Insurance Program; CHIP

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

**CHIP reassignment flag**

<table>
<thead>
<tr>
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</thead>
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### Question ID: FHL.250_00.010

**Instrument Variable Name:** CHXCHNG

**Final Documentation Name:** CHXCHNG

**Was [fill 1: your/ALIAS's] CHIP plan obtained through the [fill 2]?**

**Universe:** All and HIKINDE='1'

**Description:** All persons with CHIP

**Sources:** None

**Recodes:** None

**Keywords:** None

**Notes:** None

**CHIP Exchange**

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<tbody>
<tr>
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<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Under [fill 1: ^STNAME1/this CHIP plan] is there an enrollment fee or premium?

| Universe: | All and HIKINDE='1' |
| Description: | All persons with CHIP |

Sources: None
Recodes: None
Keywords: None
Notes: None

CHIP Premium

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

Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income?

| Universe: | All and STRFPRM1='1' |
| Description: | Those with CHIP coverage who pay a premium for their plan |

Sources: None
Recodes: None
Keywords: None
Notes: None

CHIP Premium based on income

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Under the [plan name] can {your/person} go to ANY doctor who will accept this plan or MUST [you/he/she] choose from a book or list of doctors or is the doctor assigned?

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

Description: All persons with SCHIP coverage

Sources: None
Recodes: None
Keywords: State Children's Health Insurance Program; CHIP
Notes: None

Any doc, chooses from a list, doc assigned (SCHIP)

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

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

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

Description: All persons with SCHIP coverage

Sources: None
Recodes: None
Keywords: State Children's Health Insurance Program; CHIP
Notes: None

Primary care physician for routine care (SCHIP)

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
**Question ID:** FHI.253_00.000  
**Instrument Variable Name:** STREF1  
**Final Documentation Name:** STREF1

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

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

**Description:** All persons with SCHIP coverage

**Sources:** None

**Recodes:** None

**Keywords:** State Children's Health Insurance Program; CHIP

**Notes:** None

**Need a referral for special care (SCHIP)**

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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>7</td>
<td>Refused</td>
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<td>8</td>
<td>Not ascertained</td>
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<tr>
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<td>Don't know</td>
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</table>

**Question ID:** FHI.070_00.000 R57 RECODE  
**Instrument Variable Name:** OTHPUB  
**Final Documentation Name:** OTHPUB

**Universe:** AGE = ALL

**Description:** All persons

**Sources:** HIKINDNH

**Recodes:** NOTCOV

**Keywords:** State-sponsored Health Plan

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

**State-sponsored health plan recode**

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<tbody>
<tr>
<td>1</td>
<td>Yes, information</td>
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<tr>
<td>2</td>
<td>Yes, but no information</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>8</td>
<td>Not ascertained</td>
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</table>
### Question ID: FHL.070_00.000 R58 RECODE

**Instrument Variable Name:** OPFLG

**Final Documentation Name:** OPFLG

**Universe:** AGE = ALL

**Description:** All persons

**Sources:** HIPNAM1, HIPNAM2, HIPNAM3, HIPNAM4

**Recodes:** None

**Keywords:** State-sponsored health plan

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

**Other public reassignment flag**

1. **Reassigned to other public from private**

### Question ID: FHL.257_00.010

**Instrument Variable Name:** OPXCHNG

**Final Documentation Name:** OPXCHNG

**Was [fill 1: your/ALIAS's] state sponsored health plan obtained through Healthcare.gov or the [fill 2]?**

**Universe:** All and HIKINDH='1'

**Description:** All persons with a state sponsored health plan

**Sources:** None

**Recodes:** None

**Keywords:** None

**Notes:** None

**Other state program Exchange**

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<thead>
<tr>
<th>Value</th>
<th>Description</th>
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</thead>
<tbody>
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<td>2</td>
<td>No</td>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
**Question ID:** FHL257_00.000 R59 RECODE  
**Instrument Variable Name:**  
**Final Documentation Name:** PLEXCHOP

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

**Description:** All persons with State-sponsored health coverage

**Sources:** STNAME2  
**Recodes:** None  
**Keywords:** None  
**Notes:** Internal coding of state plan name from verbatim field into four categories

**Exchange company coding, NCHS (OTHPUB):**

1. Company provides exchange plans  
2. Not an exchange company  
3. Exchange Portal or exact exchange plan name  
8. Not ascertained

**Question ID:** FHL257_00.020  
**Instrument Variable Name:** STRFPRM2  
**Final Documentation Name:** STRFPRM2

**Under [fill 1: ^STNAME2/ this state sponsored plan] is there an enrollment fee or premium?**

**Universe:** All and HIKINDH='1'  
**Description:** All persons with a state sponsored health plan

**Sources:** None  
**Recodes:** None  
**Keywords:** None  
**Notes:** None  
**Test:** Find testing evaluation report at http://wwwn.cdc.gov/qbank/Surveys/NHIS.aspx

**Other state program premium**

1. Yes  
2. No  
7. Refused  
8. Not ascertained  
9. Don't know
Question ID: FHI.257_00.030  
Instrument Variable Name: SSPRINC  
Final Documentation Name: SSPRINC

Is the premium paid for [fill in: ^STNAME2/this state sponsored plan] based on income?

Universe: All and STRFPRM2='1'

Description: Those with state sponsored health plan who pay a premium for their plan

Sources: None
Recodes: None
Keywords: None
Notes: None


Other state program premium based on income

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

Question ID: FHI.258_00.000  
Instrument Variable Name: STDOC2  
Final Documentation Name: STDOC2

Under the [plan name] can [you/person] go to ANY doctor who will accept this plan or MUST [you/he/she] choose from a book or list of doctors or is the doctor assigned?

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

Description: All persons with State-sponsored health plan coverage

Sources: None
Recodes: None
Keywords: State-sponsored health plan
Notes: None

Any doc, chooses from a list, doc assigned (OTHPUB)

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
8 Not ascertained
9 Don’t know
Question ID: FHL.259_00.000
Instrument Variable Name: STPCMD2
Final Documentation Name: STPCMD2

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

Universe: AGE = ALL and (OTHPUB = '1' or OTHPUB = '2')
Description: All persons with State-sponsored health plan coverage

Sources: None
Recodes: None
Keywords: State-sponsored health plan
Notes: None

Primary care physician for routine care (OTHPUB)

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

Question ID: FHL.260_00.000
Instrument Variable Name: STREF2
Final Documentation Name: STREF2

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

Universe: AGE = ALL and (OTHPUB = '1' or OTHPUB = '2')
Description: All persons with State-sponsored health plan coverage

Sources: None
Recodes: None
Keywords: State-sponsored health plan
Notes: None

Need a referral for special care (OTHPUB)

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
### Other government program recode

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<tbody>
<tr>
<td>1</td>
<td>Yes, information</td>
</tr>
<tr>
<td>2</td>
<td>Yes, but no information</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>8</td>
<td>Not ascertained</td>
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<td>9</td>
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</table>

### Other government reassignment flag

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
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</table>
Question ID: FHL.264_00.010  
Instrument Variable Name: OGXCHNG 
Final Documentation Name: OGXCHNG

Was [fill1: your/ALIAS's] other government program obtained through Healthcare.gov or the [fill2]?

Universe: All and HIKINDI='1'
Description: All persons with an other government program

Sources: None
Recodes: None
Keywords: None
Notes: None

Other government program Exchange

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

Question ID: FHL.264_00.000 R62 RECODE  
Instrument Variable Name: PLEXCHOG 
Final Documentation Name: PLEXCHOG

Universe: AGE = ALL and (OTHGOV = '1' or OTHGOV = '2')
Description: All persons with other government program coverage

Sources: STNAME3
Recodes: None
Keywords: Other government program
Notes: Internal coding of other government plan name from verbatim field into four categories

Exchange company coding, NCHS (OTHGOV)

1 Company provides exchange plans
2 Not an exchange company
3 Exchange Portal or exact exchange plan name
8 Not ascertained
**Question ID:** FHL.264_00.020

**Instrument Variable Name:** STRFPRM3

**Final Documentation Name:** STRFPRM3

Under [fill: ^STNAME3/this other government plan] is there an enrollment fee or premium?

**Universe:** All and HIKINDI='1'

**Description:** All persons with an other government program

**Sources:** None

**Recodes:** None

**Keywords:** None

**Notes:** None

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

Other government program Premium

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<td>2</td>
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<td>7</td>
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</table>

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**Question ID:** FHL.264_00.030

**Instrument Variable Name:** OGPRINC

**Final Documentation Name:** OGPRINC

Is the premium paid for [fill: ^STNAME3/this other government plan] based on income?

**Universe:** All and STRFPRM3='1'

**Description:** Those with an other government health plan who pay a premium for their plan

**Sources:** None

**Recodes:** None

**Keywords:** None

**Notes:** None

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

Other government program Premium based on income

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

Question ID: FHL265_00.000
Instrument Variable Name: STDOC3
Final Documentation Name: STDOC3

Under the [plan name] can {person} go to ANY doctor who will accept this plan or MUST [you/he/she] choose from a book or list of doctors or is the doctor assigned?

Universe: AGE = ALL and (OTHGOV = '1' or OTHGOV = '2')
Description: All persons with other government program coverage

Sources: None
Recodes: None
Keywords: Other government program
Notes: None

Any doc, chooses from a list, doc assigned (OTHGOV)

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<th>Code</th>
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<td>Select from book/list</td>
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<td>3</td>
<td>Doctor is assigned</td>
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Question ID: FHL266_00.000
Instrument Variable Name: STPCMD3
Final Documentation Name: STPCMD3

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

Universe: AGE = ALL and (OTHGOV = '1' or OTHGOV = '2')
Description: All persons with other government program coverage

Sources: None
Recodes: None
Keywords: Other government program
Notes: None

Primary care physician for routine care (OTHGOV)

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<th>Description</th>
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### Question ID: FHI.267_00.000

**Instrument Variable Name:** STREF3  
**Final Documentation Name:** STREF3

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

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

**Description:** All persons with other government program coverage

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<th>Need a referral for special care (OTHGOV)</th>
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</table>

### Question ID: FHI.070_00.000 R64 RECODE

**Instrument Variable Name:** MILCAREN  
**Final Documentation Name:** MILCAREN

**Universe:** AGE = ALL

**Description:** All persons

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<th>Refused</th>
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**Sources:** HIKINDNF

**Recodes:** NOTCOV

**Keywords:** TRICARE, VA, CHAMP-VA, Military health care

**Notes:** The MILCAREN recode is based on responses to FHI.070 as well as responses to the verbatim fields FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, FHI.257, FHI.264 and FHI.290. MILCAREN was generated from MILCARE. Recoded for public use file.
Earlier I recorded that {person} {are/is} covered by military health care. What types of military health care {are/is} {person} covered by?

Universe: AGE = ALL and (MILCARE = '1' or MILCARE = '2')
Description: All persons with military health care coverage

Sources: None
Recodes: None
Keywords: TRICARE
Notes: None

**TRICARE coverage**

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

**VA coverage**

1  Mentioned  
2  Not mentioned  
7  Refused  
8  Not ascertained  
9  Don't know
Earlier I recorded that \{person\} \{are/is\} covered by military health care. What types of military health care \{are/is\} \{person\} covered by?

Universe: AGE = ALL and (MILCARE = '1' or MILCARE = '2')
Description: All persons with military health care coverage

Sources: None
Recodes: None
Keywords: CHAMP-VA
Notes: None

CHAMP-VA coverage

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

Earlier I recorded that \{person\} \{are/is\} covered by military health care. What types of military health care \{are/is\} \{person\} covered by?

Universe: AGE = ALL and (MILCARE = '1' or MILCARE = '2')
Description: All persons with military health care coverage

Sources: None
Recodes: None
Keywords: Other military coverage
Notes: None

Other military coverage

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
Is {person's} TRICARE plan, TRICARE Prime, TRICARE Extra, TRICARE Standard, or TRICARE for Life?

- **Question ID:** FHL.275_00.000 R65 RECODE
- **Instrument Variable Name:** MILMAN
- **Final Documentation Name:** MILMANR

Universe: AGE = ALL and MILSPC1 = '1'
Description: All persons with TRICARE coverage

Sources: None
Recodes: None
Keywords: TRICARE
Notes: None

Type of TRICARE coverage:

1. TRICARE Prime
2. TRICARE Standard and Extra
3. Blank
4. TRICARE for Life
5. TRICARE other (specify)
7. Refused
8. Not ascertained
9. Don't know

---

Indian Health Service recode:

- **Question ID:** FHL.070_00.000 R66 RECODE
- **Instrument Variable Name:**
- **Final Documentation Name:** IHS

Universe: AGE = ALL
Description: All persons

Sources: HIKINDNG
Recodes: None
Keywords: Indian Health Service
Notes: The IHS recode is based on responses to FHL.070 as well as responses to the verbatim fields FHL.160, FHL.172, FHL.175, FHL.178, FHL.250, FHL.257, FHL.264 and FHL.280.

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know
Question ID: FHL280_00.000  Instrument Variable Name: HILAST
Final Documentation Name: HILAST

Not including Single Service Plans, about how long has it been since {person} last had health care coverage?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))
Description: All persons without known a comprehensive health insurance plan

Sources: None
Recodes: None
Keywords: Uninsured
Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

How long since last had health coverage
1 6 months or less
2 More than 6 months, but not more than 1 year ago
3 More than 1 year, but not more than 3 years ago
4 More than 3 years
5 Never
7 Refused
8 Not ascertained
9 Don't know

Question ID: FHL290_01.000  Instrument Variable Name: HISTOP1-HISTOP5
Final Documentation Name: HISTOP1

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))
Description: All persons without a known comprehensive health insurance plan

Sources: None
Recodes: None
Keywords: Uninsured
Notes: Person in family with health insurance lost job or changed employers. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Lost job or changed employers
1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
### Question ID: FHI.290_02.000
### Instrument Variable Name: HISTOP1-HISTOP5
### Final Documentation Name: HISTOP2

**Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?**

**Universe:** AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

**Description:** All persons without a known comprehensive health insurance plan

**Sources:** None

**Recodes:** None

**Keywords:** Uninsured

**Notes:** Got divorced or separated/death of spouse or parent. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

<table>
<thead>
<tr>
<th>Divorced/sep/death of spouse or parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>7</td>
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<td>8</td>
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<td>9</td>
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</tbody>
</table>

### Question ID: FHI.290_03.000
### Instrument Variable Name: HISTOP1-HISTOP5
### Final Documentation Name: HISTOP3

**Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?**

**Universe:** AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

**Description:** All persons without a known comprehensive health insurance plan

**Sources:** None

**Recodes:** None

**Keywords:** Uninsured

**Notes:** Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

<table>
<thead>
<tr>
<th>Ineligible because of age/left school</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>7</td>
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<td>8</td>
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<td>9</td>
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</tbody>
</table>
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person

personsx : Family Health Insurance
PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FHL.290_04.000
Instrument Variable Name: HISTOP1-HISTOP5
Final Documentation Name: HISTOP4

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))
Description: All persons without a known comprehensive health insurance plan

Sources: None
Recodes: None
Keywords: Uninsured
Notes: Employer does not offer coverage/or not eligible for coverage. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Employer does not offer/not eligible for cov

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

Question ID: FHL.290_05.000
Instrument Variable Name: HISTOP1-HISTOP5
Final Documentation Name: HISTOP5

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))
Description: All persons without a known comprehensive health insurance plan

Sources: None
Recodes: None
Keywords: Uninsured
Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Cost is too high

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
Question ID: FHL.290_06.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP6

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Medical company refused coverage

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

Question ID: FHL.290_07.000

Instrument Variable Name: HISTOP1-HISTOP5

Final Documentation Name: HISTOP7

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Medicaid/Medical plan stopped after pregnancy. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Medicaid/medical plan stopped after pregnancy

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe:  AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Lost Medicaid/Medical Plan because of new job or increase in income. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Lost Medicaid/new job/increase in income

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
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<tr>
<td>2</td>
<td>Not mentioned</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe:  AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None

Recodes: None

Keywords: Uninsured

Notes: Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Lost Medicaid (other)

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
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<tr>
<td>2</td>
<td>Not mentioned</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: FHI.290_10.000  
Instrument Variable Name: HISTOP1-HISTOP5  
Final Documentation Name: HISTOP10

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: None
Recodes: None
Keywords: Uninsured
Notes: Responses to this category which fit into already existing categories or the new categories were reassigned to the appropriate category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Other

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

Question ID: FHI.290_10.000 R66 RECODE  
Instrument Variable Name: HISTOP1-HISTOP5  
Final Documentation Name: HISTOP11

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT
Recodes: None
Keywords: Uninsured
Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Never had health insurance

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT

Recodes: None

Keywords: Uninsured

Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Moved from another county/state/country

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

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT

Recodes: None

Keywords: Uninsured

Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

Self-employed

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT
Recodes: None
Keywords: Uninsured
Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

1. No need for it
2. Chooses not to have
   - 1 Mentioned
   - 2 Not mentioned
   - 7 Refused
   - 8 Not ascertained
   - 9 Don't know

Which of these are reasons {person} stopped being covered or [do/does] not have health insurance?

Universe: AGE = ALL and (HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1'))

Description: All persons without a known comprehensive health insurance plan

Sources: HISTOPOT
Recodes: None
Keywords: Uninsured
Notes: This is a new category which did not appear on the original questionnaire and is based on answers to the other specified category. Do not use HILAST to estimate the uninsured. A few persons who were initially classified as uninsured are not included in the universe for this variable. Please see Survey Description Document for details.

1. Got married
   - 1 Mentioned
   - 2 Not mentioned
   - 7 Refused
   - 8 Not ascertained
   - 9 Don't know
### Question ID: FHL300_00.000

**Instrument Variable Name:** HINOTYR  
**Final Documentation Name:** HINOTYR

**In the PAST 12 MONTHS, was there any time when {person} did NOT have ANY health insurance or coverage?**

**Universe:** AGE = ALL with any HIKINDNA - HIKINDNI  
**Description:** All persons with known health insurance coverage

<table>
<thead>
<tr>
<th>Sources</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recodes</td>
<td>None</td>
</tr>
<tr>
<td>Keywords</td>
<td>Uninsured</td>
</tr>
<tr>
<td>Notes</td>
<td>Do not use HINOTYR to estimate the uninsured. Please see Survey Description Document for details.</td>
</tr>
</tbody>
</table>

No health coverage during past 12 months

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

### Question ID: FHL310_00.000

**Instrument Variable Name:** HINOTMYR  
**Final Documentation Name:** HINOTMYR

**In the PAST 12 MONTHS, about how many months {were/was} {person} without coverage?**

**Universe:** AGE = ALL and HINOTYR = '1'  
**Description:** All persons who currently have health insurance, but did not have health insurance/coverage at some time in the PAST 12 months

<table>
<thead>
<tr>
<th>Sources</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recodes</td>
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</tr>
<tr>
<td>Keywords</td>
<td>Uninsured</td>
</tr>
<tr>
<td>Notes</td>
<td>None</td>
</tr>
</tbody>
</table>

Months without coverage in past 12 months

<table>
<thead>
<tr>
<th>01-12</th>
<th>1-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>Change in coverage in past 12 months</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1  Yes</td>
<td></td>
</tr>
<tr>
<td>2  No</td>
<td></td>
</tr>
<tr>
<td>7  Refused</td>
<td></td>
</tr>
<tr>
<td>8  Not ascertained</td>
<td></td>
</tr>
<tr>
<td>9  Don't know</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: FHL315_01.010
Instrument Variable Name: FHIKDB1-FHIKDB11
Final Documentation Name: FHIKDBA

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None
Recodes: None
Keywords: Private health insurance
Notes: None

Had private health insurance coverage in the past 12 months

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Medicare coverage in the past 12 months

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Medi-Gap coverage in the past 12 months

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHL315_04.010

Instrument Variable Name: FHIKDB1-FHIKDB11

Final Documentation Name: FHIKDBD

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKindNK = '1' or (only HIKindNJ = '1' or SINCOV = '1') or HIOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes.

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Medicaid coverage in the past 12 months

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don’t know
Question ID: FHL315_05.010  
Instrument Variable Name: FHIKDB1-FHIKDB11  
Final Documentation Name: FHIKDBE

(book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe:  
AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had SCHIP coverage in the past 12 months

1  Mentioned  
2  Not mentioned  
7  Refused  
8  Not ascertained  
9  Don't know
If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Military health care coverage in the past 12 months

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Indian Health Service coverage in the past 12 months

1  Mentioned
2  Not mentioned
7  Refused
8  Not ascertained
9  Don't know
Question ID: FHL315_08.010

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had State-sponsored health plan coverage in the past 12 months

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
Question ID: FHL315_09.010

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None
Recodes: None
Keywords: Private health insurance
Notes: None

Had Other government program coverage in the past 12 months

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had Single service plan coverage in the past 12 months

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

Universe: AGE = ALL and HIKINDNK = '1' or (only HIKINDNJ = '1' or SINCOV = '1') or HINOTYR = '1' or FHICHNG = '1'

Description: All persons except those with continuous coverage who are currently insured for more than 1 year with no changes

Sources: None

Recodes: None

Keywords: Private health insurance

Notes: None

Had no coverage in the past 12 months

1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
Which one of these categories best describes how this plan was obtained?

Universe: AGE = ALL and FHIKDBA = '1'
Description: All persons who had private health insurance previously

Sources: PWRKB, PWRKBSP
Recodes: None
Keywords: Employer, parents, workplace, Affordable Care Act
Notes: The answer categories '08', '09' and '10' were added after examination of the verbatim responses to the question.

How previous private coverage was obtained

01 Through employer
02 Through union
03 Through workplace, but don't know if employer or union
04 Through workplace, self-employed or professional association
05 Purchased directly
06 Through a state/local government or community program
07 Other
08 Through school
09 Through parents
10 Through relative other than parents
97 Refused
98 Not ascertained
99 Don't know
The next question is about money that [you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [you/your family] spend for medical care and dental care?

Universe: AGE = ALL
Description: All persons

Amount family spent for medical care
0 Zero
1 Less than $500
2 $500 - $1,999
3 $2,000 - $2,999
4 $3,000 - $4,999
5 $5,000 or more
7 Refused
8 Not ascertained
9 Don’t know

In the past 12 months did [fill: you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

Universe: All
Description: All families

Problems paying medical bills
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don’t know
[fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

**Question ID:** FHL.327_00.010

**Instrument Variable Name:** MEDBPA

**Final Documentation Name:** MEDBPA

**Universe:** All families

**Description:** All families

**Sources:** None

**Recodes:** None

**Keywords:** Medical bills, cost

**Notes:** None

Medical bills being paid off over time

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

[fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?

**Question ID:** FHL.327_00.020

**Instrument Variable Name:** MEDBNOP

**Final Documentation Name:** MEDBNOP

**Universe:** MEDBILL IN (’1’,’7’,’9’)

**Description:** All families but those who said they don't have problems paying their medical bills

**Sources:** None

**Recodes:** None

**Keywords:** Medical bills, cost

**Notes:** None

Unable to pay medical bills

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
[Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

**Question ID:** FHL330_00.000  
**Instrument Variable Name:** FSA  
**Final Documentation Name:** FSA

**Flexible Spending Accounts**

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

**Question ID:** FHL070_01.000  
**Instrument Variable Name:** HIKIND1-HIKIND11  
**Final Documentation Name:** HIKINDNA

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

**Private health insurance**

1. Mentioned
2. Not mentioned
7. Refused
8. Not ascertained
9. Don't know
What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL
Description: All persons

Sources: None
Recodes: MEDICARE
Keywords: Medicare
Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

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

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL
Description: All persons

Sources: None
Recodes: PRIVATE
Keywords: Medi-Gap
Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medi-Gap
1 Mentioned
2 Not mentioned
7 Refused
8 Not ascertained
9 Don't know
<table>
<thead>
<tr>
<th>Question ID: FHI.070_04.000</th>
<th>Instrument Variable Name: HIKIND1-HIKIND11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Documentation Name:</td>
<td>HIKINDND</td>
</tr>
</tbody>
</table>

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: MEDICAID

Keywords: Medicaid

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

<table>
<thead>
<tr>
<th>Medicaid</th>
<th></th>
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</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td>2 Not mentioned</td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
</tr>
<tr>
<td>8 Not ascertained</td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID: FHI.070_05.000</th>
<th>Instrument Variable Name: HIKIND1-HIKIND11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Documentation Name:</td>
<td>HIKINDNE</td>
</tr>
</tbody>
</table>

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL

Description: All persons

Sources: None

Recodes: SCHIP

Keywords: State Children's Health Insurance Program; CHIP

Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

<table>
<thead>
<tr>
<th>SCHIP</th>
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<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
</tr>
<tr>
<td>8 Not ascertained</td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
</tr>
</tbody>
</table>
**What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.**

Universe: AGE = ALL

Description: All persons

<table>
<thead>
<tr>
<th>Recodes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILCARE</td>
<td>Military; TRICARE; VA; CHAMP-VA</td>
</tr>
</tbody>
</table>

**Notes:** This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

### Military health care

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Indian Health Service

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mentioned</td>
</tr>
<tr>
<td>2</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: FHL.070_08.000
Instrument Variable Name: HIKIND1-HIKIND11
Final Documentation Name: HIKINDNH

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL
Description: All persons

Sources: None
Recodes: OTHPUB
Keywords: State-sponsored health plan
Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

State-sponsored health plan
   1 Mentioned
   2 Not mentioned
   7 Refused
   8 Not ascertained
   9 Don't know

Question ID: FHL.070_09.000
Instrument Variable Name: HIKIND1-HIKIND11
Final Documentation Name: HIKINDNI

What kind of health insurance or health care coverage {do/does} {person} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL
Description: All persons

Sources: None
Recodes: OTHGOV
Keywords: Other government program
Notes: This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Other government plan
   1 Mentioned
   2 Not mentioned
   7 Refused
   8 Not ascertained
   9 Don't know
What kind of health insurance or health care coverage do you have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL
Description: All persons

| Sources: | None |
| Recodes: | SINGLE |
| Keywords: | Single service plan; dental; vision; prescription |
| Notes: | This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details. |

<table>
<thead>
<tr>
<th>Single service plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mentioned</td>
</tr>
<tr>
<td>2 Not mentioned</td>
</tr>
<tr>
<td>7 Refused</td>
</tr>
<tr>
<td>8 Not ascertained</td>
</tr>
<tr>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

What kind of health insurance or health care coverage do you have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

Universe: AGE = ALL
Description: All persons

| Sources: | None |
| Recodes: | None |
| Keywords: | Uninsured |
| Notes: | This is the original response to the question "What kind of health insurance or health care coverage does -- have?" It does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details. |

<table>
<thead>
<tr>
<th>No coverage of any type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mentioned</td>
</tr>
<tr>
<td>2 Not mentioned</td>
</tr>
<tr>
<td>7 Refused</td>
</tr>
<tr>
<td>8 Not ascertained</td>
</tr>
<tr>
<td>9 Don't know</td>
</tr>
</tbody>
</table>
People covered by Medicare have a card that looks like this. {Are/Is} {person} covered by Medicare?

Universe: AGE GE '065' and HIKINDNB ne '1'

Description: All persons 65 years of age and over who did not respond with the original question that they had Medicare

Sources: None

Recodes: MEDICARE

Keywords: Medicare

Notes: This question does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medicare coverage probe

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

There is a program called Medicaid that pays for health care for persons in need. In this state it is also called [state name]. {Are/Is} {person} covered by Medicaid?

Universe: AGE LT '065' and HIKINDNK in '1'

Description: All persons under age 65 who did not indicate that they had any coverage with the original question.

Sources: None

Recodes: MEDICAID

Keywords: Medicaid

Notes: This question does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Medicaid coverage probe

1    Yes
2    No
7    Refused
8    Not ascertained
9    Don't know
Question ID: FHI.074_00.000  
Instrument Variable Name: SINCOV  
Final Documentation Name: SINCOV

{Do/Does} {person} have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

Universe: AGE = ALL and HIKINDNJ ne '1'

Description: All persons who had not indicated that they had a single service plan with the original question

Sources: None
Recodes: SINGLE
Keywords: Single service plan
Notes: This question does not take into account the editing process of the FHI section. Caution with the use of this variable. See survey description documentation for details.

Single service plan probe
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

Question ID: FSD.001_00.000  
Instrument Variable Name: PLBORN  
Final Documentation Name: PLBORN

{Was person} born in the United States?

Universe: ALL

Description: All persons

Sources: None
Recodes: None
Keywords: birthplace
Notes: None

Born in the United States
1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
### Geographic place of birth recode

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>USA: born in one of the 50 United States or D.C.</td>
</tr>
<tr>
<td>2</td>
<td>USA: born in a U.S. territory</td>
</tr>
<tr>
<td>3</td>
<td>Not born in the U.S. or a U.S. territory</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Years that -- has been in the U.S.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than 5 years</td>
</tr>
<tr>
<td>2</td>
<td>5 years, less than 10 years</td>
</tr>
<tr>
<td>3</td>
<td>10 years, less than 15 years</td>
</tr>
<tr>
<td>4</td>
<td>15 years or more</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Question ID: FSD.006_00.000  
Question: {is person} a CITIZEN of the United States?

Universe: ALL

Description: All persons

Sources: CITIZEN

Recodes: None

Keywords: citizenship; naturalization

Notes: Category 1 includes all persons born in the 50 United States and District of Columbia, as well as persons born in U.S.-held territories, born abroad to U.S. parent(s), and naturalized citizens.

<table>
<thead>
<tr>
<th>U.S. citizenship status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, citizen of the United States</td>
</tr>
<tr>
<td>2</td>
<td>No, not a citizen of the United States</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Question ID: FSD.007_00.000  
Question: Is {person} now attending Head Start?

Universe: AGE LE '006' and AGE NE ''

Description: All persons 6 years of age or younger

Sources: None

Recodes: None

Keywords: attending head start

Notes: None

<table>
<thead>
<tr>
<th>Now attending Head Start</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: FSD.008_00.000

Has {person} ever attended Head Start?

Universe: (AGE LT '018' and AGE NE ' ') and HEADST NE '1'

Description: All persons under age 18 not currently enrolled in Head Start

Sources: None

Recodes: None

Keywords: attended head start

Notes: None

Ever attended Head Start

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

Question ID: FSD.010_00.000 R02 RECODE

Highest level of school completed

01 12th grade or less (no high school diploma)
02 High school graduate/GED recipient
03 Some college, no degree
04 Associate degree (occupational, technical, vocational, or academic)
05 Bachelor's degree
06 Master's, professional, and/or doctoral degree
96 Child under 5 years old
97 Refused
98 Not ascertained
99 Don't know
[fill: Have you/Has alias] ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

*Read if necessary. Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the U.S. or in a foreign country, in support of military or humanitarian operations.

Universe: AGE GE '018' and AGE not IN ('997','999') and (ARMFVER IN ('1','2','7','9') or NOWAF ne 1)

Description: All persons aged 18+ who are not currently on active duty in the U.S. Armed Forces

Sources: None
Recodes: None
Keywords: armed forces; veterans; humanitarian mission
Notes: This question was first asked in 2011. The value of the final annual person weight (WTFA) for active duty military personnel is zero, so they will not be included in national (i.e., weighted) estimates. See Survey Description Document for more information.

Has - - ever served in U.S. Armed Forces, Reserves, or National Guard?

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

Did [fill: you/alias] ever serve in a foreign country during a time of armed conflict or on a humanitarian or peacekeeping mission?

Universe: AGE GE '018' and AGE not IN ('997','999') and ARMFEV='1'

Description: All persons aged 18+ who are currently on active duty in the U.S. Armed Forces

Sources: None
Recodes: None
Keywords: armed forces; active duty military; veterans; humanitarian or peacekeeping mission
Notes: This question was first asked in 2011. The value of the final annual person weight (WTFA) for active duty military personnel is zero, so they will not be included in national (i.e., weighted) estimates. See Survey Description Document for more information.

Active duty personnel who served on a humanitarian or peacekeeping mission?

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know
[The next few questions are about your employment status/the employment status of family members 18 and older].

Which of the following {was person} doing LAST WEEK?

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

Description: All persons aged 18+

Sources: DOINGLWP

Recodes: None

Keywords: working; employment

Notes: DOINGLNP is the FSD equivalent of DOINGLNA in the ASD section. For the majority of respondents, DOINGLNP and DOINGLNA should have the same values. Users wishing to reconcile any discrepant values are advised to use the values of DOINGLNA rather than DOINGLNP since this information was confirmed and corrected by the sample adult during his or her ASD interview.

What was - - doing last week

1. Employed last week
2. Looking for work
3. Not working at a job or business and not looking for work
7. Refused
8. Not ascertained
9. Don't know
Question ID: FSD.060_00.000 R01

Instrument Variable Name: WHYNOWRK

Final Documentation Name: WHYNOWNP

(If DOINGLWP eq 2)
What is the main reason {person} did not work last week?

(Else)
What is the main reason {person} did not have a job or business last week?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and DOINGLNP eq '5'

Description: All persons aged 18+ who were with a job or business but not at work last week, or not working at a job or business and not looking for work last week

Sources: WHYNOWKP

Recodes: None

Keywords: not working; unemployed; retired; keeping house

Notes: WHYNOWNP is the FSD equivalent of WHYNOWNA in the ASD section. For the majority of respondents, WHYNOWNP and WHYNOWNA should have the same values. Users wishing to reconcile any discrepant values are advised to use the values of WHYNOWNA rather than WHYNOWNP since this information was confirmed and corrected by the sample adult during his or her ASD interview

Main reason for not working last week

1 Taking care of house or family
2 Going to school
3 Retired
4 Disabled
5 Other
7 Refused
8 Not ascertained
9 Don't know
**2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS**  
**Person**  
**personsx : Family Socio-Demographic**  
**PUBLIC USE**  
**Document Version Date: 06-Dec-16**

**Question ID:** FSD.070_00.000  
**Instrument Variable Name:** R01 RECODE  
**Final Documentation Name:** WRKHRSN

*(If DOINGLWP eq 1 or 4)*  
**How many hours did {person} work LAST WEEK at ALL jobs or businesses?**

*(Else)*  
**How many hours {does person} USUALLY work at ALL jobs or businesses?**

**Universe:**  
\[(\text{AGE GE '018'} \text{ and } \text{AGE not IN ('997','999')} \text{ and } \text{(DOINGLWP IN ('1','4') or WHYNOWKP IN ('04','05','06','07'))})\]

**Description:** During last week, all persons aged 18+ who were working for pay at a job/business; working, but not for pay, at a job/business last week; on a planned vacation from work; on family or maternity leave; temporarily unable to work for health reasons; or have job/contract and off season

**Sources:** WRKHR1

**Recodes:** None

**Keywords:** total hours worked last week (ALL jobs)

**Notes:** None

**Hours worked last week**

- 01-59: 1-59 hours
- 60: 60+ hours
- 97: Refused
- 98: Not ascertained
- 99: Don't know

**Question ID:** FSD.080_00.000  
**Instrument Variable Name:** WRKFTALL  
**Final Documentation Name:** WRKFTALL

**{Does person} USUALLY work 35 hours or more per week in total at ALL jobs or businesses?**

**Universe:**  
\[(\text{AGE GE '018'} \text{ and } \text{AGE not IN ('997','999')} \text{ and } (\text{WHYNOWKP IN ('04','05','06','07')} \text{ or } \text{WRKHRS1} \text{ IN ('997','998','999')))\]

**Description:** All persons aged 18+ who worked less than 35 hours last week or it was unknown/refused how many hours person worked last week

**Sources:** None

**Recodes:** None

**Keywords:** usual work hours; hours per week

**Notes:** None

**Usually work full time**

- 1: Yes
- 2: No
- 7: Refused
- 8: Not ascertained
- 9: Don't know
**Did [person] work for pay at any time in [last calendar year in 4-digit format]?**

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

**Description:** All persons aged 18+

**Sources:** None

**Recodes:** None

**Keywords:** work last year; employment

**Notes:** None

**Work for pay last year**

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

**How many months in [last calendar year in 4-digit format] did [person] have at least one job or business?**

**Universe:** (AGE GE '018' and AGE not IN ('997','999')) and WRKLYR1 = '1'

**Description:** All persons aged 18+ who worked last year

**Sources:** None

**Recodes:** None

**Keywords:** months worked; months with one job

**Notes:** None

**Months worked last year**

1. 3 months or less
2. 4 through 6 months
3. 7 through 9 months
4. 10 or 11 months
5. 12 months
7. Refused
8. Not ascertained
9. Don't know
**Question ID:** FSD.120_00.000 R01 RECODE

**Instrument Variable Name:**

**Final Documentation Name:** ERNYR_P

What is your best estimate of {person's} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in [last calendar year in 4-digit format]?

**Universe:** (AGE GE '018' and AGE not IN ('997','999')) and WRKLYR1 = '1'

**Description:** All persons aged 18+ who worked last year

**Sources:** ERNYR

**Recodes:** None

**Keywords:** income earned; last year's earnings

**Notes:** The question text of the source question (ERNYR) refers to the calendar year prior to the year of interview. Therefore, a respondent interviewed in 2014 should have answered this question based on earnings received in 2013.

<table>
<thead>
<tr>
<th>Total earnings last year</th>
<th>01</th>
<th>$01-$4,999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>02</td>
<td>$5,000-$9,999</td>
</tr>
<tr>
<td></td>
<td>03</td>
<td>$10,000-$14,999</td>
</tr>
<tr>
<td></td>
<td>04</td>
<td>$15,000-$19,999</td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>$20,000-$24,999</td>
</tr>
<tr>
<td></td>
<td>06</td>
<td>$25,000-$34,999</td>
</tr>
<tr>
<td></td>
<td>07</td>
<td>$35,000-$44,999</td>
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<td></td>
<td>08</td>
<td>$45,000-$54,999</td>
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<td>09</td>
<td>$55,000-$64,999</td>
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<tr>
<td></td>
<td>10</td>
<td>$65,000-$74,999</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>$75,000 and over</td>
</tr>
<tr>
<td></td>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td></td>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: FSD.130_00.000

Instrument Variable Name: HIEMPOF

Final Documentation Name: HIEMPOF

Regarding {person's} job or work last week, was health insurance offered to {person} through {person's} workplace?

Universe: (AGE GE '018' and AGE not IN ('997','999')) and DOINGLWP IN ('1','2','4')

Description: All persons aged 18+ who were working for pay last week, with a job or business but not at work last week, or working, but not for pay, last week

Sources: None

Recodes: None

Keywords: health insurance; employer offered health coverage

Notes: None

Health insurance offered at workplace

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

Question ID: FIN.010_00.000

Instrument Variable Name: FINCINT

Final Documentation Name: FINCINT

The next questions are about [your total/your total family] income in [last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: None

Notes: None

Introduction to the family income section

1 Enter 1 to continue
8 Not ascertained
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.040_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSAL1-PSAL25</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final Documentation Name:</td>
<td>PSAL</td>
</tr>
</tbody>
</table>

Did {person 18+} receive income in [last calendar year in 4-digit format] from wages and salaries?

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

**Description:** Persons 18+ years

**Sources:** None

**Recodes:** None

**Keywords:** income; wage; salary

**Notes:** Family/person variable conversion; refer to ERNYR, FSD.120, for another family-level question that asks about earnings before taxes. Families consisting solely of emancipated minors are not asked this question.

Received income from wages or salary (last CY)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.060_00.000</th>
<th>Instrument Variable Name:</th>
<th>PSEINC1-PSEINC25</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final Documentation Name:</td>
<td>PSEINC</td>
</tr>
</tbody>
</table>

Did {person 18+} receive income in [last calendar year in 4-digit format] from self-employment including business and farm income?

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

**Description:** Persons 18+ years

**Sources:** None

**Recodes:** None

**Keywords:** income; self-employment; business; farm

**Notes:** Family/person variable conversion. Families consisting solely of emancipated minors are not asked this question.

Received income from self-employment (last CY)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Did {person} receive income in [last calendar year in 4-digit format] from Social Security or Railroad Retirement?

**Universe:** All

**Description:** All persons

**Sources:** None

**Recodes:** None

**Keywords:** income; Social Security; Railroad Retirement; pensions

**Notes:** Family/person variable conversion.

Received income from Social Security or Railroad Retirement (last CY)

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

---

Was {person's} Social Security or Railroad Retirement income received as a disability benefit?

**Universe:** AGE LE '064' and PSSRR = '1'

**Description:** Persons <= 64 years receiving Social Security or Railroad Retirement income

**Sources:** None

**Recodes:** None

**Keywords:** income; Social Security; Railroad Retirement; disability

**Notes:** None

Received Social Security or Railroad Retirement income as a disability benefit

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know
Did {person} receive this benefit because [you are/he is/she is] disabled?

Universe: AGE LE '064' and PSSRRDB = '1'

Description: Persons <= 64 years receiving Social Security or Railroad Retirement income as a disability benefit

Sources: None

Recodes: None

Keywords: income; Social Security; Railroad Retirement; disability; disabled

Notes: None

Received benefit due to disability

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

Did {person} receive income (in the last calendar year) from any disability pension [other than Social Security or Railroad Retirement]?

Universe: All

Description: All persons

Sources: None

Recodes: None

Keywords: income; pensions; retirement; disability; Social Security; Railroad Retirement

Notes: Family/person variable conversion.

Received income from disability pension exp. Soc Security or Railroad Retirement

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know
### Question ID: FIN.104_00.000

**Did [person] receive income (in the last calendar year) from any retirement or survivor pension?**

- **Universe:** All
- **Description:** All persons
- **Sources:** None
- **Recodes:** None
- **Keywords:** income; pensions; retirement; survivor; disability; Social Security; Railroad Retirement
- **Notes:** Family/person variable conversion.

<table>
<thead>
<tr>
<th>Received income from any other pension</th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
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<tr>
<td></td>
<td>8</td>
<td>Not ascertained</td>
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<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Question ID: FIN.120_00.000

**Did [person] receive Supplemental Security Income (SSI)?**

- **Universe:** All
- **Description:** All persons
- **Sources:** None
- **Recodes:** None
- **Keywords:** income; Supplemental Security Income; SSI
- **Notes:** Family/person variable conversion.

<table>
<thead>
<tr>
<th>Received income from SSI</th>
<th>1</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No</td>
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<tr>
<td></td>
<td>7</td>
<td>Refused</td>
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<tr>
<td></td>
<td>8</td>
<td>Not ascertained</td>
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<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Did {person} receive SSI because [you have/he has/she has] a disability?

Universe: PSSI = '1'
Description: All persons who received Supplemental Security Income in the last calendar year

Sources: None
Recodes: None
Keywords: income; Supplemental Security Income; SSI
Notes: Family/person variable conversion.

Received SSI due to disability

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

At any time during [last calendar year in 4-digit format], even for one month, did {person} receive any CASH assistance from a state or county welfare program, such as (fill specific program name)?

Universe: All
Description: All persons

Sources: None
Recodes: None
Keywords: low income; welfare; state assistance; county assistance; TANF
Notes: Family/person variable conversion. This variable may have limited analytic value at the person level since TANF benefits are based on a family's economic circumstances. Analysts may wish to use the family level variable (FTANFYN) indicating whether any family member received TANF benefits. This variable can be found in the Family File.

Received income from a state or county welfare program (e.g., TANF)

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
At any time during [last calendar year in 4-digit format], did {person} receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

Universe: All
Description: All persons

Sources: None
Recodes: None
Keywords: low income; welfare; government assistance; job training; education; child care; transportation
Notes: Family/person variable conversion. This variable may have limited analytic value at the person level since these benefits are based on a family's economic circumstances. Analysts may wish to use the family level variable (FOWBENYN) indicating whether any family member received these benefits. This variable can be found in the Family File.

Received other government assistance

<p>| | |</p>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Did {person} receive income (in the last calendar year) from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

Universe: All
Description: All persons

Sources: None
Recodes: None
Keywords: income; interest; savings
Notes: Family/person variable conversion.

Received interest income

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
**Question ID:** FIN.200_00.000  
**Instrument Variable Name:** PDIVD1-PDIVD25  
**Final Documentation Name:** PDIVD

**Did [person] receive income (in the last calendar year) from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?**

**Universe:** All  
**Description:** All persons

**Sources:** None  
**Recodes:** None  
**Keywords:** income; interest; dividends; stocks; mutual funds; property; royalties; trusts; estates  
**Notes:** Family/person variable conversion.

Received dividends from stocks, funds, etc.

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

---

**Question ID:** FIN.220_00.000  
**Instrument Variable Name:** PCHLDSP1-PCHLDSP25  
**Final Documentation Name:** PCHLDSP

**Did [person] receive income (in the last calendar year) from child support?**

**Universe:** All  
**Description:** All persons

**Sources:** None  
**Recodes:** None  
**Keywords:** income; child support  
**Notes:** Family/person variable conversion.

Received income from child support

1. Yes  
2. No  
7. Refused  
8. Not ascertained  
9. Don't know
**Question ID:** FIN.240_00.000  
**Instrument Variable Name:** PINCOT1-PINCOT25  
**Final Documentation Name:** PINCOT

Did {person} receive income (in the last calendar year) from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

<table>
<thead>
<tr>
<th>Universe:</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>All persons</td>
</tr>
</tbody>
</table>

Sources: None  
Recodes: None  
Keywords: income; alimony; VA; worker's compensation; unemployment compensation  
Notes: Family/person variable conversion.

<table>
<thead>
<tr>
<th>Received income from any other source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Question ID:** FIN.310_00.000  
**Instrument Variable Name:** PSSAPL1-PSSAPL25  
**Final Documentation Name:** PSSAPL

Has {person} EVER applied for Supplemental Security Income or SSI, even if the claim was denied?

<table>
<thead>
<tr>
<th>Universe:</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>All persons</td>
</tr>
</tbody>
</table>

Sources: None  
Recodes: None  
Keywords: income; Supplemental Security Income; SSI  
Notes: Family/person variable conversion.

<table>
<thead>
<tr>
<th>Ever applied for Supplemental Security Income (SSI)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
### Question ID: FIN.340_00.000

**Instrument Variable Name:** PSDAPL1-PSDAPL25  
**Final Documentation Name:** PSDAPL

**Has [person] EVER applied for disability benefits from Social Security, even if the claim was denied?**

| Universe: | All  |
| Description: | All persons |

| Sources: | None  |
| Recodes: | None  |
| Keywords: | income; Social Security; disability benefits  |
| Notes: | Family/person variable conversion.  |

**Ever applied for Social Security Disability Insurance (SSDI)**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Question ID: FIN.350_00.000

**Instrument Variable Name:** TANFMYR  
**Final Documentation Name:** TANFMYR

**Earlier I recorded that [person] received cash assistance from programs such as welfare or public assistance in [last calendar year in 4-digit format]. During [last calendar year in 4-digit format], about how many months did [person] receive this assistance?**

| Universe: | PTANF = '1'  |
| Description: | Persons who received welfare/TANF  |

| Sources: | None  |
| Recodes: | None  |
| Keywords: | low income; TANF; government assistance; welfare;  |
| Notes: | None  |

**Months received welfare/TANF (last CY)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>01-12</td>
<td>1-12 months</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Person

persons x : Family Income
PUBLIC USE

Document Version Date: 06-Dec-16

Question ID: FIN.384_00.000 R01 RECODE
Instrument Variable Name: FIN.384_00.000 RECODE
Final Documentation Name: ELIGPWIC

Universe: All
Description: All persons

Sources: None
Recodes: None
Keywords: Women, Infants, and Children program; WIC; benefits
Notes: This variable indicates whether the person was in a family where at least 1 member was age-eligible for the WIC program. This includes family members who were children 0-5 years of age or female 12-55 years of age.

Anyone age-eligible for the WIC program?

0 No WIC age-eligible family members
1 At least 1 WIC age-eligible family member

Question ID: FIN.385_00.000
Instrument Variable Name: PWIC1-PWIC25
Final Documentation Name: PWIC

At any time during [last calendar year in 4-digit format] did {person} receive benefits from the WIC program, that is, the Women, Infants and Children program?

Universe: ELIGPWIC = 1
Description: All persons in families with females aged 12-55 or children aged 0-5

Sources: None
Recodes: None
Keywords: Women, Infants and Children program; WIC; benefits
Notes: Family/person variable conversion. This variable may have limited analytic value at the person level since WIC benefits are based on a family's economic circumstances. Analysts may wish to use the family level variable (FWICYN) indicating whether any family member received WIC benefits. Persons in families without a WIC age-eligible persons are out of universe for this question.

Received WIC benefits

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
<table>
<thead>
<tr>
<th>Question ID: FIN.385_00.000</th>
<th>R01 RECODE</th>
<th>Instrument Variable Name: FIN.385_00.000 R01 RECODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe:</td>
<td>ELIGPWIC = 1 and PWIC = 1</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>All persons receiving WIC benefits.</td>
<td></td>
</tr>
<tr>
<td>Sources:</td>
<td>PWIC; ELIGPWIC</td>
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</tr>
<tr>
<td>Recodes:</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Keywords:</td>
<td>Women, Infants and Children program; WIC; benefits</td>
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</tr>
<tr>
<td>Notes:</td>
<td>This variable serves as a flag to indicate whether the person(s) who received WIC benefits was/were age-eligible for the program.</td>
<td></td>
</tr>
</tbody>
</table>

WIC recipient age-eligible

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Person not age-eligible</td>
</tr>
<tr>
<td>1</td>
<td>Person age-eligible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: FLG.010_00.000</th>
<th>Instrument Variable Name: FLG.010_00.000</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well [fill: do you/ does ALIAS] speak English? Would you say…</td>
<td></td>
</tr>
<tr>
<td>*Read categories below.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very well</td>
</tr>
<tr>
<td>2</td>
<td>Well</td>
</tr>
<tr>
<td>3</td>
<td>Not well</td>
</tr>
<tr>
<td>4</td>
<td>Not at all</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

How well English is spoken

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