**2007 NHIS Questionnaire - Sample Adult**  
**Adult Identification**  
Document Version Date: 27-May-08

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

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

* If refused enter CTRL-R

1  Available
2  Not available
3  Physical or mental condition prohibits responding
7  Refused

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

**SkipInstructions:**

1> if Sample Adult = demographics.hhc.RELRESP_A  
goto beginning of adult.asd  
elseif Sample Adult = demographics.hhc.HHRESP  
goto beginning of adult.asd  
else  
goto AIDVERF_S  
endif

2> goto callbk.ACALLBK1

3> goto PROX1

R> store '4' in ASTAT  
if recontact.RCIFLAG ne '1'  
goto recontact.RCI_BEGIN procedure  
else  
goto back.OUTCOMEB1 procedure  
endif

---

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

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

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

1  Yes
2  No

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

**SkipInstructions:**

1> goto PROX2

2> goto PROX3
Question ID: AID.015_00.000  Instrument Variable Name: PROX2  QuestionnaireFileName: Sample Adult

QuestionText: * Ask if necessary.

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

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

UniverseText: Knowledgeable proxy is available.

SkipInstructions: <1-4> goto AIDVERF_S

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

QuestionText: *Ask if necessary.

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

1 Yes
2 No

UniverseText: Knowledgeable proxy is not available.

SkipInstructions: <1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
    if recontact.RCIFLAG ne '1'
        goto recontact.RCI_BEGIN procedure
    else
        goto back.OUTCOMEB1 procedure
    endif

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

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

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

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

1 Yes
2 No

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

SkipInstructions: <1> goto AIDVERF_A
<2> goto AIDSEX
**2007 NHIS Questionnaire - Sample Adult**

**Adult Identification**

* Question ID: AID.040_00.000  
  * QuestionnaireFileName: Sample Adult  
  * QuestionText: * Ask if appropriate; otherwise, enter your best guess of the person's sex.  
    Are you Male or Female?

 1 Male  
 2 Female

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

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

---

* Question ID: AID.045_00.000  
  * Instrument Variable Name: AIDVERF_A  
  * QuestionnaireFileName: Sample Adult  
  * QuestionText: * Please verify the following information about the sample adult before proceeding:  
    I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?  
    *If respondent "refuses" or says "don't know", enter "1" for "yes".

 1 Yes  
 2 No

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

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

---

* Question ID: AID.050_00.000  
  * Instrument Variable Name: AIDAGE  
  * QuestionnaireFileName: Sample Adult  
  * QuestionText: How old are you?  

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

* UniverseText: Respondent said his/her age is not correct

* SkipInstructions:  
  <0-120, Refused, Don't know>  
  if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE  
  reset AIDVERF_A  
  goto ERR_AIDAGE  
  else  
  store AIDAGE in AGE  
  goto AIDDDOB_M
* Please verify the following information about the sample adult before proceeding:

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

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

1  Yes
2  No

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

1 of 3
What is your birthday?

*Enter month of birth.

01  January
02  February
03  March
04  April
05  May
06  June
07  July
08  August
09  September
10  October
11  November
12  December
97  Refused
99  Don't know
2007 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 27-May-08

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

QuestionText: 2 of 3

*Enter day of birth.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-31</td>
<td>Day of the month</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

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

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

If days not valid, goto ERR_AIDDOB_D

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

QuestionText: 3 of 3

*Enter year of birth.

1880-2020  Year of Birth

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

SkipInstructions: <1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty

elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty

endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)

goto ERR1_AIDDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)

goto ERR2_AIDDOB_Y
endif

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')

goto ERR3_AIDDOB_Y
else

store AIDDOB_M in DOBM
store AIDDOB_D in DOBD
store AIDDOB_Y in DOBY

if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty

goto AIDVERF_A
elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty

goto AIDVERF_D
endif
endif
endif
endif
endif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
reset AIDVERF_A or AIDVERF_D.

goto ERR4_AIDDOB_Y
endif
Earlier I recorded that in the last week you were

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

Is that correct?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who were working or not working last week

What is your correct working status?

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

Sample adults 18+ whose reported working status in the Family section was incorrect or sample adults who were not the Family Respondent and had answers of Refused of Don't know to the working status question from the family section
2007 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 27-May-08

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

QuestionText: Corrected Employment Status Last Week

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

UniverseText: Sample adults 18+ who verified or corrected their reported working status from the family section, or who were the Family Respondent and answered Refused or Don't know to the working status question from the family section

SkipInstructions:
if DOINGLW2 = R,D [goto EVERWRK]
endif

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

QuestionText: (Fill1: What is the main reason you did not work last week?)
(Fill2: What is the main reason you did not have a job or business last week?)

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

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

SkipInstructions:
<1-10,R,D> if WRKCOR = 2 [goto WHOWRK]
else [goto EVERWRK]
**Question ID:** ASD.066_00.000  **Instrument Variable Name:** EVERWRK  **QuestionnaireFileName:** Sample Adult

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

1 Yes  
2 No  
7 Refused  
9 Don't know

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

**SkipInstructions:** <1> [go to WHOWRK]  
<2,R,D> [go to next section]

---

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

**QuestionText:**  
? [F1]  
[If DOINGLW2 eq <1,2,4>, display]For whom did you work at your MAIN job or business? (Name of company, business, organization or employer) [Else if EVERWRK eq <1> and WHYNOWK2 = 03 or AGE ge 65]Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer) [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization, or employer)

**Verbatim** Verbatim Response

7 Refused  
9 Don't know

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

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

---

**Question ID:** ASD.080_00.000  **Instrument Variable Name:** KINDIND  **QuestionnaireFileName:** Sample Adult

**QuestionText:**  
? [F1]  
What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

**Verbatim** Verbatim Response

7 Refused  
9 Don't know

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

**SkipInstructions:** <90 char long,R,D> [goto KINDWRK]
What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

Verbatim
- 7 Refused
- 9 Don't know

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

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

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

Verbatim
- 7 Refused
- 9 Don't know

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

SkipInstructions: <90 char long,R,D> [goto WRKCAT]
2007 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 27-May-08

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

QuestionText: Is this business incorporated?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who are self-employed

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

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

QuestionText: (book) A3

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

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

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

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

SkipInstructions: <1-8,R,D> [goto WRKLONGN]
### 2007 NHIS Questionnaire - Sample Adult

**Adult Socio-Demographic**

**Document Version Date:** 27-May-08

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<thead>
<tr>
<th>Question ID: ASD.140_01.000</th>
<th><strong>Instrument Variable Name:</strong> WRKLONGN</th>
<th><strong>QuestionnaireFileName:</strong> Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong>? [F1]</td>
<td>1 of 2</td>
<td>About how long [If DOINGLW2 eq &lt;1,2,4&gt;] have you worked at this MAIN job or business? [Else if EVERWRK eq &lt;1&gt; and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq &lt;1&gt; and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?</td>
</tr>
<tr>
<td>001-365</td>
<td>1-365</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td>&lt;1-365&gt; [goto WRKLONGT]</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td>&lt;R,D&gt; if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]; else [goto WRKLONGH]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ASD.140_02.000</th>
<th><strong>Instrument Variable Name:</strong> WRKLONGT</th>
<th><strong>QuestionnaireFileName:</strong> Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>**QuestionText:**2 of 2</td>
<td>* Enter time period.</td>
<td>Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)</td>
</tr>
<tr>
<td>1</td>
<td>Day(s)</td>
<td>&lt;1-4&gt; if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]; else [goto WRKLONGH]</td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
<td>&lt;4&gt; if WRKLONGN gt AGE then [goto ERR_WRKLONGT]</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ASD.146_00.000</th>
<th><strong>Instrument Variable Name:</strong> WRKLONGH</th>
<th><strong>QuestionnaireFileName:</strong> Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong>? [F1]</td>
<td></td>
<td>[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>&lt;1,2,R,D&gt; [goto HOURPD]</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>
2007 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 27-May-08

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> [goto next section]
Now I am going to ask you about certain medical conditions. Have you EVER been told by a doctor or other health professional that you had ... Hypertension, also called high blood pressure?

1 Yes
2 No
7 Refused
9 Don't know

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

1 Yes
2 No
7 Refused
9 Don't know

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

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who were told they had hypertension

Sample adults 18+ who have ever had hypertension
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 27-May-08

---

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

**QuestionText:**

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

... Coronary heart disease?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.031_01.010  **Instrument Variable Name:** CHDYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS have you had

... Coronary heart disease?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who were ever told they had coronary heart disease

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

---

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

**QuestionText:**

* Read lead-in if necessary:

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

... Angina, also called angina pectoris?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ANGYR] <2,R,D> [goto MIEV]
**2007 NHIS Questionnaire - Sample Adult**  
**Adult Conditions**  
**Document Version Date:** 27-May-08

---

**Question ID:** ACN.031_02.020  
**Instrument Variable Name:** ANGYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
DURING THE PAST 12 MONTHS have you had  
... Angina, also called angina pectoris?  

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

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

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

---

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

**QuestionText:**  
* Read lead-in if necessary:  
Have you EVER been told by a doctor or other health professional that you had  
... A heart attack (also called myocardial infarction)?

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.031_03.030  
**Instrument Variable Name:** MIEVYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
DURING THE PAST 12 MONTHS have you had  
... A heart attack (also called myocardial infarction)?

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

**UniverseText:** Sample adults 18+ who were ever told they had a heart attack

**SkipInstructions:** <1,2,R,D> [goto HRTEV]
Question ID: ACN.031_04.000 Instrument Variable Name: HRTEV QuestionnaireFileName: Sample Adult

QuestionText: * Read lead-in if necessary:

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_04.040 Instrument Variable Name: HRTYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were ever told they had any other kind of heart condition

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

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

QuestionText: * Read lead-in if necessary:

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

...A stroke?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto STRYR] <2,R,D> [goto EPHEV]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.031_05.050</th>
<th>Instrument Variable Name:</th>
<th>STRYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS have you had ... A stroke?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
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<tr>
<td>9 Don't know</td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were ever told they had a stroke</td>
<td></td>
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<td>&lt;1,2,R,D&gt; [goto EPHEV]</td>
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<th>ACN.031_06.000</th>
<th>Instrument Variable Name:</th>
<th>EPHEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
</table>
| QuestionText:        | * Read lead-in if necessary:  
Have you EVER been told by a doctor or other health professional that you had ... Emphysema? |
| 1 Yes                |
| 2 No                 |
| 7 Refused            |
| 9 Don't know         |
| UniverseText:        | Sample adults 18+ |
| SkipInstructions:    | <1> [goto EPHYR] <2,R,D> [goto AASMEV] |

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<th>ACN.031_06.060</th>
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<tr>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 No</td>
<td></td>
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<tr>
<td>7 Refused</td>
<td></td>
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<tr>
<td>9 Don't know</td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were ever told they had emphysema</td>
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<tr>
<td>SkipInstructions:</td>
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2007 NHIS Questionnaire - Sample Adult
Adult Conditions
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<th>ACN.080_00.000</th>
<th>Instrument Variable Name:</th>
<th>AASMEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you EVER been told by a doctor or other health professional that you had asthma?</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Yes</td>
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<td></td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
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<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<td>SkipInstructions:</td>
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<td>&lt;2,R,D&gt; [goto ULCEV]</td>
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<th>ACN.085_00.000</th>
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<th>AASSTILL</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you still have asthma?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were ever told they have asthma</td>
<td></td>
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<td>SkipInstructions:</td>
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<th>AASMYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>No</td>
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<td>7</td>
<td>Refused</td>
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<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were ever told they had asthma</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto AASMERYR]</td>
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<td></td>
<td>&lt;2,R,D&gt; [go to ULCEV]</td>
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<th>ACN.100_00.000</th>
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<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ with asthma episode/attack in past 12 months</td>
<td></td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto ULCEV]</td>
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2007 NHIS Questionnaire - Sample Adult
Adult Conditions

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

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

...An ulcer? This could be a stomach, duodenal or peptic ulcer.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

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

QuestionText: DURING THE PAST 12 MONTHS have you had an ulcer?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ACN.121_01.010  Instrument Variable Name: CHLEV  QuestionnaireFileName: Sample Adult

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

...High cholesterol?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CHLYR]
<2,R,D> [goto GUMDISEV]
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<table>
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<th>ACN.121_01.015</th>
<th>Instrument Variable Name:</th>
<th>CHLYR</th>
<th>QuestionnaireFileName:</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS have you had ...High cholesterol?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were ever told they had high cholesterol</td>
<td></td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto GUMDISEV]</td>
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<th>ACN.121_02.020</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary. Have you EVER been told by a doctor or other health professional that you had ...Gum disease?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
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<tr>
<td></td>
<td>7 Refused</td>
<td></td>
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<tr>
<td></td>
<td>9 Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
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<td>SkipInstructions:</td>
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<td>&lt;2, R, D&gt; [goto PHOBIAEV]</td>
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<tr>
<td>QuestionText:</td>
<td>DURING THE PAST 12 MONTHS have you had ...Gum disease?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>2 No</td>
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<td></td>
<td>7 Refused</td>
<td></td>
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<tr>
<td></td>
<td>9 Don't know</td>
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<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were ever told they had gum disease</td>
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Adult Conditions
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Question ID: ACN.121_03.030  Instrument Variable Name: PHOBIAEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.
Have you EVER been told by a doctor or other health professional that you had
...Phobia or fears?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.121_03.035  Instrument Variable Name: PHOBIAYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had
...Phobia or fears?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were ever told they had phobia or fears

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

Question ID: ACN.121_04.040  Instrument Variable Name: AFLUPNEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.
Have you EVER been told by a doctor or other health professional that you had
...Influenza or pneumonia?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AFLUPNYR]
                <2, R, D> [goto PRCIREV]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.121_04.045  Instrument Variable Name: AFLUPNYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Influenza or pneumonia?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were ever told they had influenza or pneumonia

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

Question ID: ACN.121_05.050  Instrument Variable Name: PRCIREV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

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

...Poor circulation in your legs?

*Include peripheral vascular disease, Intermittent Claudication or cramping.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.121_05.055  Instrument Variable Name: PRCIRYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

...Poor circulation in your legs?

*Include peripheral vascular disease, Intermittent Claudication or cramping.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were ever told they had poor circulation in their legs

SkipInstructions: <1,2,R,D> [goto UREV]
Question ID: ACN.121_06.060  Instrument Variable Name: UREV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary. Have you EVER been told by a doctor or other health professional that you had ...Urinary problems such as incontinence, frequent or slow urination or infections?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

---

Question ID: ACN.121_06.065  Instrument Variable Name: URYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had ...Urinary problems such as incontinence, frequent or slow urination or infections?

1 Yes
2 No
7 Refused
9 Don't know

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

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

---

Question ID: ACN.123_01.010  Instrument Variable Name: ADDHYP  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had ...Attention Deficit Disorder or Hyperactivity?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AUTISM]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 27-May-08

---

**Question ID:** ACN.123_02.020  **Instrument Variable Name:** AUTISM  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

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

Autism?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.123_03.030  **Instrument Variable Name:** BIPDIS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

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

Bipolar Disorder?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.123_04.040  **Instrument Variable Name:** DEMENTIA  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

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

Dementia, including Alzheimer's disease?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto MANIAPSY]
Question ID: ACN.123_05.050  Instrument Variable Name: MANIAPSY  QuestionnaireFileName: Sample Adult

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

...Mania or psychosis?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SCHIZPHN]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions

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Question ID: ACN.125_00.010
Instrument Variable Name: BOWLEV
QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.125_00.020
Instrument Variable Name: BOWLYR
QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication

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

Question ID: ACN.125_00.030
Instrument Variable Name: BOWLTYP
QuestionnaireFileName: Sample Adult

QuestionText: Which of these did you have in the past 12 months?

*Enter all that apply, separate with commas.

1 Inflammatory bowel disease
2 Irritable bowel
3 Constipation severe enough to require medication
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have had inflammatory bowel disease, irritable bowel, or constipation severe enough to require medication in the past 12 months

SkipInstructions: <1-3,R,D,> [goto ACIDRYR]
Adult Conditions

2007 NHIS Questionnaire - Sample Adult

Question ID: ACN.126_00.010  Instrument Variable Name: ACIDRYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had

...Problems with acid reflux or heartburn?

Yes
No
Refused
Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.126_00.020  Instrument Variable Name: HACHEYR  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Regular headaches?

Yes
No
Refused
Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.126_00.030  Instrument Variable Name: MEMLOSYR  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Memory loss or loss of other cognitive functions?

Yes
No
Refused
Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D,> [goto SPNYR]
**Question ID:** ACN.126_00.040  **Instrument Variable Name:** SPNYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Any severe sprains or strains?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.126_00.050  **Instrument Variable Name:** DENYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had

...Dental pain?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.126_00.060  **Instrument Variable Name:** ALCTOBYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, have you had

...Excessive use of alcohol or tobacco?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D,> [goto SUBABYR]
### 2007 NHIS Questionnaire - Sample Adult

**Adult Conditions**

**Document Version Date:** 27-May-08

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>Question Text</th>
<th>Universe Text</th>
<th>Skip Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.126_00.070</td>
<td>SUBABYR</td>
<td>DURING THE PAST 12 MONTHS, have you had... Substance abuse, other than alcohol or tobacco?</td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D,&gt; [goto SKNYR]</td>
</tr>
<tr>
<td>ACN.126_00.080</td>
<td>SKNYR</td>
<td>DURING THE PAST 12 MONTHS, have you had... Skin problems?</td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D,&gt; [goto INSYR]</td>
</tr>
<tr>
<td>ACN.128_00.010</td>
<td>INSYR</td>
<td>DURING THE PAST 12 MONTHS, have you... Regularly had insomnia or trouble sleeping?</td>
<td>Sample adults 18+</td>
<td>&lt;1,2,R,D,&gt; [goto FATYR]</td>
</tr>
</tbody>
</table>
**Question ID:** ACN.128_00.020  **Instrument Variable Name:** FATYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.
DURING THE PAST 12 MONTHS, have you
...Regularly had excessive sleepiness during the day?

<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>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.128_00.030  **Instrument Variable Name:** DEPYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.
DURING THE PAST 12 MONTHS, have you
...Been frequently depressed?

<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>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.128_00.040  **Instrument Variable Name:** ANXYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.
DURING THE PAST 12 MONTHS, have you
...Been frequently anxious?

<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>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D,> [goto CANEV]
Have you EVER been told by a doctor or other health professional that you had

...Cancer or a malignancy of any kind?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+
What kind of cancer was it?

* Enter code for the first kind of cancer.

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

Sample adults 18+ who were ever told they had cancer

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_1
IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_1
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

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

QuestionText:

* Enter code for the second kind of cancer.

* Enter '96' for no more.

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

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

SkipInstructions:

<1-30,R,D>[goto CANAGE_2]
<96> goto DIBEV

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

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_2
Question ID: ACN.140_00.003  Instrument Variable Name: CANKIND_3  QuestionnaireFileName: Sample Adult

QuestionText:

* Enter code for the third kind of cancer.
* Enter ‘96' for no more.

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

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

SkipInstructions: <1-30,R,D>[goto CANAGE_3]
<96> [goto DIBEV]

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

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_3
**Question ID:** ACN.140_00.004  
**Instrument Variable Name:** CANKIND_4  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
* Enter '95' if respondent offers more than 3 kinds of cancer.
* Enter '96' for no more.

| 95 | More than three kinds |
| 96 | No more |

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

**SkipInstructions:** <95,96> [goto DIBEV]

---

**Question ID:** ACN.150_00.001  
**Instrument Variable Name:** CANAGE_1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when [fill: CANKIND_1 /this cancer] was first diagnosed?

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

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

**SkipInstructions:** <1-100, D> [goto CANKIND_2]  
<R> and <R> at CANKIND_1 [goto DIBEV]  
<R> and CANKIND_1 NE <R> [goto CANKIND_2]  
If number in CANAGE_1 greater than person years old (AGE) goto ERR_ CANAGE_1

---

**Question ID:** ACN.150_00.002  
**Instrument Variable Name:** CANAGE_2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when [fill: CANKIND_2/this cancer] was first diagnosed?

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

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

**SkipInstructions:** <1-100, D> [goto CANKIND_3]  
<R> and <R> at CANKIND_2 [goto DIBEV]  
<R> and CANKIND_2 NE <R> [goto CANKIND_3]  
If number in CANAGE_2 greater than person years old (AGE) goto ERR_ CANAGE_2
**2007 NHIS Questionnaire - Sample Adult**  
**Adult Conditions**  
**Document Version Date: 27-May-08**

**Question ID:** ACN.150_00.003  
**Instrument Variable Name:** CANAGE_3  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
How old were you when [fill: CANKIND_3/this cancer] was first diagnosed?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-100</td>
<td>1-100 years</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**  
<1-100, D> [goto CANKIND_4]  
<R> and <R> at CANKIND_3 [goto DIBEV]  
<R> and CANAGE_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) goto ERR_CANAGE_3

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

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

<table>
<thead>
<tr>
<th>Code</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>3</td>
<td>Borderline</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**  
Sample adults 18+

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

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

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

<table>
<thead>
<tr>
<th>Code</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>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**  
<1> [goto INSLN]  
<2,R,D> [goto AHAYFYR]
Question ID: ACN.170_00.000  Instrument Variable Name: DIBAGE  QuestionnaireFileName: Sample Adult

QuestionText: How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes?

01-84  1-84 years
85  85+ years
97  Refused
99  Don't know

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

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

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

QuestionText: Are you NOW taking insulin?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: ACN.190_00.000  Instrument Variable Name: DIBPILL  QuestionnaireFileName: Sample Adult

QuestionText: Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> else goto AHAYFYR

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SINYR]
**Question ID:** ACN.201_02.000  **Instrument Variable Name:** SINYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read lead-in if necessary:

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

...Sinusitis?

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

**UniverseText:** Sample adults 18+

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

---

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

**QuestionText:**

* Read lead-in if necessary:

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

...Chronic bronchitis?

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

**UniverseText:** Sample adults 18+

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

---

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

**QuestionText:**

* Read lead-in if necessary:

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto LIVYR]
During the past 12 months, have you been told by a doctor or other health professional that you had any kind of liver condition?

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

UniverseText: Sample adults 18+

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

The next questions refer to your joints. Please do NOT include the back or neck. During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto JMTHP]
<2,R,D> [goto ARTH]
Question ID: ACN.260_00.000  Instrument Variable Name: JMTHP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A4

Which joints are affected?

* Enter all that apply, separate with commas.

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

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

SkipInstructions: <1-17,R,D> [goto JNTHP]

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

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

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ with joint pain

SkipInstructions: <1,2,R,D> [goto JMTHP]
2007 NHIS Questionnaire - Sample Adult
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Question ID: ACN.280_00.000  Instrument Variable Name: JNTHP  QuestionnaireFileName: Sample Adult

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ with joint pain

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: If ARTH eq <1> or JNTSYMP eq <1> goto ARTHLMT; else [goto PAINECK]

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> if ARTH eq <1> [goto ARTHTYP]; else [goto PAINECK]
You just mentioned that you were told by a doctor or other health professional that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh). Which of these were you told you had?

*Enter all that apply, separate with commas.

1. Arthritis
2. Rheumatoid arthritis
3. Gout
4. Lupus
5. Fibromyalgia
6. Other joint condition
7. Refused
8. Don't know

Sample adults 18+ who were told they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia

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

During the PAST THREE MONTHS, did you have...

1. Neck pain?
   - Yes
   - No
   - Refused
   - Don't know

Sample adults 18+

* Read lead-in if necessary.

During the PAST THREE MONTHS, did you have...

1. Low back pain?
   - Yes
   - No
   - Refused
   - Don't know

Sample adults 18+
2007 NHIS Questionnaire - Sample Adult
Adult Conditions

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

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText: During the PAST THREE MONTHS, did you have

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

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

QuestionText: * Read lead-in if necessary:

During the PAST THREE MONTHS, did you have

...Severe headache or migraine?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ACOLD2W]
These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

---

Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=1 and age GE 40 [goto PROSTYR]; else if SEX=2 and AGE 18-49 [goto PREGNOW]; else if SEX=2 and AGE 50-55 [goto MENSyr]; else if SEX=2 and AGE 56-57 [goto MENOYR]; else if SEX=2 and AGE 58 [goto GYNYR] else [goto AHEARST1]

---

Are you currently pregnant?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Female sample adults 18-49 years of age

SkipInstructions: <1,2,R,D> [goto MENSyr]
DURING THE PAST 12 MONTHS, have you had any menstrual problems such as heavy bleeding, bothersome cramping, or pre-menstrual syndrome (also called PMS)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female sample adults 18-55

SkipInstructions: <1,2,R,D> if AGE 45-55 [goto MENOYR]; else [goto GYNYR]

DURING THE PAST 12 MONTHS, have you had any menopausal problems such as hot flashes, night sweats, or other menopausal symptoms?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female sample adults 45-57

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

DURING THE PAST 12 MONTHS, have you had any gynecologic problems such as a vaginal infection, uterine fibroids, or infertility?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female sample adults 18+

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

DURING THE PAST 12 MONTHS, have you had any men's health problems such as prostate trouble, or impotence?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1,2,R,D> [goto AHEARST1]
These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices.

Is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

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

Sample adults 18+

Is your hearing WORSE in one ear than the other?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have other than excellent hearing

Which ear is worse?

1  The right ear
2  The left ear
7  Refused
9  Don't know

Sample adults 18+ who hear worse in one ear than the other

<1,2,R,D> [goto HRRIGHT]
**2007 NHIS Questionnaire - Sample Adult**  
**Adult Conditions**  
**Document Version Date:** 27-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.400_00.040</th>
<th><strong>Instrument Variable Name:</strong> HRRIGHT</th>
<th><strong>QuestionnaireFileName:</strong> Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Is your hearing in your RIGHT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A little trouble hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Moderate trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>A lot of trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Deaf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have other than excellent hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-6,R,D&gt; [goto HRLEFT]</td>
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<tr>
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<th>ACN.400_00.050</th>
<th><strong>Instrument Variable Name:</strong> HRLEFT</th>
<th><strong>QuestionnaireFileName:</strong> Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Is your hearing in your LEFT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A little trouble hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Moderate trouble</td>
<td></td>
<td></td>
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<td>5</td>
<td>A lot of trouble</td>
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<tr>
<td>6</td>
<td>Deaf</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have other than excellent hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-6,R,D&gt; [goto HRWHISP]</td>
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<tr>
<th>Question ID:</th>
<th>ACN.400_00.060</th>
<th><strong>Instrument Variable Name:</strong> HRWHISP</th>
<th><strong>QuestionnaireFileName:</strong> Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to you from across a quiet room?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have other than excellent hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto HRBACK]</td>
<td></td>
<td>&lt;2,R,D&gt; [goto HRTALK]</td>
</tr>
</tbody>
</table>
Question ID: ACN.400_00.070  Instrument Variable Name: HRTALK  QuestionnaireFileName: Sample Adult

QuestionText: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN A NORMAL VOICE to you from across a quiet room?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS to you from across a quiet room?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SPEAKS LOUDLY into your [fill: ear/better ear]?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> [goto HRBACK]
### Question ID: ACN.400_00.100  Instrument Variable Name: HRBACK  QuestionnaireFileName: Sample Adult

**QuestionText:** How often do you find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...

*Read categories below.

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

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

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

### Question ID: ACN.400_00.110  Instrument Variable Name: HRFRUST  QuestionnaireFileName: Sample Adult

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

*Read categories below.

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

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

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

### Question ID: ACN.400_00.120  Instrument Variable Name: HRSAFETY  QuestionnaireFileName: Sample Adult

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

*Read categories below.

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

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

**SkipInstructions:** `<1-5,R,D> if AHEARST1=2,R,D and HRWORS=2,R,D [goto HRFAM]; else [goto HEARAGE1]`
How old were you when you began to have ANY permanent hearing loss/hearing loss in either ear?

01 At birth
02 0 to 2 years of age
03 3 to 5 years of age
04 6 to 11 years of age
05 12 to 19 years of age
06 20 to 39 years of age
07 40 to 59 years of age
08 60 to 69 years of age
09 70 or more years of age
97 Refused
99 Don't know

Sudden means less than 3 months.

1 Sudden
2 Gradual
7 Refused
9 Don't know
What is the MAIN cause of your hearing loss?

01 Present at birth because mother had German measles (Rubella) or Cytomegalovirus (CMV)
02 Present at birth for a genetic reason
03 Present at birth for some other reason, not including genetic or infectious disease
04 Infectious disease after birth (measles, meningitis, etc.)
05 Ear infections or Otitis Media
06 Ear injury (holes in the eardrum, etc.)
07 Ear surgery
08 Ear disease such as Meniere's Disease or Otosclerosis
09 Brain tumor (Acoustic Neuroma, etc)
10 Loud, brief noise from gunfire, blasts, or explosions
11 Noise exposure from machinery, aircraft, power tools, loud music, appliances, personal stereos or MP3 players, hair dryers, etc.
12 Getting older/aging
13 Some other cause
97 Refused
99 Don't know

Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other

Have any of your friends or relatives ever told you that you have a hearing problem?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+ who are not deaf or who are deaf but hear worse in one ear than the other
When was the LAST time you saw a doctor or other health care professional about any hearing or ear problems?

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

IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to a hearing specialist, such as an Ear, Nose, and Throat doctor?

*Read if necessary.

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

1   Yes
2   No
7   Refused
9   Don't know

IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to an audiologist or hearing aid dispenser?

*Read if necessary.

Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 4 or less years ago
When was the last time you had your hearing tested?

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

Has a hearing specialist, your doctor, or other health care professional ever recommended a cochlear (KOH-klee-uhr) implant to you?

1  Yes
2  No
7  Refused
9  Don't know

Do you now use a cochlear implant?

1  Yes
2  No
7  Refused
9  Don't know
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

*Document Version Date: 27-May-08*

---

**Question ID:** ACN.410_00.040  **Instrument Variable Name:** HRAIDNOW  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now use a hearing aid(s)?

<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>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.410_00.050  **Instrument Variable Name:** HRAIDLNG  **QuestionnaireFileName:** Sample Adult

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Less than 6 weeks</td>
</tr>
<tr>
<td>02</td>
<td>6 weeks to 11 months</td>
</tr>
<tr>
<td>03</td>
<td>1 to 2 years</td>
</tr>
<tr>
<td>04</td>
<td>3 to 4 years</td>
</tr>
<tr>
<td>05</td>
<td>5 to 9 years</td>
</tr>
<tr>
<td>06</td>
<td>10 to 14 years</td>
</tr>
<tr>
<td>07</td>
<td>15 years or more</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

---

**Question ID:** ACN.410_00.060  **Instrument Variable Name:** HRAIDYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** IN THE PAST 12 MONTHS, how often did you use a hearing aid(s)? Would you say...  

*Read categories below.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Usually</td>
</tr>
<tr>
<td>3</td>
<td>About half the time</td>
</tr>
<tr>
<td>4</td>
<td>Seldom</td>
</tr>
<tr>
<td>5</td>
<td>Never</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <1-4,R,D> if AHEARST1=1 or (AHEARST1=2,R,D and HRWORS=2,R,D) [goto HRTIN]; else [goto HRALDS]  
<5> [goto HRAIDNOT]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.410_00.070</th>
<th>Instrument Variable Name:</th>
<th>HRAIDEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you ever used a hearing aid(s) in the past?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto HRAIDLGP]</td>
<td>&lt;2,R,D&gt; [goto HRAIDREC]</td>
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<th>ACN.410_00.080</th>
<th>Instrument Variable Name:</th>
<th>HRAIDREC</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) to you?</td>
<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who do not now use a hearing aid or who have not used one in the past or who refused to answer whether they use or have used a hearing aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto HRAIDNOT]</td>
<td>&lt;2,R,D&gt; if AHEARST1=1 or (AHEARST1=2,R,D and HRWORS=2,R,D) [goto HRTIN]; else [goto HRALDS]</td>
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<tr>
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<th>ACN.410_00.090</th>
<th>Instrument Variable Name:</th>
<th>HRAIDLGP</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How long did you use a hearing aid(s) in the past?</td>
<td>01</td>
<td>Less than 6 weeks</td>
<td>02</td>
<td>6 weeks to 11 months</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have used a hearing aid in the past, but not currently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-7,R,D&gt; [goto HRAIDOFT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
During this time, how often did you use a hearing aid(s)? Would you say...

*Read categories below.

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

Why have you decided not to use a hearing aid(s)?

*Enter all that apply, separate with commas.

1. It didn't help
2. Didn't like the way it sounded
3. Whistling sounds
4. It was uncomfortable
5. It had frequent breakdowns/Needed repairs
6. Didn't like the way it looked
7. It cost too much
8. Don't think I need a hearing aid
9. Other
97. Refused
99. Don't know

Because of your hearing, have you ever used assistive listening devices (ALDs), such as FM systems, closed-caption television, or amplified telephone or relay services?

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

Sample adults 18+ whose hearing is not excellent, or who reported good hearing, but hear worse in one ear than the other
**2007 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 27-May-08

---

**Question ID:** ACN.410_00.130  **Instrument Variable Name:** HRALDTYP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A5

Which of the following assistive listening devices (ALDs) have you ever used?

*Enter all that apply, separate with commas.

- 01 Pocket talker or other personal listening device
- 02 Amplified telephone
- 03 Amplified or vibrating alarm clock
- 04 Notification or signaling alarm system (light signaler for doorbell, baby cry monitor, etc.)
- 05 Televisiion/Theater headset or closed-captioned TV
- 06 TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service
- 07 Video relay service
- 08 Sign language interpreter
- 09 Other
- 97 Refused
- 99 Don't know

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

**SkipInstructions:** <1-9,R,D> [goto HRTIN]

---

**Question ID:** ACN.412_00.010  **Instrument Variable Name:** HRTIN  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

IN THE PAST 12 MONTHS, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more?

*Read if necessary.

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HRTINLNG]  
<2,R,D> [goto HRFIRE]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.412_00.020  Instrument Variable Name: HRTINLNG  QuestionnaireFileName: Sample Adult

QuestionText: How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?

01  Less than 3 months
02  3 to 11 months
03  1 to 2 years
04  3 to 4 years
05  5 to 9 years
06  10 to 14 years
07  15 years or more
97  Refused
99  Don't know

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

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

Question ID: ACN.412_00.030  Instrument Variable Name: HRTINOFT  QuestionnaireFileName: Sample Adult

QuestionText: IN THE PAST 12 MONTHS, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say...

*Read categories below.
1  Almost always
2  At least once a day
3  At least once a week
4  At least once a month
5  Less frequently than once a month
7  Refused
9  Don't know

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

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

Question ID: ACN.412_00.040  Instrument Variable Name: HRTINMUS  QuestionnaireFileName: Sample Adult

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> [goto HRTINSLP]
Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?

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

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

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

1. No problem
2. A small problem
3. A moderate problem
4. A big problem
5. A very big problem
7. Refused
9. Don't know

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

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

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

Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months
<table>
<thead>
<tr>
<th>Question ID: ACN.412_00.072</th>
<th>Instrument Variable Name: HRTINRM</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Have you ever tried any remedies or treatments for this ringing, roaring, or buzzing in your ears or head?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Question ID: ACN.412_00.074</th>
<th>Instrument Variable Name: HRREMTYP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) A6 Which of the following treatments have you tried? *Enter all that apply, separate with commas.</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Amplification/Hearing aids</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Masking with wearable device (with or without hearing aids)</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Masking with non-wearable device (sound generators to help with sleep)</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Cognitive therapy with counseling</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Stress reduction or relaxation methods</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Biofeedback</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Tinnitus retraining therapy (TRT)</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Psychiatric treatment</td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Surgery to cut the hearing nerve</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Drugs or medications</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Nutritional supplements</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Music therapy</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Temporal mandibular joint treatment</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Alternative methods (hypnosis, acupuncture, etc.)</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**<1-15,R,D> [goto HRFIRE]
The next few questions are about your current or previous exposure to loud sounds or noises.

Have you ever used firearms for any reason?

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

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

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

UniverseText: Sample adults 18+

SkipInstructions:
<1> [goto HRFIRTYP];
<2,R,D> If EVERWRK ne <2, R, D> [goto HRWRKNOS];
Else [goto HRLESNOS]

Was this for work, leisure, or both?

1. Work
2. Leisure
3. Both
7. Refused
9. Don't know

UniverseText: Sample adults 18+ who have ever used firearms

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

How many TOTAL rounds have you ever fired?

*Read categories if necessary.

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

*One round equals one shot.

1. 1 to less than 100 rounds
2. 100 to less than 1000 rounds
3. 1000 to less than 10,000 rounds
4. 10,000 to less than 50,000 rounds
5. 50,000 rounds or more
7. Refused
9. Don't know

UniverseText: Sample adults 18+ who have ever used firearms

SkipInstructions: <1-5,R,D> [goto HR12MR]
Question ID: ACN.413_00.040  Instrument Variable Name: HR12MR  QuestionnaireFileName: Sample Adult

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

*Read categories if necessary.

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

*One round equals one shot.

0  None
1  1 to less than 100 rounds
2  100 to less than 1000 rounds
3  1000 to less than 10,000 rounds
4  10,000 rounds or more
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever used firearms

SkipInstructions: <0,R,D>  if EVERWRK ne <2,R,D> [goto HRWRKNOS]; else [goto HRLESNOS]
<1-4> [goto HRFRPROT]

Question ID: ACN.413_00.050  Instrument Variable Name: HRFRPROT  QuestionnaireFileName: Sample Adult

QuestionText: IN THE PAST 12 MONTHS, when shooting firearms how often have you worn ear plugs or ear muffs? Would you say...

*Read categories below.

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

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

SkipInstructions: <1-5,R,D>  if EVERWRK ne <2,R,D> [goto HRWRKNOS] ; else [goto HRLESNOS]

Question ID: ACN.414_00.010  Instrument Variable Name: HRWRKNOS  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a job, or combination of jobs, where you were exposed to loud sounds or noise for 4 or more hours a day, several days a week? Loud means so loud that you must speak in a raised voice to be heard.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever worked

SkipInstructions: <1> [goto HRWRKTOT] <2,R,D> [goto HRLESNOS]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 27-May-08

Question ID: ACN.414_00.020  Instrument Variable Name: HRWRKTOT  QuestionnaireFileName: Sample Adult

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

*Read if necessary.

Loud means so loud that you must speak in a raised voice to be heard.

01 Less than 3 months
02 3 to 11 months
03 1 to 2 years
04 3 to 4 years
05 5 to 9 years
06 10 to 14 years
07 15 or more years
97 Refused

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

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

Question ID: ACN.414_00.030  Instrument Variable Name: HRWRKYR  QuestionnaireFileName: Sample Adult

QuestionText: Was any of this exposure to loud sounds or noise IN THE PAST 12 MONTHS?

1 Yes
2 No
7 Refused
9 Don't know

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

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

Question ID: ACN.414_00.040  Instrument Variable Name: HRWKPROT  QuestionnaireFileName: Sample Adult

QuestionText: IN THE PAST 12 MONTHS, how often did you wear ear plugs or ear muffs when exposed to loud sounds or noise at work? Would you say...

*Read categories below.

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

UniverseText: Sample adults 18+ who have had a job that exposed them to loud noise 4 or more hours a day, several days a week in the past 12 months

SkipInstructions: <1-5,R,D> [goto HRLESNOS]
2007 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 27-May-08

Question ID: ACN.415_00.010 Instrument Variable Name: HRLESNOS QuestionnaireFileName: Sample Adult

QuestionText: [Fill: Outside of work, have you ever been exposed to loud sounds or noise 10 or more times a year? This includes noise from power tools, loud music, racing or speedways, household appliances, or other things/Have you ever been exposed to loud sounds or noise 10 or more times a year? This includes noise from power tools, loud music, racing or speedways, household appliances, or other things]?

*Read if necessary.

Loud means so loud that you must speak in a raised voice to be heard.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.415_00.020 Instrument Variable Name: HRLESTYP QuestionnaireFileName: Sample Adult

QuestionText: (book) A7

Which of the following activities have you ever been exposed to 10 or more times for a year?

*Enter all that apply, separate with commas.

01 Motorcycles/Auto racing/Snowmobile/Motor boat
02 Operating farm machinery
03 Wood cutting, woodworking, other workshop power tools
04 Lawn mower, electric trimmer, leaf/snow blower
05 Firearms
06 Household appliances: Blender/Mixer, food processor, vacuum cleaner, hair dryer, etc.
07 MP3 Player/iPod
08 Playing in a music group
09 Other music-related activities: Rock concerts, stereos, disco/clubs or bars
10 Other noisy, non-work-related activities
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have ever been exposed to leisure-time noise at least once a month for a year

SkipInstructions: <1-10,R,D> [goto HRLESYR]
**Question ID:** ACN.415_00.030  
**Instrument Variable Name:** HRLESYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Were you exposed 10 or more times in the past year to any of these activities?

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+ who have ever been exposed to leisure-time noise at least once a month for a year

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

---

**Question ID:** ACN.415_00.040  
**Instrument Variable Name:** HRLSPROT  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** IN THE PAST 12 MONTHS, when exposed to loud noise or music [fill: outside of work], how often have you worn ear plugs or ear muffs? Would you say...  
*Read categories below.

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

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

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

---

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

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

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ABLIND] <2,R,D> [goto LUPPRT]
Question ID: ACN.440_00.000  Instrument Variable Name: ABLIND  QuestionnaireFileName: Sample Adult

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

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

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

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

---

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

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

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

**UniverseText:** Sample adults 18+

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

---

Question ID: ACN.470_00.000  Instrument Variable Name: MHSAD_CK  QuestionnaireFileName: Sample Adult

**QuestionText:** Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

1. Enter 1 to continue

**UniverseText:** Sample adults 18+

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

---

Question ID: ACN.471_01.000  Instrument Variable Name: SAD  QuestionnaireFileName: Sample Adult

**QuestionText:** (book) A8

During the PAST 30 DAYS, how often did you feel

... So sad that nothing could cheer you up?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto NERVOUS]
### Adult Conditions

#### Question ID: ACN.471_02.000  
**Instrument Variable Name:** NERVOUS  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

*(book) A8*

*Read lead-in if necessary:*

During the PAST 30 DAYS, how often did you feel...

... Nervous?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

**UniverseText:** Sample adults 18+

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

---

### Question ID: ACN.471_03.000  
**Instrument Variable Name:** RESTLESS  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

*(book) A8*

*Read lead-in if necessary:*

During the PAST 30 DAYS, how often did you feel...

... Restless or fidgety?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto HOPELESS]
* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel... Hopeless?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

UniverseText: Sample adults 18+

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

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel...That everything was an effort?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto WORTHLS]
During the PAST 30 DAYS, how often did you feel...Worthless?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

Sample adults 18+

If SAD eq <1-3> or NERVOUS eq <1-3> or RESTLESS eq <1-3> or HOPELESS eq <1-3> or EFFORT eq <1-3>
or WORTHLS eq <1-3> [goto MHAMTMO]; else [goto next section]

We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

1. A lot
2. Some
3. A little
4. Not at all
5. Refused
6. Don't know

Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

<1-4,R,D> [goto next section]
2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 27-May-08

Question ID: AHS.030_00.000  Instrument Variable Name: WRKLYR2  QuestionnaireFileName: Sample Adult

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

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

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

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

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

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

* Enter '0' for None.

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

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

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

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

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

* Enter '0' for None.

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

UniverseText: Sample adults 18+

SkipInstructions: <0-366,R,D> [goto AHSTATYR]
<120-366> [goto ERR_BEDDAYR]
Question ID: AHS.060_00.000  Instrument Variable Name: AHSTATYR  QuestionnaireFileName: Sample Adult

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

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

UniverseText: Sample adults 18+

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A9

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

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCLIMB]
Question ID: AHS.091_02.000  Instrument Variable Name: FLCLIMB  QuestionnaireFileName: Sample Adult

QuestionText: (book) A9

* Read lead-in if necessary.

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

...Walk up 10 steps without resting?

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A9

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSIT]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date:** 27-May-08

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

**QuestionText:**

* Read lead-in if necessary.

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

...Sit for about 2 hours?

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

**UniverseText:** Sample adults 18+

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

---

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

**QuestionText:**

* Read lead-in if necessary.

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

...Stoop, bend, or kneel?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLREACH]
(book) A9

* Read lead-in if necessary.

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

...Reach up over your head?

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLGRASP]
**Question ID:** AHS.141_02.000  **Instrument Variable Name:** FLCARRY  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A9

* Read lead-in if necessary.

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

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

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

**UniverseText:** Sample adults 18+

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

---

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

**QuestionText:**

(book) A9

* Read lead-in if necessary.

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLSHOP]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

Document Version Date: 27-May-08

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

**QuestionText:**

*(book) A9*

* Read lead-in if necessary.

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

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

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

**UniverseText:** Sample adults 18+

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

---

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

**QuestionText:**

*(book) A9*

* Read lead-in if necessary.

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

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

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

**UniverseText:** Sample adults 18+

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

---
(book) A9

* Read lead-in if necessary.

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

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

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

Sample adults 18+

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

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

* Do not probe, except to clarify answer.

01 Vision/problem seeing
02 Hearing problem
03 Arthritis/rheumatism
04 Back or neck problem
05 Fracture, bone/joint injury
06 Other injury
07 Heart problem
08 Stroke problem
09 Hypertension/high blood pressure
10 Diabetes
11 Lung/breathing problem(e.g., asthma and emphysema)
12 Cancer
13 Birth defect
14 Mental retardation
15 Other developmental problem (e.g., cerebral palsy)
16 Senility
17 Depression/anxiety/emotional problem
18 Weight problem
19 Missing limbs (fingers, toes or digits), amputee
20 Kidney, bladder or renal problems
21 Circulation problems (including blood clots)
22 Benign Tumors, Cysts
23 Fibromyalgia, lupus
24 Osteoporosis, tendinitis
25 Epilepsy, seizures
26 Multiple Sclerosis (MS), Muscular Dystrophy (MD)
27 Polio(myelitis), paralysis, para/quadriplegia
28 Parkinson's disease, other tremors
29 Other nerve damage, including carpal tunnel syndrome
30 Hernia
31 Ulcer
32 Varicose veins, hemorrhoids
33 Thyroid problems, Grave's disease, gout
34 Knee problems (not arthritis (03), not joint injury(05))
35 Migraine headaches (not just headaches)
90 Other impairment/problem (Specify one)
91 Other impairment/problem (Specify one)
97 Refused
99 Don't know/Not sure
UniverseText: Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

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

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

QuestionText: * Enter other impairment/problem.

Verbatim

7  Refused
9  Don't know

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

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

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

QuestionText: * Enter other impairment/problem.

Verbatim

7  Refused
9  Don't know

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

SkipInstructions: <50 chars>[goto AHCL91N]
>ENTER< only with no description [goto ERR1_AFLHCA_S1]
How long have you had a vision problem or problem seeing?

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

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

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

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

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

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

<1-4, R,D>[goto AHCL01T]
<R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

* Enter time period for time with hearing problem.

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

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

<1-4, R,D>[goto AHCL02T]
<R>[store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<95,D>[goto AHCL02T]
<96>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)
How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

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

1
2
3
4
6
9

Day(s)
Week(s)
Month(s)
Year(s)
Since Birth
Refused
Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94 1-94
95 95+
96 Since birth
99 Refused

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

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

Enter time period for time with back or neck problem.

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

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

SkipInstructions:
<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL04T
[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T
How long have you had a fracture, bone, or joint injury?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
2007 NHIS Questionnaire - Sample Adult  
Adult Health Status & Limitations  
Document Version Date: 27-May-08

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

QuestionText: 1 of 2

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

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions:

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions:

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

* Enter number for time with a heart problem.
  
* Enter "95" for 95 or more.
  
* Enter "96" if since birth.

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

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

* Enter time period for time with heart problem.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

**SkipInstructions:**

<1-95,D>[goto AHCL08T]
<R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
1 of 2

How long have you had hypertension or high blood pressure?

* Enter number for time with hypertension or high blood pressure.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to hypertension or high blood pressure

SkipInstructions: <1-95,D>[goto AHCL09T]
<R>[store "R" in AHCL09T][goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL09T][goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

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

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL09T
[if \[AHCL09N = Number greater than person years old and AHCL09T= 4\]] goto ERR1_AHCL09T
### Question ID: AHS.309_01.000
#### Instrument Variable Name: AHCL10N
#### QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
<th>1-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who had difficulty due to diabetes

**SkipInstructions:**

<1-95,D>[goto AHCL10T]

<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

### Question ID: AHS.309_02.000
#### Instrument Variable Name: AHCL10T
#### QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with diabetes.

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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<td>3</td>
<td>Month(s)</td>
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<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since Birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL10T

[if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T
How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

Sample adults 18+ who had difficulty due to a lung or breathing problem

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had cancer?

* Enter number for time with cancer.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

---

* Enter time period for time with cancer.

* Enter number for time with cancer.

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

---

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

How long have you had mental retardation?

- Enter number for time with mental retardation.
- Enter "95" for 95 or more.
- Enter "96" if since birth.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
<td>1-94</td>
</tr>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Question 2 of 2

* Enter time period for time with mental retardation.

- Day(s)
- Week(s)
- Month(s)
- Year(s)
- Since Birth
- Refused
- Don't know

---

**Universe Text:** Sample adults 18+ who had difficulty due to mental retardation

**Skip Instructions:**
- `<1-95,D>` [goto AHCL14T]
- `<R>` [store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<96>` [store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

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

**Skip Instructions:**
- `<1-4, R,D>`[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<6>` goto ERR2_AHCL14T
  [if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date:** 27-May-08

<table>
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<tr>
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<th>AHS.314_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL15N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How long have you had a developmental problem (e.g., cerebral palsy)?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Enter number for time with a developmental problem.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>* Enter &quot;95&quot; for 95 or more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>01-94</td>
<td>01-94</td>
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<td></td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who had difficulty due to a developmental problem</td>
<td></td>
<td></td>
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</tbody>
</table>

**SkipInstructions:**

`<1-95,D>[goto AHCL15T]`

`<R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

`<96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

<table>
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<th>AHS.314_02.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL15T</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter time period for time with developmental problem.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Day(s)</td>
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<td></td>
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</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
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<tr>
<td>3</td>
<td>Month(s)</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Since Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who answered 1-95, D for the &quot;number&quot; part of this 2-part question</td>
<td></td>
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</table>

**SkipInstructions:**

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

`<6> goto ERR2_AHCL15T`

`[if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T`
How long have you had senility?

* Enter number for time with senility.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to senility

* Enter time period for time with senility.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety, or an emotional problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-94</td>
<td>1-94</td>
</tr>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>Since Birth</td>
<td>96</td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
</tr>
<tr>
<td>Don't know</td>
<td>99</td>
</tr>
</tbody>
</table>

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

Enter time period for time with depression, anxiety, or emotional problem.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day(s)</td>
<td>1</td>
</tr>
<tr>
<td>Week(s)</td>
<td>2</td>
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<tr>
<td>Month(s)</td>
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<td>Year(s)</td>
<td>4</td>
</tr>
<tr>
<td>Since Birth</td>
<td>6</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a weight problem

Enter time period for time with weight problem.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
2007 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 27-May-08

Question ID: AHS.318_01.000  Instrument Variable Name: AHCL19N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a missing limb

SkipInstructions:

<1-95,D>[goto AHCL19T]
<R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this
is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If
this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.318_02.000  Instrument Variable Name: AHCL19T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with missing limb.

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

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

SkipInstructions:

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last
ccondition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL19T
[if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto
ERR1_AHCL19T
How long have you had a kidney, bladder or renal problem?

* Enter number for time with a kidney, bladder or renal problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

2 of 2

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a circulation problem

* Enter time period for time with circulation problem.

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

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

<1-95,D>[goto AHCL21T]
<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

### Question ID: AHS.321_01.000
#### Instrument Variable Name: AHCL22N
#### QuestionnaireFileName: Sample Adult

#### QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.
* Enter "95+" for 95 or more.
* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
<td>01-94</td>
</tr>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

#### SkipInstructions:
- `<1-95,D>[goto AHCL22T]`
- `<R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

### Question ID: AHS.321_02.000
#### Instrument Variable Name: AHCL22T
#### QuestionnaireFileName: Sample Adult

#### QuestionText: 2 of 2

* Enter time period for time with benign tumors or cysts.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
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<td>2</td>
<td>Week(s)</td>
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<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since Birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

#### SkipInstructions:
- `<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<6> goto ERR2_AHCL22T [if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T`
How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

UniverseText: Sample adults 18+ who had difficulty due to fibromyalgia or lupus

SkipInstructions:
- 1-95, D [goto AHCL23T]
- R [store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- 96 [store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
**Question ID:** AHS.323_01.000  **Instrument Variable Name:** AHCL24N  **QuestionnaireFileName:** Sample Adult

**Question Text:**
1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

**Universe Text:** Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

**Skip Instructions:** <1-95,D>[goto AHCL24T]
<R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.323_02.000  **Instrument Variable Name:** AHCL24T  **QuestionnaireFileName:** Sample Adult

**Question Text:**
2 of 2

* Enter time period for time with osteoporosis or tendinitis.

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

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

**Skip Instructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL24T
[if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T
How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.
* Enter "95" for 95 or more.
* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to epilepsy or seizures

* Enter time period for time with epilepsy or seizures.

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

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

<1-4, R,D>[goto AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
### Question ID: AHS.325_01.000  
**Instrument Variable Name:** AHCL26N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
1 of 2

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD).

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

**UniverseText:** Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

**SkipInstructions:**

<1-95,D>[goto AHCL26T]  
<R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

### Question ID: AHS.325_02.000  
**Instrument Variable Name:** AHCL26T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
2 of 2

* Enter time period for time with multiple sclerosis or muscular dystrophy.

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

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

**SkipInstructions:**

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL26T  
[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T
1 of 2

How long have you had polio(myelitis), paralysis or para/quadriplegia?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL27T]
<R>[store "R" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

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

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL27T
[if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto ERR1_AHCL27T
How long have you had Parkinson's disease or tremors?

* Enter number for time with Parkinson's disease or tremors.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date:** 27-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.328_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL29N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td>How long have you had nerve damage (including carpal tunnel syndrome)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter number for time with nerve damage (including carpal tunnel syndrome).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter &quot;95&quot; for 95 or more.</td>
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<tr>
<td></td>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
<td></td>
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<td></td>
<td>01-94</td>
<td>01-94</td>
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<td></td>
<td></td>
<td>95</td>
<td>95+</td>
<td></td>
<td></td>
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<tr>
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<td>97</td>
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<tr>
<td></td>
<td></td>
<td>99</td>
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<td></td>
</tr>
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<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who had difficulty due to nerve damage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-95,D&gt;[goto AHCL29T]</td>
<td>&lt;R&gt;[store &quot;R&quot; in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
<td>&lt;96&gt;[store &quot;6&quot; in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.328_02.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL29T</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td>* Enter time period for time with nerve damage.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Day(s)</td>
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<td>2</td>
<td>Week(s)</td>
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<td>3</td>
<td>Month(s)</td>
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<td>4</td>
<td>Year(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>Since Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who answered 1-95, D for the &quot;number&quot; part of this 2-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-4,R,D&gt;[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
<td>&lt;6&gt; goto ERR2_AHCL29T</td>
<td>[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a hernia

<1-95,D>[goto AHCL30T]
<R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with hernia.

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

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

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6>[goto ERR2_AHCL30T]
[if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T
How long have you had an ulcer?

* Enter number for time with an ulcer.
* Enter "95" for 95 or more.
* Enter "96" if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to an ulcer

* Enter time period for time with ulcer.

1
2
3
4
5
6
7
9

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

* Enter time period for time with varicose veins or hemorrhoids.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions:
<1-95,D>[goto AHCL33T]
<R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

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

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

SkipInstructions:
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL33T
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T
How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a knee problem

Enter time period for time with knee problem.

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

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

<1-4, R,D>[goto AHCL34T]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
Question ID: AHS.334_01.000  Instrument Variable Name: AHCL35N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to migraine headaches

SkipInstructions:<1-95,D>[goto AHCL35T]
<R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.334_02.000  Instrument Variable Name: AHCL35T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

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

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

SkipInstructions:<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL35T
[if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T
Question ID: AHS.335_01.000  Instrument Variable Name: AHCL90N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?

* Enter number for time with {problem in AFLHCA90}.
* Enter '95'' for 95 or more.
* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D> [goto AHCL90T]
<96> [store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000  Instrument Variable Name: AHCL90T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

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

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

SkipInstructions: <1-4, R,D> [[if 91 selected in AFLHCA goto AFLHCA_S2] Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL90T
[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T
Question ID: AHS.336_01.000  Instrument Variable Name: AHCL91N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

SkipInstructions: <1-95,D>[goto AHCL91T]
<R>[store "R" in AHCL91T] [goto SMKEV (next section)]
<96>[store "6" in AHCL91T] [goto SMKEV (next section)]

Question ID: AHS.336_02.000  Instrument Variable Name: AHCL91T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA91}.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL91T
[if[AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T
These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

1  Yes
2  No
7  Refused
9  Don't know

How old were you when you FIRST started to smoke fairly regularly?

* Enter '6' if less than 6 years old.
* Enter '95' if 95 years old or older.
* Enter '96' if never smoked regularly.

06-84  6 - 84 years
85   85 years or older
96   Never smoked regularly
97   Refused
99   Don't know

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

1  Every day
2  Some days
3  Not at all
7  Refused
9  Don't know
Question ID: AHB.040_01.000  Instrument Variable Name: SMKQTNO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

* Enter '95' for 95 years old or older.

01-94
  1 - 94
95  95+
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-95> [goto SMKQTTP]
                  <R,D> [goto VIGNO]

Question ID: AHB.040_02.000  Instrument Variable Name: SMKQTTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time since quit smoking.

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

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-4> [goto VIGNO]
                  <4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP]
                  [if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP]

Question ID: AHB.050_00.000  Instrument Variable Name: CIGSDA1  QuestionnaireFileName: Sample Adult

QuestionText: On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

01-94
  1 - 94 cigarettes
95  95+ cigarettes
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who are current every day smokers

SkipInstructions: <1-95,R,D> [goto CIGQTYR]
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date:** 27-May-08

---

**Question ID:** AHB.060_00.000  **Instrument Variable Name:** CIGDAMO  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

On how many of the PAST 30 DAYS did you smoke a cigarette?

*Enter '0' for None.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
<tr>
<td>01-30</td>
<td>1-30 days</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who are current some day smokers

**SkipInstructions:**

<0>[goto CIGQTYR]  
<1-30,R,D> [goto CIGSDA2]

---

**Question ID:** AHB.070_00.000  **Instrument Variable Name:** CIGSDA2  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
<td>1-94 cigarettes</td>
</tr>
<tr>
<td>95</td>
<td>95+ cigarettes</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who are current some day smokers

**SkipInstructions:**

<1-95,R,D> [goto CIGQTYR]

---

**Question ID:** AHB.080_00.000  **Instrument Variable Name:** CIGQTYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

<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>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who are every day or someday smokers

**SkipInstructions:**

<1,2,R,D> [goto VIGNO]
The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

Sample adults 18+

* Enter time period for vigorous leisure-time physical activities.

0 Never
1 Per day
2 Per week
3 Per month
4 Per year
6 Unable to do this activity
7 Refused
9 Don't know

Sample adults 18+ who do vigorous activities
About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995 1-995
997 Refused
999 Don't know

Sample adults 18+ who do vigorous activities

* Enter time period for length of vigorous leisure-time physical activities.

1 Minutes
2 Hours
7 Refused
9 Don't know

Sample adults 18+ who do vigorous activities

if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP;
if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP
**2007 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

*Document Version Date: 27-May-08*

**Question ID:** AHB.110_01.000  **Instrument Variable Name:** MODNO  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter ‘996’ if unable to do this type of activity.

| 000 | Never |
| 001-995 | 1-995 time(s) |
| 996 | Unable to do this type activity |
| 997 | Refused |
| 999 | Don't know |

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<1-995>[goto MODTP]  
<0, 996, R,D>[goto STRNGNO]

---

**Question ID:** AHB.110_02.000  **Instrument Variable Name:** MODTP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for light or moderate leisure-time physical activities

| 0 | Never |
| 1 | Per day |
| 2 | Per week |
| 3 | Per month |
| 4 | Per year |
| 6 | Unable to do this activity |
| 7 | Refused |
| 9 | Don't know |

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

**SkipInstructions:**

<1-4> goto MODLNGNO

[[if (MODNO gt <4> and MODTP eq <1>) or (MODNO gt <28> and MODTP eq <2>) or (MODNO gt <31> and MODTP eq <3>) or (MODNO gt <365> and MODTP eq <4>)]] goto ERR_MODNO
About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

001-995 1-995
997 Refused
999 Don’t know

Sample adults 18+ who do light or moderate activities

* Enter time period for length of light or moderate leisure-time physical activities.

1 Minutes
2 Hours
7 Refused
9 Don’t know

Sample adults 18+ who do light or moderate activities

if MODLNGNO lt 10 and MODLNGTP eq 1 goto ERR1_MODLNGTP
if MODLNGNO gt 90 and MODLNGTP eq 1 or if MODLNGNO gt 2 and MODLNGTP eq 2 goto ERR2_MODLNGTP
Question ID: AHB.130_01.000  Instrument Variable Name: STRNGNO  QuestionnaireFileName: Sample Adult

QuestionText: How often do you do leisure-time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]

Question ID: AHB.130_02.000  Instrument Variable Name: STRNGTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for strengthening activities

0 Never
1 Per day
2 Per week
3 Per month
4 Per year
6 Unable to do this activity
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who do strengthening activities

SkipInstructions: <1-4> goto ALC1YR
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]
These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1  Yes
2  No
7  Refused
9  Don't know

In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1  Yes
2  No
7  Refused
9  Don't know

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000  Never
001-365  1-365 day(s)
997  Refused
999  Don't know
### Question 1
**Question ID:** AHB.160_02.000  
**Instrument Variable Name:** ALC12MTP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

- 0: Never/None
- 1: Week
- 2: Month
- 3: Year
- 7: Refused
- 9: Don't know

**UniverseText:** Sample adults 18+ who drank at least once in the past year

**SkipInstructions:**

```
<1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or
(ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]
```
Question ID: AHB.180_01.000  Instrument Variable Name: ALC5UPNO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have 5 or more drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000 Never/None
001-365 1-365 day(s)
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-365>[goto ALC5UPTP]
<0,R,D>[goto AHGT_FT]

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

QuestionText: 2 of 2

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

0 Never/None
1 Per week
2 Per month
3 Per year
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have had 5+ drinks in one day at least once in the past year

SkipInstructions: <1-3>goto AHGT_FT
[If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or (ALC5UPNO gt <31> & ALC5UPTP = <2>) or (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP]
[If number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) lt number of days per year with 5 or more drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]
### Question ID: AHB.190_01.000  Instrument Variable Name: AHGT_FT  QuestionnaireFileName: Sample Adult

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

* Enter "M" to record metric measurements

<table>
<thead>
<tr>
<th>02-07</th>
<th>2-7 feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:**

- `<2-7>` [goto AHGT_IN]
- `<R,D>` [goto AWGT_LB]
- `<M>` [goto AHGT_M]
  - [if AHGT_FT NE `<2-7,D,R,M>` goto ERR1_AHGT_FT]
  - [if AHGT_FT = `<2,3>` goto ERR2_AHGT_FT]

### Question ID: AHB.190_02.000  Instrument Variable Name: AHGT_IN  QuestionnaireFileName: Sample Adult

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

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

<table>
<thead>
<tr>
<th>00-11</th>
<th>0-11 inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

- `<0-11,R,D>` [goto AWGT_LB]
- `<empty>` [goto ERR_AHGT_IN]

### Question ID: AHB.190_03.000  Instrument Variable Name: AHGT_M  QuestionnaireFileName: Sample Adult

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

* Enter height in metric.

<table>
<thead>
<tr>
<th>0-2</th>
<th>0-2 meters</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

- `<0-2>` [goto AHGT_CM]
- `<R,D>` [goto AWGT_LB]
- `<empty>` [goto ERR_AHGT_M]
Question ID: AHB.190_04.000  Instrument Variable Name: AHGT_CM  QuestionnaireFileName: Sample Adult

QuestionText:  
* Enter centimeters.

000-241 0-241 centimeters
997 Refused
999 Don't know

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

SkipInstructions: <0-241,R,D> goto AWGT_LB

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto ERR1_AHGT_CM
<> goto ERR2_AHGT_CM
[If AHGT_M eq <1> and AHGT_CM lt <20> or AHGT_M eq <0> and AHGT_CM lt <120>] goto ERR3_AHGT_CM

---

Question ID: AHB.200_01.000  Instrument Variable Name: AWGT_LB  QuestionnaireFileName: Sample Adult

QuestionText:  
How much do you weigh without shoes?

* Enter "M" to record metric measurements
* Enter '500' for 500 pounds or more

050-500 50-500 pounds
997 Refused
999 Don't know
M Metric

UniverseText:  Sample adults 18+

SkipInstructions: <50-500> [goto SLEEP]
[if AWGT_LB lt <50> or gt <500> goto ERR_AWGT_LB
<R,D>[goto SLEEP]
<M>[goto AWGT_KG]

---

Question ID: AHB.200_02.000  Instrument Variable Name: AWGT_KG  QuestionnaireFileName: Sample Adult

QuestionText:  
How much do you weigh without shoes?

* Enter weight in kilograms

022-226 22-226 kilograms
997 Refused
999 Don't know

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

SkipInstructions: <22-226,R,D> [goto SLEEP]
[If AWGT_KG lt <22> or K gt <226>goto ERR_AWGT_KG]
On average, how many hours of sleep do you get in a 24-hour period?

* Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

<table>
<thead>
<tr>
<th>Code</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-24</td>
<td>1-24 hours</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Sample adults 18+
Is there a place that you **USUALLY** go to when you are sick or need advice about your health?

1. Yes
2. There is NO place
3. There is MORE THAN ONE place
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:**

`<1-5> [go to AHCPLROU]`  
`<6,R,D> [go to AHCPLKND]`

Is that \{fill: place from (APLKHRD)\} the same place you **USUALLY** go when you need routine or preventive care, such as a physical examination or check up?

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

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who reported place goes most often as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

**SkipInstructions:**  
`<1> [goto AHCPCHGYR]`  
`<2,R,D> [go to AHCPLKND]`
Question ID: AAU.037_00.000  Instrument Variable Name: AHCPLKND  QuestionnaireFileName: Sample Adult

QuestionText: What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

0  Doesn't get preventive care anywhere
1  Clinic or health center
2  Doctor's office or HMO
3  Hospital emergency room
4  Hospital outpatient department
5  Some other place
6  Doesn't go to one place most often
7  Refused
9  Don't know

UniverseText: Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

SkipInstructions: <0-6,R,D> if AUSUALPL = 2,R,D goto AHCDLY_1
ELSE goto AHCCHGYR

Question ID: AAU.040_00.000  Instrument Variable Name: AHCCHGYR  QuestionnaireFileName: Sample Adult

QuestionText: At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

SkipInstructions: <1>[goto AHCCHGHI]
<2,R,D>[goto AHCDLY_1]

Question ID: AAU.050_00.000  Instrument Variable Name: AHCCHGHI  QuestionnaireFileName: Sample Adult

QuestionText: Was this change for a reason related to health insurance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]
There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]
There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_1]

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_2]
 Question ID: AAU.111_02.000  Instrument Variable Name: AHCAFY_2  QuestionnaireFileName: Sample Adult

**QuestionText:**

*D Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_3]

---

 Question ID: AAU.111_03.000  Instrument Variable Name: AHCAFY_3  QuestionnaireFileName: Sample Adult

**QuestionText:**

*D Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_4]

---

 Question ID: AAU.111_04.000  Instrument Variable Name: AHCAFY_4  QuestionnaireFileName: Sample Adult

**QuestionText:**

*D Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ADENLONG]
About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0 Never
1 6 months or less
2 More than 6 mos, but not more than 1 yr ago
3 More than 1 yr, but not more than 2 yrs ago
4 More than 2 yrs, but not more than 5 yrs ago
5 More than 5 years ago
7 Refused
9 Don't know

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1 Yes
2 No
7 Refused
9 Don't know

...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses).

1 Yes
2 No
7 Refused
9 Don't know
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1 Yes  
2 No  
7 Refused  
9 Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1 Yes  
2 No  
7 Refused  
9 Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1 Yes  
2 No  
7 Refused  
9 Don't know
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

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

1  Yes  
2  No  
7  Refused  
9  Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

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

1  Yes  
2  No  
7  Refused  
9  Don't know

Sample adults 18+ who are female

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

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

1  Yes  
2  No  
7  Refused  
9  Don't know

Sample adults 18+
**2007 NHIS Questionnaire - Sample Adult**
**Adult Access to Health Care & Utilization**

**Document Version Date:** 27-May-08

---

**Question ID:** AAU.211_02.000  **Instrument Variable Name:** AHCSY8_9  **QuestionnaireFileName:** Sample Adult

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

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

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

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHCSYR10]  
<2,R,D> [goto AHERNOYR]

---

**Question ID:** AAU.230_00.000  **Instrument Variable Name:** AHCSYR10  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

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

---

**Question ID:** AAU.240_00.000  **Instrument Variable Name:** AHERNOYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A12

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00  None  
01  1  
02  2-3  
03  4-5  
04  6-7  
05  8-9  
06  10-12  
07  13-15  
08  16 or more  
97  Refused  
99  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0 - 8,R,D> [go to AHCHYR]
**Question ID:** AAU.250_00.000  **Instrument Variable Name:** AHCHYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**

DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1>[goto AHCHMOYR]
<2,R,D>[goto AHCNOYR]

---

**Question ID:** AAU.260_00.000  **Instrument Variable Name:** AHCHMOYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**

During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12 01-12 months
97 Refused
99 Don't know

**Universe Text:** Sample adults 18+ who received home care from a health professional during the past 12 months

**Skip Instructions:** <1-12,R,D>[goto AHCHNOYR]

---

**Question ID:** AAU.270_00.000  **Instrument Variable Name:** AHCHNOYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**

(book) A13

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01 1
02 2-3
03 4-5
04 6-7
05 8-9
06 10-12
07 13-15
08 16 or more
97 Refused
99 Don't know

**Universe Text:** Sample adults 18+ who received home care from a health professional during the past 12 months

**Skip Instructions:** <1-8,R,D>[goto AHCNOYR]
DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.

00  None
01  1
02  2-3
03  4-5
04  6-7
05  8-9
06  10-12
07  13-15
08  16 or more
97  Refused
99  Don't know

UniverseText: Sample adults 18+

DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]
<1>[goto ASRGNOYR]
<2,R,D> [goto AMDLONG]
Question ID: AAU.300_00.000  Instrument Variable Name: ASRGNOYR  QuestionnaireFileName: Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

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<tbody>
<tr>
<td>01-94</td>
<td>1-94 Times</td>
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<tr>
<td>95</td>
<td>95+ times</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG] <11-95> [goto ERR_ASGYR]

---

Question ID: AAU.305_00.000  Instrument Variable Name: AMDLONG  QuestionnaireFileName: Sample Adult

QuestionText: (book) A11  ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

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<tr>
<td>0</td>
<td>Never</td>
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<tr>
<td>1</td>
<td>6 months or less</td>
</tr>
<tr>
<td>2</td>
<td>More than 6 mos, but not more than 1 yr ago</td>
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<tr>
<td>3</td>
<td>More than 1 yr, but not more than 2 yrs ago</td>
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<td>4</td>
<td>More than 2 yrs, but not more than 5 yrs ago</td>
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<tr>
<td>5</td>
<td>More than 5 years ago</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto SHTFLUYR]

---

Question ID: AAU.310_00.000  Instrument Variable Name: SHTFLUYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

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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>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASHFLU_M] <2,R,D> [ goto SPRFLUYR ]
1 of 2

During what month and year did you receive your most recent flu shot?

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

UniverseText: Sample adults 18+ who have had a flu shot

SkipInstructions: <1-12,D> [ goto ASHFLU_Y] <R> [goto SPRFLUYR]

2 of 2

*Enter year of most recent flu shot.

Year
Year
9997 Refused
9999 Don't know

UniverseText: Sample adults 18+ who gave a month for their last flu shot or who didn’t know the month

SkipInstructions: <valid year,R,D> [ goto SPRFLUYR]
[If ASHFLU_M and ASHFLU_Y = a future date] goto ERR1_ASHFLU_Y
[If ASHFLU_M and ASHFLU_Y = a date prior to birth] goto ERR2_ASHFLU_Y
[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago] goto ERR3_ASHFLU_Y
2007 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 27-May-08

Question ID: AAU.315_00.000  Instrument Variable Name: SPRFLUYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPFLU_M]
[if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR
[if AGE GE 50] goto ERR2_SPRFLUYR
<2,D,R> [goto SHTPNUYR]

Question ID: AAU.318_01.000  Instrument Variable Name: ASPFLU_M  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2
During what month and year did you receive your most recent flu nasal spray?

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

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [ goto ASPFLU_Y] <R> [goto SHTPNUYR]
Question ID: AAU.318_02.000  Instrument Variable Name: ASPFLU_Y  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year Refused
9997 Refused
9999 Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn’t know the month

SkipInstructions:  <valid year, R,D> [goto SHTPNUYR] [If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y [If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y [If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

Question ID: AAU.320_00.000  Instrument Variable Name: SHTPNUYR  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.330_00.000  Instrument Variable Name: APOX  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had chickenpox?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions:  <1> [goto APOX12MO]  

<2,R,D> [goto AHEP]
Adult Access to Health Care & Utilization

2007 NHIS Questionnaire - Sample Adult

Document Version Date: 27-May-08

Question ID: AAU.340_00.000  Instrument Variable Name: APOX12MO  QuestionnaireFileName: Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have ever had chickenpox

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

Question ID: AAU.350_00.000  Instrument Variable Name: AHEP  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had hepatitis?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.360_00.000  Instrument Variable Name: AHEPLIV  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

SkipInstructions: <1,2,R,D> [goto SHTHEPB]
Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

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

Sample adults 18+

Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1. Received at least 3 doses
2. Received less than 3 doses
7. Refused
9. Don't know

Sample adults 18+ who have ever received the Hepatitis B vaccine
Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

Have you donated blood since March 1985?

1 Yes
2 No
7 Refused
9 Don't know

During the PAST 12 MONTHS, that is, since [fill: 12-month ref. Date], have you donated blood?

1 Yes
2 No
7 Refused
9 Don't know

The next questions are about the test for HIV (the virus that causes AIDS).

[fill: Except for tests you may have had as part of blood donations, have you ever been tested for HIV/? Have you ever been tested for HIV?]
I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

01 It's unlikely you've been exposed to HIV
02 You were afraid to find out if you were HIV positive (that you had HIV)
03 You didn't want to think about HIV or about being HIV positive
04 You were worried your name would be reported to the government if you tested positive
05 You didn't know where to get tested
06 You don't like needles
07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08 Some other reason
09 No particular reason
97 Refused
99 Don't know

What was the main reason why you have not been tested?

Verbatim Response
7 Refused
9 Don't know

Sample adults 18+ who have not been tested for HIV
2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.060_01.000  Instrument Variable Name: TST12M_M  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

[fill: Not including blood donations, in what month and year was your last test for HIV (the virus that causes AIDS)?/In what month and year was your last test for HIV, (the virus that causes AIDS)?]

* Enter month of last HIV test.

* Enter "96" to go to the time period format.

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

UniverseText: Sample adults 18+ who have been tested for HIV/AIDS

SkipInstructions: <R,96> [goto TIMETST]
<1-12,D> [goto TST12M_Y]

Question ID: ADS.060_02.000  Instrument Variable Name: TST12M_Y  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter year of last HIV test.

1985-2008 1985-2008
9996 Time period format
9997 Refused
9999 Don't know

UniverseText: Sample adults 18+ who gave a month for their last HIV test or who didn't know the month

SkipInstructions: <1880-2030> [goto REATST]
<R,D> [goto TIMETST]
/if TST12M_M and TST12M_Y = a future date goto ERR1_TST12M_Y
/if TST12M_M and TST12M_Y = a date prior to birth date goto ERR2_TST12M_Y
Was it:

* Read answer categories.

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 2 years ago
4  More than 2 years, but not more than 5 years ago
5  More than 5 years ago
6  Refused
7  Don't know

Sample adults 18+ who have been tested for HIV, who refused or requested the time period format at TEST12M_M, or refused or don't know the year of their last HIV test.

I am going to show you a list of reasons why some people have been tested for HIV (the virus that causes AIDS).

[fill: Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test? Which of these would you say was the MAIN reason for your last HIV test?]

01  Someone suggested you should be tested
02  You might have been exposed through sex or drug use
03  You might have been exposed through your work or at work
04  You just wanted to find out if you were infected or not
05  For part of a routine medical check-up, or for hospitalization or surgical procedure
06  You were sick or had a medical problem
07  You were pregnant or delivered a baby
08  For health or life insurance coverage
09  For military induction, separation, or military service
10  For immigration
11  For marriage license or to get married
12  You were concerned you could give HIV to someone
13  You wanted medical care or new treatments if you tested positive
14  Some other reason
15  No particular reason
97  Refused
99  Don't know

Sample adults 18+ who have been tested for HIV
### Question ID: ADS.066_00.000  Instrument Variable Name: REASWHO  QuestionnaireFileName: Sample Adult

**QuestionText:** Who suggested you should be tested - a doctor, nurse or other health care professional, a sex partner, someone at the health department, or someone else?

1. Doctor, nurse or other health care professional
2. Sex partner
3. Someone at health department
4. Family member or friend
5. Other
6. Refused
7. Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV because someone suggested it

**SkipInstructions:** <1-4,R,D> [goto LASTST]
<5> [goto WHOSPEC]

### Question ID: ADS.067_00.000  Instrument Variable Name: WHOSPEC  QuestionnaireFileName: Sample Adult

**QuestionText:** Who suggested you should be tested?

Verbatim Response

7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who have been tested for HIV because someone not listed in REASWHO suggested it

**SkipInstructions:** <20 char long> [goto LASTST]

### Question ID: ADS.069_00.000  Instrument Variable Name: REASPEC  QuestionnaireFileName: Sample Adult

**QuestionText:** What was the main reason for your last HIV test?

Verbatim Response

7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV for some reason not listed in REATST

**SkipInstructions:** <20 char long>[goto LASTST]
AIDS Knowledge & Attitudes

2007 NHIS Questionnaire - Sample Adult

Question ID: ADS.070_00.000  Instrument Variable Name: LASTST  QuestionnaireFileName: Sample Adult

QuestionText: (book) A16

[fill: Not including your blood donations, where did you have your last HIV test?/Where did you have your last HIV test?]

01 Private doctor/HMO
02 AIDS clinic/counseling/testing site
03 Hospital, emergency room, outpatient clinic
04 Other type of clinic
05 Public health department
06 At home
07 Drug treatment facility
08 Military induction or military service site
09 Immigration site
10 In a correctional facility (jail or prison)
11 Other location
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1-3,5,7-10,R,D> [goto GIVNAM]
<4> [goto CLINTYP]
<6> [goto WHOADM]
<11> [goto LASTSPEC]

Question ID: ADS.072_00.000  Instrument Variable Name: CLINTYP  QuestionnaireFileName: Sample Adult

QuestionText: What type of clinic did you go to for your last HIV test?

01 Family planning clinic
02 Prenatal clinic
03 Tuberculosis clinic
04 STD clinic
05 Community health clinic
06 Clinic run by employer or insurance company
07 Other
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV at another type of clinic

SkipInstructions: <1-7,R,D> [goto GIVNAM]
Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

1. Nurse or health worker
2. Self-sampling kit
3. Refused
4. Don't know

Sample adults 18+ who have been tested for HIV at home

Where did you have your last HIV test?

* This should be a specific location that is not on the list.

Verbatim Response
1. Refused
2. Don't know

Sample adults 18+ who were tested at another location

The last time you were tested, did you have to give your first and last names?

1. Yes
2. No
3. Refused
4. Don't know

Sample adults 18+ who have been tested for HIV

Do you expect to have another test for HIV in the next 12 months, not including blood donations?

1. Yes
2. No
3. Refused
4. Don't know

Sample adults 18+
Question ID: ADS.140_00.000  Instrument Variable Name: CHNSADS  QuestionnaireFileName: Sample Adult

QuestionText: What are your chances of GETTING HIV (the virus that causes AIDS)?

Would you say high, medium, low, or none?

1 High
2 Medium
3 Low
4 None
5 Already have HIV or AIDS
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ADS.150_00.000  Instrument Variable Name: STMTRU  QuestionnaireFileName: Sample Adult

QuestionText: (book) A17

Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH Statement or statements are true for you. Just IF ANY of them are.

* Read if necessary.

(a) You have hemophilia and have received clotting factor concentrations.
(b) You are a man who has had sex with other men, even just one time.
(c) You have taken street drugs by needle, even just one time.
(d) You have traded sex for money or drugs, even just one time.
(e) You have tested positive for HIV (the virus that causes AIDS).
(f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements.

1 Yes, at least one statement is true
2 No, none of these statements are true
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [If AGE GE <50> [go to TBHRD] else [go to STD]]
The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (KOH-nuh-ree-uh, KLU-H-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

* If asked, tell respondent to include newly contracted STDs and recurring flare-ups of previously contracted STDs.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18-49

The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18-49 who have had an STD other than HIV or AIDS in the past 5 years

Where did you go to be checked?

* Read answer choices only if necessary.

1  Private doctor
2  Family planning clinic
3  STD clinic
4  Emergency room
5  Health department
6  Some other place
7  Refused
9  Don't know

Sample adults 18-49 who have had an STD other than HIV or AIDS who saw a doctor or other health professional
2007 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 27-May-08

Question ID: ADS.190_00.000  Instrument Variable Name: STDWOTH  QuestionnaireFileName: Sample Adult

QuestionText: Where did you go to be checked?

Verbatim

7 Refused
9 Don't know

UniverseText: Sample adults 18-49 who have had an STD other than HIV or AIDS who were tested at some other place

SkipInstructions: <20 char long> [goto TBHRD]

Question ID: ADS.200_00.000  Instrument Variable Name: TBHRD  QuestionnaireFileName: Sample Adult

QuestionText: The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ADS.210_00.000  Instrument Variable Name: TBKNOW  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever personally known anyone who had TB?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have heard of tuberculosis

SkipInstructions: <1,2,R,D> [goto TB]
Question ID: ADS.220_00.000  Instrument Variable Name: TB  QuestionnaireFileName: Sample Adult

Question Text: How much do you know about TB - a lot, some, a little, or nothing?

1 A lot  
2 Some  
3 A little  
4 Nothing  
7 Refused  
9 Don't know  

Universe Text: Sample adults 18+ who have heard of tuberculosis

Skip Instructions: <1-3> [goto TBSPRD]  
<4> [goto TBCHANC]  
<R,D> [goto HOMELESS]

Question ID: ADS.230_00.000  Instrument Variable Name: TBSPRD  QuestionnaireFileName: Sample Adult

Question Text: (book) A18 How is TB spread?

* Probe: Can TB be spread in any other way?

* Mark all that apply, separate with commas.

1 Breathing the air around a person who is sick with TB  
2 Sharing eating/drinking utensils  
3 Through semen or vaginal secretions shared during sexual intercourse  
4 From smoking  
5 From mosquito or other insect bites  
6 Other  
7 Refused  
9 Don't know  

Universe Text: Sample adults 18+ who have knowledge of tuberculosis

Skip Instructions: <1-6,R,D> goto TBCURED

Question ID: ADS.240_00.000  Instrument Variable Name: TBCURED  QuestionnaireFileName: Sample Adult

Question Text: As far as you know, can TB be cured?

1 Yes  
2 No  
7 Refused  
9 Don't know  

Universe Text: Sample adults 18+ who have knowledge of tuberculosis

Skip Instructions: <1,2,R,D> [goto TBCHANC]
What are your chances of getting TB? Would you say high, medium, low, or none?

1. High
2. Medium
3. Low
4. None
5. Already have TB
6. Refused
7. Don't know

Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

(Fill1: If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)
(Fill2: If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

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

Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

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

Sample adults 18+

<1,2,R,D> [goto TBSHAME]