2008 NHIS Questionnaire - Family

Family Identification

Document Version Date: 24-Apr-09

Question ID: FID.100_00.000  Instrument Variable Name: HHCHANGE  QuestionnaireFileName: Family

QuestionText: I have recorded that [your name is {fill full name}], you are {fill ALIAS is} {fill sex}, {fill age} years old, born on {fill birthdate}. [His/Her] national origin is {fill Hispanic origin}, and [his/her] race is {fill race}.
Is this information correct?

   1 Yes, this information is correct
   2 No, correction(s) needed/more corrections needed

UniverseText: All nondeleted family members

SkipInstructions: <1> if no additional PX remain
                  if SCREENIN = 0 and I_SCRN_STATUS = S [goto EXIT(HHC)]
                  else [goto FIDCC13]
                  <2> [goto CWHAT2]

Question ID: FID.110_00.000  Instrument Variable Name: CWHAT2  QuestionnaireFileName: Family

QuestionText: * Change(s) needed for [ALIAS].

* Enter each number that applies. If a wrong choice, type that choice again.

   1 Name
   2 Age or DOB
   3 Sex
   4 National origin
   5 Race

UniverseText: HHCHANGE = 2 (No, not correct)

SkipInstructions: <1> [goto CHG_NAME_FNAME]
                  <2> [goto CHG_AGEDOB_1]
                  <3> [goto CHG_SEX]
                  <4> [goto CHG_NATOR]
                  <5> [goto CHG_RACE]

Question ID: FID.245_00.000  Instrument Variable Name: HHCHANGE_1  QuestionnaireFileName: Family

QuestionText: I have recorded that {your name is/ALIAS is} {fill full name}, age is {fill age}, date of birth is {fill birthdate}, {his/her} national origin is {fill Hispanic origin}, and {his/her} {fill race} is:
Is this information correct?

UniverseText: All nondeleted family members with a change made to their demographic information

SkipInstructions: <1> if no additional PX remain
                  if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
                  else GOTO FIDCC13
                  <2> GOTO ERR_HHCHANGE_1
2008 NHIS Questionnaire - Family
Family Identification
Document Version Date: 24-Apr-09

**Question ID:** FID.250_00.000  **Instrument Variable Name:** MARITAL  **QuestionnaireFileName:** Family

**QuestionText:** * ASK OR VERIFY

[fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner?

1  Married
2  Widowed
3  Divorced
4  Separated
5  Never Married
6  Living with partner
7  Refused
9  Don't know

**UniverseText:** All persons, 14 and older, who don't have a marital status yet

**SkipInstructions:**<1> [goto SPFLAG]
<2-5, R, D> [goto FIDCCI3]
<6> if LINTAL[FAMINT] = 1 [goto FIDCCI4]
else [goto COHAB1]

**Question ID:** FID.260_00.000  **Instrument Variable Name:** SPOUS  **QuestionnaireFileName:** Family

**QuestionText:** * ASK OR VERIFY

Is [fill: your/ALIAS's] spouse living in the household?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** A potential spouse lives in the unit.

**SkipInstructions:**<1> If SPOUS2[PX] = null [goto SPOUS2]
else [goto FIDCCI3]
<2,R,D> [goto FIDCCI3]

**Question ID:** FID.270_00.000  **Instrument Variable Name:** SPOUS2  **QuestionnaireFileName:** Family

**QuestionText:** * Probe as necessary and enter the line number of the spouse.

[Display all possible spouse candidates]

01-25  Person # of spouse

**UniverseText:** Person has an unidentified spouse in the household.

**SkipInstructions:** Do not allow line number of the subject to be entered. If so [goto ERR_SPOUS2]
<1-25,R,D> [goto FIDCCI3]
### Question ID: FID.280_00.000
**Instrument Variable Name:** COHAB1
**QuestionnaireFileName:** Family

**QuestionText:** [fill: Have you/Has ALIAS] ever been married?

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

**UniverseText:** Marital status is "living with a partner."

**SkipInstructions:**
1. If COHAB2
2. R, D if COHAB3[PX] = null [goto COHAB3]
   else [goto FIDCCI3]

### Question ID: FID.290_00.000
**Instrument Variable Name:** COHAB2
**QuestionnaireFileName:** Family

**QuestionText:** What is [fill: your/ALIAS's] current legal marital status?

| 1 | Married |
| 2 | Widowed |
| 3 | Divorced |
| 4 | Separated |
| 7 | Refused |
| 9 | Don't know |

**UniverseText:** Person has been married.

**SkipInstructions:**
1. If COHAB3[PX] = null [goto COHAB3]
   else [goto FIDCCI3]

### Question ID: FID.300_00.000
**Instrument Variable Name:** COHAB3
**QuestionnaireFileName:** Family

**QuestionText:** * Probe as necessary and enter the line number of the cohabiting partner.

[Display all possible cohabitation candidates]

| 01-25 | Person number |

**UniverseText:** Co-habitating partner has yet to be identified.

**SkipInstructions:**
1. If line number of the subject is entered [goto ERR_COHAB3]
2. 1-25, R, D [goto FIDCCI3]
## 2008 NHIS Questionnaire - Family

### Family Identification

Document Version Date: 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.322_00.000</th>
<th>Instrument Variable Name:</th>
<th>DEGREE4</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>I noted that [father's fullname] is the father of [child's fullname]. Is [child's fullname] his biological, adoptive, step, foster, or [fill: son/daughter] in law?</td>
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<td>7 Refused</td>
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<td></td>
<td>9 Don't know</td>
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</tbody>
</table>

**UniverseText:** When the reference person is the person in question's parent.

**SkipInstructions:**
- `<1> if AGEDIFF <12 [goto ERR_DEGREE4]
- if ERR_DEGREE4 = 1 [goto FIDCCI4B]
- else reset DEGREE4 [goto DEGREE4] endif
- else [goto FIDCCI4B]
- `<2-5,R,D> [goto FIDCCI4B]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FID.324_00.000</th>
<th>Instrument Variable Name:</th>
<th>DEGREE5</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>I noted that [mother's fullname] is the mother of [child's fullname]. Is [child's fullname] her biological, adoptive, step, foster, or [fill: son/daughter] in law?</td>
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<tr>
<td></td>
<td>1 Biological</td>
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<td>2 Adoptive</td>
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<td>7 Refused</td>
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<td></td>
<td>9 Don't know</td>
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</tr>
</tbody>
</table>

**UniverseText:** When the reference person is the person in question's parent.

**SkipInstructions:**
- `<1> if AGEDIFF <12 [goto ERR_DEGREE5]
- if yes, continue the interview [goto FIDCCI4B]
- else, reset DEGREE5 [goto DEGREE5] endif
- else [goto FIDCCI4B]
- `<2-5,R,D> [goto FIDCCI4B]
**Question ID:** FID.326_00.000  **Instrument Variable Name:** MOTHER  **QuestionnaireFileName:** Family

**QuestionText:**
* Ask or verify
  Is [fill: your/ALIAS's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law)

* Enter the line number of the mother or mother-in-law.
  If the mother or mother-in-law is not a household member, enter "0".
  If the person has no parents present but has a legal guardian, enter "96".

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

00  Mother not a household member
01-25 Person number of mother
96  Has legal guardian
97  Refused
99  Don't know

**UniverseText:** Potential mother in the Family, mother not already identified

**SkipInstructions:**
<01-25> [goto MOTHERCK_A]
<0,R,D> [goto FIDCCI5]
<96> [goto GUARD]

---

**Question ID:** FID.330_01.000  **Instrument Variable Name:** MOTHERCK_A  **QuestionnaireFileName:** Family

**QuestionText:**
[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?

1  Biological mother
2  Adoptive mother
3  Step mother
4  Foster mother
5  Mother-in-law
7  Refused
9  Don't know

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

**SkipInstructions:**
<1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]
if <1> [goto FIDCC15]
elseif <2> [goto MOTHER]
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
else [goto FIDCC15]
<2-5,R,D> [goto FIDCC15]
**2008 NHIS Questionnaire - Family**

**Family Identification**

Document Version Date: 24-Apr-09

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**Question ID:** FID.330_02.000  
**Instrument Variable Name:** MOM_CKFG  
**QuestionnaireFileName:** Family

**QuestionText:** 
[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?

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

**SkipInstructions:** 
<1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]  
if <1> [goto FIDCCI5]  
elseif <2> [goto MOTHER]  
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]  
else [goto FIDCCI5]  
<2-5,R,D> [goto FIDCCI5]

---

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

**QuestionText:**  
* Ask or verify  
Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

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

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

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

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

00  Father not in household  
01-25  Person # of father  
96  Has legal guardian  
97  Refused  
99  Don't know

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

**SkipInstructions:** 
<1-25> [goto FATHERCK_A]  
<0,R,D> [goto FIDCCI4]  
<96> [goto GUARD]
2008 NHIS Questionnaire - Family  
Family Identification  
Document Version Date: 24-Apr-09

Question ID: FID.350_01.000  Instrument Variable Name: FATHERCK_A  QuestionnaireFileName: Family

**QuestionText:**  
[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?

1 Biological father  
2 Adoptive father  
3 Step father  
4 Foster father  
5 Father-in-law  
7 Refused  
9 Don’t know

**UniverseText:** Father has been identified

**SkipInstructions:**  
<1> If AGEDIFF <12 [goto ERR_FATHERCK_A]  
if ERRFATHERCK_A = <1> [goto FIDCCI4]  
elseif <2> [goto FATHER]  
elseif <3> reset FATHERCK_A  
[goto FATHERCK_A endif]  
else [goto FIDCCI4]  
<2-5,R,D> [goto FIDCCI4]

---

Question ID: FID.350_02.000  Instrument Variable Name: DAD_CKFG  QuestionnaireFileName: Family

**QuestionText:**  
[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?

**UniverseText:** Father has been identified

**SkipInstructions:**  
<1> If AGEDIFF <12 [goto ERR_FATHERCK_A]  
if ERRFATHERCK_A = <1> [goto FIDCCI4]  
elseif <2> [goto FATHER]  
elseif <3> reset FATHERCK_A  
[goto FATHERCK_A endif]  
else [goto FIDCCI4]  
<2-5,R,D> [goto FIDCCI4]

---

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

**QuestionText:**  
Who is [fill: your/ALIAS's ] legal guardian?

* Enter the line number of [fill1: your/ALIAS's] guardian.  
* If the guardian is not a household member, enter '0'.

00 Guardian not a household member  
01-25 Person # of guardian  
97 Refused  
99 Don't know

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

**SkipInstructions:**  
<0-25,R,D> [goto FIDCCI4]
* Verify or ask
   Who in the family would you say knows about the health of all the family members?
   [Display all family members who not deleted and > 17 or emancipated minors.]
   * Mark all that apply, separate with commas.

1  Yes, knows family members' health
2  No, does not know family member's health
7  Refused
9  Don't know

UniverseText:  More than one adult

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

* Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.
   [Display all family members who are not deleted and >17 or emancipated minors]
   * If any persons listed are not present, say:
     We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now?
   * If yes, ask: Could they join us?
   * If nobody is presently available, enter "96" to proceed to a callback screen.

1  Present
2  Not present

UniverseText:  All nondeleted persons >17 or emancipated minors

SkipInstructions:  <96> [goto FCALLBK1]
                   if only one PX selected [goto HLTH_BEG]
                   else [goto FAMRESP]

* Ask if necessary: With whom am I speaking?
   * Enter the line number of the person you consider to be the main respondent for this family's health questions.

01-25  Person # of Family Respondent

UniverseText:  More than 1 adult present.

SkipInstructions:  goto HLTH_BEG
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: [F1]

* Read names
(fill roster of persons age 0-4)

limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

Who is this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto PLAPLYUN

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

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

QuestionText: Is [fill: ALIAS] able to take part AT ALL in the usual kinds of play activities done by most children [fill: ALIAS]’s age?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: repeat this question for all persons listed at PLAPLYLM, then goto FSPEDEIS
### Question ID: FHS.050_00.000
**Instrument Variable Name:** FSPEDEIS  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

(fill: Do you/Does/Do any of these family members,  
* Read names  
(fill roster of persons less than age 18)]  
receive Special Educational or Early Intervention Services?  

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</table>

**UniverseText:** All families with one or more persons less than 18 years of age  

**SkipInstructions:**  
<1> [if only one person less than 18 years of age, store the person number in PSPEDEIS and goto PSPEDEM;  
else, goto PSPEDEIS]  
<2,R,D> [goto FLAADL]

### Question ID: FHS.060_00.000
**Instrument Variable Name:** PSPEDEIS  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Ask or verify. Enter applicable line number(s), separate with commas.  
Who is this?  
(Anyone else?)  

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**UniverseText:** All families with two or more persons less than 18 years of age and at least one receives Special Educational or Early Intervention Services  

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

### Question ID: FHS.065_00.000
**Instrument Variable Name:** PSPEDEM  
**QuestionnaireFileName:** Family

**QuestionText:**  
(fill: Do you/Does ALIAS) receive these services because of an emotional  
or behavioral problem?  

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</table>

**UniverseText:** All persons less than 18 years of age who receive Special Educational or Early Intervention Services  

**SkipInstructions:** repeat this question for all persons listed at PSPEDEIS, then goto FLAADL
### Question ID: FHS.070_00.000
**Instrument Variable Name:** FLAADL  
**QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

[fill2: Do not include family members age 2 and under.]

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

**UniverseText:** All families with one or more persons 3 years of age or older

**SkipInstructions:** <1> [if a single-person family, store the person number in PLAADL and goto LABATH; else, goto PLAADL]  
<2,R,D> [goto FLAIADL]

---

### Question ID: FHS.080_00.000
**Instrument Variable Name:** PLAADL  
**QuestionnaireFileName:** Family

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

Who is this?  
(Anyone else?)

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

**UniverseText:** All families with two or more persons 3 years of age or older and at least one needs the help of other persons with personal care needs

**SkipInstructions:** goto LABATH

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

---

### Question ID: FHS.090_01.000
**Instrument Variable Name:** LABATH  
**QuestionnaireFileName:** Family

**QuestionText:** [fill: Do you/Does ALIAS] need the help of other persons with...

Bathing or showering?

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

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

**SkipInstructions:** goto LADRESS
* Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Dressing?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto LAEAT

* Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Eating?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto LABED

* Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting in or out of bed or chairs?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto LATOILT
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: FHS.090_05.000  Instrument Variable Name: LATOILT  QuestionnaireFileName: Family

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

[fill: Do you/Does ALIAS] need the help of other persons with...

Using the toilet, including getting to the toilet?

1 Yes
2 No
7 Refused
9 Don't know

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

**SkipInstructions:** goto LAHOME

---

Question ID: FHS.090_06.000  Instrument Variable Name: LAHOME  QuestionnaireFileName: Family

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

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting around inside the home?

1 Yes
2 No
7 Refused
9 Don't know

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

**SkipInstructions:** goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL

---

Question ID: FHS.150_00.000  Instrument Variable Name: FLAIADL  QuestionnaireFileName: Family

**QuestionText:**
? [F1]

Because of a physical, mental, or emotional problem, do [fill: you/any of these family members]

* Read names
(fill roster of persons age 18 or older)]

need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** All families with one or more persons 18 years of age or older

**SkipInstructions:** <1> [if only one person 18 years of age or older, store the person number in PLAIADL and goto FLAWKNOW; else, goto PLAIADL]
<2,R,D> [goto FLAWKNOW]
### Question ID: FHS.160_00.000  
**Instrument Variable Name:** PLAIADL  
**QuestionnaireFileName:** Family

**QuestionText:**

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

Who is this?
(Anyone else?)

<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:** All families with two or more persons 18 years of age or older and at least one needs the help of other persons in handling routine needs

**SkipInstructions:** goto FLAWKNOW

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

### Question ID: FHS.170_00.000  
**Instrument Variable Name:** FLAWKNOW  
**QuestionnaireFileName:** Family

**QuestionText:**

? [F1]

Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members]

* Read names
(fill roster of persons age 18 or older)

from working at a job or business?

<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:** All families with one or more persons 18 years of age or older

**SkipInstructions:**

<1> [if only one person 18 years of age or older, store the person number in FLAWKNOW and goto FLAWALK; else, goto FLAWKNOW]
<2,R,D> [goto FLAWKLIM]
Question ID: FHS.180_00.000  Instrument Variable Name: PLAWKNOW  QuestionnaireFileName: Family

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

Who is this?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem

SkipInstructions: all persons selected goto FLAWALK; else, goto FLAWKLIM

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

Question ID: FHS.190_00.000  Instrument Variable Name: FLAWKLIM  QuestionnaireFileName: Family

QuestionText: ? [F1]

[fill: Are you limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work he/she/ Are any of these family members,

* Read names
(fill roster of persons age 18 or older)]

limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with one or more persons 18 years of age or older not listed as being unable to work due to a physical, mental, or emotional problem

SkipInstructions: <1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in FLAWKLIM and goto FLAWALK; else, goto FLAWKLIM]
<2,R,D> [goto FLAWALK]
Who is this?  
(Anyone else?)

0  Unable to work  
1  Limited in work  
2  Not limited in work  
7  Refused  
9  Don't know

All families with two or more persons 18 years of age or older able to work and at least one is limited in the kind or amount of work he/she can do

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

Because of a health problem, do you/does anyone in the family have difficulty walking without using any special equipment?

1  Yes  
2  No  
7  Refused  
9  Don't know

All families

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

All families with two or more persons and at least one has difficulty walking without using special equipment

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Question ID: FHS.230_00.000  Instrument Variable Name: FLAREMEM  QuestionnaireFileName: Family

QuestionText:  

[fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because [fill2: you/they] experience periods of confusion?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store person number in PLAREMEM and goto LAHCC; else, goto PLAREMEM] <2,R,D> [goto FLIMANY]

Question ID: FHS.240_00.000  Instrument Variable Name: PLAREMEM  QuestionnaireFileName: Family

QuestionText:  

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

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one is limited due to difficulty remembering or periods of confusion

SkipInstructions: goto FLIMANY

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

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

QuestionText:  

[fill: Are you/ Is ALIAS/ Are any family members

* Read names
(fill roster of applicable persons)]

LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY] <2,R,D> [goto LAHCC]
* Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

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

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
### Question ID: FHS.270_00.000  
**Instrument Variable Name:** LAHCC  
**QuestionnaireFileName:** Family

**QuestionText:**

(book) F1  ? [F1]

What conditions or health problems cause [fill: ALIAS]'s limitations?

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Vision/problem seeing</td>
</tr>
<tr>
<td>02</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>03</td>
<td>Speech problem</td>
</tr>
<tr>
<td>04</td>
<td>Asthma/breathing problem</td>
</tr>
<tr>
<td>05</td>
<td>Birth defect</td>
</tr>
<tr>
<td>06</td>
<td>Injury</td>
</tr>
<tr>
<td>07</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>08</td>
<td>Other developmental problem (e.g., cerebral palsy)</td>
</tr>
<tr>
<td>09</td>
<td>Other mental, emotional or behavioral problem</td>
</tr>
<tr>
<td>10</td>
<td>Bone, joint, or muscle problem</td>
</tr>
<tr>
<td>11</td>
<td>Epilepsy or seizures</td>
</tr>
<tr>
<td>12</td>
<td>Learning disability</td>
</tr>
<tr>
<td>13</td>
<td>Attention Deficit/Hyperactivity Disorder (ADD/ADHD)</td>
</tr>
<tr>
<td>90</td>
<td>Other impairment/problem (Specify one)</td>
</tr>
<tr>
<td>91</td>
<td>Other impairment/problem (Specify one)</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know/not sure</td>
</tr>
</tbody>
</table>

**UniverseText:**

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

**SkipInstructions:**

<1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]

<5> [fill "96" in LHCL05N and fill "6" in LHCL05T]

<90> [goto LAHCC_S1]

<91> [goto LAHCC_S2]

<R,D> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA]

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

### Question ID: FHS.271_90.000  
**Instrument Variable Name:** LAHCC_S1  
**QuestionnaireFileName:** Family

**QuestionText:**

* Read if necessary.

What is the other impairment or problem?

**Verbatim:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Verbatim response</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:**

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

**SkipInstructions:**

goto LHCL90N
Question ID: FHS.271_91.000  Instrument Variable Name: LAHCC_S2  QuestionnaireFileName: Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim

<table>
<thead>
<tr>
<th>Verbatim Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbatim response</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

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

SkipInstructions: goto LHCL91N

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

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Value</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>

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

SkipInstructions: <1-95,D> [goto LHCL01T]
                  <96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
                  <R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

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

QuestionText: 2 of 2

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

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

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

SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL01T]

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1_LHCL01T

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

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a hearing problem?

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

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

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

SkipInstructions:
<1-95,D> [goto LHCL02T]
<96> [fill "6" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2008 NHIS Questionnaire - Family
Family Health Status & Limitations

Document Version Date: 24-Apr-09

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

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL02T]
if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto ERR1_LHCL02T

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

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a speech problem?

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

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

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

SkipInstructions: <1-95,D> [goto LHCL03T]
<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**Question ID:** FHS.284_02.000  
**Instrument Variable Name:** LHCL03T  
**QuestionnaireFileName:** Family

**Question Text:**

2 of 2

* Enter time period for time with speech problem.

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

**Universe Text:**

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

**Skip Instructions:**

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

<6> [goto ERR2_LHCL03T]

if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1_LHCL03T

---

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

**Question Text:**

1 of 2

How long [fill: have you/has ALIAS] had asthma or a breathing problem?

* Enter number for time with an asthma or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

**Universe Text:**

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

**Skip Instructions:**

<1-95,D> [goto LHCL04T]

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

<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
Question ID: FHS.286_02.000  Instrument Variable Name: LHCL04T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2_LHCL04T]  
if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1_LHCL04T

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

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had the injury that caused [fill2:your/his/her] limitation?

* Enter number for time with the injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHCL06T]  
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**Question ID:** FHS.288_02.000  **Instrument Variable Name:** LHCL06T  
**QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

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

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

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

**SkipInstructions:**

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

<6> [goto ERR2_LHCL06T]

if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1_LHCL06T

---

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

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had mental retardation?

* Enter number for time with mental retardation.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

**SkipInstructions:**

<1-95,D> [goto LHCL07T]

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

<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
Question ID: FHS.290_02.000  Instrument Variable Name: LHCL07T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with mental retardation.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL07T]
if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1_LHCL07T

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

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?

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

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

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

SkipInstructions: <1-95,D> [goto LHCL08T]
<96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
Question ID: FHS.292_02.000  Instrument Variable Name: LHCL08T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL08T]

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1_LHCL08T

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

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a mental, emotional, or behavioral problem?

* Enter number for time with a mental, emotional, or behavioral problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

SkipInstructions:
<1-95,D> [goto LHCL09T]
<96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
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Question ID: FHS.294_02.000  Instrument Variable Name: LHCL09T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2_LHCL09T]

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1_LHCL09T

---

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

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?

* Enter number for time with a bone, joint, or muscle problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

SkipInstructions: <1-95,D> [goto LHCL10T]
<96> [fill "6" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**Question ID:** FHS.296_02.000  
**Instrument Variable Name:** LHCL10T  
**QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:**<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<6> [goto ERR2_LHCL10T]  
if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1_LHCL10T

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

**QuestionText:** 1 of 2

How long [fill: have you/has ALIAS] had epilepsy or seizures?

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

01-94  
95 5-94+  
96 Since birth  
97 Refused  
99 Don't know

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

**SkipInstructions:**<1-95,D> [goto LHCL11T]  
<96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]  
<R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
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<th>LHCL11T</th>
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<td>QuestionText:</td>
<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Enter time period for time with epilepsy or seizures.

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

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

**SkipInstructions:**

1. `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
2. `<6>` [goto ERR2_LHCL11T]
3. if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto ERR1_LHCL11T

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<th>FHS.300_01.000</th>
<th>Instrument Variable Name:</th>
<th>LHCL12N</th>
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<td>QuestionText:</td>
<td>1 of 2</td>
<td></td>
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</tbody>
</table>

How long [fill: have you/has ALIAS] had a learning disability?

* Enter number for time with a learning disability.
* 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:** All persons less than 18 years of age who have a limitation due to a learning disability

**SkipInstructions:**

1. `<1-95,D>` [goto LHCL12T]
2. `<96>` [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
3. `<R>` [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
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Question ID: FHS.300_02.000  Instrument Variable Name: LHCL12T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with learning disability.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL12T]

if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto ERR1_LHCL12T

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

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had attention deficit/hyperactivity disorder?

* Enter number for time with attention deficit/hyperactivity disorder.
* 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: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder

SkipInstructions: <1-95,D> [goto LHCL13T]
<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
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Question ID: FHS.302_02.000  Instrument Variable Name: LHCL13T  QuestionnaireFileName: Family

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL13T]

if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1_LHCL13T

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

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S1]?

* Enter number for time with [fill1: problem in LAHCC_S1]?
* 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: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1

SkipInstructions: <1-95,D> [goto LHCL90T]
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
**Question ID:** FHS.304_02.000  **Instrument Variable Name:** LHCL90T  **QuestionnaireFileName:** Family

**Question Text:**

2 of 2

* Enter time period for time with [fill: problem in LAHCC_S1].

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

**Universe Text:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1 and 1-95, D was entered for the "number" part of this two-part question

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

`<6> [goto ERR2_LHCL90T]`

If (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1_LHCL90T

---

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

**Question Text:**

1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S2]?

* Enter number for time with [fill1: problem in LAHCC_S2].
* 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

**Universe Text:** All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2

**Skip Instructions:** `<1-95,D> [goto LHCL91T]`

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

`<R> [store "R" in LHCL91T and goto following questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]`
* Enter time period for time with [fill: problem in LAHCC_S2].

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

All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2 and 1-95, D was entered for the "number" part of this two-part question

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1_LHCL91T
What conditions or health problems cause [fill: your/ALIAS’s] limitations?

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Vision/problem seeing</td>
</tr>
<tr>
<td>02</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>03</td>
<td>Arthritis/rheumatism</td>
</tr>
<tr>
<td>04</td>
<td>Back or neck problem</td>
</tr>
<tr>
<td>05</td>
<td>Fracture, bone/joint injury</td>
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<tr>
<td>06</td>
<td>Other injury</td>
</tr>
<tr>
<td>07</td>
<td>Heart problem</td>
</tr>
<tr>
<td>08</td>
<td>Stroke problem</td>
</tr>
<tr>
<td>09</td>
<td>Hypertension/high blood pressure</td>
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<td>10</td>
<td>Diabetes</td>
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<tr>
<td>11</td>
<td>Lung/breathing problem(e.g., asthma and emphysema)</td>
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<tr>
<td>12</td>
<td>Cancer</td>
</tr>
<tr>
<td>13</td>
<td>Birth defect</td>
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<tr>
<td>14</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>15</td>
<td>Other developmental problem (e.g. cerebral palsy)</td>
</tr>
<tr>
<td>16</td>
<td>Senility</td>
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<tr>
<td>17</td>
<td>Depression/anxiety/emotional problem</td>
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<tr>
<td>18</td>
<td>Weight problem</td>
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<tr>
<td>19</td>
<td>Missing limbs (fingers, toes or digits), amputee</td>
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<tr>
<td>20</td>
<td>Kidney, bladder or renal problems</td>
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<tr>
<td>21</td>
<td>Circulation problems (including blood clots)</td>
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<td>22</td>
<td>Benign tumors, cysts</td>
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<td>23</td>
<td>Fibromyalgia, lupus</td>
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<td>24</td>
<td>Osteoporosis, tendinitis</td>
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<td>Epilepsy, seizures</td>
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<td>26</td>
<td>Multiple Sclerosis (MS), Muscular Dystrophy (MD)</td>
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<td>27</td>
<td>Polio(myelitis), paralysis, para/quadruplegia</td>
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<tr>
<td>28</td>
<td>Parkinson's disease, other tremors</td>
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<tr>
<td>29</td>
<td>Other nerve damage, including carpal tunnel syndrome</td>
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<tr>
<td>30</td>
<td>Hernia</td>
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<tr>
<td>31</td>
<td>Ulcer</td>
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<td>32</td>
<td>Varicose veins, hemorrhoids</td>
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<tr>
<td>33</td>
<td>Thyroid problems, Grave's disease, gout</td>
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<tr>
<td>34</td>
<td>Knee problems (not arthritis (03), not joint injury(05))</td>
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<tr>
<td>35</td>
<td>Migraine headaches (not just headaches)</td>
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<td>90</td>
<td>Other impairment/problem (Specify one)</td>
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<td>91</td>
<td>Other impairment/problem (Specify one)</td>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know/not sure</td>
</tr>
</tbody>
</table>
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UniverseText: All persons 18 years of age or older who have at least one reported limitation

SkipInstructions: <1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]
<13> [fill "96" in LHAL13N and fill "6" in LHAL13T]
<90> [goto LAHCA_S1]
<91> [goto LAHCA_S2]
<R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

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

Question ID: FHS.351_90.000  Instrument Variable Name: LAHCA_S1  QuestionnaireFileName: Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: goto LHAL90N

Question ID: FHS.351_91.000  Instrument Variable Name: LAHCA_S2  QuestionnaireFileName: Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: goto LHAL91N
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

Document Version Date: 24-Apr-09

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

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
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<th>96</th>
<th>97</th>
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<td></td>
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**UniverseText:**

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

**SkipInstructions:**

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

---

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

**QuestionText:**

2 of 2

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

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

**UniverseText:**

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

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL01T]  
if LHAL01T = 4 and LHAL01N > AGE, goto ERR1_LHAL01T
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHS.362_01.000</th>
<th>Instrument Variable Name:</th>
<th>LHAL02N</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long [fill: have you/has ALIAS] had a hearing problem?
* Enter number for time with a hearing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
<th>01-94</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: All persons 18 years of age or older who have a limitation due to a hearing problem

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

<table>
<thead>
<tr>
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<th>FHS.362_02.000</th>
<th>Instrument Variable Name:</th>
<th>LHAL02T</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Enter time period for time with hearing problem.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL02T]
if LHAL02T = 4 and LHAL02N > AGE, goto ERR1_LHAL02T
Question ID: FHS.364_01.000  Instrument Variable Name: LHAL03N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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  1-94  
95      95+   
96      Since birth 
97      Refused 
99      Don't know

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

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

Question ID: FHS.364_02.000  Instrument Variable Name: LHAL03T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL03T]  
if LHAL03T = 4 and LHAL03N > AGE, goto ERR1_LHAL03T
Question ID: FHS.366_01.000  Instrument Variable Name: LHAL04N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a back or neck problem?

* Enter number for time with a back or neck problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

UniverseText: All persons 18 years of age or older who have a limitation due to a back or neck problem

SkipInstructions:
<1-95,D> [goto LHAL04T]
<96> [fill "6" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

QuestionText: 2 of 2

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

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

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

SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL04T]

if LHAL04T = 4 and LHAL04N > AGE, goto ERR1_LHAL04T
How long [fill: have you/has ALIAS] 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  1-94
95    95+
96    Since birth
97    Refused
99    Don't know

All persons 18 years of age or older who have a limitation due to a fracture or bone/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

All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL05T]
if LHAL05T = 4 and LHAL05N > AGE, goto ERR1_LHAL05T
How long [fill1: have you/has ALIAS] had the other injury that caused [fill2: your/his/her] limitation?

* Enter number for time with the injury.
* 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

All persons 18 years of age or older who have a limitation due to some "other" injury

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

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

All persons 18 years of age or older who have a limitation due to some "other" injury and 1-95, D was entered for the "number" part of this two-part question
### Question ID: FHS.372_01.000  Instrument Variable Name: LHAL07N  QuestionnaireFileName: Family

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had a heart problem?

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</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:**

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

**SkipInstructions:**

<1-95,D> [goto LHAL07T]

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

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

---

### Question ID: FHS.372_02.000  Instrument Variable Name: LHAL07T  QuestionnaireFileName: Family

**QuestionText:**

2 of 2

* Enter time period for time with heart problem.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Day(s)</td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<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:**

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

**SkipInstructions:**

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

<6> [goto ERR2_LHAL07T]  

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1_LHAL07T
How long [fill: have you/has ALIAS] had a stroke problem?

* Enter number for time with a stroke problem.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Option</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>

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

* Enter time period for time with stroke problem.

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

All persons 18 years of age or older who have a limitation due to a stroke problem and 1-95, D was entered for the "number" part of this two-part question
### Question ID: FHS.376_01.000  Instrument Variable Name: LHAL09N  QuestionnaireFileName: Family

#### QuestionText: 1 of 2
How long [fill: have you/has ALIAS] 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.

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

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

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

#### QuestionText: 2 of 2
* Enter time period for time with hypertension or high blood pressure.

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

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

#### SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL09T]
if LHAL09T = 4 and LHAL09N > AGE, goto ERR1_LHAL09T
Question ID: FHS.378_01.000  Instrument Variable Name: LHAL10N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had diabetes?

* Enter number for time with diabetes.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

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

Question ID: FHS.378_02.000  Instrument Variable Name: LHAL10T  QuestionnaireFileName: Family

QuestionText: 2 of 2

* Enter time period for time with diabetes.

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

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

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL10T]  
if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T
How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

* Enter number for time with a lung problem or breathing 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

All persons 18 years of age or older who have a limitation due to a lung/breathing problem

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL11T]
if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T
How long [fill: have you/has ALIAS] had cancer?

* Enter number for time with cancer.
* Enter ‘95’ for 95 or more.
* Enter ‘96’ if since birth.

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

All persons 18 years of age or older who have a limitation due to cancer

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

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL12T]
if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T
**2008 NHIS Questionnaire - Family**

**Family Health Status & Limitations**

**Document Version Date:** 24-Apr-09

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

**QuestionID:** FHS.384_01.000  **Instrument Variable Name:** LHAL14N  **QuestionnaireFileName:** Family

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had mental retardation?

* Enter number for time with mental retardation.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

**UniverseText:**

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

**SkipInstructions:**

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

---

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

**QuestionID:** FHS.384_02.000  **Instrument Variable Name:** LHAL14T  **QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with mental retardation.

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

**UniverseText:**

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

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1_LHAL14T
How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?

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

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

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

* Enter time period for time with developmental problem (e.g. cerebral palsy).
1     Day(s)
2     Week(s)
3     Month(s)
4     Year(s)
6     Since birth
7     Refused
9     Don't know

All persons 18 years of age or older who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question
## 2008 NHIS Questionnaire - Family
### Family Health Status & Limitations
**Document Version Date:** 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID: FHS.388_01.000</th>
<th>Instrument Variable Name: LHAL16N</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
**Question ID:** | **Question Text:** |
1 of 2 | How long [fill: have you/has ALIAS] had senility? |

* Enter number for time with senility.  
* Enter '95' for 95 or more.  
* Enter '96' if since birth.  

<table>
<thead>
<tr>
<th>01-94</th>
<th>95+</th>
<th>Since birth</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Question ID: FHS.388_02.000</th>
<th>Instrument Variable Name: LHAL16T</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>
**Question ID:** | **Question Text:** |
2 of 2 | * Enter time period for time with senility. |

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

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

**SkipInstructions:**  
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL16T]  
if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T
How long [fill: have you/has ALIAS] had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety or an emotional problem.
* Enter a '95' for 95 or more.
* Enter a '96' if since birth.

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

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

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

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

All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had a weight problem?

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

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

All persons 18 years of age or older who have a limitation due to a weight problem

<1-95,D> [goto LHAL18T]
<96> [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

* 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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL18T]

if LHAL18T = 4 and LHAL18N > AGE, goto ERR1_LHAL18T
1 of 2

How long [fill: have you/has ALIAS] 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: All persons 18 years of age or older who have a limitation due to missing limbs

SkipInstructions:  
<1-95,D> [goto LHAL19T]  
<96> [fill "6" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<R> [store "R" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2 of 2

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

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

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

SkipInstructions:  
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL19T]  
if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T
How long have you had a kidney, bladder or renal problem?

* Enter number for time with a kidney, bladder or renal problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem

* 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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL20T]  
if LHAL20T = 4 and LHAL20N > AGE, goto ERR1_LHAL20T
1 of 2
How long [fill: have you/has ALIAS] 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  1-94
95     95+
96     Since birth
97     Refused
99     Don't know

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

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

2 of 2
* Enter time period for time with circulation problem (including blood clots).

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

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

SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL21T]
if LHAL21T = 4 and LHAL21N > AGE, goto ERR1_LHAL21T
How long [fill: have you/has ALIAS] had benign tumors or cysts?

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

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

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

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

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

All persons 18 years of age or older who have a limitation due to benign tumors or cysts and 1-95, D was entered for the "number" part of this two-part question
How long [fill: have you/has ALIAS] had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

* Enter time period for time with fibromyalgia or lupus.

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL23T]
if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T
How long have you had osteoporosis or tendonitis?

* Enter number for time with osteoporosis or tendonitis.
* 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

All persons 18 years of age or older who have a limitation due to osteoporosis or tendonitis

1 of 2

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

All persons 18 years of age or older who have a limitation due to osteoporosis or tendonitis and 1-95, D was entered for the "number" part of this two-part question
2008 NHIS Questionnaire - Family
Family Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: FHS.406_01.000  Instrument Variable Name: LHAL25N  QuestionnaireFileName: Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had epilepsy or seizures?

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

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

UniverseText: All persons 18 years of age or older who have a limitation due to epilepsy or seizures

SkipInstructions:
<1-95,D> [goto LHAL25T]
<96> [fill "6" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL25T]
if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T
How long [fill: have you/has ALIAS] 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

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

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

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

All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy and 1-95, D was entered for the "number" part of this two-part question
**2008 NHIS Questionnaire - Family**
**Family Health Status & Limitations**
**Document Version Date: 24-Apr-09**

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

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] 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.

<table>
<thead>
<tr>
<th>01-94</th>
<th>01-94</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:**

All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia

**SkipInstructions:**

<1-95,D> [goto LHAL27T]

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

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

**Question ID:** FHS.410_02.000  **Instrument Variable Name:** LHAL27T  **QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

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

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<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:**

All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia and 1-95, D was entered for the "number" part of this two-part question

**SkipInstructions:**

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

<6> [goto ERR2_LHAL27T]

if LHAL27T = 4 and LHAL27N > AGE, goto ERR1_LHAL27T
### Question 1 of 2

**How long [fill: have you/has ALIAS] 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.

<table>
<thead>
<tr>
<th>Option</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>

**Universe Text:** All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors

**Skip Instructions:**
- `<1-95,D>` [goto LHAL28T]
- `<96>` [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<R>` [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

### Question 2 of 2

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

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

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

**Skip Instructions:**
- `<1-4,R,D>` [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<6>` [goto ERR2_LHAL28T]

if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T
How long [fill: have you/has ALIAS] had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</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>

Universe Text:
All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome

Skip Instructions:
- `<1-95,D>` [goto LHAL29T]
- `<96>` [fill "6" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
- `<R>` [store "R" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
How long [fill: have you/has ALIAS] had a hernia?

* Enter number for time with a hernia.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

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

* 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

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

Skip Instructions:
<1-95,D> [goto LHAL30T]
<96> [fill "6" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
**2008 NHIS Questionnaire - Family**  
**Family Health Status & Limitations**  
**Document Version Date:** 24-Apr-09

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

**QuestionText:**

1 of 2

How long [fill: have you/has ALIAS] had an ulcer?

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

01-94  
95  
96  
97  
99

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

**SkipInstructions:**

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

---

**Question ID:** FHS.418_02.000  
**Instrument Variable Name:** LHAL31T  
**QuestionnaireFileName:** Family

**QuestionText:**

2 of 2

* Enter time period for time with ulcer.

1  
2  
3  
4  
6  
7  
9

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

**SkipInstructions:**

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]  
<6> [goto ERR2_LHAL31T]  
if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T
How long [fill: have you/has ALIAS] had varicose veins or hemorrhoids?

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

01-94
95
96
97
99

* Enter time period for time with varicose veins or hemorrhoids.

1
2
3
4
5
6
7
9

* Enter for the "number" part of this two-part question

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

<6> [goto ERR2_LHAL32T]

if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T
How long [fill: have you/has ALIAS] had a thyroid problem, Grave’s disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

* 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

All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout

All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout and 1-95, D was entered for the "number" part of this two-part question

if LHAL33T = 4 and LHAL33N > AGE, goto ERR1_LHAL33T
How long [fill: have you/has ALIAS] 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

All persons 18 years of age or older who have a limitation due to knee problems

<1-95,D> [goto LHAL34T]
<96> [fill "6" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

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

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

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL34T]

if LHAL34T = 4 and LHAL34N > AGE, goto ERR1_LHAL34T
How long [fill: have you/has ALIAS] had migraine headaches?

* Enter number for time with migraine headaches.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94
95
96
97
99

UniverseText:
All persons 18 years of age or older who have a limitation due to migraine headaches

SkipInstructions:
<1-95,D> [goto LHAL35T]
<96> [fill "6" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

* Enter time period for time with migraine headaches.

1
2
3
4
6
7
9

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

SkipInstructions:
<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL35T]
if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T
<table>
<thead>
<tr>
<th>QuestionID:</th>
<th>FHS.450_01.000</th>
<th>InstrumentVariableName:</th>
<th>LHAL90N</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S1]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter number for time with [fill1: LAHCA_S1].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter '95' for 95 or more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter '96' if since birth.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>01-94</td>
<td>1-94</td>
<td></td>
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<tr>
<td>95</td>
<td>95+</td>
<td></td>
<td></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>
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<td>99</td>
<td>Don't know</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-95,D&gt; [goto LHAL90T]</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>&lt;96&gt; [fill &quot;6&quot; in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [store &quot;R&quot; in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</td>
<td></td>
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<td>QuestionID:</td>
<td>FHS.450_02.000</td>
<td>InstrumentVariableName:</td>
<td>LHAL90T</td>
<td>QuestionnaireFileName:</td>
<td>Family</td>
</tr>
<tr>
<td>QuestionText:</td>
<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter time period for time with [fill: LAHCA_S1].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Day(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Week(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
<td></td>
<td></td>
<td></td>
<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>
<td></td>
<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>UniverseText:</td>
<td>All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the &quot;number&quot; part of this two-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-4,R,D&gt; [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;6&gt; [goto ERR2_LHAL90T]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if LHAL90T = 4 and LHAL90N &gt; AGE, goto ERR1_LHAL90T</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S2]?

* Enter number for time with [fill1: LAHCA_S2].
* 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

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2

* Enter time period for time with [fill: LAHCA_S2].

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

All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2 and 1-95, D was entered for the "number" part of this two-part question

<1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL91T]
if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T
Would you say [fill: your/ALIAS’s] health in general is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Refused
7. Don't know

All persons

repeat for all persons in the family, goto FINJ3M
The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?

1     Yes
2     No
7     Refused
9     Don't know

Who was this? (Anyone else?)

1     Yes
2     No
7     Refused
9     Don't know

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2008 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
Document Version Date: 24-Apr-09

**Question ID:** FIJ.016_00.000  
**Instrument Variable Name:** MFINJ3M  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?  

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:**  
All persons with at least one or an unknown number of injury episodes during the past 3 months

**SkipInstructions:**  
\(<1> [\text{if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M}]\)  
\(<2,R,D> [\text{goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M}]\)

---

**Question ID:** FIJ.018_00.000  
**Instrument Variable Name:** MTFINJ3M  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?  

01-91 1-91 times  
97 Refused  
99 Don't know

**UniverseText:**  
All persons who consulted a medical professional for their injury episode(s)

**SkipInstructions:**  
\(<1-91> [\text{if MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM}]\)  
\(<R,D> [\text{goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M}]\)

---

**Question ID:** FIJ.020_00.000  
**Instrument Variable Name:** FPOI3M  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [F1]  

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.  

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:**  
All families

**SkipInstructions:**  
\(<1> [\text{if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M}]\)  
\(<2,R,D> [\text{goto FDMED12M}]\)
**Question ID:** FIJ.022_00.000  
**Instrument Variable Name:** WFPOI3M  
**QuestionnaireFileName:** Family

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

Who was this?  
(Anyone else?)

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** All families with two or more persons and at least one person was poisoned during the past 3 months

**SkipInstructions:**  
<R,D> [goto FDMED12M]  
else, goto TFPOI3M

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

---

**Question ID:** FIJ.024_00.000  
**Instrument Variable Name:** TFPOI3M  
**QuestionnaireFileName:** Family

**QuestionText:** [F1]  
DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes.

01-91 1-91 times  
97 Refused  
99 Don't know

**UniverseText:** All persons poisoned during the past 3 months

**SkipInstructions:**  
1-10,D> [goto MFPOI3M]  
<R> [goto TFPOI3M for next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]  
11-91> [goto ERR_TFPOI3M]

---

**Question ID:** FIJ.026_00.000  
**Instrument Variable Name:** MFPOI3M  
**QuestionnaireFileName:** Family

**QuestionText:** [F1]  
Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?  

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** All persons with at least one or an unknown number of poisoning episodes during the past 3 months

**SkipInstructions:**  
1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else, goto MTFPOI3M]  
2,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]
Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

01-91  1-91 times
97     Refused
99     Don't know

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

<1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
<1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
<1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}
When did [fill1: your/ALIAS’s] [fill2: injury/poisoning] happen for which a medical professional was consulted?

{first of multiple injury/poisoning episodes for the person}
Now I’m going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?

{second plus of multiple injury/poisoning episodes for the person}
You just told me about [fill1: your/ALIAS’s] [fill6: (month, day of previous event)] [fill7:most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

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

SkipInstructions: <1-12> [goto IPDATED]
<R> [goto IPHOW]
<D> [goto IPDATENO]

* Enter day.

01 1-31
97 Refused
99 Don't know

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

SkipInstructions: <1-31> [goto DATEYE]
<R> [goto IPHOW]
<D> [goto IPATEMT]
**Question ID:** FIJ.050_03.000  **Instrument Variable Name:** IPDATEY  **QuestionnaireFileName:** Family

**QuestionText:**

3 of 3

* Enter year.

**Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:**

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

**SkipInstructions:**

if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

---

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

**QuestionText:**

1 of 2

Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?

*Enter number for time since event.

**01-91**

<table>
<thead>
<tr>
<th>Number</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-91</td>
<td>1-91</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:**

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

**SkipInstructions:**

<1-91> [goto IPDATETP]

<R,D> [goto IPHOW]

---

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

**QuestionText:**

2 of 2

*Enter number for time period since event.

^IPDATENO…

<table>
<thead>
<tr>
<th>Number</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Days</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Weeks</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Months</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:**

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

**SkipInstructions:**

goto IPHOW
2008 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 24-Apr-09

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

QuestionText: (book) F3  ? [F1]

Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?

1 Beginning
2 Middle
3 End
7 Refused
9 Don't know

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

SkipInstructions: gotoIPHOW

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

QuestionText: ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: injury/poisoning], and any objects, substances, or other people involved.

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

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
* Do not read.

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

01  In a motor vehicle
02  On a bike, scooter, skateboard, skates, skis, horse, etc.
03  Pedestrian who was struck by a vehicle such as a car or bicycle
04  In a boat, train, or plane
05  Fall
06  Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
07  Other
09  Refused
99  Don't know

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

SkipInstructions: goto IJBODY
In this injury, what parts of [fill: your/ALIAS’s] body were hurt?

01 Ankle
02 Back
03 Buttocks
04 Chest
05 Ear
06 Elbow
07 Eye
08 Face
09 Finger/thumb
10 Foot
11 Forearm
12 Groin
13 Hand
14 Head (not face)
15 Hip
16 Jaw
17 Knee
18 Lower leg
19 Mouth
20 Neck
21 Nose
22 Shoulder
23 Stomach
24 Teeth
25 Thigh
26 Toe
27 Upper arm
28 Wrist
29 Other, specify
97 Refused
99 Don't know

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

SkipInstructions: <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]
2008 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 24-Apr-09

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

QuestionText: *Read if necessary.

What other parts of the body were hurt?

Verbatim

7 Refused
9 Don't know

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

SkipInstructions: goto IJTYPE1

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

QuestionText: (book) F5

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

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

01 Broken bone or fracture
02 Sprain, strain, or twist
03 Cut
04 Scrape
05Bruise
06 Burn
07 Insect bite
08 Animal bite
09 Other, specify
97 Refused
99 Don't know

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

SkipInstructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYPE1OS]
<R> [goto IPEV]

Question ID: FIJ.073_00.000  Instrument Variable Name: IJTYPE1OS  QuestionnaireFileName: Family

QuestionText: ? [F1]

* Read if necessary.

How was [fill1: your/ALIAS's] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim

7 Refused
9 Don't know

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

SkipInstructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV
In what way was [fill1: your/ALIAS’s] [fill2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

01 Broken bone or fracture
02 Sprain, strain, or twist
03 Cut
04 Scrape
05 Bruise
06 Burn
07 Insect bite
08 Animal bite
09 Other, specify
97 Refused
99 Don't know

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

<1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTP2OS]
<R> [goto IPEV]

How else was [fill1: your/ALIAS’s] [fill2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim response
7 Refused
9 Don't know

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

goto IJTYPE3 for next body part; if no more body parts, goto IPEV
### Question ID: FIJ.076_00.000  Instrument Variable Name: IJTYPE3  QuestionnaireFileName: Family

**QuestionText:**

*Enter up to 2 responses, separate with a comma. 
* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Broken bone or fracture</td>
</tr>
<tr>
<td>02</td>
<td>Sprain, strain, or twist</td>
</tr>
<tr>
<td>03</td>
<td>Cut</td>
</tr>
<tr>
<td>04</td>
<td>Scrape</td>
</tr>
<tr>
<td>05</td>
<td>Bruise</td>
</tr>
<tr>
<td>06</td>
<td>Burn</td>
</tr>
<tr>
<td>07</td>
<td>Insect bite</td>
</tr>
<tr>
<td>08</td>
<td>Animal bite</td>
</tr>
<tr>
<td>09</td>
<td>Other, specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

**SkipInstructions:**

<1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]  
<9> [goto IJTYP3OS]  
<R> [goto IPEV]

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

**QuestionText:**

* Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

**Verbatim**

Verbatim response

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</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:**

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

**SkipInstructions:**

goto IJTYPE4 for next body part; if no more body parts, goto IPEV
In what way was [fill1: your/ALIAS’s] [fill2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

01 Broken bone or fracture
02 Sprain, strain, or twist
03 Cut
04 Scrape
05 Bruise
06 Burn
07 Insect bite
08 Animal bite
09 Other, specify
97 Refused
99 Don't know

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

Verbatim response
7 Refused
9 Don't know

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

if a poisoning episode, goto PPCC; else, goto IPEV

Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..?

A phone call to a poison control center?

1 Yes
2 No
7 Refused
9 Don't know

All poisoning episodes for which a medical professional was consulted

<1,2,D> [goto IPEV]
<R> [goto IPHOSP]
Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

1  Yes
2  No
7  Refused
9  Don't know

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

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

1  Yes
2  No
7  Refused
9  Don't know

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

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to a doctor’s office or other health clinic

1  Yes
2  No
7  Refused
9  Don't know

All injury/poisoning episodes for which a medical professional was consulted
Question ID: FIJ.080_05.000  Instrument Variable Name: IPPCHCP  QuestionnaireFileName: Family

QuestionText: 

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A phone call to a doctor, nurse, or other health care professional

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,D> [goto IPOTH]
<1> [goto IPOTHOS]
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]  
<2,D> [goto IPHOSP]

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

QuestionText: 

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

QuestionText: 

* Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Verbatim Verbatim response
7  Refused
9  Don't know

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

SkipInstructions: goto IPHOSP
### Question ID: FIJ.082_00.000  
Instrument Variable Name: IPVER  
QuestionnaireFileName: Family

**QuestionText:**

* Please verify.

[f1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [f2: injury/poisoning]. Is that correct?

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

**UniverseText:**

All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

**SkipInstructions:**

<1> [if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning; else, if no more family members with an injury/poisoning, go to FPOI3M/FDMED12M]

<2> [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]

---

### Question ID: FIJ.090_00.000  
Instrument Variable Name:IPHOSP  
QuestionnaireFileName: Family

**QuestionText:**

? [F1]

[f1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [f2: injury/poisoning]?

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

**UniverseText:**

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

**SkipInstructions:**

<1> [goto IPIHNO]

<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

---

### Question ID: FIJ.091_00.000  
Instrument Variable Name: IPIHNO  
QuestionnaireFileName: Family

**QuestionText:**

? [F1]

How many nights [f1: were you/was ALIAS] in the hospital?

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

* Enter '95' for 95 or more nights.

01-94: 1-94 nights
95: 95+ nights
97: Refused
99: Don't know

**UniverseText:**

All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

**SkipInstructions:**

<1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]

<61-95> [goto ERR_IPIHNO]
**2008 NHIS Questionnaire - Family**

**Injuries & Poisoning**

Document Version Date: 24-Apr-09

---

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

**Question Text:** *Ask or verify.*

Did this accident occur on a public highway, street, or road?

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

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

---

**SkipInstructions:** goto IMVWHO

---

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

**Question Text:** *Read all categories.*

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

1. The driver of a motor vehicle
2. A passenger in a motor vehicle
3. A pedestrian
4. A bicycle rider or tricycle rider
5. The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7. Refused
9. Don't know

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

---

**SkipInstructions:** <1,2> [goto IMVTYP]  
<4,5> [goto IHELMET]  
<3,R,D> [goto IPWHAT]
**What type of vehicle [fill: were you/was ALIAS] in?**

01  Passenger car
02  Passenger truck, such as a pickup truck, van, or SUV
03  Bus
04  Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05  Motorcycle (including mopeds and minibikes)
06  All terrain vehicle or ski/snow-mobile
07  Farm equipment (such as a tractor)
08  Industrial or construction vehicle
09  Other
97  Refused
99  Don't know

**Were you/Was ALIAS** restrained at the time of the accident?

1  Yes
2  No
7  Refused
9  Don't know

All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle
**2008 NHIS Questionnaire - Family**

**Injuries & Poisoning**

*Document Version Date: 24-Apr-09*

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

**QuestionText:**

*Ask or verify.*

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

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

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

**SkipInstructions:** goto IPWHAT

---

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

**QuestionText:**

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

*Ask or verify.*

How did [fill: you/ALIAS] fall? Anything else?

01. Stairs, steps, or escalator
02. Floor or level ground
03. Curb (including sidewalk)
04. Ladder or scaffolding
05. Playground equipment
06. Sports field, court, or rink
07. Building or other structure
08. Chair, bed, sofa, or other furniture
09. Bathtub, shower, toilet, or commode
10. Hole or other opening
11. Other
97. Refused
99. Don't know

**UniverseText:** All medically-consulted injury episodes that occurred due to a fall

**SkipInstructions:** goto IFALLWHY
What caused [fill: you/ALIAS] to fall?

1. Slipping or tripping
2. Jumping or diving
3. Bumping into an object or another person
4. Being shoved or pushed by another person
5. Losing balance or having dizziness (becoming faint or having a seizure)
6. Other
7. Refused
8. Other
9. Don't know

All medically-consulted injury episodes that occurred due to a fall

What did [fill: your/ALIAS’s] poisoning result from?

1. Swallowing a drug or medical substance mistakenly or in overdose
2. Swallowing or touching a harmful solid or liquid substance
3. Inhaling harmful gases or vapors
4. Eating a poisonous plant or other substance mistaken for food
5. Being bitten by a poisonous animal
6. Other, please specify
7. Refused
8. Other
9. Don't know

All poisoning episodes for which a medical professional was consulted

How did [fill: your/ALIAS’s] poisoning occur?

Verbatim

Verbatim response
7. Refused
9. Don't know

All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

goto IPWHAT
### Question ID: FIJ.150_00.000

#### Instrument Variable Name: IPWHAT

#### QuestionnaireFileName: Family

**Question Text:**

*(book) F10 ? [F1]*

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

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

<table>
<thead>
<tr>
<th></th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Driving or riding in a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>Working at a paid job</td>
</tr>
<tr>
<td>03</td>
<td>Working around the house or yard</td>
</tr>
<tr>
<td>04</td>
<td>Attending school</td>
</tr>
<tr>
<td>05</td>
<td>Unpaid work (such as volunteer work)</td>
</tr>
<tr>
<td>06</td>
<td>Sports and exercise</td>
</tr>
<tr>
<td>07</td>
<td>Leisure activity (excluding sports)</td>
</tr>
<tr>
<td>08</td>
<td>Sleeping, resting, eating, or drinking</td>
</tr>
<tr>
<td>09</td>
<td>Cooking</td>
</tr>
<tr>
<td>10</td>
<td>Being cared for (hands-on care from other person)</td>
</tr>
<tr>
<td>11</td>
<td>Other, please specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText:

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

#### SkipInstructions:

<1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

---

### Question ID: FIJ.151_00.000

#### Instrument Variable Name: IPWHATOT

**QuestionnaireFileName: Family**

**Question Text:**

* Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

<table>
<thead>
<tr>
<th></th>
<th>Activity Description</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:

All medically-consulted injury/poisoning episodes that occurred in some "other" place

#### SkipInstructions:

goto IPWHER
Injuries & Poisoning

Question ID: FIJ.160_00.000  Instrument Variable Name: IPWHER  QuestionnaireFileName: Family

QuestionText: (book) F11  ? [F1]

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

* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

01 Home (inside)
02 Home (outside)
03 School (not residential)
04 Child care center or preschool
05 Residential institution (excluding hospital)
06 Health care facility (including hospital)
07 Street or highway
08 Sidewalk
09 Parking lot
10 Sport facility, athletic field, or playground
11 Shopping center, restaurant, store, bank, gas station, or other place of business
12 Farm
13 Park or recreation area (include bike or jog path)
14 River, lake, stream, or ocean
15 Industrial or construction area
16 Other public building
17 Other
97 Refused
99 Don't know

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

SkipInstructions: if AGE lt 5 and the person has more injury/poisoning episodes, goto IPDATEM; else, if AGE lt 5 and the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if AGE lt 5 and no more family members with an injury/poisoning, goto FPOI3M/FDMED12M; else, if AGE ge 13, goto IPEMP; else, if AGE ge 5 and AGE le 12, goto IPSTU

Question ID: FIJ.170_00.000  Instrument Variable Name: IPEMP  QuestionnaireFileName: Family

QuestionText: ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

1 Full-time
2 Part-time
3 Not employed
7 Refused
9 Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older

SkipInstructions: <1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]
Question ID: FIJ.171_00.000  
Instrument Variable Name: IPWKLS  
QuestionnaireFileName: Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?

1  None  
2  Less than one day  
3  One to five days  
4  Six or more days  
7  Refused  
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode

SkipInstructions: goto IPSTU

Question ID: FIJ.180_00.000  
Instrument Variable Name: IPSTU  
QuestionnaireFileName: Family

QuestionText: At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?

1  Full-time  
2  Part-time  
3  Not a student  
7  Refused  
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

SkipInstructions: <1,2> [goto IPSCLS]  
<3,R,D> [if person has more injury/poisoning episodes, goto IPDATEM for that person; else if person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning episode; else if no more family members with an injury/poisoning, goto FPOI3M/FDMED12M]

Question ID: FIJ.181_00.000  
Instrument Variable Name: IPSCLS  
QuestionnaireFileName: Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

1  None  
2  Less than one day  
3  One to five days  
4  Six or more days  
7  Refused  
9  Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

SkipInstructions: if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FDMED12M
The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

1 Yes
2 No
7 Refused
9 Don't know

All families

<1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]
<2,R,D> [goto FNMED12M]

For which family member was medical care delayed?

(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

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

DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

1 Yes
2 No
7 Refused
9 Don't know

All families

<1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]
2008 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: FAU.040_00.000  Instrument Variable Name: PNMED12M  QuestionnaireFileName: Family

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

Who didn't get needed care?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

SkipInstructions: goto FHOSPYR

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

Question ID: FAU.050_00.000  Instrument Variable Name: FHOSPYR  QuestionnaireFileName: Family

QuestionText:  

[fill1: were you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR] <2,R,D> [goto FHCHM2W]

Question ID: FAU.060_00.000  Instrument Variable Name: PHOSPYR  QuestionnaireFileName: Family

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

Who was in a hospital overnight?
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)

SkipInstructions: goto HOSPNO

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

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

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

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

All persons who had an overnight hospital stay during the past 12 months (excluding ER)
2008 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: FAU.120_00.000  Instrument Variable Name: FHCHM2W  QuestionnaireFileName: Family

QuestionText:  
* Hand calendar card.

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

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

During those 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]
<2,R,D> [goto FHCPH2W]

Question ID: FAU.130_00.000  Instrument Variable Name: PHCHM2W  QuestionnaireFileName: Family

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

Who received care at home?  
(Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: goto PHCHMN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
How many home visits did [fill: you/ALIAS] receive during those 2 WEEKS?  
* Enter ‘50’ for 50 or more visits.  
01-50 1-50 home visits  
97 Refused  
99 Don’t know

During those 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?  
Do not include phone calls to make appointments, for billing questions or for prescription refills.  
1 Yes  
2 No  
7 Refused  
9 Don’t know

* Ask or verify. Enter applicable line number(s), separate with commas.  
Who was the phone call about?  
(Anyone else?)  
1 Yes  
2 No  
7 Refused  
9 Don’t know
**2008 NHIS Questionnaire - Family**

**Family Access to Health Care & Utilization**

**Document Version Date: 24-Apr-09**

---

**Question ID:** FAU.170_00.000  **Instrument Variable Name:** PHCPHN2W  **QuestionnaireFileName:** Family

**Question Text:**
During those 2 WEEKS, how many telephone calls [fill: did you make/were made about ALIAS]?

* Enter ‘50’ for 50 or more phone calls.

| 01-50 | 1-50 calls |
| 97 | Refused |
| 99 | Don't know |

**Universe Text:**
All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

**Skip Instructions:**
<1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]
<15-50> [goto ERR_PHCPHN2W]

---

**Question ID:** FAU.180_00.000  **Instrument Variable Name:** FHCDV2W  **QuestionnaireFileName:** Family

**Question Text:**
During those 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?

[fill2: Do not include times during an overnight hospital stay.]

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

**Universe Text:**
All families

**Skip Instructions:**
<1> [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]
<2,R,D> [goto F10DVYR]

---

**Question ID:** FAU.190_00.000  **Instrument Variable Name:** PHCDV2W  **QuestionnaireFileName:** Family

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

Who received care?
(Anyone else?)

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

**Universe Text:**
All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

**Skip Instructions:**
goto PHCDVN2W

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
How many times did [fill: you/ALIAS] visit a doctor or other health care professional during those 2 WEEKS?

* Enter ‘50’ for 50 or more visits.

01-50  1-50 times
97    Refused
99    Don't know

All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

Yes
No
Refused
Don't know

All families

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

Who received care 10 or more times?
(Anyone else?)

Yes
No
Refused
Don't know

All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

goto FHICOV

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
<table>
<thead>
<tr>
<th>Question ID: FHI.050_00.000</th>
<th>Instrument Variable Name: FHICOV</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>

**QuestionText:**

(book) F12 and (book) F14

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[fill:Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

- **1** Yes
- **2** No
- **7** Refused
- **9** Don’t know

**UniverseText:** All families

**SkipInstructions:**

- `<1,R,D> [goto HIKIND]`
- `<2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]`

---

<table>
<thead>
<tr>
<th>Question ID: FHI.070_00.000</th>
<th>Instrument Variable Name: HIKIND</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
</table>

**QuestionText:**


What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

* Enter all that apply, separate with commas.

- **01** Private health insurance
- **02** Medicare
- **03** Medi-Gap
- **04** Medicaid
- **05** SCHIP (CHIP/Children's Health Insurance Program)
- **06** Military health care (TRICARE/VA/CHAMP-VA)
- **07** Indian Health Service
- **08** State-sponsored health plan
- **09** Other government program
- **10** Single service plan (e.g., dental, vision, prescriptions)
- **11** No coverage of any type
- **97** Refused
- **99** Don’t know

**UniverseText:** All persons in families where FHICOV= yes, don’t know, or refused

**SkipInstructions:**

- `<R,D> [goto HCSPFYR]`
- `<1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]`
- `<11> [if HIKIND = 1-10, goto ERR_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]`
2008 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 24-Apr-09

Question ID: FHI.072_00.000  Instrument Variable Name: MCAREPRB  QuestionnaireFileName: Family
QuestionText: (book) F13
People covered by Medicare have a card that looks like this.
[fill: Are you/Is ALIAS] covered by Medicare?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND
SkipInstructions: if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

Question ID: FHI.073_00.000  Instrument Variable Name: MCAIDPRB  QuestionnaireFileName: Family
QuestionText: (book F14)
* Refer to flashcard F14 for state Medicaid names.
There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (* fill State name). [fill: Are you/Is ALIAS] covered by Medicaid?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons less than 65 years of age with no insurance coverage of any type
SkipInstructions: goto SINCOV

Question ID: FHI.074_00.000  Instrument Variable Name: SINCOV  QuestionnaireFileName: Family
QuestionText: [fill: Do you/Does ALIAS] have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?
1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND
SkipInstructions: goto HICHANGE
Question ID: FHI.075_00.000  Instrument Variable Name: HICHANGE  QuestionnaireFileName: Family

QuestionText: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:
fill3: "HIKIND"] / not covered by health insurance.]

Is this correct?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons

SkipInstructions: <1,R,D> [repeat for all eligible persons, then goto MCPART]
<2> [goto ERR_HICHANGE]

Question ID: FHI.090_00.000  Instrument Variable Name: MCPART  QuestionnaireFileName: Family

QuestionText: {if subject ne respondent}:
   Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS's Medicare card to determine the type of coverage?

   {if subject eq respondent}:
      * Read if necessary.

      What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

      * Fill in appropriate coverage type below.

1  Part A - Hospital only
2  Part B - Medical only
3  Both Part A and Part B
7  Refused
9  Don't know

UniverseText: All persons with Medicare

SkipInstructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

Question ID: FHI.092_00.000  Instrument Variable Name: MCCARD  QuestionnaireFileName: Family

QuestionText: * Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

1  Yes
2  No

UniverseText: All persons with Part A Medicare coverage, Part B Medicare coverage, or both

SkipInstructions: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE
Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: goto MCHMO

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

What is the name of the HMO?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim response

7  Refused
9  Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for part B coverage, and are enrolled under a Medicare managed care arrangement

SkipInstructions: goto MCREF
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.114_00.000</th>
<th>Instrument Variable Name:</th>
<th>MCREF</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<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>UniverseText:</td>
<td>All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto MCPAYPRE</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.116_00.000</th>
<th>Instrument Variable Name:</th>
<th>MCPAYPRE</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Besides [fill1: your/ALIAS's] Medicare insurance, [fill2: are you/is ALIAS] paying an additional monthly or yearly premium to receive a more comprehensive health benefit plan?</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<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>UniverseText:</td>
<td>All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto MCPARTD</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.118_00.000</th>
<th>Instrument Variable Name:</th>
<th>MCPARTD</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<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>UniverseText:</td>
<td>All persons with Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,7,9&gt; [goto MCPART for next person with Medicare; else goto MACHMD]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(book F14) ? [F1]

* Refer to flashcard F14 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (* fill State Name). [fill1: You are/ALIAS is] listed as having Medicaid coverage. Can [fill2: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill3: you/he/she] choose from a book or list of doctors or is a doctor assigned?

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
9 Don't know

UniverseText: All persons with Medicaid

SkipInstructions: <1,R,D> [goto MAPCMD]<2> [goto MACHMD1]<3> [goto MACHMD2]

* Ask or verify.

What is the name of the health plan that provided the book or list?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim

7 Refused
9 Don't know

UniverseText: All persons with Medicaid who must select a doctor from a book or list of doctors

SkipInstructions: goto MANAM

* Ask or verify.

What is the name of the health plan that assigned the doctor?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim

7 Refused
9 Don't know

UniverseText: All persons with Medicaid for whom a doctor is assigned

SkipInstructions: goto MANAM
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.132_00.000</th>
<th>Instrument Variable Name:</th>
<th>MANAM</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?</td>
<td>1 Yes</td>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto MAPCMD</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.140_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAPCMD</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.</td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
<td>9 Don't know</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto MAREF</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FHI.150_00.000</th>
<th>Instrument Variable Name:</th>
<th>MAREF</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>Under [fill1: your/ALIAS's] Medicaid plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.</td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto MACHMD for the next person with Medicaid; else, goto SSTYPE2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* Enter all that apply, separate with commas.

You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?

01 Accidents
02 AIDS care
03 Cancer treatment
04 Catastrophic care
05 Dental care
06 Disability insurance
07 Hospice care
08 Hospitalization only
09 Long-term care
10 Prescriptions
11 Vision care
12 Other (specify)
97 Refused
99 Don't know

UniverseText: All persons with single service plans

SkipInstructions: <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]
<12> [goto SSOTHER]

* Other type of single-service plan

Verbatim response
7 Refused
9 Don't know

UniverseText: All persons with an "other" single service plan

SkipInstructions: goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6
The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

* Read names.
(display roster of eligible persons)]

* Enter 1 to continue

1 Continue

All families with at least one person covered by private health insurance

It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have your health plan card or something with the plan name on it?

Verbatim response

7 Refused

9 Don't know

All families with at least one person covered by private health insurance

* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1 Yes

2 No

All private health insurance plans where the plan name was entered at HIPNAM1
2008 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 24-Apr-09

Question ID: FHI.170_00.000  Instrument Variable Name: HIPNAM1B  QuestionnaireFileName: Family

QuestionText:
* Ask or verify. Enter all that apply, separate with commas.
Which family members are covered by this plan?
* Indicate each family member covered by this plan.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

SkipInstructions: <R,D> [if HIPNAM1= R or D, goto STNAME]
goto MORPLAN

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

Question ID: FHI.171_00.000  Instrument Variable Name: MORPLAN  QuestionnaireFileName: Family

QuestionText: * Ask if necessary
Are there any more private health insurance plans?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

SkipInstructions: <1> [goto HIPNAM2]
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

Question ID: FHI.172_00.000  Instrument Variable Name: HIPNAM2  QuestionnaireFileName: Family

QuestionText: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim
7  Refused
9  Don't know

UniverseText: All families with a second private health insurance plan

SkipInstructions: <verbatim> [goto PCARD2]
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]
**2008 NHIS Questionnaire - Family**

*Family Health Insurance*

**Document Version Date:** 24-Apr-09

---

**Question ID:** FHI.172_01.000  **Instrument Variable Name:** PCARD2  **QuestionnaireFileName:** Family

**QuestionText:**
* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1  Yes
2  No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM2

**SkipInstructions:** goto HIPNAM2B

---

**Question ID:** FHI.173_00.000  **Instrument Variable Name:** HIPNAM2B  **QuestionnaireFileName:** Family

**QuestionText:**
* Ask or verify. Enter all that apply, separate with commas.
Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

**SkipInstructions:** <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

---

**Question ID:** FHI.174_00.000  **Instrument Variable Name:** MORPLAN2  **QuestionnaireFileName:** Family

**QuestionText:**
* Ask if necessary

Are there any more private health insurance plans?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

**SkipInstructions:** <1> [goto HIPNAM3]  
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]
**2008 NHIS Questionnaire - Family**

**Family Health Insurance**

*Question ID:* FHI.175_00.000  *Instrument Variable Name:* HIPNAM3  *QuestionnaireFileName:* Family

**QuestionText:** What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?*

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

**UniverseText:** All families with a third private health insurance plan

**SkipInstructions:** <verbatim> 
[goto PCARD3] <R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B] 
</verbatim>

---

**Question ID:** FHI.175_01.000  *Instrument Variable Name:* PCARD3  *QuestionnaireFileName:* Family

**QuestionText:** * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

- 1 Yes
- 2 No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM3

**SkipInstructions:** goto HIPNAM3B

---

**Question ID:** FHI.176_00.000  *Instrument Variable Name:* HIPNAM3B  *QuestionnaireFileName:* Family

**QuestionText:** * Ask or verify. Enter all that apply, separate with commas. Which family members are covered by that plan?  

* Indicate each family member covered by this plan.

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

**UniverseText:** All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

**SkipInstructions:** <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3
Are there any more private health insurance plans?

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

All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

<1> [goto HIPNAM4]
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim
7. Refused
9. Don't know

All families with a fourth private health insurance plan

<verbatim> [goto PCARD4]
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1. Yes
2. No

All private health insurance plans where the plan name was entered at HIPNAM4

goto HIPNAM4B
* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

SkipInstructions: <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

  goto FHICCI8

Question ID: FHI.180_00.000  Instrument Variable Name: HIVER1  QuestionnaireFileName: Family

QuestionText: * [F1]

[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1> [ goto HIVER2]
  <2,R,D> [goto ERR_HIVER1]
Question ID: FHI.190_00.000  Instrument Variable Name: HIVER2  QuestionnaireFileName: Family

QuestionText: * Enter all that apply, separate with commas.

Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

1 1st plan mentioned (^HIPNAM1)
2 2nd plan mentioned (^HIPNAM2)
3 3rd plan mentioned (^HIPNAM3)
4 4th plan mentioned (^HIPNAM4)
5 Some other plan not already mentioned
7 Refused
9 Don't know

UniverseText: All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]
<R,D> [goto FHICCI8]

Question ID: FHI.195_01.000  Instrument Variable Name: FHICCI8  QuestionnaireFileName: Family

QuestionText: [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

* Enter 1 to continue.

1 Continue

UniverseText: All families where a private health insurance plan was reported

SkipInstructions: goto FHI200

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster.

00  Policyholder not on family roster
01-25 Two-digit person number
97  Refused
99  Don't know

Which one of these categories best describes how this plan was obtained?

01  Through employer
02  Through union
03  Through workplace, but don't know if employer or union
04  Through workplace, self-employed or professional association
05  Purchased directly
06  Through a state/local government or community program
07  Other, specify
97  Refused
99  Don't know
### Question 211_01.000: How was this plan obtained?

**Question ID:** FHI.211_01.000  
**Instrument Variable Name:** PLNWKSP  
**QuestionnaireFileName:** Family

*Read if necessary.*

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

**UniverseText:** All private health insurance plans where the plan was obtained through an "other" source

**SkipInstructions:** goto PLNPAY

*NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.*

### Question 220_10.000: Who pays for this health insurance plan?

**Question ID:** FHI.220_10.000  
**Instrument Variable Name:** PLNPAY  
**QuestionnaireFileName:** Family

* Enter all that apply, separate with commas.

**Who pays for this health insurance plan?**

* * If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Self or family (living in the household)</td>
</tr>
<tr>
<td>02</td>
<td>Employer or union</td>
</tr>
<tr>
<td>03</td>
<td>Someone outside the household</td>
</tr>
<tr>
<td>04</td>
<td>Medicare</td>
</tr>
<tr>
<td>05</td>
<td>Medicaid</td>
</tr>
<tr>
<td>06</td>
<td>Children's Health Insurance Program (CHIP/SCHIP)</td>
</tr>
<tr>
<td>07</td>
<td>State or local government or community program</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All private health insurance plans

**SkipInstructions:**
- <1> [goto HICOSTN]  
- <2-7,R,D> [if PLNPAY=1, goto HICOSTN; else, goto PLNMGD]

*NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.*
Question ID: FHI.230_11.000  Instrument Variable Name: HICOSTN  QuestionnaireFileName: Family

QuestionText: 1 of 2  ? [F1]

How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: HIPNAM1/ HIPNAM2/ HIPNAM3/ HIPNAM4/ Plan 1/ Plan 2/ Plan 3/ Plan 4]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.

00001-99995  $1-$99,995
99997  Refused
99999  Don't know

UniverseText: All private health insurance plans paid for by self or family

SkipInstructions: <1-99995> [goto HICOSTT]
<R> [store "R" in HICOSTT and goto PLNMGD]
<D> [store "D" in HICOSTT and goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.230_12.000  Instrument Variable Name: HICOSTT  QuestionnaireFileName: Family

QuestionText: 2 of 2  ? [F1]

* Enter time period for premium payments.

01  Once a week
02  Once every 2 weeks
03  Once a month
04  Twice a month
05  Every 2 months
06  Quarterly (every 3 months)
07  Once a year
08  Twice a year
97  Refused
99  Don't know

UniverseText: All private health insurance plans with a valid response to HICOSTN

SkipInstructions: goto PLNMGD

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1. HMO/IPA
2. PPO
3. POS
4. Fee-for-service/indemnity
5. Other
6. Refused
7. Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Is the annual deductible for medical care for this plan less than $1,100 or $1,100 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1. Less than [$1,100/$2,200]
2. [$1,100/$2,200] or more
7. Refused
9. Don't know

UniverseText: All private health insurance plans

SkipInstructions: 1,R,D [goto MGCHMD] 2 [goto HSAHRA]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
### Question 242

**Question ID:** FHI.242_01.000  
**Instrument Variable Name:** HSAHRA  
**QuestionnaireFileName:** Family

**Question Text:**
With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

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

**UniverseText:** All high deductible private health plans

**SkipInstructions:** 1,2,R,D [goto MGCHMD]

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

### Question 243

**Question ID:** FHI.243_01.000  
**Instrument Variable Name:** MGCHMD  
**QuestionnaireFileName:** Family

**Question Text:**
Under this plan, can you/ALIAS/the family members with this plan choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?

1. Any doctor
2. Select from group/list
7. Refused
9. Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** 1,2,R,D [goto MGCHMD]

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

### Question 244

**Question ID:** FHI.244_01.000  
**Instrument Variable Name:** MGPRMD  
**QuestionnaireFileName:** Family

**Question Text:**
Do you/Does ALIAS/Do the family members with this plan have the option of choosing a doctor from a preferred or select list at a lower cost?

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

**UniverseText:** All private health insurance plans where covered persons can choose any doctor

**SkipInstructions:** goto MGPRMD

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
**Question ID:** FHI.246_01.000  
**Instrument Variable Name:** MGPYMD  
**QuestionnaireFileName:** Family

**Question Text:**
If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

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

**Universe Text:**
All private health insurance plans where covered persons must select from a group or list of doctors

**Skip Instructions:**
go to MGPREF

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

---

**Question ID:** FHI.248_01.000  
**Instrument Variable Name:** MGPREF  
**QuestionnaireFileName:** Family

**Question Text:**
? [F1]
When [fill1: you need/ALIAS needs/the family members with this plan need] to go to a different doctor or place for special care, [fill2: do you/does ALIAS/do they] need approval or a referral? Do not include emergency care.

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

**Universe Text:**
All private health insurance plans

**Skip Instructions:**
go to PRRXCOV

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

---

**Question ID:** FHI.249_01.000  
**Instrument Variable Name:** PRRXCOV  
**QuestionnaireFileName:** Family

**Question Text:**
Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

* Read if necessary: Does this plan have a drug benefit?

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

**Universe Text:**
All private health insurance plans

**Skip Instructions:**
go to PRDNCOV

**NOTE:** Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Question Text: Does [fill 1: `HIPNAM1 or `HIPNAM2, or `HIPNAM3, or `HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for dental care?

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

Universe Text: All private health insurance plans

Skip Instructions: goto FHICCI8 for the next private health insurance plan; else, goto STNAME1

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question Text: Earlier I recorded that [fill: you are/ALIAS is] covered by the Children’s Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim: Verbatim response
7. Refused
9. Don't know

Universe Text: All persons with SCHIP

Skip Instructions: goto STDOC1

Question Text: Under the [fill1: `STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1. Any doctor
2. Select from book/list
3. Doctor is assigned
7. Refused
9. Don't know

Universe Text: All persons with SCHIP

Skip Instructions: goto STPCMD1
Question ID: FHI.252_00.000  Instrument Variable Name: STPCMD1  QuestionnaireFileName: Family

QuestionText: [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons with SCHIP

SkipInstructions: goto STREF1

Question ID: FHI.253_00.000  Instrument Variable Name: STREF1  QuestionnaireFileName: Family

QuestionText: ? [F1]

Under [fill1: ^STNAME1/this SCHIP plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All persons with SCHIP

SkipInstructions: goto STNAME1 for the next person with SCHIP; else, goto STNAME2

Question ID: FHI.257_00.000  Instrument Variable Name: STNAME2  QuestionnaireFileName: Family

QuestionText: Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim  Verbatim response
7  Refused
9  Don't know

UniverseText: All persons covered by a state sponsored health plan

SkipInstructions: goto STDOC2
**Question ID:** FHI.258_00.000  
**Instrument Variable Name:** STDOC2  
**QuestionnaireFileName:** Family

**QuestionText:**  Under the [fill1:^STNAME2/state sponsored plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1. Any doctor
2. Select from book/list
3. Doctor is assigned
4. Refused
5. Don't know

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STPCMD2

---

**Question ID:** FHI.259_00.000  
**Instrument Variable Name:** STPCMD2  
**QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1. Yes
2. No
3. Refused
4. Don't know

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STREF2

---

**Question ID:** FHI.260_00.000  
**Instrument Variable Name:** STREF2  
**QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1:^STNAME2/this state sponsored plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1. Yes
2. No
3. Refused
4. Don't know

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3
Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim response

7 Refused
9 Don't know

All persons covered by an "other" government plan

goto STDOC3

Under the [fill1: "STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
9 Don't know

All persons covered by an "other" government plan

goto STPCMD3

Yes
2 No
7 Refused
9 Don't know

All persons covered by an "other" government plan

goto STREF3
2008 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 24-Apr-09

Question ID: FHI.267_00.000  Instrument Variable Name: STREF3  QuestionnaireFileName: Family

QuestionText: [F1]

Under [fill1: \this other government plan\], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons covered by an "other" government plan

SkipInstructions: goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC

Question ID: FHI.270_00.000  Instrument Variable Name: MILSPC  QuestionnaireFileName: Family

QuestionText: [F1]

* Enter all that apply, separate with commas.

Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

1 TRICARE
2 VA
3 CHAMP-VA
4 Other military coverage (specify)
7 Refused
9 Don't know

UniverseText: All persons with military health care

SkipInstructions: <1> [goto MILMAN]
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]
<4> [goto MILSPCOT]

Question ID: FHI.271_00.000  Instrument Variable Name: MILSPCOT  QuestionnaireFileName: Family

QuestionText: * Other military coverage

Verbatim
7 Refused
9 Don't know

UniverseText: All persons with "other" military coverage

SkipInstructions: if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST
2008 NHIS Questionnaire - Family
Family Health Insurance
Document Version Date: 24-Apr-09

Question ID: FHI.275_00.000   Instrument Variable Name: MILMAN   QuestionnaireFileName: Family

QuestionText: * [F1]

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

1 TRICARE Prime
2 TRICARE Extra
3 TRICARE Standard
4 TRICARE for life
5 TRICARE other (specify)
7 Refused
9 Don't know

UniverseText: All persons with TRICARE coverage

SkipInstructions: <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]
<5> [goto MILMANOT]

Question ID: FHI.276_00.000   Instrument Variable Name: MILMANOT   QuestionnaireFileName: Family

QuestionText: * Other type of TRICARE coverage

Verbatim

Verbatim response
7 Refused
9 Don't know

UniverseText: All persons with "other" type of TRICARE coverage

SkipInstructions: goto MILSPC for the next person with military health care; else, goto HILAST

Question ID: FHI.280_00.000   Instrument Variable Name: HILAST   QuestionnaireFileName: Family

QuestionText: (book) F17  * [F1]

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

1 6 months or less
2 More than 6 months, but not more than 1 year ago
3 More than 1 year, but not more than 3 years ago
4 More than 3 years
5 Never
7 Refused
9 Don't know

UniverseText: All persons without known health insurance or with only single service plans

SkipInstructions: goto HISTOP
2008 NHIS Questionnaire - Family
Family Health Insurance

Question ID: FHI.290_00.000
Instrument Variable Name: HISTOP
QuestionnaireFileName: Family

QuestionText: (book) F18

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3: you do/ALIAS does] not have health insurance?]

* Enter up to 5 reasons, separate with commas.

01 Person in family with health insurance lost job or changed employers
02 Got divorced or separated/death of spouse or parent
03 Became ineligible because of age/left school
04 Employer does not offer coverage/or not eligible for coverage
05 Cost is too high
06 Insurance company refused coverage
07 Medicaid/Medical plan stopped after pregnancy
08 Lost Medicaid/Medical plan because of new job or increase in income
09 Lost Medicaid (other)
10 Other (specify)
97 Refused
99 Don't know

UniverseText: All persons without known health insurance or with only single service plans

SkipInstructions: <1-9,R,D> [goto HCSPFYR]
<10> [goto HISTOPOT]

Question ID: FHI.291_00.000
Instrument Variable Name: HISTOPOT
QuestionnaireFileName: Family

QuestionText: ? [F1]

* Other reason for not having coverage

Verbatim

7 Refused
9 Don't know

UniverseText: All persons without known health insurance and an "other" reason for stopping or not having coverage

SkipInstructions: goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR

Question ID: FHI.300_00.000
Instrument Variable Name: HINOTYR
QuestionnaireFileName: Family

QuestionText: In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons with known health insurance coverage except single service plans

SkipInstructions: <1> [goto HINOTMYR]
<2,R,D> [goto HCSPFYR]
### 2008 NHIS Questionnaire - Family

**Family Health Insurance**

**Document Version Date:** 24-Apr-09

---

#### Question ID: FHI.310_00.000  
**Instrument Variable Name:** HINOTMYR  
**QuestionnaireFileName:** Family

**QuestionText:**

In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?

* If less than 1 month, enter '1'.

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-12</td>
<td>1-12 months</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

**SkipInstructions:** goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto HCSPFYR

---

#### Question ID: FHI.320_00.000  
**Instrument Variable Name:** HCSPFYR  
**QuestionnaireFileName:** Family

**QuestionText:**

The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Zero</td>
</tr>
<tr>
<td>1</td>
<td>Less than $500</td>
</tr>
<tr>
<td>2</td>
<td>$500 - $1,999</td>
</tr>
<tr>
<td>3</td>
<td>$2,000 - $2,999</td>
</tr>
<tr>
<td>4</td>
<td>$3,000 - $4,999</td>
</tr>
<tr>
<td>5</td>
<td>$5,000 or more</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:** goto FSA

---

#### Question ID: FHI.330_00.000  
**Instrument Variable Name:** FSA  
**QuestionnaireFileName:** Family

**QuestionText:**

[fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</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:** All Families

**SkipInstructions:** goto PLBORN
**2008 NHIS Questionnaire - Family**  
**Family Socio-Demographic**  
Document Version Date: 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FSD.001_00.000</th>
<th>Instrument Variable Name:</th>
<th>PLBORN</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>[fill: Were you/Was ALIAS] born in the United States?</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>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SkipInstructions:| <1> [store "1" in CITIZEN and goto PLBORN1]  
|                  | <2> [goto PLBORN2]  
<p>|                  | &lt;R,D&gt; [goto CITIZEN]  |</p>
<table>
<thead>
<tr>
<th>QuestionID</th>
<th>InstrumentVariableName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSD.002_00.000</td>
<td>PLBORN1</td>
<td>In what state [fill: were you/was ALIAS] born?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Alabama</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 Alaska</td>
</tr>
<tr>
<td></td>
<td></td>
<td>03 Arizona</td>
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<td>04 Arkansas</td>
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<td>05 California</td>
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<td>06 Colorado</td>
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<td>08 Delaware</td>
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<td>09 District of Columbia</td>
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<td>10 Florida</td>
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<td>11 Georgia</td>
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<td>12 Hawaii</td>
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<td>15 Indiana</td>
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<td>30 New Hampshire</td>
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<td></td>
<td>31 New Jersey</td>
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<td>32 New Mexico</td>
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<td>33 New York</td>
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<td>34 North Carolina</td>
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<td></td>
<td>35 North Dakota</td>
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<td></td>
<td></td>
<td>36 Ohio</td>
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<td>37 Oklahoma</td>
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<td>38 Oregon</td>
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<td>39 Pennsylvania</td>
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<td>40 Rhode Island</td>
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<td></td>
<td>41 South Carolina</td>
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<td></td>
<td>42 South Dakota</td>
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<td></td>
<td>43 Tennessee</td>
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<td>44 Texas</td>
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<td></td>
<td>45 Utah</td>
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<td></td>
<td></td>
<td>46 Vermont</td>
</tr>
<tr>
<td></td>
<td></td>
<td>47 Virginia</td>
</tr>
</tbody>
</table>
48 Washington
49 West Virginia
50 Wisconsin
51 Wyoming
57 United States (state unknown)

UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]
In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

060 AMERICAN SAMOA
061 AM SAMOA
062 BAKER ISLAND
063 GUAM
064 HOWLAND ISLAND
065 JARVIS ISLAND
066 JOHNSTON ATOLL
067 KINGMAN REEF
068 MANUA ISLANDS
069 MIDWAY ISLANDS
070 NAVASSA ISLAND
071 NORTHERN MARIANAS
072 PALMYRA ATOLL
073 PUERTO RICO
074 ROTA
075 SAIPAN
076 SAND ISLAND
077 ST CROIX
078 ST JOHN
079 ST THOMAS
080 TINIAN
081 US OUTLYING AREA
082 US VIRGIN ISLANDS
083 USVI
084 VIRGIN ISLANDS
085 WAKE ISLAND
100 ABROAD
101 ABU DHABI
102 ADEN
103 AFGHANISTAN
104 AFRICA
105 ALBANIA
106 ALBERTA
107 ALGERIA
108 ALGIERS
109 ALSACE-LORRAINE
110 AMSTERDAM
111 ANEGADA
112 ANGOLA
113 ANGUILLA
114 ANGUILLA BWI
115 ANOJOUAN
116 ANTARCTICA
117 ANTIGUA
118 ANTIGUA & BARBUDA
119 ANTIGUA WI
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120  ANTILLES
121  ARAB PALESTINE
122  ARABIA
123  ARGENTINA
124  ARMENIA
125  ARUBA
126  ARUBA DWI
127  ARUBA NETHERLANDS
128  ASCENSION ISLAND
129  ASIA
130  ASIA MINOR
131  ASSAM
132  AT SEA
133  AUSTRALIA
134  AUSTRIA
135  AUSTRIA-HUNGARY
136  AZERBAIJAN
137  AZORES ISLANDS
138  BAHAMAS
139  BAHAMAS UK
140  BAHRAIN
141  BAJA CAL
142  BAJA CAL SUR
143  BALBOA
144  BANGLADESH
145  BARBADOS
146  BARBUDA
147  BAVARIA
148  BELARUS
149  BELFAST
150  BELGIAN CONGO
151  BELGIUM
152  BELIZE
153  BENIN
154  BERLIN
155  BERMUDA
156  BESSARABIA
157  BHUTAN
158  BOHEMIA
159  BOLIVIA
160  BONAIRE
161  BORNEO
162  BOSNIA
163  BOSNIA & HERZEGOVINA
164  BOTSWANA
165  BRASIL
166  BRAZIL
167  BRAZZAVILLE
168  BREMEN
169  BRITAIN
170  BRITISH COLUMBIA
171  BRITISH EAST AFRICA
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172  BRITISH GUIANA
173  BRITISH GUYANA
174  BRITISH HONDURAS
175  BRITISH HONG KONG
176  BRITISH ISLES
177  BRITISH VI
178  BRITISH VIRGIN IS
179  BRITISH WEST INDIES
180  BRITISH WI
181  BRUNEI
182  BULGARIA
183  BURKINA FASO
184  BURMA
185  BURUNDI
186  BWI
187  BYELARUS
188  BYELORUSSIA
189  CAICOS ISLANDS
190  CAM PHA
191  CAM RANH
192  CAMBODIA
193  CAMEROON
194  CAN THO
195  CANADA
196  CANAL ZONE
197  CANARY ISLANDS
198  CANTON & ENDERBURY IS
199  CANTON ISLAND
200  CAPE VERDE
201  CARIBBEAN
202  CAYMAN ISLANDS
203  CENTRAL AFRICA
204  CENTRAL AFRICAN REP
205  CENTRAL AMERICA
206  CEYLON
207  CHAD
208  CHANNEL ISLANDS
209  CHIAPAS
210  CHIHUAHUA
211  CHILE
212  CHINA
213  CHINA HONG KONG
214  CHRISTMAS ISLAND
215  CHRISTMAS ISLAND, INDIAN OCEAN
216  COAHUILA
217  COLIMA
218  COLOMBIA
219  COMOROS
220  CONGO
221  COOK ISLANDS
222  CORAL SEA ISLANDS
223  CORK
HERZEGOVINA
HESSE
HIDALGO
HIGH SEAS
HOLLAND
HONDURAS
HONG KONG
HUNGARY
HYDERABAD
ICELAND
INDIA
INDONESIA
INTERNATIONAL WATERS
IRAN
IRAQ
IRELAND
IRIAN JAYA
IRISH REPUBLIC
ISLE OF MAN
ISRAEL
ITALY
IVORY COAST
JALISCO
JAMAICA
JAN MEYAN
JAPAN
JAVA
JERSEY
JIBUTI
JORDAN
JUAN DE NOVA ISLAND
JUGOSLAVIA
KALININGRAD
KAMPUCHEA
KASHMIR
KAZAKHSTAN
KENYA
KHANH HUNG
KINSHASA
KIRIBATI
KOREA
KORO ISLAND
KUWAIT
KWAJALEIN
KWANTUNG
KYRGYZSTAN
LABRADOR
LABUAN
LAOS
LATAKIA
LATIN AMERICA
LATVIA
LEBANON
LEEWARD ISLANDS
LESOTHO
LIBERIA
LIBYA
LIECHTENSTEIN
LITHUANIA
LOAS
LONDON DERRY
LONG XUYEN
LORRAINE
LUBECK
LUXEMBOURG
MACAO
MACAU
MACEDONIA
MADAGASCAR
MADEIRA ISLANDS
MAINLAND CHINA
MAJORCA
MALAGASY REPUBLIC
MALAWI
MALAYSIA
MALDIVES
MALI
MALLORCA
MALTA
MACHURIA
MANICA
MANILA
MANITOBA
MARSHALL ISLANDS
MARTINIQUE
MAURITANIA
MAURITIUS
MAYOTTE ISLAND
MELANESIA
MEXICO
MICHOACAN
MICRONESIA
MIDDLE EAST
MOLDAVIA
MOLDOVA
MONACO
MONAGAS
MONGOLIA
MONTENEGRO
MONTSERRAT
MORELOS
MOROCCO
MOZAMBIQUE
MY THO
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484 PHILIPPINES
485 PITCAIRN ISLAND
486 POLAND
487 POLYNESIA
488 PONAPE
489 PORTUGAL
490 PORTUGUESE INDIA
491 PRINCE EDWARD ISLAND
492 PRINCIPE ISLAND
494 PRUSSIA
495 PUEBLA
496 PUNJAB
497 PUNJAB, INDIA
498 PUNJAB, PAKISTAN
499 QATAR
500 QUANG LONG
501 QUEBEC
502 QUEENSLAND
503 QUERETARO
504 QUI NHON
505 RACH GIA
506 RAJASTHAN
507 RED CHINA
508 REPUBLIC OF CHINA
509 REPUBLIC OF CYPRUS
510 REPUBLIC OF IRELAND
511 REPUBLIC OF KOREA
512 REPUBLIC OF PANAMA
513 REP. OF PHILIPPINES
514 REP. OF SOUTH AFRICA
515 REPUBLICA DOMINICANA
516 REUNION ISLAND
517 RHODESIA
518 ROC
519 ROK
520 ROMANIA
521 ROTTERDAM
522 RUMANIA
523 RUSSIA
524 RUSSIAN FEDERATION
525 RWANDA
526 SAIGON
527 SALVADOR
528 SAMOA
529 SAN ANDRES
530 SAN LUIS POTOSI
531 SAN MARINO
532 SAN SALVADOR
533 SAO TOME ISLAND
534 SAO TOME & PRINCIPE
535 SARAWAK
536 SASKATCHEWAN
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537  SAUDI ARABIA
538  SAXONY
539  SCOTLAND
540  SENEGAL
541  SEOUL
542  SERBIA
543  SEYCHELLES
544  SHANGHAI
545  SHARJAH
546  SIBERIA
547  SICILY
548  SIERRA LEONE
549  SIKKIM
550  SINALOA
551  SINGAPORE
552  SLAVONIA
553  SLOVAK REPUBLIC
554  SLOVAKIA
555  SLOVENIA
556  SOLOMAN ISLANDS
557  SOMALIA
558  SONORA
559  SOUTH AFRICA
560  SOUTH AMERICA
561  SOUTH AUSTRALIA
562  SOUTH KOREA
563  SOUTH VIETNAM
564  SOUTH WALES
565  SOUTH YEMEN
566  SOUTHEAST ASIA
567  SOUTHERN AFRICA
568  SOUTHERN RHODESIA
569  SOVIET UNION
570  SPAIN
571  SPRATLEY ISLANDS
572  SRI LANKA
573  ST BARTHELEMY
574  ST BARTS
575  ST CHRISTOPHER
576  ST CHRISTOPHER-NEVIS
577  ST EUSTATIUS
578  ST HELENA
579  ST KITTS
580  ST KITTS-NEVIS
581  ST LUCIA
582  ST MAARTEN
583  ST MARTIN
584  ST PIERRE & MIQUELON
585  ST VINCENT
586  ST VINCENT & THE GRENADINES
587  SUDAN
588  SUMATRA
| Page 14 of 22 |

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| 589 | SURINAM |
| 590 | SURINAME |
| 591 | SVALBARD |
| 592 | SWAZILAND |
| 593 | SWEDEN |
| 594 | SWITZERLAND |
| 595 | SYRIA |
| 596 | SYRIAN ARAB REP |
| 597 | TABASCO |
| 598 | TADZHIK |
| 599 | TAHITI |
| 600 | TAIWAN |
| 601 | TAIWAN ROC |
| 602 | TAJIKISTAN |
| 603 | TAMAULIPAS |
| 604 | TANGANYIKA |
| 605 | TANGIER |
| 606 | TANZANIA |
| 607 | TASMANIA |
| 608 | THAILAND |
| 609 | THANH HOA |
| 610 | THE GRENADINES |
| 611 | TIBET |
| 612 | TIJUANA |
| 613 | TLAXCALA |
| 614 | TOBAGO |
| 615 | TOGO |
| 616 | TOGOLAND |
| 617 | TOKELAU |
| 618 | TONGA |
| 619 | TORTOISE ISLANDS |
| 620 | TORTOLA |
| 621 | TRANSVAAL |
| 622 | TRANSYLVANIA |
| 623 | TRIESTE |
| 624 | TRINIDAD |
| 625 | TRINIDAD & TOBAGO |
| 626 | TRIPOLI |
| 627 | TROMELIN ISLAND |
| 628 | TRUK |
| 629 | TUNIS |
| 630 | TUNISIA |
| 631 | TURKEY |
| 632 | TURKMENISTAN |
| 633 | TURKS & CAICOS IS |
| 634 | TURK ISLANDS |
| 635 | TUVALU |
| 636 | TUY HOA |
| 637 | UGANDA |
| 638 | UK |
| 639 | UKRAINE |
| 640 | UKRAINIA |
UNION ISLANDS
UNION OF SOUTH AFRICA
UNION OF SOVIET SOCIALIST REPUBLICS
UNITED ARAB EMIRATES
UNITED KINGDOM
UPPER VOLTA
URUGUAY
USSR
USBEKISTAN
VANCOUVER
VANUATU
VATICAN CITY
VENEZUELA
VERACRUZ
VICTORIA
VIETNAM
VINH LONG
VUNG TAU
WALES
WALLIS & FUTUNA ISLANDS
WEST AFRICA
WEST BANK
WEST BENGAL
WEST INDIES
WEST PAKISTAN
WESTERN AUSTRALIA
WESTERN SAHARA
WESTERN SAMOA
WHITE RUSSIA
WINDWARD ISLANDS
WINNIPEG
WURZBERG
YAP
YAR
YEMEN
YEMEN ARAB REPUBLIC
YEREVAN
YUCATAN
YUGOSLAVIA
YUKON TERRITORY
ZACATECAS
ZADAR
ZAIRE
ZAMBIA
ZANZIBAR
ZIMBABWE
ZURICH
ANDORRA
BRITISH INDIAN OCEAN TERRITORY
DEUTSCHLAND
FRENCH SOUTHERN AND ANTARCTIC LANDS
GRENADINES, THE
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---

693 KOSOVO
694 MYANMAR
695 NORTHWEST TERRITORY
696 NUNAVUT TERRITORY
996 Country not listed
997 Refused
999 Don't know

UniverseText: All persons not born in the United States

SkipInstructions:

<60-85> [store "2" in CITIZEN and goto USYR]
<100-696,996,R,D> [goto USYR]

---

**Question ID:** FSD.004_00.000

**Instrument Variable Name:** USYR

**QuestionnaireFileName:** Family

**QuestionText:**

* Read if necessary.

Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].

In what year did [fill3: you/ALIAS] come to the United States to stay?

**1880-Current Year**

1880-Current Year

9997 Refused

9999 Don't know

UniverseText: All persons not born in the United States

SkipInstructions:

<1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]
<R,D> [goto USLONG]

NOTE: The "*Read if necessary…Earlier I recorded…" portion of this question is included for persons with complete date of birth information.

---

**Question ID:** FSD.005_00.000

**Instrument Variable Name:** USLONG

**QuestionnaireFileName:** Family

**QuestionText:**

About how long [fill1: have you/has ALIAS] been in the United States?

* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.

*Enter '95' for 95 or more years.

*If less than 1 year given as a response, code the answer as '0'.

**00-94**

00-94 years

95 95+ years

97 Refused

99 Don't know

UniverseText: All persons not born in the United States and refused or don't know was reported for USYR

SkipInstructions:

<0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]
<R,D> [goto CITIZEN]
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Question ID: FSD.006_00.000  Instrument Variable Name: CITIZEN  QuestionnaireFileName: Family

QuestionText: (book) F20 [F1]

[fill: Are you/Is ALIAS] a CITIZEN of the United States?

1 Yes, born in one of the 50 United States or the District of Columbia
2 Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3 Yes, born abroad to American parent(s)
4 Yes, U.S. citizen by naturalization
5 No, not a citizen of the United States
7 Refused
9 Don't know

UniverseText: All persons not born in the United States or a United States territory

SkipInstructions: <1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]
<R,D> [goto HEADST]

Question ID: FSD.007_00.000  Instrument Variable Name: HEADST  QuestionnaireFileName: Family

QuestionText: [F1]

Is [fill: ALIAS] now attending Head Start?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons less than 7 years of age

SkipInstructions: <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]
<2,R,D> [ goto HEADSTEV]

Question ID: FSD.008_00.000  Instrument Variable Name: HEADSTEV  QuestionnaireFileName: Family

QuestionText: [F1]

Has [fill: ALIAS] ever attended Head Start?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons less than 18 years of age and not currently enrolled in Head Start

SkipInstructions: if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person
What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

* Enter highest level of school completed.

00 Never attended/kindergarten only
01 1st grade
02 2nd grade
03 3rd grade
04 4th grade
05 5th grade
06 6th grade
07 7th grade
08 8th grade
09 9th grade
10 10th grade
11 11th grade
12 12th grade, no diploma
13 GED or equivalent
14 High School Graduate
15 Some college, no degree
16 Associate degree: occupational, technical, or vocational program
17 Associate degree: academic program
18 Bachelor's degree (Example: BA, AB, BS, BBA)
19 Master's degree (Example: MA, MS, MEng, Med, MBA)
20 Professional School degree (Example: MD, DDS, DVM, JD)
21 Doctoral degree (Example: PhD, EdD)
96 Child under 5 years old
97 Refused
99 Don't know

UniverseText: All persons 5 years of age or older

SkipInstructions: repeat for all eligible persons, then goto FMILTRY
**Question ID:** FSD.041_00.000  **Instrument Variable Name:** FMILTRY  **QuestionnaireFileName:** Family

**QuestionText:**

[fill: Have you/Has any family member, that is

*Read names

(fill roster of people ge 18 years of age)]

ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families with persons 18 years of age or older

**SkipInstructions:** <1> [if only one person 18 years of age or older, store the person number in PMILTRY and goto DOINGLW; else, goto PMILTRY]

<2,R,D> [goto DOINGLW]

---

**Question ID:** FSD.042_00.000  **Instrument Variable Name:** PMILTRY  **QuestionnaireFileName:** Family

**QuestionText:**

* Ask or verify. Enter all that apply, separate with commas.

Who was this?

* Indicate each family member with honorable discharge.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families with two or more persons 18 years of age or older and at least one was honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard

**SkipInstructions:**

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

Which of the following [fill: were you/was ALIAS] doing last week?

* Read answer categories.

<table>
<thead>
<tr>
<th></th>
<th>Question Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Working for pay at a job or business</td>
</tr>
<tr>
<td>2</td>
<td>With a job or business but not at work</td>
</tr>
<tr>
<td>3</td>
<td>Looking for work</td>
</tr>
<tr>
<td>4</td>
<td>Working, but not for pay, at a family-owned job or business</td>
</tr>
<tr>
<td>5</td>
<td>Not working at a job or business and not looking for work</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Universe Text: All persons 18 years of age or older

NOTE: A flashcard was added to this question in quarter 3 of 2005.

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

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

Universe Text: All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work

Skip Instructions: <1-3,8-10,R,D> [goto WRKLRYR]  
<4-7> [goto WRKHRS]
2008 NHIS Questionnaire - Family
Family Socio-Demographic
Document Version Date: 24-Apr-09

Question ID: FSD.070_00.000  Instrument Variable Name: WRKHRS1  QuestionnaireFileName: Family

QuestionText: ?[F1]
How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?

001-168 1-168 hours
997 Refused
999 Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season

SkipInstructions: <1-34,R,D> [goto WRKFTALL]
<35-94> [goto WRKLYR]
<95-168> [goto ERR1_WRKHRS]

Question ID: FSD.080_00.000  Instrument Variable Name: WRKFTALL  QuestionnaireFileName: Family

QuestionText: ?[F1]
[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

SkipInstructions: [goto WRKLYR]

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

Question ID: FSD.100_00.000  Instrument Variable Name: WRKLYR  QuestionnaireFileName: Family

QuestionText: ?[F1]
Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons 18 years of age or older

SkipInstructions: <1> [goto WRKMYR]
<2,R,D> [goto HIEMPOF]
**2008 NHIS Questionnaire - Family**

**Family Socio-Demographic**

Document Version Date: 24-Apr-09

---

**Question ID:** FSD.110_00.000  **Instrument Variable Name:** WRKMYR  **QuestionnaireFileName:** Family

**QuestionText:**
How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

* If less than one month, enter '1'.

- 01: 1 month or less
- 02-12: 2-12 months
- 97: Refused
- 99: Don't know

**UniverseText:** All persons 18 years of age or older who worked last year

**SkipInstructions:** goto ERNYR

---

**Question ID:** FSD.120_00.000  **Instrument Variable Name:** ERNYR  **QuestionnaireFileName:** Family

**QuestionText:**
What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

Include hourly wages, salaries, tips and commissions.

* Enter '999,995' if the reported income is greater than $999,995.

- 000001-999994: $1-$999,994
- 999995: $999,995+
- 999997: Refused
- 999999: Don't know

**UniverseText:** All persons 18 years of age or older who worked last year

**SkipInstructions:** goto HIEMPOF

---

**Question ID:** FSD.130_00.000  **Instrument Variable Name:** HIEMPOF  **QuestionnaireFileName:** Family

**QuestionText:**
Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

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

**UniverseText:** All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

**SkipInstructions:** goto INTROINC

**NOTE ON QUESTIONNAIRE FLOW:** The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.
* Read the following.

The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

1 Enter 1 to continue

UniverseText: All families

SkipInstructions: goto FSAL

---

? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).

Did any family members 18 and older, that is * Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]
2008 NHIS Questionnaire - Family
Family Income

Document Version Date: 24-Apr-09

Question ID: FIN.040_00.000  Instrument Variable Name: PSAL  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year

SkipInstructions: goto FSEINC

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

Question ID: FIN.050_00.000  Instrument Variable Name: FSEINC  QuestionnaireFileName: Family

QuestionText: [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is

*Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]
<2,R,D> [goto FSSRR]
* Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year

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

Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?

* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month.

1  Yes
2  No
7  Refused
9  Don't know

All families
### Questionnaire: Family Income

**Question ID:** FIN.080_00.000  **Instrument Variable Name:** PSSRR  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

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

**Universe Text:**
All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

**Skip Instructions:**
goto FSSRRD

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

### Questionnaire: Disability Income

**Question ID:** FIN.082_00.000  **Instrument Variable Name:** FSSRRD  **QuestionnaireFileName:** Family

**Question Text:**
Was [fill: your/any family member's *Read names]

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

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

**Universe Text:**
All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

**Skip Instructions:**

<1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]

<2,R,D> [goto FPENS]
Who received Social Security or Railroad Retirement as a disability benefit?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit.

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

Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

1 Yes
2 No
7 Refused
9 Don't know

All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year.

repeat for all eligible persons, then goto FPENS

Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

1 Yes
2 No
7 Refused
9 Don't know

All families

<1> [if a single-person family, store the person number in PPENS and goto FOPENS; else, goto PPENS]
<2,R,D> [goto FOPENS]
### 2008 NHIS Questionnaire - Family

#### Family Income

**Document Version Date:** 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.100_00.000</th>
<th>Instrument Variable Name: PPENS</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Who received this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Anyone else?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Indicate each family member with this income.</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>
</tbody>
</table>

**UniverseText:** All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

**SkipInstructions:** goto FOPENs

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.102_00.000</th>
<th>Instrument Variable Name: FOPENs</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Did [fill1: you/any family members living here] receive income from any retirement or survivor pension other [fill2: than Social Security or Railroad Retirement/than a disability pension/than Social Security, Railroad Retirement, or a disability pension]?</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>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:**

*<1> [if a single-person family, store the person number in POPENS and goto FSSI; else, goto POPENS]*

*<2,R,D>* [goto FSSI]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIN.104_00.000</th>
<th>Instrument Variable Name: POPENS</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Who received this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Anyone else?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Indicate each family member with this income.</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>
</tbody>
</table>

**UniverseText:** All families with two or more persons and at least one received income from a retirement or survivor pension in the last calendar year

**SkipInstructions:** goto FSSI

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Did [fill: you/any family members] receive Supplemental Security Income (SSI)?

* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month.

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]
<2,R,D> [goto FTANF]

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

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

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

UniverseText: All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

SkipInstructions: goto PSSID

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

Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

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

UniverseText: All persons who received SSI in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FTANF
At any time during \[fill1: \text{last calendar year in 4-digit format}\], even for one month, did \[fill2: \text{you/any family members living here}\] receive any CASH assistance from a state or county welfare program, such as (* fill specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

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

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PTANF and goto FOWBEN; else, goto PTANF] <2,R,D> [goto FOWBEN]
**Question ID:** FIN.166_00.000  **Instrument Variable Name:** POWBEN  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

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

---

**Question ID:** FIN.170_00.000  **Instrument Variable Name:** FINTRST  **QuestionnaireFileName:** Family

**QuestionText:** Did [fill: you/any family members living here] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

* Do not include dividends

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families

**SkipInstructions:**
<1> [if a single-person family, store the person number in PINTRST and goto FDIVD; else, goto PINTRST]
<2,R,D> [goto FDIVD]

---

**Question ID:** FIN.180_00.000  **Instrument Variable Name:** PINTRST  **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** All families with two or more persons and at least one received interest income in the last calendar year

**SkipInstructions:**
NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
Question ID: FIN.190_00.000  Instrument Variable Name: FDIVD  QuestionnaireFileName: Family

QuestionText: Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD]  
<2,R,D> [goto FCHLDSP]

Question ID: FIN.200_00.000  Instrument Variable Name: PDIVD  QuestionnaireFileName: Family

QuestionText: * Ask or verify. Enter applicable line number(s). Separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families with two or more persons and at least one received dividend or net rental income in the last calendar year

SkipInstructions: goto FCHLDSP

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

Question ID: FIN.210_00.000  Instrument Variable Name: FCHLDSP  QuestionnaireFileName: Family

QuestionText: ? [F1]

Did [fill: you/any family members living here] receive income from child support?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PCHLDSP and goto FCHLDSP; else, goto PCHLDSP]  
<2,R,D> [goto FCHLDSP]
Question ID: FIN.220_00.000  Instrument Variable Name: PCHLDSP  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least received income from child support in the last calendar year

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

Question ID: FIN.230_00.000  Instrument Variable Name: FINCOT  QuestionnaireFileName: Family

QuestionText: Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker’s Compensation, or unemployment compensation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PINCOT and goto FINCTOT; else, goto PINCOT]
<2,R,D> [goto FINCTOT]

Question ID: FIN.240_00.000  Instrument Variable Name: PINCOT  QuestionnaireFileName: Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one received some "other" source of income in the last calendar year

SkipInstructions: goto FINCTOT

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**2008 NHIS Questionnaire - Family**

**Family Income**

Document Version Date: 24-Apr-09

---

**Question ID:** FIN.250_00.000  
**Instrument Variable Name:** FINCTOT  
**QuestionnaireFileName:** Family

**QuestionText:**

[fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]

What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]?  

* Enter ‘999,995’ if the reported income is greater than $999,995.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$999,994</td>
<td></td>
</tr>
<tr>
<td>$999,995+</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:**<0-999> goto ERR1_FINCTOT  
<1000-250000> goto HOUSEOWN  
<250001-999995> goto ERR2_FINCTOT  
<D,R> goto FINC50

---

**Question ID:** FIN.255_00.000  
**Instrument Variable Name:** FINC50  
**QuestionnaireFileName:** Family

**QuestionText:**

Was your total [fill: family] income from all sources less than $50,000 or $50,000 or more?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $50,000</td>
</tr>
<tr>
<td>2</td>
<td>$50,000 or more</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Respondents who don't know or refuse their income

**SkipInstructions:**<1> [goto FINC35]  
<2> [goto FINC100]  
<R,D> [HOUSEOWN]

---

**Question ID:** FIN.260_00.000  
**Instrument Variable Name:** FINC35  
**QuestionnaireFileName:** Family

**QuestionText:**

Was your total [fill: family] income from all sources less than $35,000 or $35,000 or more?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $35,000</td>
</tr>
<tr>
<td>2</td>
<td>$35,000 or more</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** The respondent answered Less than $50,000

**SkipInstructions:**<1> [goto FINCPOV]  
<2,R,D> [goto HOUSEOWN]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIN.265_00.000</td>
<td>FINCPOV</td>
<td>Family</td>
<td>Was your total [fill1: family] income from all sources less than [fill2: fill based on poverty threshold] or [fill2: fill based on poverty threshold] or more?</td>
<td>The respondent answered Less than $35,000</td>
<td>&lt;1,2,R,D&gt; [HOUSEOWN]</td>
</tr>
<tr>
<td>FIN.270_00.000</td>
<td>FINC100</td>
<td>Family</td>
<td>Was your total [fill: family] income from all sources less than $100,000 or $100,000 or more?</td>
<td>The respondent answered More than $50,000</td>
<td>&lt;1&gt; [goto FINC75] &lt;2,R,D&gt; [goto HOUSEOWN]</td>
</tr>
<tr>
<td>FIN.275_00.000</td>
<td>FINC75</td>
<td>Family</td>
<td>Was your total [fill: family] income from all sources less than $75,000 or $75,000 or more?</td>
<td>The respondent answered Less than $100,000</td>
<td>&lt;1,2,R,D&gt; [goto HOUSEOWN]</td>
</tr>
<tr>
<td>FIN.280_00.000</td>
<td>HOUSEOWN</td>
<td>Family</td>
<td>Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?</td>
<td>All families</td>
<td>&lt;1,3,R,D&gt; [goto FSSAPL] &lt;2&gt; [goto FGAH]</td>
</tr>
</tbody>
</table>
Question ID: FIN.282_00.000  Instrument Variable Name: FGAH  QuestionnaireFileName: Family

QuestionText:  ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  All families that rent their house/apartment

SkipInstructions:  goto FSSAPL

Question ID: FIN.300_00.000  Instrument Variable Name: FSSAPL  QuestionnaireFileName: Family

QuestionText:  [fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)?  This includes people who applied for benefits, even if the claim was denied.]

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  All families

SkipInstructions:  <1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]  
<2,R,D> [goto FSDAPL]

Question ID: FIN.310_00.000  Instrument Variable Name: PSSAPL  QuestionnaireFileName: Family

QuestionText:  *Ask or verify. Enter applicable line number(s), separate with a comma.

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for SSI benefits.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  All families with two or more persons and at least one applied for SSI

SkipInstructions:  goto FSDAPL

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.
**Question ID:** FIN.330_00.000  
**Instrument Variable Name:** FSDAPL  
**QuestionnaireFileName:** Family

**QuestionText:** Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied? Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.

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

**UniverseText:** All Families

**SkipInstructions:** <1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL]  
<2,R,D> [goto TANFMYR]

---

**Question ID:** FIN.340_00.000  
**Instrument Variable Name:** PSDAPL  
**QuestionnaireFileName:** Family

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

Who in the family applied for it? (Anyone else?)

* Indicate each family member who applied for Social Security Disability benefits.

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

**UniverseText:** All families with two or more persons and at least one applied for Social Security Disability benefits

**SkipInstructions:** goto TANFMYR

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

---

**Question ID:** FIN.350_00.000  
**Instrument Variable Name:** TANFMYR  
**QuestionnaireFileName:** Family

**QuestionText:** Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?

*Enter '1' if less than one month.

01-12 1-12 months  
97 Refused  
99 Don't know

**UniverseText:** All persons who received cash assistance from public assistance programs in the last calendar year

**SkipInstructions:** repeat for all eligible persons, then goto FFSTIP
2008 NHIS Questionnaire - Family
Family Income
Document Version Date: 24-Apr-09

Question ID: FIN.360_00.000  Instrument Variable Name: FFSTIP  QuestionnaireFileName: Family

QuestionText: [F1]

[fill1: Were you/Was anyone in the family] authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during [fill2: last calendar year in 4-digit format]?

*An authorized person is one whose name appears on a certification card.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PFSTP and goto FSTPMYR; else, goto PFSTP]
<2,R,D> [goto FINWIC]

Question ID: FIN.370_00.000  Instrument Variable Name: PFSTP  QuestionnaireFileName: Family

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

Who was authorized to receive food stamps?

* Indicate family members who were authorized to receive food stamps.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: All families with two or more persons and at least one was authorized to receive food stamps in the last calendar year

SkipInstructions: goto FSTPMYR

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

Question ID: FIN.380_00.000  Instrument Variable Name: FSTPMYR  QuestionnaireFileName: Family

QuestionText: During [fill1: last calendar year in 4-digit format], about how many months [fill2: were you/was ALIAS] authorized to receive food stamps?

* Enter 'l' if less than 1 month

01-12  1-12 months
97    Refused
99    Don't know

UniverseText: All persons authorized to receive food stamps in the last calendar year

SkipInstructions: goto FINWIC
**Question ID:** FIN.384_00.000  **Instrument Variable Name:** FINWIC  **QuestionnaireFileName:** Family

**QuestionText:**

At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

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<thead>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families with females 12-55 years of age or children 0-5 years of age

**SkipInstructions:** <1> [if a single-person family, store the person number in PWIC and goto FMSSN; else, goto PWIC]  
<2,R,D> [goto FMSSN]

---

**Question ID:** FIN.385_00.000  **Instrument Variable Name:** PWIC  **QuestionnaireFileName:** Family

**QuestionText:**

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

Who in the family received this?  
(Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

**SkipInstructions:** goto FMSSN

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