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

* If refused enter CTRL-R

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

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

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

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

1  Yes
2  No

The Sample Adult's physical or mental condition prohibits responding.
**2009 NHIS Questionnaire - Sample Adult**

**Adult Identification**

Document Version Date: 12-Apr-10

---

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

**QuestionText:**

* Ask if necessary.

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

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

**UniverseText:** Knowledgeable proxy is available.

**SkipInstructions:** <1-4> goto AIDVERF_S

---

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

**QuestionText:**

*Ask if necessary.

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

1. Yes
2. No

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

**SkipInstructions:**

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

---

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

**QuestionText:**

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

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

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

1. Yes
2. No

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

**SkipInstructions:**

<1> goto AIDVERF_A
<2> goto AIDSEX
**2009 NHIS Questionnaire - Sample Adult**

**Adult Identification**

Document Version Date: 12-Apr-10

---

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

**QuestionText:** *Ask if appropriate; otherwise, enter your best guess of the person's sex.

Are you Male or Female?

1  Male
2  Female

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

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

---

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

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

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

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

1  Yes
2  No

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

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

---

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

**QuestionText:** How old are you?

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

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

**SkipInstructions:** `<0-120, Refused, Don't know>
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
reset AIDVERF_A
    goto ERR_AIDAGE
else
    store AIDAGE in AGE
    goto AIDDDOB_M
`
2009 NHIS Questionnaire - Sample Adult
Adult Identification

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

QuestionText: * Please verify the following information about the sample adult before proceeding:
   
   I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?
   
   *If respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes
2  No

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

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

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

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

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

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

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D
2009 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 12-Apr-10

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

QuestionText: 2 of 3

*Enter day of birth.

01-31 Day of the month
97 Refused
99 Don't know

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

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

If days not valid, goto ERR_AIDDOB_D

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

QuestionText: 3 of 3

*Enter year of birth.

1880-2020 Year of birth

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

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

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
goto ERR1_AIDDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
goto ERR2_AIDDOB_Y
endif

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')
goto ERR3_AIDDOB_Y
else
    store AIDDOB_M in DOBM
    store AIDDOB_D in DOBD
    store AIDDOB_Y in DOBY
    if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
goto AIDVERF_A
    elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
goto AIDVERF_D
    endif
    endif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
reset AIDVERF_A or AIDVERF_D
goto ERR4_AIDDOB_Y
endif
Earlier I recorded that in the last week you were
(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)
Is that correct?
1 Yes
2 No
7 Refused
9 Don't know

What is your correct working status?
1 Working for pay at a job or business
2 With a job or business but not at work
3 Looking for work
4 Working, but not for pay, at a family-owned job or business
5 Not working at a job or business and not looking for work
7 Refused
9 Don't know
Question ID: ASD.062_00.000  Instrument Variable Name: DOINGLW2  QuestionnaireFileName: Sample Adult

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

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

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

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

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

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

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

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

SkipInstructions: <1-10,R,D> if WRKCOR = 2 [goto WHOWRK]
else [goto EVERWRK]
**2009 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

Document Version Date: 12-Apr-10

---

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

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

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

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

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

---

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

**QuestionText:**

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

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

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

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

---

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

**QuestionText:**

- ? [F1] [If DOINGLW2 eq <1,2,4>, display] What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

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

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

**SkipInstructions:** <90 char long,R,D> [goto KINDWRK]
### 2009 NHIS Questionnaire - Sample Adult

**Adult Socio-Demographic**

**Document Version Date:** 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASD.090_00.000</th>
<th>Instrument Variable Name:</th>
<th>KINDWRK</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</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>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;90 char long,R,D&gt; [goto IMPACT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASD.100_00.000</th>
<th>Instrument Variable Name:</th>
<th>IMPACT</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</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>
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<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;90 char long,R,D&gt; [goto WRKCAT]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASD.110_00.000</th>
<th>Instrument Variable Name:</th>
<th>WRKCAT</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) A2 ? [F1]</td>
<td>[If DOINGLW2 eq &lt;1,2,4&gt;] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq &lt;1&gt; and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq &lt;1&gt; and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently? * Read answer choices if necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Employee of a PRIVATE company for wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A FEDERAL government employee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A STATE government employee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A LOCAL government employee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Self-employed in OWN business, professional practice or farm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Working WITHOUT PAY in a family-owned business or farm</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>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SkipInstructions: | <1-4,6,R,D> [goto LOCALIN]
| <5> [goto BUSINC] |
Is this business incorporated?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who are self-employed

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

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

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

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

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

<1-8,R,D> [goto WRKLONGN]
About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

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

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

* Enter time period.

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

Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked and are not retired and are less than 65 years of age.)
Question ID: ASD.150_00.000  Instrument Variable Name: HOURPD  QuestionnaireFileName: Sample Adult

Question Text:  

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

Question Text:  

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

Question Text:  Do you have more than one job or business?

1  Yes
2  No
7  Refused
9  Don't know

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

1 Yes
2 No
7 Refused
9 Don't know

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

1 Yes
2 No
7 Refused
9 Don't know
Have you EVER been told by a doctor or other health professional that you had...

**Angina, also called angina pectoris?**

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

**UniverseText:** Sample adults 18+

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

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

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

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

**UniverseText:** Sample adults 18+

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

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

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

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

**UniverseText:** Sample adults 18+

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

2009 NHIS Questionnaire - Sample Adult

Document Version Date: 12-Apr-10

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

QuestionText: * Read lead-in if necessary:

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

...A stroke?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

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

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

QuestionText: * Read lead-in if necessary:

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

...Emphysema?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

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

Question ID: ACN.032_00.010  Instrument Variable Name: FACE  QuestionnaireFileName: Sample Adult

QuestionText: Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.

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

1  Yes
2  No
7  Refused
9  Don’t Know

UniverseText: Sample Adults 18+

SkipInstructions: <1,2,R,D > [goto SPEAKING]
Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.

1. Sudden confusion or trouble speaking.
   - 1 Yes
   - 2 No
   - 7 Refused
   - 9 Don't know

Universe Text: Sample Adults 18+

Skip Instructions: <1,2,R,D> [goto EYE]

Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.

2. Sudden trouble seeing in one or both eyes.
   - 1 Yes
   - 2 No
   - 7 Refused
   - 9 Don't know

Universe Text: Sample Adults 18+

Skip Instructions: <1,2,R,D> [goto WALKING]

Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.

3. Sudden trouble walking, dizziness, or loss of balance.
   - 1 Yes
   - 2 No
   - 7 Refused
   - 9 Don't know

Universe Text: Sample Adults 18+

Skip Instructions: <1,2,R,D> [goto HEADACHE]
Question ID: ACN.032_00.050  Instrument Variable Name: HEADACHE  QuestionnaireFileName: Sample Adult

QuestionText: Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.

Sudden severe headache with no known cause.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample Adults 18+

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

Question ID: ACN.032_00.060  Instrument Variable Name: ASTDO  QuestionnaireFileName: Sample Adult

QuestionText: (book) A4

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

Please give me a number from the card.

1  Advise them to drive to the hospital
2  Advise them to call their physician
3  Call 9-1-1 (or another emergency number)
4  Call spouse or family member
5  Other
7  Refused
9  Don't know

UniverseText: Sample Adults 18+

SkipInstructions: <1-5,7,9> [goto AASMEV]

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AASSTILL]  
<2,R,D> [goto ULCEV]
### Question ID: ACN.085_00.000
**Question Text:** Do you still have asthma?

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

**Universe Text:** Sample adults 18+ who were ever told they have asthma

**Skip Instructions:** <1,2,R,D> [go to AASMYR]

### Question ID: ACN.090_00.000
**Question Text:** DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

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

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

**Skip Instructions:** <1> [goto AASMERYR]  
<2,R,D> [go to ULCEV]

### Question ID: ACN.100_00.000
**Question Text:** DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

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

**Universe Text:** Sample adults 18+ with asthma episode/attack in past 12 months

**Skip Instructions:** <1,2,R,D> [goto ULCEV]

### Question ID: ACN.110_00.000
**Question Text:** Have you EVER been told by a doctor or other health professional that you had...

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1> [goto ULCYR]  
<2,R,D>[goto CANEV]
Question ID:  ACN.120_00.000  Instrument Variable Name:  ULCYR  QuestionnaireFileName:  Sample Adult

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

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

...Cancer or a malignancy of any kind?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText:  Sample adults 18+

SkipInstructions:  <1> [goto CANKIND_1]
<2,R,D> [goto DIBEV]
Question ID: ACN.140_00.001  Instrument Variable Name: CANKIND_1  QuestionnaireFileName: Sample Adult

QuestionText: What kind of cancer was it?
* Enter code for the first kind of cancer.

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

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

SkipInstructions: <1-30,R,D>[goto CANAGE_1]
IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_1
IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_1
* Enter code for the second kind of cancer.

* Enter '96' for no more.

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

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

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

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

QuestionText:

* Enter code for the third kind of cancer.

* Enter '96' for no more.

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

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

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

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

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_3
**2009 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 12-Apr-10

---

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

**QuestionText:**

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

* Enter '96' for no more.

95 More than three kinds
96 No more

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

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

---

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

**QuestionText:**

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

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

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

**SkipInstructions:** <1-100, D> [goto CANKIND_2]  
<R> and <R> at CANKIND_1 [goto DIBEV]  
<R> and CANKIND_1 NE <R> [goto CANKIND_2]  

If number in CANAGE_1 greater than person years old (AGE) goto ERR_CANAGE_1

---

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

**QuestionText:**

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

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

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

**SkipInstructions:** <1-100, D> [goto CANKIND_3]  
<R> and <R> at CANKIND_2 [goto DIBEV]  
<R> and CANKIND_2 NE <R> [goto CANKIND_3]  

If number in CANAGE_2 greater than person years old (AGE) goto ERR_CANAGE_2
2009 NHIS Questionnaire - Sample Adult
Adult Conditions

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

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

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

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

SkipInstructions: <1-100, D> [goto CANKIND_4]
<R> and <R> at CANKIND_3 [goto DIBEV]
<R> and CANKIND_3 NE <R> [goto CANKIND_4]
If number in CANAGE_3 greater than person years old (AGE) goto ERR_CANAGE_3

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

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

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

UniverseText: Sample adults 18+

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

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1> [goto INSLN]
2,3,R,D> [goto AHAYFYR]
**2009 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

*Document Version Date: 12-Apr-10*

---

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

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

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

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

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

---

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

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

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

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

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

---

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

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

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

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

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

---

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SINYR]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.201_02.000</td>
<td>SINYR</td>
<td>Sample Adult</td>
<td>* Read lead-in if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had ...Sinusitis? 1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
<tr>
<td>ACN.201_03.000</td>
<td>CBRCHYR</td>
<td>Sample Adult</td>
<td>* Read lead-in if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had ...Chronic bronchitis? 1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
<tr>
<td>ACN.201_04.000</td>
<td>KIDWKYR</td>
<td>Sample Adult</td>
<td>* Read lead-in if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had ......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence. 1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
</tbody>
</table>
**2009 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 12-Apr-10

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

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

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

......Any kind of liver condition?

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

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.250_00.000  
**Instrument Variable Name:** JNTSYMP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

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

**UniverseText:** Sample adults 18+

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

**QuestionText:**

(book) A5

Which joints are affected?

* Enter all that apply, separate with commas.

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

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

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

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

**QuestionText:**

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

00-10 00-10
97 Refused
99 Don't know

**UniverseText:** Sample adults GE 18 years who have had any symptoms of pain, aching, or stiffness in or around a joint during the past 30 days

**SkipInstructions:** <0-10,R,D> [goto JNTCHR]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionText</th>
<th>QuestionnaireFile: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.270_00.000</td>
<td>JNTCHR</td>
<td>Did your joint symptoms FIRST begin more than 3 months ago?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample adults 18+ with joint pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto JNTSYMP]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACN.280_00.000</td>
<td>JNTSYMP</td>
<td>Have you EVER seen a doctor or other health professional for these joint symptoms?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample adults 18+ with joint pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto ARTH]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACN.290_00.000</td>
<td>ARTH</td>
<td>Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>(&lt;1&gt; or JNTSYMP eq &lt;1&gt;) [goto ARTHWT]; else (&lt;2,R,D&gt; and JNTSYMP ne 1) [goto PAINECK]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACN.290_00.010</td>
<td>ARTHWT</td>
<td>Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample adults GE 18 years who have ever been told they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, or any symptoms of pain, aching, or stiffness in or around a joint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto ARTHPH]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2009 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 12-Apr-10

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

QuestionText: Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults GE 18 years who have ever been told they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, or any symptoms of pain, aching, or stiffness in or around a joint

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

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

QuestionText: Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

UniverseText: Sample adults GE 18 years who have ever been told they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, or any symptoms of pain, aching, or stiffness in or around a joint

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

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

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> [goto ARTHWRK]
In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults GE 18 years who have ever been told they had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, or any symptoms of pain, aching, or stiffness in or around a joint.

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

During the PAST THREE MONTHS, did you have

... Neck pain?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

* Read lead-in if necessary.

During the PAST THREE MONTHS, did you have

... Low back pain?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+
### Adult Conditions

**Document Version Date:** 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>Question Text</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.320_00.000</td>
<td>PAINLEG</td>
<td>Did this pain spread down either leg to areas below the knees?</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>ACN.331_01.000</td>
<td>PAINFACE</td>
<td>During the PAST THREE MONTHS, did you have ... Facial ache or pain in the jaw muscles or the joint in front of the ear?</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>ACN.331_02.000</td>
<td>AMIGR</td>
<td>* Read lead-in if necessary: During the PAST THREE MONTHS, did you have ...Severe headache or migraine?</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**UniverseText:**

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

**SkipInstructions:**

- `<1,2,R,D> [goto PAINFACE]`
- `<1,2,R,D> [goto AMIGR]`
- `<1,2,R,D> [goto ACOLD2W]`
2009 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.350_00.000</th>
<th>Instrument Variable Name:</th>
<th>ACOLD2W</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Hand calendar card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>These next questions are about your recent health during the TWO WEEKS outlined on that calendar.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you have a head cold or chest cold that started during those TWO WEEKS?</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>
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</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

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

<table>
<thead>
<tr>
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<th>ACN.360_00.000</th>
<th>Instrument Variable Name:</th>
<th>AINTIL2W</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?</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>
</tbody>
</table>

UniverseText: Sample adults 18+

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.370_00.000</th>
<th>Instrument Variable Name:</th>
<th>PREGNOW</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Are you currently pregnant?</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>
</tbody>
</table>

UniverseText: Female sample adults 18-49 years of age

SkipInstructions: <1,2,R,D> [goto HRAIDNOW]
These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

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

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

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

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

1. Excellent
2. Good
3. A little trouble hearing
4. Moderate trouble
5. A lot of trouble
6. Deaf
7. Refused
9. Don't know
Do you have any trouble seeing, even when wearing glasses or contact lenses?

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

Are you blind or unable to see at all?

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

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

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

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

1. Enter 1 to continue
### Question ID: ACN.471_01.000  Instrument Variable Name: SAD  QuestionnaireFileName: Sample Adult

**QuestionText:**

During the PAST 30 DAYS, how often did you feel

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

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

**UniverseText:** Sample adults 18+

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

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

**QuestionText:**

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Nervous?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto RESTLESS]
During the PAST 30 DAYS, how often did you feel restless or fidgety?

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

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

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know
Question ID: ACN.471_05.000  Instrument Variable Name: EFFORT  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.471_06.000  Instrument Variable Name: WORTHLS  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

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

UniverseText: Sample adults 18+

SkipInstructions: If SAD eq <1-3> or NERVOUS eq <1-3> or RESTLESS eq <1-3> or HOPELESS eq <1-3> or EFFORT eq <1-3> or WORTHLS eq <1-3> [goto MHAMTMO]; else [goto next section]
We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

1  A lot
2  Some
3  A little
4  Not at all
7  Refused
9  Don't know

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

<1-4,R,D> [goto next section]
### Question ID: AHS.030_00.000
**Instrument Variable Name:** WRKLYR2  **QuestionnaireFileName:** Sample Adult

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Had job last week</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

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

* Enter '0' for None.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

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

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

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

* Enter '0' for None.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-366,R,D> [goto AHSTATYR]
                      <120-366> [goto ERR_BEDDAYR]
Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

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

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

1 Yes  
2 No  
7 Refused  
9 Don't know

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

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

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

0 Not at all difficult  
1 Only a little difficult  
2 Somewhat difficult  
3 Very difficult  
4 Can't do at all  
6 Do not do this activity  
7 Refused  
9 Don't know
By yourself, and without using any special equipment, how difficult is it for you to... 

...Walk up 10 steps without resting?

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

Sample adults 18+

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

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

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

Sample adults 18+
### Question 1: Sitting for about 2 hours

*Read lead-in if necessary.*

By yourself, and without using any special equipment, how difficult is it for you to... Sit for about 2 hours?

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

Universe Text: Sample adults 18+

Skip Instructions: `<0-4,6,R,D> [goto FLSTOOP]

### Question 2: Stooping, bending, or kneeling

*Read lead-in if necessary.*

By yourself, and without using any special equipment, how difficult is it for you to... Stoop, bend, or kneel?

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

Universe Text: Sample adults 18+

Skip Instructions: `<0-4,6,R,D> [goto FLREACH]`
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.091_06.000</th>
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<th>FLREACH</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) A7</td>
<td></td>
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<tr>
<td></td>
<td>* Read lead-in if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>By yourself, and without using any special equipment, how difficult is it for you to...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>...Reach up over your head?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Not at all difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</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>
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<td>SkipInstructions:</td>
<td>&lt;0-4,6,R,D&gt; [goto FLGRASP]</td>
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<th>Instrument Variable Name:</th>
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<td>(book) A7</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Read lead-in if necessary.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>By yourself, and without using any special equipment, how difficult is it for you to...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>...Use your fingers to grasp or handle small objects?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Not at all difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
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<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;0-4,6,R,D&gt; [goto FLCARRY]</td>
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</table>
**Question ID:** AHS.141_02.000  **Instrument Variable Name:** FLCARRY  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A7

* Read lead-in if necessary.

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

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

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

**UniverseText:** Sample adults 18+

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

---

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

**QuestionText:**

(book) A7

* Read lead-in if necessary.

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

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLSHOP]
By yourself, and without using any special equipment, how difficult is it for you to...

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

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

Sample adults 18+

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

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

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

Sample adults 18+
* Read lead-in if necessary.

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

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

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

Sample adults 18+
(book) A8

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

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

* Do not probe, except to clarify answer.

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

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

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

QuestionText: * Enter other impairment/problem.

Verbatim
7 Refused
9 Don't know

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

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

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

QuestionText: * Enter other impairment/problem.

Verbatim
7 Refused
9 Don't know

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

SkipInstructions: <50 chars>[goto AHCL91N]
>ENTER< only with no description [goto ERR1_AFLHCA_S1]
1 of 2

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

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

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

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

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

2 of 2

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

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

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL01T
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T
**Question ID:** AHS.301_01.000  **Instrument Variable Name:** AHCL02N  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

**SkipInstructions:**

<1-95,D>[goto AHCL02T]

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

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

**QuestionText:**

2 of 2

* Enter time period for time with hearing problem.

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

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL02T  
[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T
1 of 2

How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.
* Enter "95" for 95 or more.
* Enter "96" if since birth.

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

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
2009 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 12-Apr-10

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

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

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

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

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

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

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

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

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

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

Skip Instructions: <1-4, R,D>[goto AHCL06T]
<6> goto ERR2_AHCL06T
<96> [store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question Text: 2 of 2

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

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

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

Skip Instructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL06T
<96> [if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T
Question ID: AHS.306_01.000  Instrument Variable Name: AHCL07N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with heart problem.

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL07T
[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T
1 of 2

How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

2 of 2

* Enter time period for time with stroke problem.

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL08T
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T
How long have you had hypertension or high blood pressure?

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

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

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

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 |

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

* Enter number for time with diabetes.

* Enter "95+" for 95 or more.

* Enter "96+" if since birth.

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

QuestionText: 1 of 2

01-94
95
96
97
99

SkipInstructions: <1-95, D>[goto AHCL10T]
<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

* Enter time period for time with diabetes.

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL10T
[if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T
2009 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 12-Apr-10

Question ID: AHS.310_01.000  Instrument Variable Name: AHCL11N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions:

<1-95,D>[goto AHCL11T]
<R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000  Instrument Variable Name: AHCL11T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions:

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL11T
[if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T
### Question 1 of 2

How long have you had cancer?

* Enter number for time with cancer.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

#### UniverseText:
Sample adults 18+ who had difficulty due to cancer

#### SkipInstructions:
- `<1-95,D>` [goto AHCL12T]
- `<R>` [store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<96>` [store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

### Question 2 of 2

* Enter time period for time with cancer.

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<tbody>
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<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>
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</table>

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

#### SkipInstructions:
- `<1-4, R,D>` [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<6>` goto ERR2_AHCL12T
- [if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T
2009 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 12-Apr-10

Question ID: AHS.313_01.000  Instrument Variable Name: AHCL14N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had mental retardation?

* Enter number for time with mental retardation.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to mental retardation

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

Question ID: AHS.313_02.000  Instrument Variable Name: AHCL14T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with mental retardation.

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

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

SkipInstructions:
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL14T
[if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T
### 2009 NHIS Questionnaire - Sample Adult
#### Adult Health Status & Limitations

**Document Version Date:** 12-Apr-10

<table>
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<th>AHS.314_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL15N</th>
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<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td>How long have you had a developmental problem (e.g., cerebral palsy)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter number for time with a developmental problem.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>* Enter '95'' for 95 or more.</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
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<td></td>
<td></td>
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<td>01-94</td>
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<td>UniverseText:</td>
<td>Sample adults 18+ who had difficulty due to a developmental problem</td>
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<td>&lt;R&gt;[store &quot;R&quot; in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
<td></td>
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<td>&lt;96&gt;[store &quot;6&quot; in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<th>AHCL15T</th>
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<td>QuestionText:</td>
<td>2 of 2</td>
<td>* Enter time period for time with developmental problem.</td>
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<td>Week(s)</td>
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<td>Month(s)</td>
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<td>Year(s)</td>
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<td>Sample adults 18+ who answered 1-95, D for the &quot;number&quot; part of this 2-part question</td>
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<td>SkipInstructions:</td>
<td>&lt;1-4,R,D&gt;[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<td>&lt;6&gt; goto ERR2_AHCL15T</td>
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<tr>
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<td>[if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T</td>
<td></td>
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</tr>
</tbody>
</table>
How long have you had senility?

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

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

Sample adults 18+ who had difficulty due to senility

* Enter time period for time with senility.

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

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

<1-4, R,D>[goto AHCL16T]
<R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<1-4, R,D>[goto AHCL16T]
<R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
How long have you had depression, anxiety, or an emotional problem?

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

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

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

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

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

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

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

* Enter time period for time with weight problem.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had a missing limb (finger, toe, or digit)?

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

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

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

* Enter time period for time with missing limb.

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

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

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

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
How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

* Enter time period for time with circulation problem.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
Question ID: AHS.321_01.000  Instrument Variable Name: AHCL22N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL22T
[if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T
### Question 1 of 2

**How long have you had fibromyalgia or lupus?**

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

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

**Universe Text:** Sample adults 18+ who had difficulty due to fibromyalgia or lupus

**Skip Instructions:**
- `<1-95,D,[goto AHCL23T]`
- `<R,[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<96,[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

### Question 2 of 2

**Enter time period for time with fibromyalgia or lupus.**

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

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

**Skip Instructions:**
- `<1-4,R,D,[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<6,[goto ERR2_AHCL23T] [if [AHCL23N = Number greater than person years old and AHCL23T = 4]] goto ERR1_AHCL23T>`
How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

* Enter time period for time with osteoporosis or tendinitis.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
**Question ID:** AHS.324_01.000  **Instrument Variable Name:** AHCL25N  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

**SkipInstructions:** <1-95,D>[goto AHCL25T]

<96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.324_02.000  **Instrument Variable Name:** AHCL25T  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

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

<6> goto ERR2_AHCL25T

[if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T
**2009 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

* Document Version Date: 12-Apr-10

---

**Question ID:** AHS.325_01.000  
**Instrument Variable Name:** AHCL26N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

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

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

* Enter ’95’ for 95 or more.

* Enter ’96’ if since birth.

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

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

**SkipInstructions:**

<1-95,D>[goto AHCL26T]

<96>[store “6” in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

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

**QuestionText:** 2 of 2

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

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

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL26T  

[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T
1 of 2

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

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions:

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

2 of 2

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

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

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

SkipInstructions:

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

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter "95" for 95 or more.
* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>Year</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>

Sample adults 18+ who had difficulty due to nerve damage

* Enter time period for time with nerve damage.

<table>
<thead>
<tr>
<th>Duration</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>

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

<1-4, R,D> [goto AHCL29T]
<6> goto ERR2_AHCL29T
[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T
Question ID: AHS.329_01.000  Instrument Variable Name: AHCL30N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

Question ID: AHS.329_02.000  Instrument Variable Name: AHCL30T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

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

SkipInstructions: `<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
`<6> goto ERR2_AHCL30T
[if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T
Question ID: AHS.330_01.000  Instrument Variable Name: AHCL31N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to an ulcer

SkipInstructions:
<1-95,D>[goto AHCL31T]
<R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.330_02.000  Instrument Variable Name: AHCL31T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with ulcer.

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

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

SkipInstructions:
<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL31T
[if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T
How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

1 of 2

01-94
95
96
97
99

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

Enter time period for time with varicose veins or hemorrhoids.

1
2
3
4
6
7
9

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

1-4, R,D>[goto AHCL32T]  
<R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
How long have you had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

1-94
95
96
99

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

Skip Instructions: <1-95,D>[goto AHCL33T]
<6>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
### Question ID: AHS.333_01.000  Instrument Variable Name: AHCL34N  QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

**SkipInstructions:**

<1-95,D>[goto AHCL34T]

<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

### Question ID: AHS.333_02.000  Instrument Variable Name: AHCL34T  QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with knee problem.

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL34T

<6> goto ERR2_AHCL34T

[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto

ERR1_AHCL34T
2009 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 12-Apr-10

Question ID: AHS.334_01.000  Instrument Variable Name: AHCL35N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to migraine headaches

SkipInstructions: <1-95,D>[goto AHCL35T] <R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.334_02.000  Instrument Variable Name: AHCL35T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

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

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <6> goto ERR2_AHCL35T [if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T
2009 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 12-Apr-10

Question ID: AHS.335_01.000  Instrument Variable Name: AHCL90N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?  
* Enter number for time with {problem in AFLHCA90}.  
* Enter '95' for 95 or more.  
* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D>[goto AHCL90T]
<R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000  Instrument Variable Name: AHCL90T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

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

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

SkipInstructions: <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL90T
[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T
How long have you had {problem in AFLHCA91}? 

* Enter number for time with {problem in AFLHCA91}.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

* Enter time period for time with {problem in AFLHCA91}.

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

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question
These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

1  Yes
2  No
7  Refused
9  Don't know

How old were you when you FIRST started to smoke fairly regularly?

* Enter '6' if less than 6 years old.
* Enter '95' if 95 years old or older.
* Enter '96' if never smoked regularly.

06-84  6 - 84 years
85    85 years or older
96    Never smoked regularly
97    Refused
99    Don't know

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

1  Every day
2  Some days
3  Not at all
7  Refused
9  Don't know
### Question ID: AHB.040_01.000  Instrument Variable Name: SMKQTNO  QuestionnaireFileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long has it been since you quit smoking cigarettes?</td>
<td>* Enter number for time since quit smoking.</td>
</tr>
<tr>
<td>* Enter '95' for 95 years old or older.</td>
<td></td>
</tr>
<tr>
<td><strong>01-94</strong></td>
<td>1 - 94</td>
</tr>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** `<1-95> [goto SMKQTTP]  
<R,D> [goto VIGNO]`

### Question ID: AHB.040_02.000  Instrument Variable Name: SMKQTTP  QuestionnaireFileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>2 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Enter time period for time since quit smoking.</td>
<td></td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>Day(s)</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Week(s)</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Month(s)</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Year(s)</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** `<1-4> [goto VIGNO]  
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP  
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP`

### Question ID: AHB.050_00.000  Instrument Variable Name: CIGSDA1  QuestionnaireFileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>On the average, how many cigarettes do you now smoke a day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Enter '1' if less than 1 cigarette.</td>
<td></td>
</tr>
<tr>
<td>* Enter '95' if 95 or more cigarettes.</td>
<td></td>
</tr>
<tr>
<td><strong>01-94</strong></td>
<td>1 - 94 cigarettes</td>
</tr>
<tr>
<td>95</td>
<td>95+ cigarettes</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who are current every day smokers

**SkipInstructions:** `<1-95,R,D> [goto CIGQTYR]`
On how many of the PAST 30 DAYS did you smoke a cigarette?

* Enter '0' for None.

00 None
01-30 1-30 days
97 Refused
99 Don't know

On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

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

During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1 Yes
2 No
7 Refused
9 Don't know
The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Never</td>
</tr>
<tr>
<td>001-995</td>
<td>1-995 time(s)</td>
</tr>
<tr>
<td>996</td>
<td>Unable to do this type activity</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Sample adults 18+

* Enter time period for vigorous leisure-time physical activities.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Per day</td>
</tr>
<tr>
<td>2</td>
<td>Per week</td>
</tr>
<tr>
<td>3</td>
<td>Per month</td>
</tr>
<tr>
<td>4</td>
<td>Per year</td>
</tr>
<tr>
<td>6</td>
<td>Unable to do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who do vigorous activities

<1-4> goto VIGLNGNO

[if (VIGNO gt <4> and VIGTP eq <1>) or (VIGNO gt <28> and VIGTP eq <2>) or (VIGNO gt <31> and VIGTP eq <3>) or (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]
### Question ID: AHB.100_01.000  
**Instrument Variable Name:** VIGLNGNO  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:
1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-995</td>
<td>1-995</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

- `<1-995>[goto VIGLNGTP]`
- `<R,D>[goto MODNO]`

---

### Question ID: AHB.100_02.000  
**Instrument Variable Name:** VIGLNGTP  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:
2 of 2

* Enter time period for length of vigorous leisure-time physical activities.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minutes</td>
</tr>
<tr>
<td>2</td>
<td>Hours</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

- `<1,2>goto MODNO`

- if VIGLNGNO lt `<10>` and VIGLNGTP eq `<1>` goto ERR1_VIGLNGTP;

- if (VIGLNGNO gt `<90>` and VIGLNGTP eq `<1>`) or if VIGLNGNO gt `<2>` and VIGLNGTP eq `<2>` goto ERR2_VIGLNGTP
How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

Sample adults 18+

* Enter time period for light or moderate leisure-time physical activities

0 Never
1 Per day
2 Per week
3 Per month
4 Per year
6 Unable to do this activity
7 Refused
9 Don't know

Sample adults 18+ who do light or moderate activities

<1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or (MODNO gt <28> and MODTP eq <2>) or (MODNO gt <31> and MODTP eq <3>) or (MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO
### Questionnaire - Sample Adult

#### Adult Health Behaviors

**Question ID:** AHB.120_01.000  
**Instrument Variable Name:** MODLNGNO  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:

1 of 2

- **About how long do you do these light or moderate leisure-time physical activities each time?**

  * Enter number for length of light or moderate leisure-time physical activities.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1-995>[goto MODLNGTP]  
<R,D>[goto STRNGNO]

---

#### Question ID:** AHB.120_02.000  
**Instrument Variable Name:** MODLNGTP  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:

2 of 2

- * Enter time period for length of light or moderate leisure-time physical activities.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minutes</td>
</tr>
<tr>
<td>2</td>
<td>Hours</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP  

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP
How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

2 of 2

* Enter time period for strengthening activities

0 Never
1 Per day
2 Per week
3 Per month
4 Per year
6 Unable to do this activity
7 Refused
9 Don't know

Sample adults 18+ who do strengthening activities

<1-4> goto ALC1YR
[If STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or
 (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]
### 2009 NHIS Questionnaire - Sample Adult

**Adult Health Behaviors**

**Document Version Date:** 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID: AHB.140_00.000</th>
<th>Instrument Variable Name: ALC1YR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>
| **QuestionText:** These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.  
In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage? |
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |
| **UniverseText:** Sample adults 18+ |
| **SkipInstructions:** <1> [goto ALC12MNO]  
<2,R,D> [goto ALCLIFE] |

<table>
<thead>
<tr>
<th>Question ID: AHB.150_00.000</th>
<th>Instrument Variable Name: ALCLIFE</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **SkipInstructions:** <1> [goto ALC12MNO]  
<2,R,D> [goto AHGT_FT] |

<table>
<thead>
<tr>
<th>Question ID: AHB.160_01.000</th>
<th>Instrument Variable Name: ALC12MNO</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>
| **QuestionText:** 1 of 2  
In the PAST YEAR, how often did you drink any type of alcoholic beverage?  
* Read if necessary: "How many days per week, per month or per year did you drink?"  
* Enter number for how often alcoholic beverages were consumed in the past year.  
*Enter '0' for Never. |
| 000 | Never |
| 001-365 | 1-365 days |
| 997 | Refused |
| 999 | Don't know |
| **UniverseText:** Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life |
| **SkipInstructions:** <1-365>[goto ALC12MTP]  
<0,R,D>[goto AHGT_FT] |
2009 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 12-Apr-10

Question ID: AHB.160_02.000  Instrument Variable Name: ALC12MTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0  Never/None
1  Week
2  Month
3  Year
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who drank at least once in the past year

SkipInstructions: <1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or
(ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

Question ID: AHB.170_00.000  Instrument Variable Name: ALCAMT  QuestionnaireFileName: Sample Adult

QuestionText: In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter '1' if less than 1 drink.

* Enter '95' if 95 or more drinks.

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

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,R,D> [goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]
In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have 5 or more drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000 Never/None
001-365 1-365 days
997 Refused
999 Don't know

Sample adults 18+ who have had at least 1 drink in the past year

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

0 Never/None
1 Per week
2 Per month
3 Per year
7 Refused
9 Don't know

Sample adults 18+ who have had 5+ drinks in one day at least once in the past year
### Question ID: AHB.190_01.000
**Instrument Variable Name:** AHGT_FT  
**QuestionnaireFileName:** Sample Adult

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

* Enter "M" to record metric measurements

<table>
<thead>
<tr>
<th>Code</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-07</td>
<td>2-7 feet</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:**
- `<2-7>` [goto AHGT_IN]
- `<R,D>` [goto AWGT_LB]
- `<M>` [goto AHGT_M]
- [if AHGT_FT NE<2-7,D,R,M> goto ERR1_AHGT_FT]
- [if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

### Question ID: AHB.190_02.000
**Instrument Variable Name:** AHGT_IN  
**QuestionnaireFileName:** Sample Adult

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

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

<table>
<thead>
<tr>
<th>Code</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-11</td>
<td>0-11 inches</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**
- `<0-11,R,D>` [goto AWGT_LB]
- `<empty>` [goto ERR_AHGT_IN]

### Question ID: AHB.190_03.000
**Instrument Variable Name:** AHGT_M  
**QuestionnaireFileName:** Sample Adult

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

* Enter height in metric.

<table>
<thead>
<tr>
<th>Code</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>0-2 meters</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**
- `<0-2>` [goto AHGT_CM]
- `<R,D>` [goto AWGT_LB]
- `<empty>` [goto ERR_AHGT_M]
**2009 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

Document Version Date: 12-Apr-10

---

**Question ID:** AHB.190_04.000  
**Instrument Variable Name:** AHGT_CM  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Enter centimeters.

000-241 0-241 centimeters
997 Refused
999 Don't know

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

**SkipInstructions:**

<0-241,R,D> goto AWGT_LB

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto ERR1_AHGT_CM

< > goto ERR2_AHGT_CM

[If AHGT_M eq <1> and AHGT_CM lt <20> or AHGT_M eq <0> and AHGT_CM lt <120>] goto ERR3_AHGT_CM

---

**Question ID:** AHB.200_01.000  
**Instrument Variable Name:** AWGT_LB  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

How much do you weigh without shoes?

* Enter "M" to record metric measurements

* Enter '500' for 500 pounds or more

050-500 50-500 pounds
997 Refused
999 Don't know
M Metric

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<50-500> [goto SLEEP]

[if AWGT_LB lt <50> or gt <500> goto ERR_AWGT_LB

<R,D>[goto SLEEP]

<M>[goto AWGT_KG]

---

**Question ID:** AHB.200_02.000  
**Instrument Variable Name:** AWGT_KG  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

How much do you weigh without shoes?

* Enter weight in kilograms

022-226 22-226 kilograms
997 Refused
999 Don't know

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

**SkipInstructions:**

<22-226,R,D> [goto SLEEP]

[If AWGT_KG lt <22> or K gt <226>goto ERR_AWGT_KG]

---
<table>
<thead>
<tr>
<th>Question ID: AHB.210_00.000</th>
<th>Instrument Variable Name: SLEEP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: On average, how many hours of sleep do you get in a 24-hour period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-24</td>
<td>1-24 hours</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>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1-24,R,D&gt; [goto next section] [If SLEEP eq &lt;1-5&gt; goto ERR_SLEEP]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is there a place that you USUALLY go to when you are sick or need advice about your health?

1. Yes
2. There is NO place
3. There is MORE THAN ONE place
7. Refused
9. Don't know

Universe: Sample adults 18+

[Fill: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?
[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]}

1. Clinic or health center
2. Doctor's office or HMO
3. Hospital emergency room
4. Hospital outpatient department
5. Some other place
6. Doesn't go to one place most often
7. Refused
9. Don't know

Universe: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

[<1-5> go to AHCPLROU]
[<6,R,D> go to AHCPLKND]

Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

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

Universe: Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health

[<1> go to AHCCCHGYR]
[<2,R,D> go to AHCPLKND]
2009 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID: AAU.037_00.000</th>
<th>Instrument Variable Name: AHCPLKND</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Doesn't get preventive care anywhere</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Clinic or health center</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Doctor's office or HMO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Hospital emergency room</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hospital outpatient department</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Some other place</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Doesn't go to one place most often</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care. |

<table>
<thead>
<tr>
<th>SkipInstructions:</th>
<th>&lt;0-6,R,D&gt; if AUSUALPL = 2,R,D goto AHCDLY_1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.040_00.000</th>
<th>Instrument Variable Name: AHCCHGYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care] |

<table>
<thead>
<tr>
<th>SkipInstructions:</th>
<th>&lt;1&gt;[goto AHCCHGHI]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.050_00.000</th>
<th>Instrument Variable Name: AHCCHGHI</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Was this change for a reason related to health insurance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months |

| SkipInstructions: |<1,2,R,D>[goto AHCDLY_1] |
There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]
There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

1  Yes
2  No
7  Refused
9  Don't know

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

1  Yes
2  No
7  Refused
9  Don't know
DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1  Yes
2  No
7  Refused
9  Don't know
About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0  Never
1  6 months or less
2  More than 6 mos, but not more than 1 yr ago
3  More than 1 yr, but not more than 2 yrs ago
4  More than 2 yrs, but not more than 5 yrs ago
5  More than 5 years ago
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses).

1  Yes
2  No
7  Refused
9  Don't know
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1  Yes
2  No
7  Refused
9  Don't know
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| AAU.141_06.000  | AHCSY1_6                  | Sample Adult          | * Read Lead-in if Necessary.  
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?  
...A nurse practitioner, physician assistant, or midwife.  
1 Yes  
2 No  
7 Refused  
9 Don't know |
<p>| UniverseText:   | Sample adults 18+          |                       |              |
| SkipInstructions: | &lt;1,2,R,D&gt; [if SEX=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7] |                       |              |</p>
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| AAU.200_00.000  | AHCSYR7                   | Sample Adult          | * Read lead-in if necessary.  
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?  
...A doctor who specializes in women's health (an obstetrician/gynecologist).  
1 Yes  
2 No  
7 Refused  
9 Don't know |
<p>| UniverseText:   | Sample female adults aged 18+ years |                       |              |
| SkipInstructions: | &lt;1,2,R,D&gt; [go to AHCSY8_8] |                       |              |</p>
<table>
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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| AAU.211_01.000  | AHCSY8_8                  | Sample Adult          | * Read Lead-in if Necessary.  
DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?  
...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).  
1 Yes  
2 No  
7 Refused  
9 Don't know |
| UniverseText:   | Sample adults 18+          |                       |              |
| SkipInstructions: | <1,2,R,D> [go to AHCSY8_9] |                       |              |
DURING THE PAST 12 MONTHS, that is since \{12 month ref.date\}, have you seen or talked to any of the following health care providers about your own health?

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

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample adults 18+

Skip Instructions: <1> [goto AHCSYR10]
                  <2,R,D> [goto AHERNOYR]

Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1  Yes
2  No
7  Refused
9  Don't know

Universe Text: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

Skip Instructions: <1,2,R,D> [go to AHERNOYR]

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission)?

00  None
01  1
02  2-3
03  4-5
04  6-7
05  8-9
06  10-12
07  13-15
08  16 or more
97  Refused
99  Don't know

Universe Text: Sample adults 18+

Skip Instructions: <0 - 8,R,D> [go to AHCHYR]
**Question ID:** AAU.250_00.000  **Instrument Variable Name:** AHCHYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**
During the past 12 months, did you receive care at home from a nurse or other health care professional?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1>[goto AHCHMOYR]  
<2,R,D>[goto AHCNOYR]

---

**Question ID:** AAU.260_00.000  **Instrument Variable Name:** AHCHMOYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**
During how many of the past 12 months did you receive care at home from a health care professional?

01-12 01-12 months
97 Refused
99 Don't know

**Universe Text:** Sample adults 18+ who received home care from a health professional during the past 12 months

**Skip Instructions:** <1-12,R,D>[goto AHCHNOYR]

---

**Question ID:** AAU.270_00.000  **Instrument Variable Name:** AHCHNOYR  **QuestionnaireFileName:** Sample Adult

**Question Text:**
(books) 11
What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01 1
02 2-3
03 4-5
04 6-7
05 8-9
06 10-12
07 13-15
08 16 or more
97 Refused
99 Don't know

**Universe Text:** Sample adults 18+ who received home care from a health professional during the past 12 months

**Skip Instructions:** <1-8,R,D>[goto AHCHNOYR]
DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.

00 None
01 1
02 2-3
03 4-5
04 6-7
05 8-9
06 10-12
07 13-15
08 16 or more
97 Refused
99 Don't know

DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1 Yes
2 No
7 Refused
9 Don't know
Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

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

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0 Never
1 6 months or less
2 More than 6 mos, but not more than 1 yr ago
3 More than 1 yr, but not more than 2 yrs ago
4 More than 2 yrs, but not more than 5 yrs ago
5 More than 5 years ago
7 Refused
9 Don't know

Have you ever used computers for any of the following?

Looked up health information on the Internet

1 Yes
2 No
7 Refused
9 Don't know
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.305_00.020</th>
<th>Instrument Variable Name:</th>
<th>HIT2</th>
<th>QuestionnaireFile:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you look up health information on the Internet in the past 12 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td>2 No</td>
<td>Refused</td>
<td>7 Don't know</td>
</tr>
</tbody>
</table>

| UniverseText: Sample Adults 18+ who have ever looked up health information on the Internet |
| SkipInstructions: <1,2,D,R> [goto HIT3] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.305_00.030</th>
<th>Instrument Variable Name:</th>
<th>HIT3</th>
<th>QuestionnaireFile:</th>
<th>Sample Adult</th>
</tr>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you ever used online chat groups to learn about health topics?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td>2 No</td>
<td>Refused</td>
<td>7 Don't know</td>
</tr>
</tbody>
</table>

| UniverseText: Sample Adults 18+ |
| SkipInstructions: <1> [goto HIT4]   <2,D,R> [goto HIT5] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.305_00.040</th>
<th>Instrument Variable Name:</th>
<th>HIT4</th>
<th>QuestionnaireFile:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did you use online chat groups to learn about health topics in the past 12 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td>2 No</td>
<td>Refused</td>
<td>7 Don't know</td>
</tr>
</tbody>
</table>

| UniverseText: Sample Adults 18+ who have ever used online chat groups to learn about health topics |
| SkipInstructions: <1,2,D,R> [goto HIT5] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.305_00.050</th>
<th>Instrument Variable Name:</th>
<th>HIT5</th>
<th>QuestionnaireFile:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Refilled a prescription on the internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td>2 No</td>
<td>Refused</td>
<td>7 Don't know</td>
</tr>
</tbody>
</table>

| UniverseText: Sample Adults 18+ |
| SkipInstructions: <1> [goto HIT6]   <2,D,R> [goto HIT7] |
### Question ID: AAU.305_00.060
**Instrument Variable Name:** HIT6  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you refill a prescription on the Internet in the past 12 months?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample Adults 18+ who ever refilled a prescription on the internet

**SkipInstructions:** <1,2,D,R> [goto HIT7]

### Question ID: AAU.305_00.070
**Instrument Variable Name:** HIT7  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Scheduled an appointment with a health care provider using the Internet

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample Adults 18+

**SkipInstructions:** <1> [goto HIT8]  
<2,D,R> [goto HIT9]

### Question ID: AAU.305_00.080
**Instrument Variable Name:** HIT8  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you schedule an appointment with a health care provider using the Internet in the past 12 months?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample Adults 18+ who ever scheduled an appointment with a health care provider using the Internet

**SkipInstructions:** <1,2,D,R> [goto HIT9]

### Question ID: AAU.305_00.090
**Instrument Variable Name:** HIT9  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Communicated with a health care provider over e-mail

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample Adults 18+

**SkipInstructions:** <1> [goto HIT10]  
<2,D,R> [goto SHTFLUYR]
Did you communicate with a health care provider over e-mail in the past 12 months?

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

Sample Adults 18+ who ever communicated with a health care provider over e-mail

The next questions are about seasonal or regular flu vaccination. Please do not include H1N1 or swine flu vaccination.

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

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

Sample adults 18+

During what month and year did you receive your most recent flu shot?

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

Sample adults 18+ who have had a flu shot
**Question ID:** AAU.312_02.000  **Instrument Variable Name:** ASHFLU_Y  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

*Enter year of most recent flu shot.

**Year**

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

**UniverseText:**

Sample adults 18+ who gave a month for their last flu shot or who didn’t know the month

**SkipInstructions:**

<valid year,R,D> [goto SPRFLUYR]  
[If ASHFLU_M and ASHFLU_Y = a future date] goto ERR1_ASHFLU_Y  
[If ASHFLU_M and ASHFLU_Y = a date prior to birth] goto ERR2_ASHFLU_Y  
[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago] goto ERR3_ASHFLU_Y

---

**Question ID:** AAU.315_00.000  **Instrument Variable Name:** SPRFLUYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

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

**UniverseText:**

Sample adults 18+

**SkipInstructions:**

<1> [goto ASPFLU_M]  
[if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR  
[if AGE GE 50] goto ERR2_SPRFLUYR  
<2,D,R> [goto SHTPNUYR]
During what month and year did you receive your most recent flu nasal spray?

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

*Enter year of most recent flu nasal spray.

Year
9997 Refused
9999 Don't know

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1 Yes
2 No
7 Refused
9 Don't know

Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1 Yes
2 No
7 Refused
9 Don't know
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.330_00.000</th>
<th>Instrument Variable Name:</th>
<th>APOX</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you EVER had chickenpox?</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>
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<td>7</td>
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<td>&lt;2,R,D&gt; [goto AHEP]</td>
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<th>QuestionnaireFileName:</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you had chickenpox in the PAST 12 MONTHS?</td>
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<tr>
<td>1</td>
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<td>2</td>
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<td></td>
<td></td>
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<td>Refused</td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have ever had chickenpox</td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto AHEP]</td>
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<thead>
<tr>
<th>Question ID:</th>
<th>AAU.350_00.000</th>
<th>Instrument Variable Name:</th>
<th>AHEP</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you EVER had hepatitis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto SHTHEPB]</td>
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<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto AHEPLIV]</td>
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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.360_00.000</th>
<th>Instrument Variable Name:</th>
<th>AHEPLIV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you ever lived with someone who had hepatitis?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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<td></td>
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<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>Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto SHTHEPB]</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

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

Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1. Received at least 3 doses
2. Received less than 3 doses
7. Refused
9. Don't know

The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1. Yes
2. No
7. Refused
9. Don't know
How many hepatitis A shots did you receive?

*Enter ‘96’ if all shots were received

01-95  01-95 shots
96     Received all shots
97     Refused
99     Don’t know

Sample adults 18+ who have had a hepatitis A vaccine

Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

1     Yes
2     No
7     Refused
9     Don’t know

Sample adults 50+

Have you received a tetanus shot in the past 10 years?

1     Yes
2     No
7     Refused
9     Don’t know

Sample adults 18+
<table>
<thead>
<tr>
<th>Question ID: AAU.430_00.010</th>
<th>Instrument Variable Name: SHTTD05</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Was your most recent tetanus shot given in 2005 or later?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who have had a tetanus shot in the past 10 years</td>
<td></td>
</tr>
</tbody>
</table>
| **SkipInstructions:** | <1,R> if AGE le 64 goto SHTTDAP  
elseif AGE gt 64 goto LIVEV  
<2,D> if AGE le 64 goto HPVHRD  
elseif AGE gt 64 goto LIVEV |

<table>
<thead>
<tr>
<th>Question ID: AAU.440_00.010</th>
<th>Instrument Variable Name: SHTTDAP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did the doctor tell you the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark).</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes-included pertussis</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No-did not include pertussis</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Doctor did not say</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>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults &lt;65 who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-3,R,D&gt; [goto HPVHRD]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.442_00.010</th>
<th>Instrument Variable Name: HPVHRD</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Have you ever heard of HPV? HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults LE 64</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; goto SHHPVHRD</td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: AAU.444_00.010  Instrument Variable Name: SHHPVHRD  QuestionnaireFileName: Sample Adult

**QuestionText:** A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, or GARDASIL®. Before this survey, have you ever heard of the HPV shot or cervical cancer vaccine?

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

**UniverseText:** Sample adults age ≤ 64

**SkipInstructions:** 

1. <1, 2, R, D> if SEX = 2 [goto SHTHPV],  
2. <1, 2, R, D> if SEX = 1 [goto LIVEV]

### Question ID: AAU.446_00.010  Instrument Variable Name: SHTHPV  QuestionnaireFileName: Sample Adult

**QuestionText:** Have you ever received the HPV shot or cervical cancer vaccine?

<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>3</td>
<td>Doctor refused when asked</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**UniverseText:** Female sample adults age ≤ 64

**SkipInstructions:**

1. <1> [goto SHHPVDOS]  
2. <2, 3, R, D> [goto LIVEV]

### Question ID: AAU.448_00.010  Instrument Variable Name: SHHPVDOS  QuestionnaireFileName: Sample Adult

**QuestionText:** How many HPV shots did you receive?

* Enter ‘96' for all shots

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-50</td>
<td>1-50 shots</td>
</tr>
<tr>
<td>96</td>
<td>All shots</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Female sample adults age ≤ 64 who have had a HPV shot

**SkipInstructions:**

1. <1-50, 96, R, D> [goto LIVEV]  
2. <51-95> [goto ERR_SHHPVDOS]
### 2009 NHIS Questionnaire - Sample Adult

**Adult Access to Health Care & Utilization**

**Document Version Date:** 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.450_00.010</th>
<th>Instrument Variable Name:</th>
<th>LIVEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?</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><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td></td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto TRAVEL]</td>
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<th>Question ID:</th>
<th>AAU.460_00.010</th>
<th>Instrument Variable Name:</th>
<th>TRAVEL</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?</td>
<td></td>
<td></td>
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<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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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td></td>
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</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto WRKHLTH]</td>
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<tr>
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<th>AAU.465_00.010</th>
<th>Instrument Variable Name:</th>
<th>WRKHLTH</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. *Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.</td>
<td></td>
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</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>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto WRKDIR] &lt;2,R,D&gt; goto next section</td>
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<tr>
<td>Question ID:</td>
<td>AAU.470_00.010</td>
<td>Instrument Variable Name:</td>
<td>WRKDIR</td>
<td>QuestionnaireFileName:</td>
<td>Sample Adult</td>
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<td>------------------------</td>
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</tr>
<tr>
<td>QuestionText:</td>
<td>Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands on contact with patients.</td>
<td></td>
<td></td>
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<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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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who work or volunteer in a health-care setting</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; goto next section</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

Have you donated blood since March 1985?

1  Yes
2  No
7  Refused
9  Don't know

During the PAST 12 MONTHS, that is, since [fill: 12-month ref. Date], have you donated blood?

1  Yes
2  No
7  Refused
9  Don't know

The next questions are about the test for HIV (the virus that causes AIDS).

[fill: Except for tests you may have had as part of blood donations, have you ever been tested for HIV?/Have you ever been tested for HIV?]
I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

01 It's unlikely you've been exposed to HIV
02 You were afraid to find out if you were HIV positive (that you had HIV)
03 You didn't want to think about HIV or about being HIV positive
04 You were worried your name would be reported to the government if you tested positive
05 You didn't know where to get tested
06 You don't like needles
07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08 Some other reason
09 No particular reason
97 Refused
99 Don't know

Sample adults 18+ who have not been tested for HIV

What was the main reason why you have not been tested?

Verbatim response
7 Refused
9 Don't know

Sample adults 18+ with some other reason for no HIV test
**Question ID:** ADS.060_01.000  **Instrument Variable Name:** TST12M_M  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

[fill: Not including blood donations, in what month and year was your last test for HIV (the virus that causes AIDS)?/In what month and year was your last test for HIV, (the virus that causes AIDS)?]

* Enter month of last HIV test.

* Enter "96" to go to the time period format.

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

**UniverseText:** Sample adults 18+ who have been tested for HIV/AIDS

**SkipInstructions:** <R,96> [goto TIMETST]
<1-12,D> [goto TST12M_Y]

---

**Question ID:** ADS.060_02.000  **Instrument Variable Name:** TST12M_Y  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

* Enter year of last HIV test.

9996 Time period format
9997 Refused
9999 Don't know

**UniverseText:** Sample adults 18+ who gave a month for their last HIV test or who didn't know the month

**SkipInstructions:** <1880-2030> [goto REATST]
<R,D> [goto TIMETST]
[if TST12M_M and TST12M_Y = a future date] goto ERR1_TST12M_Y
[if TST12M_M and TST12M_Y = a date prior to birth date] goto ERR2_TST12M_Y
2009 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 12-Apr-10

Question ID: ADS.061_00.000  Instrument Variable Name: TIMETST  QuestionnaireFileName: Sample Adult

QuestionText:
Was it:

* Read answer categories.

1 6 months or less
2 More than 6 months but not more than 1 year ago
3 More than 1 year, but not more than 2 years ago
4 More than 2 years, but not more than 5 years ago
5 More than 5 years ago
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV, who refused or requested the time period format at TEST12M_M, or refused or don't know the year of their last HIV test.

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

Question ID: ADS.065_00.000  Instrument Variable Name: REATST  QuestionnaireFileName: Sample Adult

QuestionText:
(book) A13
I am going to show you a list of reasons why some people have been tested for HIV (the virus that causes AIDS).

goto REASWHO

Un!set: Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test?/Which of these would you say was the MAIN reason for your last HIV test?]

01 Someone suggested you should be tested
02 You might have been exposed through sex or drug use
03 You might have been exposed through your work or at work
04 You just wanted to find out if you were infected or not
05 For part of a routine medical check-up, or for hospitalization or surgical procedure
06 You were sick or had a medical problem
07 You were pregnant or delivered a baby
08 For health or life insurance coverage
09 For military induction, separation, or military service
10 For immigration
11 For marriage license or to get married
12 You were concerned you could give HIV to someone
13 You wanted medical care or new treatments if you tested positive
14 Some other reason
15 No particular reason
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1>[goto REASWHO]
<2-13,15,R,D> [goto LASTST]
<14> [goto REASPEC]
### Question 66

**Question ID:** ADS.066_00.000  
**Instrument Variable Name:** REASWHO  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Who suggested you should be tested - a doctor, nurse or other health care professional, a sex partner, someone at the health department, or someone else?

- 1. Doctor, nurse or other health care professional
- 2. Sex partner
- 3. Someone at health department
- 4. Family member or friend
- 5. Other
- 7. Refused
- 9. Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV because someone suggested it

**SkipInstructions:**
- `<1-4,R,D> [goto LASTST]`
- `<5> [goto WHOSPEC]`

### Question 67

**Question ID:** ADS.067_00.000  
**Instrument Variable Name:** WHOSPEC  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Who suggested you should be tested?

- 7. Refused
- 9. Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV because someone not listed in REASWHO suggested it

**SkipInstructions:** `<20 char long> [goto LASTST]`

### Question 69

**Question ID:** ADS.069_00.000  
**Instrument Variable Name:** REASPEC  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** What was the main reason for your last HIV test?

- 7. Refused
- 9. Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV for some reason not listed in REATST

**SkipInstructions:** `<20 char long>[goto LASTST]`
**Question ID:** ADS.070_00.000  
**Instrument Variable Name:** LASTST  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A14

[fill: Not including your blood donations, where did you have your last HIV test?/Where did you have your last HIV test?]

01 Private doctor/HMO  
02 AIDS clinic/counseling/testing site  
03 Hospital, emergency room, outpatient clinic  
04 Other type of clinic  
05 Public health department  
06 At home  
07 Drug treatment facility  
08 Military induction or military service site  
09 Immigration site  
10 In a correctional facility (jail or prison)  
11 Other location  
97 Refused  
99 Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV

**SkipInstructions:**  
<1-3,5,7-10,R,D> [goto GIVNAM]  
<4> [goto CLINTYP]  
<6> [goto WHOADM]  
<11> [goto LASTSPEC]

---

**Question ID:** ADS.072_00.000  
**Instrument Variable Name:** CLINTYP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** What type of clinic did you go to for your last HIV test?

01 Family planning clinic  
02 Prenatal clinic  
03 Tuberculosis clinic  
04 STD clinic  
05 Community health clinic  
06 Clinic run by employer or insurance company  
07 Other  
97 Refused  
99 Don't know

**UniverseText:** Sample adults 18+ who have been tested for HIV at another type of clinic

**SkipInstructions:**  
<1-7,R,D> [goto GIVNAM]
Question ID: ADS.074_00.000  Instrument Variable Name: WHOADM  QuestionnaireFile Name: Sample Adult

QuestionText: Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

1 Nurse or health worker
2 Self-sampling kit
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV at home

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

Question ID: ADS.076_00.000  Instrument Variable Name: LASTSPEC  QuestionnaireFile Name: Sample Adult

QuestionText: Where did you have your last HIV test?

* This should be a specific location that is not on the list.

Verbatim
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were tested at another location

SkipInstructions: <20 char long> [goto GIVNAM]

Question ID: ADS.080_00.000  Instrument Variable Name: GIVNAM  QuestionnaireFile Name: Sample Adult

QuestionText: The last time you were tested, did you have to give your first and last names?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1,2,R,D> [goto EXTST12M]

Question ID: ADS.110_00.000  Instrument Variable Name: EXTST12M  QuestionnaireFile Name: Sample Adult

QuestionText: [fill: Do you expect to have another test for HIV in the next 12 months, not including blood donations? Do you expect to have a test for HIV in the next 12 months, not including blood donations?]

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto CHNSADS]
**Question ID:** ADS.140_00.000  
**Instrument Variable Name:** CHNSADS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
What are your chances of GETTING HIV (the virus that causes AIDS)?

Would you say high, medium, low, or none?

1. High
2. Medium
3. Low
4. None
5. Already have HIV or AIDS
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ADS.150_00.000  
**Instrument Variable Name:** STMTRU  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**
(b) You have hemophilia and have received clotting factor concentrations.
(b) You are a man who has had sex with other men, even just one time.
(c) You have taken street drugs by needle, even just one time.
(d) You have traded sex for money or drugs, even just one time.
(e) You have tested positive for HIV (the virus that causes AIDS).
(f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements.

1. Yes, at least one statement is true
2. No, none of these statements are true
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [If AGE GE <50> [go to TBHRD] else [go to STD]]
The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, Chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

* If asked, tell respondent to include newly contracted STDs and recurring flare-ups of previously contracted STDs.

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

Sample adults 18-49

The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

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

Sample adults 18-49 who have had an STD other than HIV or AIDS in the past 5 years

Where did you go to be checked?

* Read answer choices only if necessary.

1. Private doctor
2. Family planning clinic
3. STD clinic
4. Emergency room
5. Health department
6. Some other place
7. Refused
9. Don't know

Sample adults 18-49 who have had an STD other than HIV or AIDS who saw a doctor or other health professional
Where did you go to be checked?

- Refused
- Don't know

Sample adults 18-49 who have had an STD other than HIV or AIDS who were tested at some other place

The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

- Yes
- No
- Refused
- Don't know

Sample adults 18+

Have you ever personally known anyone who had TB?

- Yes
- No
- Refused
- Don't know

Sample adults 18+ who have heard of tuberculosis
### Question ID: ADS.220_00.000

**Question Text:** How much do you know about TB - a lot, some, a little, or nothing?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>1</td>
</tr>
<tr>
<td>Some</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Nothing</td>
<td>4</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have heard of tuberculosis

**SkipInstructions:**<1-3> [goto TBSPRD]<4> [goto TBCHANC]<R,D> [goto HOMELESS]

### Question ID: ADS.230_00.000

**Question Text:** How is TB spread?

* Probe: Can TB be spread in any other way?
* Mark all that apply, separate with commas.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing the air around a person who is sick with TB</td>
<td>1</td>
</tr>
<tr>
<td>Sharing eating/drinking utensils</td>
<td>2</td>
</tr>
<tr>
<td>Through semen or vaginal secretions shared during sexual intercourse</td>
<td>3</td>
</tr>
<tr>
<td>From smoking</td>
<td>4</td>
</tr>
<tr>
<td>From mosquito or other insect bites</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have knowledge of tuberculosis

**SkipInstructions:**<1-6,R,D> goto TBCURED

### Question ID: ADS.240_00.000

**Question Text:** As far as you know, can TB be cured?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have knowledge of tuberculosis

**SkipInstructions:**<1,2,R,D> [goto TBCHANC]
### Question: What are your chances of getting TB? Would you say high, medium, low, or none?

1. High
2. Medium
3. Low
4. None
5. Already have TB
6. Refused
7. Don't know

#### UniverseText:
Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

#### SkipInstructions:
1-5, R, D [goto TBSHAME]

### Question: (Fill1: If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

### Question: (Fill2: If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

1. Yes
2. No
3. Refused
4. Don't know

#### UniverseText:
Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

#### SkipInstructions:
1, 2, R, D [goto HOMELESS]

### Question: Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

1. Yes
2. No
3. Refused
4. Don't know

#### UniverseText:
Sample adults 18+

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