**Family Identification** 

Question ID:	FID.100_00.00	00 Instrument Variable Name:	HHCHANGE	QuestionnaireFileName:	Family
QuestionText:	birthdate].	orded that [your name is {fill fu [His/Her] national origin is [f rmation correct?	· •	JAS is] [fill sex], [fill age] year [his/her] race is [fill race]:	s old, born on [fill
1	Yes, this is	nformation is correct			
2	No, correc	ction(s) needed/more correction	is needed		
UniverseTex	t: All r	nondeleted family members			
SkipInstruct	if SC else	if no additional PX remain CREENIN = 0 and I_SCRN_ST [goto FIDCC13] [goto CWHAT2]	FATUS = S [goto EXIT(	HHC)]	

Question ID:	FID.110_00.000	Instrument Variable Name:	CWHAT2	QuestionnaireFileName:	Family
QuestionText:	* Change(s) n	eeded for [ALIAS].			
	* Enter each n	umber that applies. If a wrong	choice, type that cho	pice again.	
1	Name				
2	Age or DOB				
3	Sex				
4	National orig	in			
5	Race				
UniverseTex	t: HHCH.	ANGE = 2 (No, not correct)			
SkipInstruct	<2> [gc <3> [gc <4> [gc	to CHG_NAME_FNAME] to CHG_AGEDOB_1] to CHG_SEX] to CHG_NATOR] to CHG_RACE]			

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Question ID:	FID.245_00.000 Instrument Variable Name: HHCHANGE_1 QuestionnaireFileName: Family					
QuestionText:	I have recorded that {your name is/ALIAS is} {fill full name}, age is {fill age}, date of birth is {fill birthdate}, {his/her} national origin is {fill Hispanic origin}, and {his/her} {fill race} is: Is this information correct?					
UniverseText	: All nondeleted family members with a change made to their demographic information					
SkipInstructi	ons: <1> if no additional PX remain if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC) else GOTO FIDCC13 <2> GOTO ERR_HHCHANGE_1					
Hard Edit: ERR_HHCHANGE_1 * Press enter to go back to change some demographic information or arrow down and press er answer.						
	Default Goto should be CWHAT2					
Question ID:	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family					
QuestionText:	* ASK OR VERIFY					
	[fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner?					
1	Married					
2	Widowed					
3	Divorced					
4	Separated					
5	Never Married					
6	Living with partner					
7	Refused					
9	Don't know					
UniverseText	All persons, 14 and older, who don't have a marital status yet					
SkipInstructi	ons: <1> [goto SPFLAG] <2-5, R, D> [goto FIDCCI3] <6> if LINTAL[FAMINT] = 1 [goto FIDCCI4] else [goto COHAB1]					

**Family Identification** 

Question ID:	FID.260_00.000	Instrument Variable Name:	SPOUS	QuestionnaireFileName:	Family
QuestionText:	* ASK OR VI	ERIFY			
	Is [fill: your/A	LIAS's] spouse living in the l	household?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	<b>A poter</b>	tial spouse lives in the unit.			
SkipInstruct	else [go	SPOUS2[PX] = null [goto SP to FIDCCI3] > [goto FIDCCI3]	OUS2]		

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**Family Identification** 

Question ID:	FID.270_00.	.000	Instrument Variable Name:	:	SPOUS2		Questionn	aireFileName:	Family
QuestionText:	* Probe a	as neces	sary and enter the line nu	ımbeı	r of the spouse.				
	[Display	all pos	sible spouse candidates]						
01-25	Person #	# of spo	use						
UniverseTex	at: Pe	erson ha	s an unidentified spouse i	in the	e household.				
SkipInstruc		Do not allow line number of the subject to be entered. If so [goto ERR_SPOUS2] <1-25,R,D> [goto FIDCCI3]							
Hard Edit:	EI	RR1_SI	POUS2						
		Person o Please c	can't be his or her own spo orrect.	ouse.					
Soft Edit:	*I		POUS2 AS (SPOUS2(PX)] is [AL relationship code at RPR]		· · ·			PX))]'s RPREI	value should be '02'.
			OTO is to change Relation GOTO is to choose differ				JS2(PX))]		
	RI		s involved Relationship to Ref Perso	n	Value RPREL(SP ALIAS (SPO				
	*E *T *S	The mar Suppres	POUS2 ead this message to the re ried couple [ALIAS (SPC s message if correct. se, correct SEX of either	DŪS2	2(PX))] and [A			[SEX(PX)].	
	*S	*First GOTO is to choose different spouse at SPOUS2 *Second GOTO is to change SEX of spouse [ALIAS (SPOUS2(PX))] *Third GOTO is to change SEX of [ALIAS(PX)]							
	SF	uestions POUS2 EX EX	s involved		Value ALIAS (SP SEX (SPOU SEX (PX)				
	*A I h	have rec	POUS2 erence between spouses i corded [ALIAS (PX)] is [ OUS2(PX))] years old. A	AĞE	(PX)] years old	d and [fill	: his/her] sp		SPOUS2(PX))] is
	*S	Second	TO is to choose different GOTO is to change AGE OTO is to change AGE of	of sp	ouse [ALIAS		2(PX))]		
	SF	uestions POUS2 GE GE	s involved		Value ALIAS (SP AGE (SPO AGE (PX)				

**Family Identification** 

			5		
Question ID:	FID.280_00.000	Instrument Variable Name:	COHAB1	QuestionnaireFileName:	Family
QuestionText:	[fill: Have you	ı/Has ALIAS] ever been marrie	ed?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
<b>UniverseText:</b> Marital status is "living with a partner."					
SkipInstruct	<2,R,D	oto COHAB2] > if COHAB3[PX] = null [goto to FIDCCI3]	o COHAB3]		

Question ID:	FID.290_00.000	Instrument Variable Name:	COHAB2	QuestionnaireFileName:	Family
QuestionText:	What is [fill: y	our/ALIAS's] current legal ma	arital status?		
1	Married				
2	Widowed				
3	Divorced				
4	Separated				
7	Refused				
9	Don't know				
UniverseTex	t: Person	is currently cohabiting and has	s been married.		
SkipInstruct	, ,	D> If COHAB3[PX] = null [g to FIDCCI3]	oto COHAB3]		

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Question ID: F	FID.300_00.000 Instrument Variable Name:	COHAB3	QuestionnaireFileName:	Family	
QuestionText:	* Probe as necessary and enter the line num	ber of the cohabiting	g partner.		
	[Display all possible cohabitation candidate	es]			
01-25	Person number				
UniverseText:	Cohabiting partner has yet to be ider	ntified.			
SkipInstructio	If line number of the subject is enter <1-25,R,D> [goto FIDCCI3]	ed [goto ERR_COHA	AB3]		
Hard Edit:	ERR1_COHAB3				
	<ul><li>* Person can't be his or her own part</li><li>* Please correct.</li></ul>	iner.			
Soft Edit:	ERR2_COHAB3				
	*If [ALIAS (COHAB3(PX))] is [AL should be '03'. *Correct relationship code at RPREI			YX))]'s RPREL value	
	*First GOTO is to change Relationsl *Second GOTO is to choose different	-			
	Questions involved RPREL: Relationship to Ref Person COHAB3	Value RPREL(COH ALIAS (COH	< <i>,,</i>		
	ERR3_COHAB3 *If [ALIAS (COHAB3(PX))] and [A codes equal to '04' for 'Child'. One *Correct relationship code at RPREI	of their RPREL cod	es should equal '12' for 'Other re		
	*First GOTO is to change Relationsl *Second GOTO is to change Relatio *Third GOTO is to choose different	onship code of [ALIA	S (PX)]		
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person COHAB3		(AB3 (PX))		
	ERR4_ COHAB3 *Age difference between cohabiting I have recorded [ALIAS (PX)] is [A [ALIAS(COHAB3(PX))] is [AGE(C	GE(PX)] years old a	nd [fill: his/her] cohabiting partne		
	*First GOTO is to choose different of *Second GOTO is to change AGE of *Third GOTO is to change AGE of	f cohabiting partner			

Questions involved	Value
COHAB3	ALIAS (COHAB3 (PX))
AGE	AGE (COHAB3 (PX))
AGE	AGE (PX)

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Question ID:	FID.322_00.000	Instrument Variable Name:	DEGREE4	QuestionnaireFileName:	Family	
QuestionText:	I noted that [fa or [fill: son/da		of [child's fullname].	Is [child's fullname] his biologic	al, adoptive, step, foster,	
1	Biological					
2	Adoptive					
3	Step					
4	Foster					
5	-in-law					
7	Refused					
9	Don't know					

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UniverseText:	When the reference person is the person in question's parent.				
SkipInstructions:	<1> if AGEDIFF <12 [goto ERR_DEGRE if ERR_DEGREE4 = 1 [goto FIDCCI4B] else reset DEGREE4 [goto DEGREE4] en else [goto FIDCCI4B] <2-5,R,D> [goto FIDCCI4B]				
Hard Edit:	ERR2_DEGREE4 *Age difference between father and child I have recorded [ALIAS (X2)] is [AGE(X Are these ages and relationships correct? * Please correct relationship code or age.	is [AGEDIFF] years. [2]] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.			
	*First GOTO is to change Relationship code of [ALIAS(X2)] *Second GOTO is to change Relationship code of [ALIAS(PX)] *Third GOTO is to change AGE of father [ALIAS(X2)] *Fourth GOTO is to change AGE of child [ALIAS(PX)]				
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
Soft Edit:	ERR1_DEGREE4 *Age difference between father and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	is only [AGEDIFF] years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are			
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of father *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] [ALIAS(X2)]			
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
	If suppressed and additional persons rema else GOTO FIDCCI4B, endif	in, GOTO FIDCCI4			
	ERR3_DEGREE4 *Age difference between father and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	is greater than or equal to 50 years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are			
	*First GOTO is to change Relationship code of [ALIAS(X2)] *Second GOTO is to change Relationship code of [ALIAS(PX)] *Third GOTO is to change AGE of father [ALIAS(X2)] *Fourth GOTO is to change AGE of child [ALIAS(PX)]				
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			

If suppressed and additional persons remain, GOTO FIDCCI4

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else GOTO FIDCCI4B, endif

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Question ID:	FID.324_00.000	Instrument Variable Name:	DEGREE5	QuestionnaireFileName:	Family	
QuestionText:		nother's fullname] is the mothe son/daughter] in law?	r of [child's fullnan	ne]. Is [child's fullname] her biolo	gical, adoptive, step,	
1	Biological					
2	Adoptive					
3	Step					
4	Foster					
5	-in-law					
7	Refused					
9	Don't know					

**Family Identification** 

UniverseText:	When the reference person is the person	in question's parent.			
SkipInstructions:	<1> if AGEDIFF <12 [goto ERR_DEGF if yes, continue the interview [goto FIDO else, reset DEGREE5 [goto DEGREE5] else [goto FIDCCI4B] <2-5,R,D> [goto FIDCCI4B]	CCI4B]			
Hard Edit:	I have recorded [ALIAS (X2)] is [AGE( Are these ages and relationships correct	ERR2_DEGREE5 *Age difference between mother and child is [AGEDIFF] years. I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct? * Please correct relationship code or age.			
	*First GOTO is to change Relationship code of [ALIAS(X2)] *Second GOTO is to change Relationship code of [ALIAS(PX)] *Third GOTO is to change AGE of mother [ALIAS(X2)] *Fourth GOTO is to change AGE of child [ALIAS(PX)]				
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
Soft Edit:	ERR1_DEGREE5 *Age difference between mother and child is only [AGEDIFF] years. I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?				
	*First GOTO is to change Relationship code of [ALIAS(X2)] *Second GOTO is to change Relationship code of [ALIAS(PX)] *Third GOTO is to change AGE of mother [ALIAS(X2)] *Fourth GOTO is to change AGE of child [ALIAS(PX)]				
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
	If suppressed and additional persons remain, GOTO FIDCCI4 else GOTO FIDCCI4B, endif				
	ERR3_DEGREE5 *Age difference between mother and child is greater than or equal to 50 years. I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?				
	*First GOTO is to change Relationship code of [ALIAS(X2)] *Second GOTO is to change Relationship code of [ALIAS(PX)] *Third GOTO is to change AGE of mother [ALIAS(X2)] *Fourth GOTO is to change AGE of child [ALIAS(PX)]				
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
	If suppressed and additional persons rem	nain, GOTO FIDCCI4			

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**Family Identification** 

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else GOTO FIDCCI4B, endif

Question ID:	FID.326_00.000	Instrument Variable Name:	MOTHER	QuestionnaireFileName:	Family	
QuestionText:	* Ask or verify Is [fill: your/ALIAS's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law)					
	* Enter the line number of the mother or mother-in-law. If the mother or mother-in-law is not a household member, enter "0". If the person has no parents present but has a legal guardian, enter "96".					
	* Choose mot	her over mother-in-law if both	are present.			
00	Mother not a	household member				
01-25	Person numb	er of mother				
96	Has legal gua	rdian				
97	Refused					
99	Don't know					
UniverseTex	t: Potentia	al mother in the Family, mothe	er not already ide	ntified		
SkipInstruct	<0,R,D	> [goto MOTHERCK_A] > [goto FIDCCI5] oto GUARD]				

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Question ID:	FID.330_01.000 Instrument Variable Name: MOTHERCK_A QuestionnaireFileName: Family
QuestionText:	[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?
1	Biological mother
2	Adoptive mother
3	Step mother
4	Foster mother
5	Mother-in-law
7	Refused
9	Don't know

**Family Identification** 

UniverseText:	Mother is in the immediate family.	
SkipInstructions:	<1> If AGEDIFF <12 [goto ERR_MOTH if <1> [goto FIDCCI5] elseif <2> [goto MOTHER] elseif <3>, reset MOTHERCK_A [goto M else [goto FIDCCI5] <2-5,R,D> [goto FIDCCI5]	
Hard Edit:	ERR2_MOTHERCK_A *Age difference between mother and chil I have recorded [ALIAS (LNMOM[PX]) [AGE(PX)] years old. Are these ages and * Please correct relationship code or age.	] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is d relationships correct?
	*First GOTO is to change code at MOTE *Second GOTO is to change AGE of mo *Third GOTO is to change AGE of child	ther [ALIAS (LNMOM[PX])]
	Questions involved MOTHER AGE AGE	Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)
Soft Edit:	ERR1_MOTHERCK_A *Age difference between mother and chil I have recorded [ALIAS (LNMOM[PX])] [AGE(PX)] years old. Are these ages and *First GOTO is to change code at MOTH *Second GOTO is to change AGE of mot *Third GOTO is to change AGE of child	] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is d relationships correct? ER ther [ALIAS (LNMOM[PX])]
	Questions involved MOTHER AGE AGE	Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)
	if suppressed goto FIDCCI5	
	ERR3_MOTHERCK_A *Age difference between mother and chil I have recorded [ALIAS (LNMOM[PX]) [AGE(PX)] years old. Are these ages and	] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is
	*First GOTO is to change code at MOTH *Second GOTO is to change AGE of mot *Third GOTO is to change AGE of child	ther [ALIAS (LNMOM[PX])]
	Questions involved MOTHER AGE AGE	Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)
	if suppressed goto FIDCCI5	

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Question ID:	FID.330_02.000 Instrument Variable Name: MOM_CKFG QuestionnaireFileName: Family			
QuestionText:	[fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?			
UniverseText	Mother is in the immediate family.			
SkipInstructi	ions: <1> If AGEDIFF <12 [goto ERR_MOTHERCK_A] if <1> [goto FIDCCI5] elseif <2> [goto MOTHER] elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A] else [goto FIDCCI5] <2-5,R,D> [goto FIDCCI5]			
Question ID:	FID.340_00.000 Instrument Variable Name: FATHER QuestionnaireFileName: Family			
QuestionText:	* Ask or verify Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father- in-law).			
	* Enter the line number of the father or father-in-law.			
	* If the father is not a household member, enter '0'.			
	* If the person has no parents present but has a legal guardian, enter '96'.			
	* Choose father over father-in-law if both are present.			
00	Father not in household			
01-25	Person # of father			
96	Has legal guardian			
97	Refused			
99	Don't know			
UniverseText	Potential Father in Family, not already identified			
SkipInstructio	ions:       <1-25> [goto FATHERCK_A]         <0,R,D> [goto FIDCCI4]         <96> [goto GUARD]			

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Question ID:	FID.350_01.000	Instrument Variable Name:	FATHERCK_A	QuestionnaireFileName:	Family	
QuestionText:	[fill1: Are you	/Is ALIAS] [fill2: ALIAS's/yc	our] biological (natural),	adoptive, step, or foster fathe	r or father-in-law?	
1	Biological fat	ther				
2	Adoptive fath	ner				
3	Step father					
4	Foster father					
5	Father-in-law					

7 Refused

9 Don't know

**Family Identification** 

UniverseText:	Father is in the immediate family.	
SkipInstructions:	<1> If AGEDIFF <12 [goto ERR_FATHE if ERRFATHERCK_A = <1> [goto FIDC elseif <2> [goto FATHER] elseif <3> reset FATHERCK_A [goto FATHERCK_A] endif else [goto FIDCCI4] <2-5,R,D> [goto FIDCCI4]	
Hard Edit:	ERR2_FATHERCK_A *Age difference between father and child I have recorded [ALIAS(LNDAD[PX])] is [AGE(PX)] years old. Are these ages and relationships correct? * Please correct relationship code or age.	is [AGEDIFF] years. s [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is
	*First GOTO is to change code at FATHE *Second GOTO is to change AGE of fathe *Third GOTO is to change AGE of child	er [ALIAS (LNDAD[PX])]
	Questions involved FATHER AGE AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)
Soft Edit:	[AGE(PX)] years old. Are these ages and	[AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is relationships correct?
	*First GOTO is to change code at FATHE *Second GOTO is to change AGE of fathe *Third GOTO is to change AGE of child	er [ALIAS (LNDAD[PX])]
	Questions involved FATHER AGE AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)
	if suppressed goto FIDCCI4	
	ERR3_FATHERCK_A *Age difference between father and child I have recorded [ALIAS(LNDAD[PX])] is [AGE(PX)] years old. Are these ages and	s [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is
	*First GOTO is to change code at FATHE *Second GOTO is to change AGE of fathe *Third GOTO is to change AGE of child	er [ALIAS (LNDAD[PX])]
	AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)
	if suppressed goto FIDCCI4	

Question ID:	FID.350_02.000	Instrument Variable Name:	DAD_CKFG	QuestionnaireFileName:	Family
QuestionText:	[fill1: Are you	/Is ALIAS] [fill2: ALIAS's/yc	our] biological (natural	), adoptive, step, or foster fathe	r or father-in-law?
UniverseText	: Father h	as been identified			
SkipInstructio	if ERRF elseif < elseif < [goto F/ else [go	AGEDIFF <12 [goto ERR_FA FATHERCK_A = <1> [goto F 2> [goto FATHER] 3> reset FATHERCK_A ATHERCK_A] endif to FIDCCI4] D> [goto FIDCCI4]	-		
Question ID:	FID.360_01.000	Instrument Variable Name:	GUARD	QuestionnaireFileName:	Family
-	_	Instrument Variable Name: pur/ALIAS's ] legal guardian?		QuestionnaireFileName:	Family
-	Who is [fill: yo * Enter the line		S's] guardian.	QuestionnaireFileName:	Family
-	Who is [fill: yo * Enter the line * If the guardia	our/ALIAS's ] legal guardian? e number of [fill1: your/ALIA	S's] guardian.	QuestionnaireFileName:	Family
QuestionText:	Who is [fill: yo * Enter the line * If the guardia	our/ALIAS's ] legal guardian? e number of [fill1: your/ALIA an is not a household member a household member	S's] guardian.	QuestionnaireFileName:	Family
QuestionText: 00	Who is [fill: yo * Enter the line * If the guardia Guardian not	our/ALIAS's ] legal guardian? e number of [fill1: your/ALIA an is not a household member a household member	S's] guardian.	QuestionnaireFileName:	Family
QuestionText: 00 01-25	Who is [fill: yo * Enter the line * If the guardia Guardian not Person # of gu	our/ALIAS's ] legal guardian? e number of [fill1: your/ALIA an is not a household member a household member	S's] guardian.	QuestionnaireFileName:	Family

SkipInstructions: <0-25,R,D> [goto FIDCCI4]

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Question ID:	FID.380_00.000	) Instrument Variable Nam	e: KNOW2	QuestionnaireFileName:	Family
QuestionText:	[Display all	ask Tamily would you say knows family members who not de nat apply, separate with com	eleted and > 17 or ema		
1	Yes, knows	family members' health			
2	No, does no	ot know family member's he	alth		
7	Refused				
9	Don't know				
UniverseTex	xt: More	than one adult			
SkipInstruct	if SCS	5,R,D> SEL = 0 [goto FINTRO2] goto KNOWSC2]			
Question ID:	FID.390_03.000	) Instrument Variable Nam	e: FINTRO2	QuestionnaireFileName:	Family
QuestionText:	[Display all * If any pers We would li home now? * If yes, ask:	family members who are no sons listed are not present, sa	ot deleted and >17 or e ay: nembers who are at he	ome take part in the interview. Are	-
1	Present				
2	Not present				
UniverseTex	xt: All no	ondeleted persons >17 or em	ancipated minors		
SkipInstruct	if only	[goto FCALLBK1] y one PX selected [goto HL goto FAMRESP]	TH_BEG]		
Question ID:	FID.390_04.000	) Instrument Variable Nam	e: FAMRESP	QuestionnaireFileName:	Family
QuestionText:		cessary: With whom am I sp ine number of the person yo		nain respondent for this family's hea	lth questions.
01-25	Person # of	Family Respondent			
UniverseTex	xt: More	than 1 adult present.			

SkipInstructions: goto HLTH\_BEG

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12					
Question ID:	FHS.005_00.0	00 Instrument Variable Name:	FLAPLYLM	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	[fill1: Are/l	[s]			
	* Read nam (fill roster o	nes of persons age 0-4)			
	limited in the problem?	he kind or amount of play activit	ties [fill2: they/he/she	] can do because of a physical, n	nental, or emotional
1	Yes				
2	No				
7	Refused				
9	Don't know	N			
UniverseTex	<b>xt:</b> All f	amilies with one or more person	s less than 5 years of	age	
SkipInstruc	else,	[if only one child less than 5 yea goto PLAPLYLM] ,D> [goto FSPEDEIS]	ars of age, store the pe	rson number in PLAPLYLM and	d goto PLAPLYUN;

Question ID:	FHS.010	00.000	Instrument Variable Name:	PLAPLYLM	QuestionnaireFileName:	Family
QuestionText:	* As	k or verif	y. Enter applicable line nun	nber(s), separate with comm	nas.	
		is this? one else?]	)			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTe	xt:	All fami	lies with two or more person	ns less than five years of ag	ge and at least one is limited i	in play activities
SkipInstruc	tions:	goto PL	APLYUN			
			,		associated with the persons re edited response code in subs	1 2

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.020_0	).000 In	strument Var	iable Name:	PLAPLYUN	QuestionnaireFileName	: Family
QuestionText:	Is [fill: A	LIAS] a	ole to take pa	rt AT ALL iı	n the usual kinds of p	play activities done by most chi	ildren [fill: ALIAS]'s age?
1	Yes						
2	No						
7	Refuse						
9	Don't k	now					
UniverseText	: A	ll persons	less than 5 y	ears of age w	who are limited in pla	y activities	
SkipInstructi	ons. re	neat this	uestion for :	all persons lis	sted at PLAPLYI M	then goto FSPEDEIS	
Question ID:	FHS.050_0	).000 <b>In</b>	strument Var	iable Name:	FSPEDEIS	QuestionnaireFileName	: Family
Question ID:	FHS.050_0 ? [F1]	).000 In	strument Var	iable Name:	FSPEDEIS	QuestionnaireFileName	: Family
	? [F1]			iable Name: nese family n		QuestionnaireFileName	: Family
	? [F1]	you/Does				QuestionnaireFileName	: Family
	? [F1] [fill: Do * Read 1	you/Doe: ames		nese family n		QuestionnaireFileName	: Family
	? [F1] [fill: Do * Read n (fill rost	you/Does ames er of pers	/Do any of the set of	nese family n age 18)]		QuestionnaireFileName	: Family
	? [F1] [fill: Do * Read n (fill rost	you/Does ames er of pers	/Do any of the set of	nese family n age 18)]	nembers,	QuestionnaireFileName	: Family
QuestionText:	? [F1] [fill: Do * Read n (fill rost receive a	you/Does ames er of pers	/Do any of the set of	nese family n age 18)]	nembers,	QuestionnaireFileName	: Family
QuestionText: 1	? [F1] [fill: Do * Read n (fill rost receive a Yes	you/Does ames er of pers Special Ed	/Do any of the set of	nese family n age 18)]	nembers,	QuestionnaireFileName	: Family
QuestionText: 1 2	? [F1] [fill: Do * Read n (fill rost receive a Yes No	you/Doe: ames er of pers Special Ed	/Do any of the set of	nese family n age 18)]	nembers,	QuestionnaireFileName	: Family
QuestionText: 1 2 7	? [F1] [fill: Do * Read to (fill rost receive & Yes No Refused Don't k	you/Does ames er of pers Special Ed l now	/Do any of the set of	nese family n age 18)] Early Interve	nembers,		: Family

Family Health Status & Limitations

Question ID:	FHS.060	_00.000	Instrument Variable Name:	PSPEDEIS	QuestionnaireFileName:	Family
QuestionText:	* As	k or verify	v. Enter applicable line nur	nber(s), separate wi	th commas.	
		is this? one else?)				
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	t:		ies with two or more perso ervention Services	ns less than 18 year	rs of age and at least one receives Spo	ecial Educational or
SkipInstruct	ions:	goto PSP	PEDEM			
			,		umbers associated with the persons re vives an edited response code in subse	1 2

Question ID:	FHS.065_00.000	Instrument Variable Name:	PSPEDEM	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you/E or behavioral J	Does ALIAS] receive these ser problem?	rvices because of an	emotional	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	ons less than 18 years of age	who receive Special	Educational or Early Intervention	Services
SkipInstruct	ions: repeat th	nis question for all persons lis	ted at PSPEDEIS, th	en goto FLAADL	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.070_00.000       Instrument Variable Name:       FLAADL       QuestionnaireFileName:       Family						
QuestionText:	? [F1]						
	Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home? [fill2: Do not include family members age 2 and under.]						
1	Yes						
2	No						
2 7	Refused						
9	Don't know						
UniverseTex	All families with one or more persons 3 years of age or older						
SkipInstruct	ctions: <1> [if a single-person family, store the person number in PLAADL and goto LABATH; else, goto PLAADL] <2,R,D> [goto FLAIADL]						

Question ID:	FHS.080	_00.000	Instrument Variable Name:	PLAADL	QuestionnaireFileName:	Family
QuestionText:	* As	k or veri	y. Enter applicable line nu	mber(s), separate w	ith commas.	
		is this? one else?	)			
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTex	xt:		ilies with two or more perso l care needs	ons 3 years of age of	r older and at least one needs the helf	o of other persons with
SkipInstruct	tions:	goto LA	ABATH			
					umbers associated with the persons re- eives an edited response code in subs	

Family Health Status & Limitations

				•	
Question ID:	FHS.090_01.000	Instrument Variable Name:	LABATH	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you/D	Does ALIAS] need the help of	other persons with		
	Bathing or sho	wering?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All pers	ons 3 years of age or older wh	no need help with p	personal care needs	
SkipInstruct	tions: goto LA	DRESS			
-	C				
Question ID:	EUS 000 02 000	Instrument Variable Name:	LADRESS	QuestionnaireFileName:	Family
Question ID.	FH3.090_02.000	mstrument variable ivane.	LADKESS	Questionnan er nervanie.	гашту
QuestionText:	* Read lead-in	if necessary.			
	[fill: Do you/D	Does ALIAS] need the help of	other persons with		
	Dressing?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All pers	ons 3 years of age or older wh	no need help with p	personal care needs	
SkipInstruct	tions: goto LA	EAT			

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12						
Question ID:	FHS.090_03.000	Instrument Variable Name:	LAEAT	QuestionnaireFileName:	Family	
QuestionText:	* Read lead-in i	if necessary.				
	[fill: Do you/Do	pes ALIAS] need the help of	other persons with.			
	Eating?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
<b></b>	•					
SkipInstruct			LABED	OuestionnaireFileName:	Family	
Question ID:	FHS.090_04.000	Instrument Variable Name:	LABED	QuestionnaireFileName:	Family	
Question ID:		Instrument Variable Name:	LABED	QuestionnaireFileName:	Family	
Question ID:	FHS.090_04.000 * Read lead-in i	Instrument Variable Name:			Family	
Question ID:	FHS.090_04.000 * Read lead-in i [fill: Do you/Do	Instrument Variable Name:			Family	
Question ID:	FHS.090_04.000 * Read lead-in i [fill: Do you/Do Getting in or ou	Instrument Variable Name: if necessary. pes ALIAS] need the help of			Family	
Question ID: QuestionText:	FHS.090_04.000 * Read lead-in i [fill: Do you/Do	Instrument Variable Name: if necessary. pes ALIAS] need the help of			Family	
Question ID: QuestionText: 1	FHS.090_04.000 * Read lead-in i [fill: Do you/Do Getting in or ou Yes	Instrument Variable Name: if necessary. pes ALIAS] need the help of			Family	
Question ID: QuestionText: 1 2	FHS.090_04.000 * Read lead-in i [fill: Do you/Do Getting in or ou Yes No	Instrument Variable Name: if necessary. pes ALIAS] need the help of			Family	
Question ID: QuestionText: 1 2 7	FHS.090_04.000 * Read lead-in i [fill: Do you/Do Getting in or ou Yes No Refused Don't know	Instrument Variable Name: if necessary. pes ALIAS] need the help of	other persons with.		Family	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12						
Question ID:	FHS.090_05.000	) Instrument Variable Name:	LATOILT	QuestionnaireFileName:	Family	
QuestionText:	* Read lead-i	n if necessary.				
	[fill: Do you/	Does ALIAS] need the help of	other persons with			
	Using the toi	let, including getting to the toile	et?			
1	Yes					
2	No					
7	Refused					
9	Don't know					
Question ID:	FHS.090_06.000	) Instrument Variable Name:	LAHOME	QuestionnaireFileName:	Family	
QuestionText:	* Read lead-i	n if necessary.			-	
	[fill: Do you/	Does ALIAS] need the help of	other persons with			
	Getting arour	nd inside the home?				
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	<b>xt:</b> All per	rsons 3 years of age or older wh	no need help with pe	ersonal care needs		
SkipInstruc	tions: goto L	ABATH for the next persons list	sted at PLAADL; el	se, goto FLAIADL		

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.150_00.000 Instrument Variable Name: FLAIADL QuestionnaireFileName: Family						
QuestionText:	? [F1]						
	Because of a physical, mental, or emotional problem, do [fill: you/any of these family members						
	* Read names (fill roster of persons age 18 or older)]						
	need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	All families with one or more persons 18 years of age or older						
SkipInstruct	ctions: <1> [if only one person 18 years of age or older, store the person number in PLAIADL and goto FLAWKNOW; else, goto PLAIADL] <2,R,D> [goto FLAWKNOW]						

Question ID:	FHS.160	_00.000	Instrument Variable Name:	PLAIADL	QuestionnaireFileName:	Family
QuestionText:	* As	k or verif	y. Enter applicable line numb	per(s), separate with comm	nas.	
		is this? one else?	1			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:		lies with two or more persons routine needs	s 18 years of age or older a	and at least one needs the hel	p of other persons in
SkipInstruct	tions:	goto FL	AWKNOW			
			In the instrument, interviewer ent. As shown above, each el		1	1 2

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.170_00.000	Instrument Variable Name:	FLAWKNOW	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
	Does a physic	cal, mental, or emotional proble	em NOW keep [fill: y	ou/any of these family members			
	* Read names (fill roster of	s persons age 18 or older)]					
	from working	at a job or business?					
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTe	<b>xt:</b> All fan	nilies with one or more persons	s 18 years of age or ol	der			
SkipInstruc	else, go	f only one person 18 years of a oto PLAWKNOW] D> [goto FLAWKLIM]	age or older, store the	person number in PLAWKNOW	/ and goto FLAWALK;		

Question ID:	FHS.180	0_00.000	Instrument Variable Name:	PLAWKNOW	QuestionnaireFileName:	Family			
QuestionText:	* As	sk or verif	fy. Enter applicable line num	ber(s), separate with co	ommas.				
	Who	is this?							
	(Any	one else?	)						
1	Yes								
2	No								
7	Ref	used							
9	Don	n't know	't know						
UniverseText:			ilies with two or more person or emotional problem	ns 18 years of age or old	der and at least one is unable to	work due to a physical,			
SkipInstructions:		all persons selected goto FLAWALK; else, goto FLAWKLIM							
			,		rs associated with the persons re an edited response code in subs	1 2			

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	FHS.190_00.000 Instrument Variable Name: FLAWKLIM QuestionnaireFileName: Family							
QuestionText:	? [F1]							
	[fill: Are you limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work he/she/ Are any of these family members,							
	* Read names (fill roster of persons age 18 or older)]							
	limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?							
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex	All families with one or more persons 18 years of age or older not listed as being unable to work due to a physical, mental, or emotional problem							
SkipInstruct	ctions: <1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in PLAWKLIM and goto FLAWALK; else, goto PLAWKLIM] <2,R,D> [goto FLAWALK]							

Question ID:	FHS.200_00.00	00 Instrument Variable Name:	PLAWKLIM	QuestionnaireFileName:	Family		
QuestionText:	* Ask or ve	erify. Enter applicable line num	ber(s), separate with co	mmas.			
	Who is this (Anyone els						
0	Unable to	work					
1	Limited in	work					
2	Not limited	l in work					
7	Refused						
9	Don't knov	<i>v</i>					
UniverseTex		All families with two or more persons 18 years of age or older able to work and at least one is limited in the kind or amount of work he/she can do					
SkipInstruc	tions: goto	goto FLAWALK					
		E: In the instrument, interviewe ondent. As shown above, each e					

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:         FHS.210_00.000         Instrument Variable Name:         FLAWALK         QuestionnaireFileName:         Family							
QuestionText:	? [F1]						
			ealth problem, [fill: do you/do walking without using any sp		nily]		
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex	xt:	All fami	lies				
Question ID:			> [goto FLAREMEM] Instrument Variable Name:	PLAWALK	QuestionnaireFileName:	Family	
QuestionText:	_	-	y. Enter applicable line numb	per(s), separate with o	commas.	,	
	Who i (Anyo	s this? ne else?)	)				
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex	xt:	All fami	lies with two or more persons	and at least one has	difficulty walking without using	special equipment	
SkipInstruc	tions:	goto FL	AREMEM				
NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.							

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12						
Question ID:	FHS.230_00.	000 Instrument Variable Name:	FLAREMEM	QuestionnaireFileName:	Family	
QuestionText:	? [F1]					
		you/Is anyone in the family] LIM /they] experience periods of confu		because of difficulty remember	ing or because	
1	Yes					
2	No					
7	Refused					
9	Don't kno	OW				
UniverseTex	<b>xt:</b> All	families				
Question ID:	FHS.240_00.	000 Instrument Variable Name:	PLAREMEM	QuestionnaireFileName:	Family	
QuestionText:	* Ask or	verify. Enter applicable line num	per(s), separate with co	ommas.		
	Who is th (Anyone o					
1	Yes					
2	No					
7	Refused					
9	Don't kno	OW				
UniverseTex		families with two or more persons fusion	s and at least one is lin	ited due to difficulty remember	ring or periods of	
SkipInstruc	tions: got	o FLIMANY				

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

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.250_00.000 Instrument Variable Name: FLIMANY QuestionnaireFileName: Family						
QuestionText:	? [F1]						
	[fill: Are you/ Is ALIAS/ Are any family members						
	* Read names (fill roster of applicable persons)]						
	LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	<b>xt:</b> All families with one or more family members not previously mentioned as having a limitation						
SkipInstruc	<1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY] <2,R,D> [goto LAHCC]						

Question ID:	FHS.260	0_00.000	Instrument Variable Name:	PLIMANY	QuestionnaireFileName:	Family	
QuestionText:	* Ask or verify. Enter applicable line number(s), separate with commas.						
		is this? one else?)	)				
0	Lim	itation pre	eviously mentioned				
1	Yes	, limited in	n some other way				
2	Not	limited in	any way				
7	Refu	ised					
9	Don	Don't know					
<b>UniverseText:</b> All families with two or more persons not previously mentione			entioned as having a limitation				
SkipInstructions:		goto LAHCC					
			·		mbers associated with the persons in the persons in the person of the pe	1 5	

Family Health Status & Limitations

Question ID:	FHS.270_00.000 Instrument Variable Name: LAHCC QuestionnaireFileName: Family							
QuestionText:	(book) F1 ? [F1]							
	What conditions or health problems cause [fill: ALIAS]'s limitations?							
	<ul><li>* Enter all that apply, separate with commas.</li><li>* Do not probe except to clarify answer.</li></ul>							
01	Vision/problem seeing							
02	Hearing problem							
03	Speech problem							
04	Asthma/breathing problem							
05	Birth defect							
06	Injury							
07	Intellectual disability, also known as mental retardation							
08	Other developmental problem (for example, cerebral palsy)							
09	Other mental, emotional or behavioral problem							
10	Bone, joint, or muscle problem							
11	Epilepsy or seizures							
12	Learning disability							
13	Attention Deficit/Hyperactivity Disorder (ADD/ADHD)							
90	Other impairment/problem (Specify one)							
91	Other impairment/problem (Specify one)							
97	Refused							
99	Don't know/not sure							
UniverseTex	t: All persons less than 18 years of age who have at least one reported limitation							
SkipInstruct	<ul> <li>&lt;1-4,6-13&gt; [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]</li> <li>&lt;5&gt; [fill "96" in LHCL05N and fill "6" in LHCL05T]</li> <li>&lt;90&gt; [goto LAHCC_S1]</li> <li>&lt;91&gt; [goto LAHCC_S2]</li> <li><r,d> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation; and the persons less than 18 years of age with a reported limitation.</r,d></li> </ul>							
NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less that years of age with a reported limitation. The instrument then proceeds to LAHCA.								

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.271_90.000	Instrument Variable Name:	LAHCC_S1	QuestionnaireFileName:	Family		
QuestionText:	* Read if nece	ssary.					
	What is the oth	her impairment or problem?					
Verbatim	Verbatim resp	oonse					
7	Refused						
9	Don't know						
UniverseTex	All pers	sons less than 18 years of age	who have a limitation	n due to at least one condition not	t listed at LAHCC		
SkipInstruct	tions: goto LH	ICL90N					

Question ID:	FHS.271_91.000	Instrument Variable Name:	LAHCC_S2	QuestionnaireFileName:	Family		
QuestionText:	* Read if nece	Read if necessary.					
	What is the other impairment or problem?						
Verbatim	Verbatim resp	ponse					
7	Refused						
9	Don't know	Don't know					
UniverseTex	UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC						
SkipInstructions: goto LHCL91N							

#### 2011 NHIS Questionnaire - Family Family Health Status & Limitations

Document Version Date: 30-May-12								
Question ID:	FHS.280_01.00	0 Instrument Variable Name:	LHCL01N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2							
	How long [f	ill: have you/has ALIAS] had a	a vision problem or	problem seeing?				
	<ul> <li>* Enter number for time with a vision problem or problem seeing.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTe	xt: All p	ersons less than 18 years of age	e who have a limitat	ion due to a vision problem or prob	lem seeing			
SkipInstruc	<96> condi goto <r> condi</r>	<1-95,D> [goto LHCL01T] <96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <r> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</r>						

Family Health Status & Limitations

Question ID:	FHS.280_02.000	Instrument Variable Name:	LHCL01T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2					
	* Enter time p	eriod for time with vision pro	blem or problem s	eeing.		
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since birth					
7	Refused					
9	Don't know					
UniverseText: All persons less than 18 years of age who have a lin was entered for the "number" part of this two-part of				1 1	lem seeing and 1-95, D	
SkipInstruct	for next	<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL01T]				
	· ·	CL01T = 4 and LHCL01N > A CL01N > AGE in weeks), got	, ,	T = 3 and LHCL01N > AGE in mon	ths) or $(LHCL01T = 2$	
Hard Edit:	* Time ERR2_	LHCL01T with condition cannot be grea LHCL01T ot selectable.	ater than age. Plea	se correct.		

			Document	Version Date: 30-	May-12	
Question ID:	FHS.282	2_01.000	Instrument Variable Name:	LHCL02N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	hearing problem?		
	* Ent	ter '95' for	r for time with a hearing prob 95 or more. since birth.	olem.		
01-94	01-9	94				
95	95+					
96	Sinc	e birth				
97	Refu	ised				
99	Don	't know				
UniverseTe	ext:	All pers	ons less than 18 years of age	who have a limita	tion due to a hearing problem	
SkipInstruc	ctions:	<96> [fi conditio goto LA <r> [ste</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL02T and goto ns, goto LAHCC for next per	rson less than 18 y o follow-up questi	ns for next condition selected at LAF ears of age with a reported limitation ons for next condition selected at LA ears of age with a reported limitation	r; if no more persons,

Family Health Status & Limitations

Question ID:	FHS.282_02.000	Instrument Variable Name:	LHCL02T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with hearing pro	oblem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	1	sons less than 18 years of age umber" part of this two-part que		e to a hearing problem and 1-	95, D was entered for
SkipInstruc	for nex	,D> [goto follow-up questions t person less than 18 years of a oto ERR2_LHCL02T]			
		CL02T = 4 and LHCL02N > A ICL02N > AGE in weeks), got		nd LHCL02N > AGE in mont	ths) or $(LHCL02T = 2$
Hard Edit:	* Tim ERR2	_LHCL02T e with condition cannot be grea _LHCL02T not selectable.	ter than age. Please corre	ct.	

Document Version Date: 30-May-12									
Question ID:	FHS.284_	01.000	Instrument Variable Name:	LHCL03N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How le	ong [fill:	have you/has ALIAS] had a	speech problem?					
	* Ente	r '95' for	r for time with a speech prob 95 or more. ince birth.	lem.					
01-94	01-94								
95	95+								
96	Since	birth							
97	Refus	ed							
99	Don't	know							
UniverseTe	xt:	All pers	ons less than 18 years of age	who have a limitat	ion due to a speech problem				
SkipInstructions:       <1-95,D> [goto LHCL03T]         <96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if goto LAHCA] <r> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if goto LAHCA]</r>						n; if no more persons, AHCC; if no more			

Family Health Status & Limitations

Question ID:	FHS.284_02.0	00 Instr	rument Variable Name:	LHCL03T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter tin	e period	for time with speech pro-	oblem.		
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since birt	l I				
7	Refused					
9	Don't kno	v				
UniverseTex			ess than 18 years of age part of this two-part qu		a due to a speech problem and 1-9	95, D was entered for
SkipInstruc	for	ext perso	1 1		lected at LAHCC; if no more cor mitation; if no more persons, goto	. 0
			= 4 and LHCL03N > A N > AGE in weeks), go		3 and LHCL03N > AGE in mon	ths) or $(LHCL03T = 2$
Hard Edit:	* T ER	R1_LHCI me with R2_LHCI " not sele	condition cannot be gre .03T	ater than age. Please c	correct.	

Design and the status of Limitation

	Document Version Date: 30-May-12								
Question ID:	FHS.286_0	01.000	Instrument Variable Name:	LHCL04N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How lo	ng [fill:	have you/has ALIAS] had as	sthma or a breathir	ng problem?				
	* Enter	'95' for	for time with an asthma or b 95 or more. ince birth.	preathing problem.					
01-94	01-94								
95	95+								
96	Since	birth							
97	Refuse	ed							
99	Don't l	know							
UniverseTe	xt:	All perso	ons less than 18 years of age	who have a limitat	tion due to asthma/breathing probler	n			
SkipInstruc	< د د د	<96> [fi condition goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL04T and goto ns, goto LAHCC for next per	son less than 18 ye	ns for next condition selected at LAI ears of age with a reported limitation ons for next condition selected at LA ears of age with a reported limitation	n; if no more persons, AHCC; if no more			

Family Health Status & Limitations

Question ID:	FHS.286_02.000	Instrument Variable Name:	LHCL04T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with asthma or	a breathing probl	em.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons less than 18 years of age for the "number" part of this		ation due to asthma/breathing probler	n and 1-95, D was
SkipInstruct	for next	-0 11		n selected at LAHCC; if no more cor ed limitation; if no more persons, goto	
		CL04T = 4 and $LHCL04N > ACL04N > AGE$ in weeks), got		T = 3 and LHCL04N > AGE in mon 4T	ths) or $(LHCL04T = 2$
Hard Edit:	* Time ERR2_	LHCL04T with condition cannot be grea LHCL04T ot selectable.	ater than age. Ple	ase correct.	

Family Health Status & Limitations

Question ID:	FHS.288_	_01.000	Instrument Variable Name:	LHCL06N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2									
	How long [fill1: have you/has ALIAS] had the injury that caused [fill2:your/his/her] limitation?									
	* Ente	er '95' for	r for time with the injury. 95 or more. ince birth.							
01-94	01-94	Ļ								
95	95+									
96	Since	birth								
97	Refus	sed								
99	Don't	know								
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitati	on due to an injury					
SkipInstruc		<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL06T and got ns, goto LAHCC for next per	rson less than 18 ye	s for next condition selected at LAI ars of age with a reported limitation ons for next condition selected at LA ars of age with a reported limitation	n; if no more persons, AHCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.288_02.000	Instrument Variable Name:	LHCL06T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with the injury	that caused [fill:	your/his/her] limitation.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· r··	ons less than 18 years of age r" part of this two-part question		ation due to an injury and 1-95, D wa	as entered for the
SkipInstruct	for next			on selected at LAHCC; if no more co ed limitation; if no more persons, got	
		CL06T = 4 and LHCL06N > A CL06N > AGE in weeks), go		6T = 3 and LHCL06N > AGE in mor 6T	ths) or $(LHCL06T = 2$
Hard Edit:	* Time ERR2_	LHCL06T with condition cannot be grea LHCL06T ot selectable.	ater than age. Ple	ase correct.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12										
Question ID:	FHS.290_01.000     Instrument Variable Name:     LHCL07N     QuestionnaireFileName:     Family									
QuestionText:	1 of 2									
	How long [fill: have you/has ALIAS] had intellectual disability, also known as mental retardation?									
	<ul> <li>* Enter number for time with intellectual disability/mental retardation.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>									
01-94	01-94									
95	95+									
96	Since birth									
97	Refused									
99	Don't know									
UniverseTe	<b>xt:</b> All persons less than 18 years of age who have a limitation due to mental retardation									
SkipInstructions:       <1-95,D> [goto LHCL07T]         <96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <r> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</r>										

Family Health Status & Limitations

Question ID:	FHS.290_02.00	() Instrument Variable Name:	LHCL07T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with intellectu	al disability/menta	l retardation.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know	,			
UniverseTex	r r	ersons less than 18 years of age number" part of this two-part qu		tion due to mental retardation and 1-	95, D was entered for
SkipInstruct	for ne			n selected at LAHCC; if no more con d limitation; if no more persons, goto	
		ICL07T = 4 and $LHCL07N > AHCL07N > AGE$ in weeks), go		T = 3 and LHCL07N > AGE in mon 7T	ths) or $(LHCL07T = 2$
Hard Edit:	* Tin ERR	1_LHCL07T ne with condition cannot be gre 2_LHCL07T not selectable.	ater than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.292_	_01.000	Instrument Variable Name:	LHCL08N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2									
	How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?									
	<ul> <li>* Enter number for time with a developmental problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>									
01-94	01-94	L								
95	95+									
96	Since	hirth								
97	Refus									
99		know								
,,,	Doint	KIIUW								
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limita	tion due to some other development	al problem				
SkipInstructions:		<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL08T and goto ns, goto LAHCC for next per	rson less than 18 y	ons for next condition selected at LA years of age with a reported limitation ions for next condition selected at La years of age with a reported limitation	n; if no more persons, AHCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.292_02.000	Instrument Variable Name:	LHCL08T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	period for time with development	ental problem (e.g	. cerebral palsy).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· r ·	sons less than 18 years of age tered for the "number" part of		tion due to some other developmentation	al problem and 1-95, D
SkipInstruc	for nex			n selected at LAHCC; if no more con d limitation; if no more persons, goto	,0
		CL08T = 4 and LHCL08N > A CL08N > AGE in weeks), got		T = 3 and LHCL08N > AGE in mon 8T	ths) or $(LHCL08T = 2$
Hard Edit:	* Time ERR2_	LHCL08T with condition cannot be grea LHCL08T ot selectable.	ater than age. Plea	se correct.	

2011	NHIS Q	uestionna	ire - I	Family	
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Family Health Status & Limitations Document Version Date: 30-May-12

Question ID:	FHS.294	L_01.000	Instrument Variable Name:	LHCL09N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	mental, emotional	, or behavioral problem?	
	* Ent	er '95' for	r for time with a mental, emo 95 or more. since birth.	otional, or behavior	al problem.	
01-94	01-9	14				
95	95+	-				
96		e birth				
97	Refu					
99	Don	't know				
UniverseTe	xt:	All pers	ons less than 18 years of age	who have a limitat	ion due to a mental, emotional, or b	ehavioral problem
SkipInstruc	ctions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next pe HCA] ore "R" in LHCL09T and got ns, goto LAHCC for next pe	rson less than 18 ye	as for next condition selected at LAI ears of age with a reported limitation ons for next condition selected at LA ears of age with a reported limitation	n; if no more persons, AHCC; if no more

Family Health Status & Limitations

Question ID:	FHS.294_02.000	Instrument Variable Name:	LHCL09T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	period for time with mental, en	notional, or behav	ioral problem.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	r r	sons less than 18 years of age was entered for the "number"		tion due to a mental, emotional, or b part question	ehavioral problem and
SkipInstruct	for nex	-0 11		n selected at LAHCC; if no more cor d limitation; if no more persons, goto	
		CL09T = 4 and LHCL09N > A CL09N > AGE in weeks), got		T = 3 and LHCL09N > AGE in mon 9T	ths) or $(LHCL09T = 2$
Hard Edit:	* Time ERR2	LHCL09T with condition cannot be grea LHCL09T ot selectable.	ater than age. Plea	use correct.	

			Document V	Version Date: 30-1	May-12	
Question ID:	FHS.296_	_01.000	Instrument Variable Name:	LHCL10N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How l	ong [fill:	have you/has ALIAS] had a	bone, joint, or mus	scle problem?	
	* Ente	r '95' for	r for time with a bone, joint, c 95 or more. ince birth.	or muscle problem		
01-94	01-94	Ļ				
95	95+					
96	Since	birth				
97	Refus	ed				
99	Don't	know				
UniverseTe	xt:	All pers	ons less than 18 years of age	who have a limitat	ion due to a bone, joint, or muscle p	oroblem
SkipInstruc	ctions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL10T and goto ns, goto LAHCC for next per	son less than 18 ye	as for next condition selected at LAH ears of age with a reported limitation ons for next condition selected at LA ears of age with a reported limitation	n; if no more persons,

Family Health Status & Limitations

Question ID:	FHS.296_02.000	Instrument Variable Name:	LHCL10T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time J	period for time with bone, join	t, or muscle prob	lem.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	sons less than 18 years of age tered for the "number" part of		ation due to a bone, joint, or muscle p stion	problem and 1-95, D
SkipInstruct	for nex			on selected at LAHCC; if no more con ed limitation; if no more persons, goto	
		CL10T = 4 and LHCL10N > A ICL10N > AGE in weeks), got		OT = 3 and LHCL10N > AGE in mon OT	ths) or $(LHCL10T = 2$
Hard Edit:	* Time ERR2	LHCL10T with condition cannot be grea LHCL10T not selectable.	ater than age. Ple	ase correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	FHS.298_0	1.000	Instrument Variable Name:	LHCL11N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How los	ng [fill:	have you/has ALIAS] had ep	oilepsy or seizure	s?				
	* Enter	number	for time with epilepsy or sei						
		Enter '95' for 95 or more.							
	* Enter	'96' if s	ince birth.						
01-94	01-94								
95	95+								
96	Since b	oirth							
97	Refuse	d							
99	Don't k	now							
UniverseTe	xt: A	all perso	ons less than 18 years of age	who have a limita	tion due to epilepsy or seizures				
SkipInstruc	< c	96> [fi]	ns, goto LAHCC for next per		ns for next condition selected at LA years of age with a reported limitation				

goto LAHCA] <R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

Family Health Status & Limitations

Question ID:	FHS.298_02.000	Instrument Variable Name:	LHCL11T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with epilepsy o	r seizures.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	sons less than 18 years of age mber" part of this two-part qu		tion due to epilepsy or seizures and	1-95, D was entered for
SkipInstruct	for next			n selected at LAHCC; if no more cor d limitation; if no more persons, goto	,0
		CL11T = 4 and LHCL11N > A CL11N > AGE in weeks), got	, ,	T = 3 and LHCL11N > AGE in mon 1T	ths) or $(LHCL11T = 2$
Hard Edit:	* Time ERR2_	LHCL11T with condition cannot be grea LHCL11T ot selectable.	ater than age. Plea	ise correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12									
Question ID:	Question ID: FHS.300_01.000 Instrument Variable Name: LHCL12N QuestionnaireFileName: Family									
QuestionText:	1 of 2									
	How long [fill: have you/has ALIAS] had a learning disability?									
	<ul> <li>* Enter number for time with a learning disability.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>									
01-94	01-94									
95	95+									
96	Since birth									
97	Refused									
99	Don't know									
UniverseTex	<b>xt:</b> All persons less than 18 years of age who have a limitation due to a learning disability									
SkipInstructions:       <1-95,D> [goto LHCL12T]         <96> [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <r> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]</r>										

Family Health Status & Limitations

Question ID:	FHS.300_02.000	Instrument Variable Name:	LHCL12T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with learning d	isability.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	cons less than 18 years of age mber" part of this two-part qu		tion due to a learning disability and	1-95, D was entered for
SkipInstruct	for next	-0 11		n selected at LAHCC; if no more con d limitation; if no more persons, goto	
		L12T = 4 and LHCL12N > A CL12N > AGE in weeks), go		T = 3 and LHCL12N > AGE in mon 2T	ths) or $(LHCL12T = 2$
Hard Edit:	* Time ERR2_	LHCL12T with condition cannot be grea LHCL12T ot selectable.	ater than age. Plea	ise correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	Question ID:       FHS.302_01.000       Instrument Variable Name:       LHCL13N       QuestionnaireFileName:       Family								
QuestionText:	1 of 2								
	How los	ng [fill	: have you/has A	LIAS] had at	tention deficit	hyperactivit	ty disorder?		
	<ul> <li>* Enter number for time with attention deficit/hyperactivity disorder.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>								
01-94	01-94								
95	95+								
96	Since b	oirth							
97	Refuse	d							
99	Don't k	now							
UniverseTex	xt: A	all pers	ons less than 18	years of age	who have a lin	nitation due	to Attention Deficit/	Hyperact	ivity Disorder
SkipInstructions:       <1-95,D> [goto LHCL13T]         <96> [fill "6" in LHCL13T and goto follow-up questions for next condition selection conditions, goto LAHCC for next person less than 18 years of age with a reported goto LAHCA] <r> [store "R" in LHCL13T and goto follow-up questions for next condition selections, goto LAHCC for next person less than 18 years of age with a reported goto LAHCA]         goto LAHCA]</r>						ge with a reported linext condition selected	nitation; ed at LAF	if no more persons, ICC; if no more	

Family Health Status & Limitations

Question ID:	FHS.302_02.000	) Instrument Variable Name:	LHCL13T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2					
	* Enter time	period for time with attention of	deficit/hyperactivi	ty disorder.		
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since birth					
7	Refused					
9	Don't know					
UniverseTex		rsons less than 18 years of age was entered for the "number" p		tion due to Attention Deficit/Hypera	ctivity Disorder and 1-	
SkipInstruct	for ne	<1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] <6> [goto ERR2_LHCL13T]				
		CL13T = 4 and LHCL13N > A HCL13N > AGE in weeks), go		T = 3 and LHCL13N > AGE in mon 3T	ths) or $(LHCL13T = 2$	
Hard Edit:	* Tim ERR2	_LHCL13T e with condition cannot be gre _LHCL13T not selectable.	ater than age. Plea	ise correct.		

			Document	version Date: 50-N	1ay-12	
Question ID:	FHS.304	_01.000	Instrument Variable Name:	LHCL90N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How	ong [fill]	l: have you/has ALIAS] had	[fill2: problem in L	AHCC_S1]?	
	* Ente	er '95' for	r for time with [fill1: problem 95 or more. ince birth.	n in LAHCC_S1]?		
01-94	01-94	1				
95	95+					
96	Since	birth				
97	Refu	sed				
99	Don't	know				
UniverseTe	xt:	All perso	ons less than 18 years of age	who have a limitati	on due to the problem entered at L	AHCC_S1
SkipInstruc	tions:	<96> [fi condition goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL90T and goto ns, goto LAHCC for next per	son less than 18 ye	s for next condition selected at LAI ars of age with a reported limitation ns for next condition selected at LA ars of age with a reported limitation	n; if no more persons, AHCC; if no more

Family Health Status & Limitations

Question ID:	FHS.304_02.000	Instrument Variable Name:	LHCL90T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with [fill: probl	em in LAHCC_S	51].	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons less than 18 years of age ered for the "number" part of		ation due to the problem entered at L stion	AHCC_S1 and 1-95, D
SkipInstruct	for next			on selected at LAHCC; if no more co ed limitation; if no more persons, got	
	· · · · · · · · · · · · · · · · · · ·	CL90T = 4 and LHCL90N > A CL90N > AGE in weeks), got	, (	OT = 3 and LHCL90N > AGE in mor 0T	ths) or $(LHCL90T = 2$
Hard Edit:	* Time ERR2_	LHCL90T with condition cannot be grea LHCL90T ot selectable.	ater than age. Ple	ase correct.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	FHS.306_01.000 Instrument Variable Name: LHCL91N QuestionnaireFileName: Family							
QuestionText:	1 of 2							
	How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S2]?							
	<ul> <li>* Enter number for time with [fill1: problem in LAHCC_S2].</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTex	t: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2							
SkipInstructions:       <1-95,D> [goto LHCL91T]         <96> [fill "6" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more person goto LAHCA] <r> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more person goto LAHCA]</r>								

Family Health Status & Limitations Document Version Date: 30-May-12

Question ID:	FHS.306_02.	000 Instrument Variable Name:	LHCL91T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tir	ne period for time with [fill: pro	blem in LAHCC_S2	2].	
1	Day(s)				
2	Week(s)				
3	Month(s	)			
4	Year(s)				
6	Since bir	th			
7	Refused				
9	Don't kno	)W			
UniverseTex		persons less than 18 years of ag s entered for the "number" part of	·	tion due to the problem entered at L4 tion	AHCC_S2 and 1-95, D
SkipInstruc	for			n selected at LAHCC; if no more con d limitation; if no more persons, goto	
		LHCL91T = 4 and LHCL91N > LHCL91N > AGE in weeks), g		T = 3 and LHCL91N > AGE in mon T	ths) or $(LHCL91T = 2$
Hard Edit:	* 1 ER	R1_LHCL91T 'ime with condition cannot be gr R2_LHCL91T 6" not selectable.	reater than age. Plea	se correct.	

**Family Health Status & Limitations** 

Question ID:	FHS.350_00.000	Instrument Variable Name:	LAHCA	QuestionnaireFileName:	Family			
QuestionText:	(book) F2							
	What conditions or health problems cause [fill: your/ALIAS's] limitations?							
		t apply, separate with comma except to clarify answer.	.s.					
01	Vision/proble	em seeing						
02	Hearing prob	lem						
03	Arthritis/rheu	imatism						
04	Back or neck	problem						
05	Fracture, bon	e/joint injury						
06	Other injury							
07	Heart probler	n						
08	Stroke proble	em						
09	Hypertension	/high blood pressure						
10	Diabetes							
11	Lung/breathin	ng problem(for example, asth	ma and emphyser	na)				
12	Cancer							
13	Birth defect							
14	Intellectual di	isability, also known as menta	al retardation					
15	Other develop	pmental problem (for example	e cerebral palsy)					
16	Senility							
17	Depression/ar	nxiety/emotional problem						
18	Weight probl	em						
19	Missing limb	s (fingers, toes or digits), amp	outee					
20	Kidney, blade	der or renal problems						
21	Circulation pr	roblems (including blood clot	ts)					
22	Benign tumor	rs, cysts						
23	Fibromyalgia	, lupus						
24	Osteoporosis,	, tendinitis						
25	Epilepsy, seiz	zures						
26	Multiple Scle	erosis (MS), Muscular Dystroj	phy (MD)					
27	Polio(myeliti	s), paralysis, para/quadriplegi	ia					
28	Parkinson's d	isease, other tremors						
29	Other nerve d	lamage, including carpal tunn	el syndrome					
30	Hernia							
31	Ulcer							
32	Varicose vein	ns, hemorrhoids						
33	Thyroid prob	lems, Grave's disease, gout						
34	Knee problen	ns (not arthritis (03), not joint	injury(05))					
35	Migraine hea	daches (not just headaches)						
90		ment/problem (Specify one)						
91	Other impair	ment/problem (Specify one)						
97	Refused							
99	Don't know/n	ot sure						

#### 2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12

UniverseText:	All persons 18 years of age or older who have at least one reported limitation
SkipInstructions:	<1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N] <13> [fill "96" in LHAL13N and fill "6" in LHAL13T] <90> [goto LAHCA_S1] <91> [goto LAHCA_S2] <r,d> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT] NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person 18 years of age or older with a reported limitation. The instrument then proceeds to PHSTAT.</r,d>

Question ID:	FHS.351_90.000	Instrument Variable Name:	LAHCA_S1	QuestionnaireFileName:	Family				
QuestionText:	* Read if necessary.								
	What is the oth	ner impairment or problem?							
Verbatim	Verbatim resp	oonse							
7	Refused								
9	Don't know								
UniverseTe	<b>xt:</b> All pers	ons less than 18 years of age	who have a limitatio	on due to at least one condition not	listed at LAHCC				
SkipInstruc	tions: goto LH	IAL90N							
Question ID:	FHS.351_91.000	Instrument Variable Name:	LAHCA_S2	QuestionnaireFileName:	Family				
QuestionText:	* Read if nece	ssary.							
	What is the other	ner impairment or problem?							
Verbatim	Verbatim resp	oonse							
7	Defined								

7	Refused
9	Don't know

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

SkipInstructions: goto LHAL91N

	Tage 10 01 02								
	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	Question ID: FHS.360_01.000 Instrument Variable Name: LHAL01N QuestionnaireFileName: Family								
QuestionText:	: 1 of 2								
	How long [fill: have you/has ALIAS] had a vision problem or problem seeing?								
	<ul> <li>* Enter number for time with a vision problem or problem seeing.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>								
01-94	01-94								
95	95+								
96	Since birth								
97	Refused								
99	Don't know								
UniverseTe	ext: All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing								
SkipInstructions:       <1-95,D> [goto LHAL01T]         <96> [fill "6" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more person goto PHSTAT] <r> [store "R" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more person goto PHSTAT]</r>									

Question ID:	FHS.360_02.000	Instrument Variable Name:	LHAL01T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with vision pro	blem or problem	seeing.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	1	ons 18 years of age or older vered for the "number" part of		tion due to a vision problem or probl stion	em seeing and 1-95, D
SkipInstruct	for next			on selected at LAHCA; if no more co d limitation; if no more persons, goto	
	if LHAI	L01T = 4 and $LHAL01N > A$	GE, goto ERR1_	LHAL01T	
Hard Edit:	* Time ERR2_	LHAL01T with condition cannot be gre LHAL01T ot selectable.	ater than age. Ple	ase correct.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	Question ID:         FHS.362_01.000         Instrument Variable Name:         LHAL02N         QuestionnaireFileName:         Family							
QuestionText:	1 of 2							
	How long [fill: have you/has ALIAS] had a hearing problem?							
	<ul> <li>* Enter number for time with a hearing problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTex	<b>xt:</b> All persons 18 years of age or older who have a limitation due to a hearing problem							
SkipInstructions:       <1-95,D> [goto LHAL02T]         <96> [fill "6" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more p goto PHSTAT] <r> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more p goto PHSTAT]         <r> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more p goto PHSTAT]         goto PHSTAT]         <r> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more p goto PHSTAT]</r></r></r>								

Question ID:	FHS.362_02.000	Instrument Variable Name:	LHAL02T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with hearing pr	oblem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older weather was a solution of this two-part que		ion due to a hearing problem and 1-9	5, D was entered for
SkipInstruct	for next	-0 11		n selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L02T = 4 and $LHAL02N > A$	GE, goto ERR1_I	.HAL02T	
Hard Edit:	* Time ERR2_	LHAL02T with condition cannot be grea LHAL02T ot selectable.	ater than age. Plea	se correct.	

Document Version Date: 30-May-12

Question ID:	FHS.364_	01.000	Instrument Variable Name:	LHAL03N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How lo	long [fill: have you/has ALIAS] had arthritis or rheumatism?						
	* Enter	'95' for	r for time with arthritis or rhe 95 or more. ince birth.	umatism.				
01-94	01-94							
95	95+							
96	Since	birth						
97	Refuse	ed						
99	Don't	know						
UniverseTex	it:	All pers	ons 18 years of age or older w	vho have a limitati	on due to arthritis/rheumatism			
SkipInstruct	2	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL03T and goto ns, goto LAHCA for next per	rson 18 years of ag	ns for next condition selected at LAI ge or older with a reported limitation ons for next condition selected at LA ge or older with a reported limitation	; if no more persons, AHCA; if no more		
Question ID: QuestionText:	FHS.364_0 2 of 2	02.000	Instrument Variable Name:	LHAL03T	QuestionnaireFileName:	Family		
QuestionText		time pe	eriod for time with arthritis or	rheumatism				
1		-		incumutoin.				
1 2	Day(s) Week							
2 3	Month							
4	Year(s							
6	Since	,						
7	Refuse							
9	Don't							
UniverseTex			ons 18 years of age or older w nber" part of this two-part que		ion due to arthritis/rheumatism and 1	-95, D was entered for		
SkipInstruct	t	or next			a selected at LAHCA; if no more con limitation; if no more persons, goto			
	i	f LHAI	L03T = 4 and LHAL03N > A	GE, goto ERR1_L	HAL03T			
Hard Edit:		* Time ERR2_	LHAL03T with condition cannot be grea LHAL03T	ater than age. Pleas	se correct.			

\* "6" not selectable.

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	Question ID: FHS.366_01.000 Instrument Variable Name: LHAL04N QuestionnaireFileName: Family							
QuestionText:	1 of 2							
	How lo	ng [fill:	have you/has ALIAS] had a	back or neck prol	blem?			
	<ul> <li>* Enter number for time with a back or neck problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since b	oirth						
97	Refuse	d						
99	Don't k	know						
UniverseTe	ext: A	All perso	ons 18 years of age or older w	who have a limitat	ion due to a back or neck problem			
SkipInstructions:		(96> [fi ondition oto PH (R> [sto	ns, goto LAHCA for next per STAT] ore "R" in LHAL04T and goto ns, goto LAHCA for next per	son 18 years of ag	ns for next condition selected at LA ge or older with a reported limitatio ons for next condition selected at L ge or older with a reported limitatio	n; if no more persons, AHCA; if no more		

Question ID:	FHS.366_02.000	Instrument Variable Name:	LHAL04T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with back or ne	ck problem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· r · ·	sons 18 years of age or older w "number" part of this two-part		ion due to a back or neck problem ar	nd 1-95, D was entered
SkipInstruc	for next			a selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LHA	L04T = 4 and $LHAL04N > A$	GE, goto ERR1_L	HAL04T	
Hard Edit:	* Time ERR2_	LHAL04T with condition cannot be grea LHAL04T ot selectable.	ater than age. Plea	se correct.	

	1 420 50 01 02							
	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	Question ID: FHS.368_01.000 Instrument Variable Name: LHAL05N QuestionnaireFileName: Family							
QuestionText:	: 1 of 2							
	How long [fill: have you/has ALIAS] had a fracture, bone, or joint injury?							
	<ul> <li>* Enter number for time with a fracture, bone or joint injury.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTe	All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury							
SkipInstruc	ctions:<1-95,D> [goto LHAL05T]<96> [fill "6" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT] <r> [store "R" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r>							

Question ID:	FHS.368_02.000	Instrument Variable Name:	LHAL05T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	period for time with fracture, b	one, or joint injury.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTe	UniverseText: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question				
SkipInstruc	for nex	D> [goto follow-up questions t person 18 years of age or old oto ERR2_LHAL05T]			
	if LHA	L05T = 4 and $LHAL05N > A$	GE, goto ERR1_LHAL0	5T	
Hard Edit:	* Time ERR2_	LHAL05T with condition cannot be grea LHAL05T ot selectable.	ater than age. Please corr	ect.	

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	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID: FHS.370_01.000 Instrument Variable Name: LHAL06N QuestionnaireFileName: Family								
QuestionText:	1 of 2							
	How long [fill1: have you/has ALIAS] had the other injury that caused [fill2: your/his/her] limitation?							
	<ul> <li>* Enter number for time with the injury.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTe	<b>xt:</b> All persons 18 years of age or older who have a limitation due to some "other" injury							
SkipInstruc	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL06T]</li> <li>&lt;96&gt; [fill "6" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>							

Question ID:	FHS.370_02.000	) Instrument Variable Name:	LHAL06T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with other injur	y that caused [fill	: your/his/her] limitation.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	UniverseText: All persons 18 years of age or older who have a limitation due to some "other" injury and 1-95, D was entered the "number" part of this two-part question				-95, D was entered for
SkipInstruc	for nex			n selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	L06T = 4 and $LHAL06N > A$	GE, goto ERR1_I	HAL06T	
Hard Edit:	* Tim ERR2	_LHAL06T e with condition cannot be grea _LHAL06T not selectable.	ater than age. Plea	se correct.	

#### 2011 NHIS Questionnaire - Family **Family Health Status & Limitations** Document Version Date: 30-May-12 FHS.372\_01.000 Instrument Variable Name: **Question ID:** LHAL07N QuestionnaireFileName: Family QuestionText: 1 of 2 How long [fill: have you/has ALIAS] had a heart problem? \* Enter number for time with a heart problem. \* Enter '95' for 95 or more. \* Enter '96' if since birth. 01-94 01-94 95 95 +96 Since birth 97 Refused 99 Don't know All persons 18 years of age or older who have a limitation due to a heart problem UniverseText:

# SkipInstructions: <1-95,D> [goto LHAL07T] <96> [fill "6" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT] <R> [store "R" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT] <R> [store "R" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID:	FHS.372_02.000	Instrument Variable Name:	LHAL07T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with heart prob	lem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	sons 18 years of age or older v er" part of this two-part question		on due to a heart problem and 1-95,	D was entered for the
SkipInstruct	for nex	-0 11		selected at LAHCA; if no more cor limitation; if no more persons, goto	
Hard Edit:	ERR1_ * Time ERR2_	L07T = 4 and LHAL07N > A LHAL07T with condition cannot be grea LHAL07T ot selectable.	-		

			Documer	nt Version Date: 30-N	May-12				
Question ID:	FHS.374_0	01.000	Instrument Variable Name	: LHAL08N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How lo	How long [fill: have you/has ALIAS] had a stroke problem?							
	* Enter	'95' for	r for time with a stroke pro 95 or more. since birth.	blem.					
01-94	01-94								
95	95+								
96	Since I	oirth							
97	Refuse								
99	Don't l	now							
UniverseTex	xt: A	All pers	ons 18 years of age or olde	er who have a limitation	on due to a stroke problem				
SkipInstructions:		<96> [fi conditio goto PH <r> [sto conditio</r>	ns, goto LAHCA for next j [STAT] pre "R" in LHAL08T and g	person 18 years of ag goto follow-up questio	is for next condition selected at LA e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	; if no more persons, AHCA; if no more			
Question ID:	FHS.374_(	)2.000	Instrument Variable Name	: LHAL08T	QuestionnaireFileName:	Family			
QuestionText:	2 of 2								
	* Enter	time pe	eriod for time with stroke p	oroblem.					
1	Day(s)	1							
2	Week(								
3	Month	(s)							
4 Yea		)							
6	Since l	oirth							
7	Refuse	ed							
9	Don't l	know							
UniverseTex	xt: A	All pers	ons 18 years of age or olde	er who have a limitatio	on due to a stroke problem and 1-95	, D was entered for the			

#### "number" part of this two-part question **SkipInstructions:** <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT] <6> [goto ERR2\_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1\_LHAL08T

ERR1\_LHAL08T Hard Edit: \* Time with condition cannot be greater than age. Please correct. ERR2\_LHAL08T \* "6" not selectable.

				1 4ge 51 01 02					
	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	FHS.376_0	01.000	Instrument Variable Name:	LHAL09N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How lo	ng [fill:	have you/has ALIAS] had h	ypertension or high	n blood pressure?				
<ul> <li>* Enter number for time with hypertension or high blood pressure.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>									
01-94	01-94								
95	95+								
96	Since	birth							
97	Refuse	ed							
99	Don't	know							
UniverseTe	xt:	All perso	ons 18 years of age or older	who have a limitati	on due to hypertension/high blood	pressure			
SkipInstructions:		<96> [fi condition goto PH <r> [sto</r>	ns, goto LAHCA for next pe STAT] ore "R" in LHAL09T and goi ns, goto LAHCA for next pe	rson 18 years of ag	ns for next condition selected at LA e or older with a reported limitation ons for next condition selected at L e or older with a reported limitation	n; if no more persons, AHCA; if no more			

Question ID:	FHS.376_02	2.000 <b>In</b> :	strument Variable Name:	LHAL09T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter t	ime perio	d for time with hypertensi	on or high blood pressure		
1	Day(s)					
2	Week(s)					
3	Month(s	)				
4	Year(s)					
6	Since bi	rth				
7	Refused					
9	Don't kr	low				
UniverseTe		-	18 years of age or older v for the "number" part of		to hypertension/high blood p	ressure and 1-95, D
SkipInstruc	fo	r next per			d at LAHCA; if no more cor on; if no more persons, goto	
	if	LHAL09	T = 4 and LHAL09N > A	GE, goto ERR1_LHAL09	Т	
Hard Edit:	* E	RR1_LH Time wit RR2_LH "6" not se	h condition cannot be grea AL09T	ater than age. Please correct	ct.	

#### 2011 NHIS Questionnaire - Family Family Health Status & Limitations

Document Version Date: 30-May-12

			Document	Version Date: 30-	May-12	
Question ID:	FHS.378_0	1.000 <b>Inst</b>	rument Variable Name:	LHAL10N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lon	g [fill: have	e you/has ALIAS] had di	abetes?		
		number for 95' for 95 o	time with diabetes.			
		96' if since				
01-94	01-94					
95	95+					
96	Since b	irth				
97	Refused	1				
99	Don't k	now				
UniverseTex	at: A	ll persons 1	8 years of age or older v	vho have a limitati	on due to diabetes	
	go <] co	oto PHSTA' R> [store "F	Γ] R" in LHAL10T and goto to LAHCA for next per	o follow-up questi	e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	AHCA; if no more
Question ID:	FHS.378_02	2.000 Inst	rument Variable Name:	LHAL10T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter t	ime period	for time with diabetes.			
1	Day(s)					
2	Week(s	)				
3	Month(	s)				
4	Year(s)					
6	Since b					
7	Refused					
9	Don't k	now				
UniverseTex			8 years of age or older v t of this two-part question		on due to diabetes and 1-95, D was	entered for the
SkipInstruct	tions: <	1-4,R,D> [g	oto follow-up questions	for next conditior	selected at LAHCA; if no more con	nditions, goto LAHCA

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

 <6> [goto ERR2\_LHAL10T]

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1\_LHAL10T

Hard Edit: ERR1\_LHAL10T \* Time with condition cannot be greater than age. Please correct. ERR2\_LHAL10T \* "6" not selectable.

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12									
Question ID:	FHS.380_	_01.000	Instrument Variable Name:	LHAL11N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How 1	ong [fill:	have you/has ALIAS] had a	lung problem or brea	athing problem (e.g., asthma and e	emphysema)?			
	<ul> <li>* Enter number for time with a lung problem or breathing problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>								
01-94	01-94	Ļ							
95	95+								
96	Since	birth							
97	Refus	ed							
99	Don't	know							
UniverseTe	xt:	All perso	ons 18 years of age or older	who have a limitation	due to a lung/breathing problem				
SkipInstructions:		<96> [fil condition goto PH3 <r> [sto</r>	ns, goto LAHCA for next pe STAT] ore "R" in LHAL11T and got ns, goto LAHCA for next pe	rson 18 years of age	for next condition selected at LAI or older with a reported limitation s for next condition selected at LA or older with a reported limitation	; if no more persons, AHCA; if no more			

Question ID:	FHS.380_02	)00 Instrument Variable Name:	LHAL11T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter ti	ne period for time with lung prob	olem or breathing prol	blem (e.g., asthma and emphysema	a).
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since bir	h			
7	Refused				
9	Don't kn	W			
UniverseTex		persons 18 years of age or older red for the "number" part of this		due to a lung/breathing problem a	and 1-95, D was
SkipInstruc	for			elected at LAHCA; if no more con nitation; if no more persons, goto	
	if I	HAL11T = 4 and $LHAL11N > A$	AGE, goto ERR1_LH	AL11T	
Hard Edit:	* [ EF	R1_LHAL11T ime with condition cannot be gre R2_LHAL11T 5" not selectable.	eater than age. Please	correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12										
Question ID:	FHS.382_	01.000	Instrument Variable Name:	LHAL12N	QuestionnaireFileName:	Family					
QuestionText:	1 of 2										
	How long [fill: have you/has ALIAS] had cancer?										
	* Ente	r '95' for	r for time with cancer. 95 or more. ince birth.								
01-94	01-94										
95	95+										
96	Since	birth									
97	Refus	ed									
99	Don't	know									
UniverseTe	xt:	All perso	ons 18 years of age or older	who have a limitati	on due to cancer						
SkipInstructions:		<96> [fi condition goto PH <r> [sto</r>	ns, goto LAHCA for next pe STAT] ore "R" in LHAL12T and go ns, goto LAHCA for next pe	rson 18 years of ag	ns for next condition selected at LA e or older with a reported limitation ons for next condition selected at L e or older with a reported limitation	n; if no more persons, AHCA; if no more					

Question ID:	FHS.382_02.	00 Instrument Va	riable Name:	LHAL12T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter tir	e period for time v	with cancer.			
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since bir	L				
7	Refused					
9	Don't kno	V				
UniverseTex		persons 18 years of of this two-part qu	-	vho have a limitation	on due to cancer and 1-95, D was er	ntered for the "number"
SkipInstruc	for		rs of age or olde		selected at LAHCA; if no more con limitation; if no more persons, goto	
	if L	IAL12T = 4 and $I$	LHAL12N > AC	GE, goto ERR1_L	HAL12T	
Hard Edit:	* 1 ER	A1_LHAL12T me with condition A2_LHAL12T " not selectable.	cannot be grea	ter than age. Pleas	e correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12										
Question ID:	FHS.384_01	.000	Instrument	Variable Name:	LHAL14N	QuestionnaireFi	ileName:	Family			
QuestionText:	1 of 2										
	How long [fill: have you/has ALIAS] had intellectual disability, also known as mental retardation?										
	<ul> <li>* Enter number for time with intellectual disability/mental retardation.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>										
01-94	01-94										
95	95+										
96	Since bi	rth									
97	Refused										
99	Don't kr	OW									
UniverseTe	xt: Al	l perso	ons 18 years	of age or older	who have a limitation	on due to mental retardat	tion				
SkipInstruc	<9 co go <f co</f 	6> [fi ndition to PH t> [sto ndition	ns, goto LAH STAT] pre "R" in LH	AL14T and goto ICA for next pe IAL14T and go	erson 18 years of age to follow-up questic	s for next condition select or older with a reported ns for next condition select or older with a reported	d limitatior lected at L	n; if no more persons, AHCA; if no more			

Question ID:	FHS.384_02.000	Instrument Variable Name:	LHAL14T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time J	period for time with intellectua	l disability/menta	l retardation.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	sons 18 years of age or older v mber" part of this two-part que		ion due to mental retardation and 1-9	95, D was entered for
SkipInstruc	for nex			n selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LHA	L14T = 4 and $LHAL14N > A0$	GE, goto ERR1_I	.HAL14T	
Hard Edit:	* Time ERR2	LHAL14T e with condition cannot be grea LHAL14T not selectable.	ater than age. Plea	se correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.386_01.000     Instrument Variable Name:     LHAL15N     QuestionnaireFileName:     Family							
QuestionText:	1 of 2							
	How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?							
	<ul> <li>* Enter number for time with a developmental problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTe	All persons 18 years of age or older who have a limitation due to some other developmental problem							
SkipInstruc	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL15T]</li> <li>&lt;96&gt; [fill "6" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more perso goto PHSTAT]</li> <li><r> [store "R" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more goto PHSTAT]</r></li> </ul>							

Question ID:	FHS.386_02.0	)() Instrument Variable Name:	LHAL15T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	e period for time with developme	ental problem (e.g. cereb	ral palsy).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't knov	7			
UniverseTe	-	ersons 18 years of age or older ventered for the "number" part of		e to some other developmenta	l problem and 1-95, D
SkipInstruc	for n	R,D> [goto follow-up questions ext person 18 years of age or old goto ERR2_LHAL15T]			
	if LH	AL15T = 4 and $LHAL15N > A$	GE, goto ERR1_LHAL1	5T	
Hard Edit:	* Tiı ERR	1_LHAL15T ne with condition cannot be grea 2_LHAL15T not selectable.	ater than age. Please corr	ect.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.388_01.000     Instrument Variable Name:     LHAL16N     QuestionnaireFileName:     Family						
QuestionText:	1 of 2						
	How long [fill: have you/has ALIAS] had senility?						
	<ul> <li>* Enter number for time with senility.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>						
01-94	01-94						
95	95+						
96	Since birth						
97	Refused						
99	Don't know						
UniverseTe	All persons 18 years of age or older who have a limitation due to senility	All persons 18 years of age or older who have a limitation due to senility					
SkipInstruc	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL16T]</li> <li>&lt;96&gt; [fill "6" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more perso goto PHSTAT]</li> <li><r> [store "R" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more goto PHSTAT]</r></li> </ul>	e					

Question ID:	FHS.388_02.000	Instrument Variable Name:	LHAL16T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with senility.			
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	r r	sons 18 years of age or older ver " part of this two-part question		on due to senility and 1-95, D was e	ntered for the
SkipInstruct	for nex			selected at LAHCA; if no more cor imitation; if no more persons, goto	
Hard Edit:	ERR1 * Time ERR2	L16T = 4 and LHAL16N > A _LHAL16T e with condition cannot be grea _LHAL16T not selectable.	-		

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12				
Question ID:	FHS.390_01.000     Instrument Variable Name:     LHAL17N     QuestionnaireFileName:     Family			
QuestionText:	1 of 2			
	How long [fill: have you/has ALIAS] had depression, anxiety, or an emotional problem?			
	<ul> <li>* Enter number for time with depression, anxiety or an emotional problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>			
01-94	01-94			
95	95+			
96	Since birth			
97	Refused			
99	Don't know			
UniverseTex	All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem			
SkipInstruct	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL17T]</li> <li>&lt;96&gt; [fill "6" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>			

Question ID:	FHS.390_02.00	() Instrument Variable Name:	LHAL17T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with depression	, anxiety, or an emo	otional problem.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· r	rsons 18 years of age or older we entered for the "number" part of		n due to depression/anxiety/emotio stion	nal problem and 1-95,
SkipInstruc	for ne			selected at LAHCA; if no more cor imitation; if no more persons, goto	
	if LH	AL17T = 4 and $LHAL17N > ACCUPATE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL$	GE, goto ERR1_LH	IAL17T	
Hard Edit:	* Tin ERR	LHAL17T he with condition cannot be grea LHAL17T not selectable.	tter than age. Please	e correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12	
Question ID:	FHS.392_01.000     Instrument Variable Name:     LHAL18N     QuestionnaireFileName:     Family	
QuestionText:	1 of 2	
	How long [fill: have you/has ALIAS] had a weight problem?	
	<ul> <li>* Enter number for time with a weight problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>	
01-94	01-94	
95	95+	
96	Since birth	
97	Refused	
99	Don't know	
UniverseTex	All persons 18 years of age or older who have a limitation due to a weight problem	
SkipInstruc	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL18T]</li> <li>&lt;96&gt; [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>	

Question ID:	FHS.392_02.000	Instrument Variable Name:	LHAL18T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with weight pro	oblem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		ons 18 years of age or older v r" part of this two-part question		ion due to a weight problem and 1-9	5, D was entered for the
SkipInstruct	for next			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHAI	L18T = 4 and $LHAL18N > A$	GE, goto ERR1_I	LHAL18T	
Hard Edit:	* Time ERR2_	LHAL18T with condition cannot be grea LHAL18T ot selectable.	ater than age. Plea	ise correct.	

				<b>Iestionnaire Ith Status &amp;</b> Version Date:       3	Limitations		
Question ID:	FHS.394_0	1.000	Instrument Variable Name:	LHAL19N	Questionna	ireFileName:	Family
QuestionText:	1 of 2						
	How lon	ıg [fill:	have you/has ALIAS] had a	missing limb (f	inger, toe, or digit)?		
	* Enter '	95' for	r for time with a missing lim 95 or more. since birth.	).			
01-94	01-94						
95	95+						
96	Since b	irth					
97	Refused	1					
99	Don't k	now					
UniverseTex	xt: A	ll pers	ons 18 years of age or older	who have a limit	ation due to missing lir	nbs	
SkipInstruc	< cc g c c	96> [fi onditio oto PH R> [sto onditio	[goto LHAL19T] Il "6" in LHAL19T and goto ns, goto LAHCA for next per STAT] ore "R" in LHAL19T and got ns, goto LAHCA for next per STAT]	rson 18 years of o follow-up que	age or older with a rep stions for next conditio	orted limitation	n; if no more persons, AHCA; if no more

Question ID:	FHS.394_02.000	Instrument Variable Name:	LHAL19T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with missing lin	mb (finger, toe, or	r digit).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	r · · ·	ons 18 years of age or older v r" part of this two-part question		tion due to missing limbs and 1-95, D	) was entered for the
SkipInstruct	for next			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHAI	L19T = 4 and $LHAL19N > A$	GE, goto ERR1_I	LHAL19T	
Hard Edit:	* Time ERR2_	LHAL19T with condition cannot be grea LHAL19T ot selectable.	ater than age. Plea	ase correct.	

	Fage 04 01 82
	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12
Question ID:	FHS.396_01.000 Instrument Variable Name: LHAL20N QuestionnaireFileName: Family
QuestionText:	1 of 2
	How long [fill: have you/has ALIAS] had a kidney, bladder or renal problem?
	<ul> <li>* Enter number for time with a kidney, bladder or renal problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>
01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know
UniverseTe	<b>xt:</b> All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem
SkipInstruc	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL20T]</li> <li>&lt;96&gt; [fill "6" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>

Question ID:	FHS.396_02.0	)() Instrument Variable Name:	LHAL20T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tim	e period for time with kidney, bl	adder or renal problem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birt				
7	Refused				
9	Don't kno	V			
UniverseTex		ersons 18 years of age or older ventered for the "number" part of		to a kidney, bladder, or renal	problem and 1-95, D
SkipInstruc	for r	R,D> [goto follow-up questions ext person 18 years of age or old [goto ERR2_LHAL20T]			
	if Ll	IAL20T = 4 and LHAL20N $>$ A	GE, goto ERR1_LHAL20	Т	
Hard Edit:	* Ti ERI	1_LHAL20T ne with condition cannot be gre 2_LHAL20T ' not selectable.	ater than age. Please corre	ct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12				
Question ID:	FHS.398_01.000       Instrument Variable Name:       LHAL21N       QuestionnaireFileName:       Family				
QuestionText:	1 of 2				
	How long [fill: have you/has ALIAS] had a circulation problem (including blood clots)?				
	<ul> <li>* Enter number for time with a circulation problem.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>				
01-94	01-94				
95	95+				
96	Since birth				
97	Refused				
99	Don't know				
UniverseTex	All persons 18 years of age or older who have a limitation due to circulation problems				
SkipInstruc	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL21T]</li> <li>&lt;96&gt; [fill "6" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>				

Question ID:	FHS.398_02.000	Instrument Variable Name:	LHAL21T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with circulation	problem (includin	g blood clots).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	I	sons 18 years of age or older weather " part of this two-part que		on due to circulation problems and	1-95, D was entered for
SkipInstruc	for next			selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LHA	L21T = 4 and $LHAL21N > A0$	GE, goto ERR1_L	HAL21T	
Hard Edit:	* Time ERR2_	LHAL21T with condition cannot be grea LHAL21T ot selectable.	ater than age. Pleas	e correct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12				
Question ID:	FHS.400_01.000 Instrument Variable Name: LHAL22N QuestionnaireFileName: Family				
QuestionText:	1 of 2				
	How long [fill: have you/has ALIAS] had benign tumors or cysts?				
	<ul> <li>* Enter number for time with benign tumors or cysts.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>				
01-94	01-94				
95	95+				
96	Since birth				
97	Refused				
99	Don't know				
UniverseTex	<b>xt:</b> All persons 18 years of age or older who have a limitation due to benign tumors or cysts				
SkipInstruct	<ul> <li>(1-95,D&gt; [goto LHAL22T]</li> <li>(96&gt; [fill "6" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li>(R&gt; [store "R" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> </ul>				

Question ID:	FHS.400_02.000	Instrument Variable Name:	LHAL22T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with benign tur	nors or cysts.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · · ·	ons 18 years of age or older v 'number" part of this two-part		ion due to benign tumors or cysts and	d 1-95, D was entered
SkipInstruct	for next			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHA	L22T = 4 and $LHAL22N > A$	GE, goto ERR1_I	LHAL22T	
Hard Edit:	* Time ERR2_	LHAL22T with condition cannot be grea LHAL22T ot selectable.	ater than age. Plea	ise correct.	

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2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12					
Question ID:	FHS.402_01.000       Instrument Variable Name:       LHAL23N       QuestionnaireFileName:       Family				
QuestionText:	: 1 of 2				
	How long [fill: have you/has ALIAS] had fibromyalgia or lupus?				
	<ul> <li>* Enter number for time with fibromyalgia or lupus.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>				
01-94	01-94				
95	95+				
96	Since birth				
97	Refused				
99	Don't know				
UniverseTe	ext: All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus				
SkipInstruc	<ul> <li>&lt;1-95,D&gt; [goto LHAL23T]</li> <li>&lt;96&gt; [fill "6" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>				

Question ID:	FHS.402_02.0	0) Instrument Variable Name:	LHAL23T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tim	period for time with fibromyal	gia or lupus.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know	,			
UniverseTex	1	ersons 18 years of age or older v e "number" part of this two-part		tion due to fibromyalgia or lupus and	1-95, D was entered
SkipInstruc	for n			n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LH	AL23T = 4 and $LHAL23N > A$	GE, goto ERR1_I	LHAL23T	
Hard Edit:	* Ti ERF	1_LHAL23T ne with condition cannot be grea 2_LHAL23T not selectable.	ater than age. Plea	ase correct.	

	rage 08 01 82				
2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12					
Question ID:	FHS.404_01.000 Instrument Variable Name: LHAL24N QuestionnaireFileName: Family				
QuestionText:	1 of 2				
	How long [fill: have you/has ALIAS] had osteoporosis or tendinitis?				
	<ul> <li>* Enter number for time with osteoporosis or tendinitis.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>				
01-94	01-94				
95	95+				
96	Since birth				
97	Refused				
99	Don't know				
UniverseTe	All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis				
SkipInstruc	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL24T]</li> <li>&lt;96&gt; [fill "6" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>				

Question ID:	FHS.404_02.000	Instrument Variable Name:	LHAL24T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with osteoporos	sis or tendinitis.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	sons 18 years of age or older v for the "number" part of this t		ion due to osteoporosis or tendinitis	and 1-95, D was
SkipInstruc	for nex			n selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LHA	L24T = 4 and $LHAL24N > A$	GE, goto ERR1_L	HAL24T	
Hard Edit:	* Time ERR2_	LHAL24T with condition cannot be grea LHAL24T ot selectable.	ater than age. Plea	se correct.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	Question ID: FHS.406_01.000 Instrument Variable Name: LHAL25N QuestionnaireFileName: Family							
QuestionText:	1 of 2							
	How long [fill: have you/has ALIAS] had epilepsy or seizures?							
	<ul> <li>* Enter number for time with epilepsy or seizures.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTex	<b>xt:</b> All persons 18 years of age or older who have a limitation due to epilepsy or seizures							
SkipInstruct	<ul> <li>ctions: &lt;1-95,D&gt; [goto LHAL25T]</li> <li>&lt;96&gt; [fill "6" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>							

Question ID:	FHS.406_02.000	Instrument Variable Name:	LHAL25T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with epilepsy o	r seizures.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	1	ons 18 years of age or older w nber" part of this two-part que		ion due to epilepsy or seizures and 1	-95, D was entered for
SkipInstruct	for next			n selected at LAHCA; if no more con l limitation; if no more persons, goto	
	if LHA	L25T = 4 and $LHAL25N > A$	GE, goto ERR1_I	LHAL25T	
Hard Edit:	* Time ERR2_	LHAL25T with condition cannot be grea LHAL25T ot selectable.	ater than age. Plea	ise correct.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	Question ID: FHS.408_01.000 Instrument Variable Name: LHAL26N QuestionnaireFileName: Family							
QuestionText:	1 of 2							
	How long [fill: have you/has ALIAS] had multiple sclerosis (MS) or muscular dystrophy (MD)?							
	<ul> <li>* Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD)?</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>							
01-94	01-94							
95	95+							
96	Since birth							
97	Refused							
99	Don't know							
UniverseTex	<b>xt:</b> All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy							
SkipInstruc	<ul> <li>tions: &lt;1-95,D&gt; [goto LHAL26T]</li> <li>&lt;96&gt; [fill "6" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</li> <li><r> [store "R" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r></li> </ul>							

Question ID:	FHS.408_02.000	Instrument Variable Name:	LHAL26T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with multiple s	clerosis (MS) or	nuscular dystrophy (MD).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· 1···	ons 18 years of age or older v as entered for the "number" p		tion due to multiple sclerosis or muse rt question	cular dystrophy and 1-
SkipInstruct	for next			on selected at LAHCA; if no more co d limitation; if no more persons, goto	
	if LHA	L26T = 4 and $LHAL26N > A$	GE, goto ERR1_	LHAL26T	
Hard Edit:	* Time ERR2_	LHAL26T with condition cannot be grea LHAL26T ot selectable.	ater than age. Ple	ase correct.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID: FHS.410_01.000 Instrument Variable Name: LHAL27N QuestionnaireFileName: Family							
QuestionText:	1 of 2	2					
	How	long [fill	: have you/has ALIAS] had [	polio(myelitis), paral	ysis or para/quadriplegia?		
	<ul> <li>* Enter number for time with polio (myelitis) paralysis or para/quadriplegia.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>						
01-94	01-9	94					
95	95+						
96	Sinc	e birth					
97	Ref	used					
99	Dor	't know					
UniverseTe	xt:	All pers	sons 18 years of age or older	who have a limitation	n due to polio, paralysis, or para/q	uadriplegia	
SkipInstructions:		<96> [fi conditio goto PH <r> [ste</r>	ons, goto LAHCA for next pe ISTAT] ore "R" in LHAL27T and go ons, goto LAHCA for next pe	erson 18 years of age to follow-up question	for next condition selected at LA or older with a reported limitation as for next condition selected at LA or older with a reported limitation	; if no more persons, AHCA; if no more	

Question ID:	FHS.410_02.000	Instrument Variable Name:	LHAL27T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with polio(myel	litis), 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				
UniverseTex	·· · · ·	sons 18 years of age or older we ered for the "number" part of t		on due to polio, paralysis, or para/q tion	uadriplegia and 1-95, D
SkipInstruct	for next			selected at LAHCA; if no more co limitation; if no more persons, goto	
	if LHA	L27T = 4 and $LHAL27N > ACC$	GE, goto ERR1_L	HAL27T	
Hard Edit:	* Time ERR2_	LHAL27T with condition cannot be grea LHAL27T ot selectable.	ater than age. Pleas	se correct.	

2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12							
Question ID:	FHS.412_0	1.000	Instrument Variable Name:	LHAL28N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How los	ng [fill:	have you/has ALIAS] had F	Parkinson's disease	or tremors?		
	<ul> <li>* Enter number for time with Parkinson's disease or tremors.</li> <li>* Enter '95' for 95 or more.</li> <li>* Enter '96' if since birth.</li> </ul>						
01-94	01-94						
95	95+						
96	Since b	oirth					
97	Refuse	d					
99	Don't k	now					
UniverseTex	xt: A	all perso	ons 18 years of age or older	who have a limitation	on due to Parkinson's disease or oth	her tremors	
SkipInstruc	< c g < c	<1-95,D> [goto LHAL28T] <96> [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT] <r> [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]</r>					

Question ID:	FHS.412_0	2.000	Instrument Variable Name:	LHAL28T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter	time pe	eriod for time with Parkinson's	s disease or tremors.		
1	Day(s)					
2	Week(s	5)				
3	Month(	(s)				
4	Year(s)	)				
6	Since b	oirth				
7	Refuse	d				
9	Don't k	now				
UniverseTe			ons 18 years of age or older we ered for the "number" part of t		to Parkinson's disease or othe	er tremors and 1-95, D
SkipInstruc	fe	or next	D> [goto follow-up questions person 18 years of age or olde to ERR2_LHAL28T]			
	if	LHAI	L28T = 4 and $LHAL28N > AC$	GE, goto ERR1_LHAL28	Г	
Hard Edit:	* E	<sup>•</sup> Time ERR2_1	LHAL28T with condition cannot be grea LHAL28T ot selectable.	ter than age. Please correc	ct.	

	2011 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 30-May-12								
Question ID:	FHS.414_01.	)00 In	strument Variable N	lame:	LHAL29N		QuestionnaireFil	eName:	Family
QuestionText:	1 of 2								
	How long	[fill: ha	ave you/has ALIAS	] had ne	rve damage (inc	luding carp	al tunnel syndro	ome)?	
	* Enter nu * Enter '9 * Enter '9	for 95		lamage.					
01-94	01-94								
95	95+								
96	Since bir	h							
97	Refused								
99	Don't kno	W							
UniverseTex		persons drome	s 18 years of age or	older w	ho have a limita	tion due to	other nerve dam	age, inclu	ding carpal tunnel
SkipInstruc	<96 corr got <r corr</r 	> [fill " ditions, > PHST > [store	ĂT] "R" in LHAL29T a goto LAHCA for r	next pers	son 18 years of a	age or older tions for ne	with a reported xt condition sele	limitation	; if no more persons,

Family Health Status & Limitations

			it version Date. 50		
Question ID:	FHS.414_02	2.000 Instrument Variable Name:	LHAL29T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter t	ime period for time with nerve da	amage (including ca	rpal tunnel syndrome).	
1	Day(s)				
2	Week(s)	)			
3	Month(s	s)			
4	Year(s)				
6	Since bi	irth			
7	Refused	1			
9	Don't kr	10W			
UniverseTex		ll persons 18 years of age or olde ndrome, and 1-95, D was entered		ion due to other nerve damage, inclu art of this two-part question	iding carpal tunnel
SkipInstruc	fo			n selected at LAHCA; if no more co l limitation; if no more persons, goto	
	if	LHAL29T = 4 and LHAL29N >	AGE, goto ERR1_I	LHAL29T	
Hard Edit:	* E	RR1_LHAL29T Time with condition cannot be gr RR2_LHAL29T "6" not selectable.	reater than age. Plea	ise correct.	
Question ID:	FHS.416_01	1.000 Instrument Variable Name:	: LHAL30N	QuestionnaireFileName:	Family
QuestionText:	1 of 2				
	How lon	g [fill: have you/has ALIAS] had	a hernia?		
	* Enter '9	number for time with a hernia. 95' for 95 or more. 96' if since birth.			
01-94	01-94				
95	95+				
96	Since bi	irth			
97	Refused				
99	Don't kr				
UniverseTex		ll persons 18 years of age or olde	r who have a limitat	ion due to a hernia	
SkipInstruct	<s co gc <f co</f </s 	onditions, goto LAHCA for next p oto PHSTAT] R> [store "R" in LHAL30T and g	person 18 years of a goto follow-up quest	ns for next condition selected at LA ge or older with a reported limitatior ions for next condition selected at La ge or older with a reported limitatior	a; if no more persons, AHCA; if no more

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Question ID: ]	FHS.416_02.00	0 Instrument Variable Name:	LHAL30T	QuestionnaireFileName:	Family
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	1	rsons 18 years of age or older per" part of this two-part questi		due to a hernia and 1-95, D was	entered for the
SkipInstructio	for ne			elected at LAHCA; if no more con nitation; if no more persons, goto	
	if LHA	AL30T = 4 and $LHAL30N > A$	GE, goto ERR1_LH	AL30T	
Hard Edit:		LHAL30T he with condition cannot be gre	ater than age Please	correct.	
	ERR2	2_LHAL30T	ater than age. I lease		
	ERR2	6	act than age. I lease		
Question ID:	ERR2 * "6"	2_LHAL30T	LHAL31N	QuestionnaireFileName:	Family
-	ERR2 * "6"	2_LHAL30T not selectable.		QuestionnaireFileName:	Family
Question ID: ] QuestionText:	ERR2 * "6" FHS.418_01.000 1 of 2	2_LHAL30T not selectable.	LHAL31N	QuestionnaireFileName:	Family
-	ERR2 * "6" FHS.418_01.000 1 of 2 How long [fi * Enter num]	2_LHAL30T not selectable. 0 Instrument Variable Name: 11: have you/has ALIAS] had a ber for time with an ulcer. for 95 or more.	LHAL31N	QuestionnaireFileName:	Family
-	ERR2 * "6" FHS.418_01.000 1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i	2_LHAL30T not selectable. 0 Instrument Variable Name: 11: have you/has ALIAS] had a ber for time with an ulcer. for 95 or more.	LHAL31N	QuestionnaireFileName:	Family
uestionText:	ERR2 * "6" FHS.418_01.000 1 of 2 How long [fi * Enter numl * Enter '95' f	2_LHAL30T not selectable. 0 Instrument Variable Name: 11: have you/has ALIAS] had a ber for time with an ulcer. for 95 or more.	LHAL31N	QuestionnaireFileName:	Family
QuestionText: 01-94	ERR2 * "6" FHS.418_01.000 1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94	2_LHAL30T not selectable. 0 Instrument Variable Name: 11: have you/has ALIAS] had a ber for time with an ulcer. for 95 or more.	LHAL31N	QuestionnaireFileName:	Family
QuestionText: 01-94 95	ERR2 * "6" FHS.418_01.000 1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94 95+	2_LHAL30T not selectable. 0 Instrument Variable Name: 11: have you/has ALIAS] had a ber for time with an ulcer. for 95 or more.	LHAL31N	QuestionnaireFileName:	Family
QuestionText: 01-94 95 96	ERR2 * "6" FHS.418_01.000 1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94 95+ Since birth	2_LHAL30T not selectable. 0 Instrument Variable Name: 11: have you/has ALIAS] had a ber for time with an ulcer. for 95 or more. f since birth.	LHAL31N	QuestionnaireFileName:	Family
QuestionText: 01-94 95 96 97	ERR2 * "6" FHS.418_01.000 1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94 95+ Since birth Refused Don't know	2_LHAL30T not selectable. 0 Instrument Variable Name: 11: have you/has ALIAS] had a ber for time with an ulcer. for 95 or more. f since birth.	LHAL31N n ulcer?		Family

Family Health Status & Limitations

Question ID:	FHS.418_02.					QuestionnaireFileName:	Family
QuestionText:	2 of 2						
	* Enter tir	ne per	iod for tim	e with ulcer.			
1	Day(s)						
2	Week(s)						
3	Month(s)						
4	Year(s)						
6	Since bir	h					
7	Refused						
9	Don't kno	W					
UniverseText				of age or older s two-part ques		n due to an ulcer and 1-95, D was	entered for the
SkipInstructio	for	next p		ears of age or o		selected at LAHCA; if no more co mitation; if no more persons, goto	
	if L	HAL	41T = 4 and	LHAL31N > 2	AGE, goto ERR1_LH	AL31T	
Hard Edit:	ER	R1 T	HAL31T				
	ER	ime v R2_L	ith conditie HAL31T	-	eater than age. Please	correct.	
	ER	ime v R2_L	ith condition	-	eater than age. Please	correct.	
Question ID:	ER * "	ime v R2_L 5" not	ith condition HAL31T selectable.	-		QuestionnaireFileName:	Family
	ER * "	ime v R2_L 5" not	ith condition HAL31T selectable.				Family
Question ID: J	ER * " FHS.420_01. 1 of 2	ime v R2_L 5" not	ith conditi HAL31T selectable.	Variable Name:		QuestionnaireFileName:	Family
	ER * " FHS.420_01. 1 of 2 How long * Enter nu	ime v R2_L 5" not 000 [fill: mber ' for	ith conditie HAL31T selectable.	Variable Name: as ALIAS] had	LHAL32N	QuestionnaireFileName:	Family
	ER * " FHS.420_01. 1 of 2 How long * Enter nu * Enter 19:	ime v R2_L 5" not 000 [fill: mber ' for	ith conditie HAL31T selectable.	Variable Name: as ALIAS] had	LHAL32N varicose veins or hen	QuestionnaireFileName:	Family
JuestionText:	ER * " FHS.420_01. 1 of 2 How long * Enter nu * Enter '9 * Enter '9	ime v R2_L 5" not 000 [fill: mber ' for	ith conditie HAL31T selectable.	Variable Name: as ALIAS] had	LHAL32N varicose veins or hen	QuestionnaireFileName:	Family
QuestionText: 01-94	ER * " FHS.420_01. 1 of 2 How long * Enter nu * Enter 19: * Enter 19: 01-94	ime v R2_L "" not 000 [fill: mber ' for ' ' if si	ith conditie HAL31T selectable.	Variable Name: as ALIAS] had	LHAL32N varicose veins or hen	QuestionnaireFileName:	Family
QuestionText: 01-94 95	ER * " FHS.420_01. 1 of 2 How long * Enter nu * Enter 190 * Enter '90 01-94 95+	ime v R2_L "" not 000 [fill: mber ' for ' ' if si	ith conditie HAL31T selectable.	Variable Name: as ALIAS] had	LHAL32N varicose veins or hen	QuestionnaireFileName:	Family
QuestionText: 01-94 95 96	ER * " FHS.420_01. 1 of 2 How long * Enter nu * Enter '9 * Enter '9 01-94 95+ Since bir	ime v R2_L ;" not 000 [fill: mber ' for ' i f si	ith conditie HAL31T selectable.	Variable Name: as ALIAS] had	LHAL32N varicose veins or hen	QuestionnaireFileName:	Family
QuestionText: 01-94 95 96 97	ER * " FHS.420_01. 1 of 2 How long * Enter nu * Enter '9 01-94 95+ Since bir Refused Don't kno	ime v R2_L i" not 000 [fill: ' for ' ' if si h w	ith conditi HAL31T selectable.	Variable Name: as ALIAS] had th varicose vein	LHAL32N varicose veins or hen ns or hemorrhoids.	QuestionnaireFileName:	

Family Health Status & Limitations

	FHS.420_0	02.000	Instrument V	ariable Name:	LHAL32T	QuestionnaireFileName:	Family
QuestionText:	2 of 2						
	* Enter	time pe	riod for time	with varicose	veins or hemorrhoids.		
1	Day(s)						
2	Week(						
3	Month	(s)					
4	Year(s	)					
6	Since	oirth					
7	Refuse	d					
9	Don't	now					
UniverseText					who have a limitation two-part question	due to varicose veins or hemorrh	oids and 1-95, D was
SkipInstructio	f	or next		urs of age or old		elected at LAHCA; if no more con nitation; if no more persons, goto	
	i	f LHAL	32T = 4 and $1$	LHAL32N > A	GE, goto ERR1_LHA	AL32T	
Hard Edit:		* Time v		n cannot be gre	eater than age. Please	correct.	
			HAL32T				
		* "6" no	selectable.				
		* "6" no	selectable.				
Question ID:				ariable Name:	LHAL33N	QuestionnaireFileName:	Family
-				ariable Name:	LHAL33N	QuestionnaireFileName:	Family
Question ID:	FHS.422_( 1 of 2	)1.000	Instrument V		LHAL33N 1 thyroid problem, Gra		Family
-	FHS.422_0 1 of 2 How lo * Enter * Enter	)1.000 ng [fill: number '95' for	<b>Instrument V</b> have you/has	ALIAS] had a		ave's disease or gout?	Family
QuestionText:	FHS.422_0 1 of 2 How lo * Enter * Enter * Enter	)1.000 ng [fill: number '95' for	Instrument V have you/has for time with 95 or more.	ALIAS] had a	ı thyroid problem, Gra	ave's disease or gout?	Family
QuestionText: 01-94	FHS.422_0 1 of 2 How lo * Enter * Enter * Enter 01-94	)1.000 ng [fill: number '95' for	Instrument V have you/has for time with 95 or more.	ALIAS] had a	ı thyroid problem, Gra	ave's disease or gout?	Family
QuestionText: 01-94 95	FHS.422_0 1 of 2 How lo * Enter * Enter * Enter 01-94 95+	)1.000 ng [fill: number '95' for '96' if s	Instrument V have you/has for time with 95 or more.	ALIAS] had a	ı thyroid problem, Gra	ave's disease or gout?	Family
QuestionText: 01-94	FHS.422_0 1 of 2 How lo * Enter * Enter * Enter 01-94 95+ Since	)1.000 ng [fill: number '95' for '96' if s pirth	Instrument V have you/has for time with 95 or more.	ALIAS] had a	ı thyroid problem, Gra	ave's disease or gout?	Family
QuestionText: 01-94 95 96	FHS.422_0 1 of 2 How lo * Enter * Enter * Enter 01-94 95+	)1.000 ng [fill: number '95' for '96' if s birth d	Instrument V have you/has for time with 95 or more.	ALIAS] had a	ı thyroid problem, Gra	ave's disease or gout?	Family
Question Text: 01-94 95 96 97	FHS.422_0 1 of 2 How lo * Enter * Enter * Enter 01-94 95+ Since Refuse Don't 1	)1.000 ng [fill: number '95' for '96' if s birth d cnow	Instrument V have you/has for time with 95 or more. nce birth.	ALIAS] had a	ı thyroid problem, Gra	ave's disease or gout?	-

Family Health Status & Limitations

Question ID:	FHS.422	_02.000 Instrument	/ariable Name:	LHAL33T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Ente	r time period for time	with thyroid pro	oblem, Grave's dis	ease or gout.	
1	Day(	5)				
2	Weel					
3	Mont	h(s)				
4	Year	(s)				
6	Since	birth				
7	Refu	sed				
9	Don't	know				
UniverseTex	t:	All persons 18 years 95, D was entered for			on due to thyroid problems, Grave's question	s disease, or gout and 1-
SkipInstruct	ions:		ars of age or old		selected at LAHCA; if no more co limitation; if no more persons, goto	
		if LHAL33T = 4 and	LHAL33N > AG	GE, goto ERR1_L	HAL33T	
Hard Edit:		ERR1_LHAL33T * Time with condition ERR2_LHAL33T * "6" not selectable.	on cannot be grea	tter than age. Pleas	e correct.	
		_01.000 Instrument V	/ariable Name:	LHAL34N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How I	ong [fill: have you/ha	s ALIAS] had a	knee problem?		
	* Ente	er number for time wit er '95' for 95 or more. er '96' if since birth.	h a knee problen	n.		
01-94	01-94	Ļ				
95	95+					
96		birth				
97	Refu					
99		know				
UniverseTex	t:	All persons 18 years	of age or older w	who have a limitation	on due to knee problems	
SkipInstruct	ions:	conditions, goto LAF goto PHSTAT] <r> [store "R" in LF</r>	L34T and goto ICA for next per IAL34T and goto	son 18 years of ag	as for next condition selected at LA e or older with a reported limitation ons for next condition selected at L e or older with a reported limitation	n; if no more persons, AHCA; if no more

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Question ID:	FHS.424_02.	000 Instrument Variable Na	ame: LHAL34T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tir	e period for time with knew	e problem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since bir	h			
7	Refused				
9	Don't kno	W			
UniverseText		persons 18 years of age or on the state of t		due to knee problems and 1-95,	D was entered for the
SkipInstructio	for			elected at LAHCA; if no more contraction; if no more persons, goto	
	if L	HAL34T = 4 and $LHAL34$	N > AGE, goto ERR1_LHA	AL34T	
Hard Edit:		R1_LHAL34T			
	ER	me with condition cannot R2_LHAL34T " not selectable.	be greater than age. Please	correct.	
	ER * " FHS.426_01.	R2_LHAL34T		COTTECT. QuestionnaireFileName:	Family
-	ER * "	R2_LHAL34T " not selectable.			Family
Question ID:	ER * " FHS.426_01. 1 of 2	R2_LHAL34T " not selectable.	ame: LHAL35N		Family
-	ER * " FHS.426_01. 1 of 2 How long * Enter nu * Enter '9:	R2_LHAL34T " not selectable. 000 Instrument Variable Na	ame: LHAL35N		Family
-	ER * " FHS.426_01. 1 of 2 How long * Enter nu * Enter '9:	R2_LHAL34T " not selectable. 000 <b>Instrument Variable Na</b> [fill: have you/has ALIAS] nber for time with migrain ' for 95 or more.	ame: LHAL35N		Family
QuestionText:	ER * " FHS.426_01. 1 of 2 How long * Enter nu * Enter '9: * Enter '9:	R2_LHAL34T " not selectable. 000 <b>Instrument Variable Na</b> [fill: have you/has ALIAS] nber for time with migrain ' for 95 or more.	ame: LHAL35N		Family
QuestionText: 01-94	ER * " FHS.426_01. 1 of 2 How long * Enter nu * Enter '90 * Enter '90 01-94 95+	R2_LHAL34T " not selectable. 000 Instrument Variable Na [fill: have you/has ALIAS] nber for time with migrain ' for 95 or more. ' if since birth.	ame: LHAL35N		Family
QuestionText: 01-94 95	ER * " FHS.426_01. 1 of 2 How long * Enter nu * Enter '90 * Enter '90 01-94	R2_LHAL34T " not selectable. 000 Instrument Variable Na [fill: have you/has ALIAS] nber for time with migrain ' for 95 or more. ' if since birth.	ame: LHAL35N		Family
QuestionText: 01-94 95 96	ER * " FHS.426_01. 1 of 2 How long * Enter nu * Enter '9: * Enter '9: 01-94 95+ Since bir	R2_LHAL34T "not selectable. 000 <b>Instrument Variable Na</b> [fill: have you/has ALIAS] nber for time with migrain ' for 95 or more. ' if since birth.	ame: LHAL35N		Family
QuestionText: 01-94 95 96 97	FHS.426_01. 1 of 2 How long * Enter nu * Enter '9: * Enter '9: 01-94 95+ Since bir Refused Don't know	R2_LHAL34T "not selectable. 000 Instrument Variable Na [fill: have you/has ALIAS] nber for time with migrain ' for 95 or more. ' if since birth. h	ame: LHAL35N   had migraine headaches?  e headaches.		Family

Family Health Status & Limitations

Question ID:	FHS.426_	02.000	Instrument Variable Name:	LHAL35T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter	time pe	eriod for time with migraine	headaches.		
1	Day(s)	)				
2	Week	(s)				
3	Mont	h(s)				
4	Year(s	,				
6	Since					
7	Refuse					
9	Don't	know				
UniverseText			ons 18 years of age or older when the other of this two-part quart of this two-part quart quart of the other other of the other oth		ion due to migraine headaches and 1	-95, D was entered for
SkipInstructi	t	for next			a selected at LAHCA; if no more con limitation; if no more persons, goto	
	i	f LHAL	.35T = 4 and LHAL35N > A	.GE, goto ERR1_L	HAL35T	
Hard Edit:		ERR1_I * Time	LHAL35T with condition cannot be gre LHAL35T	-		
			ot selectable.			
Question ID:	FHS.450_	01.000	Instrument Variable Name:	LHAL90N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ng [fill]	: have you/has ALIAS] had	[fill2: LAHCA_S1	]?	
	* Enter	'95' for	r for time with [fill1: LAHC/ 95 or more. ince birth.	A_S1].		
01-94	01-94					
95	95+					
96	Since	birth				
97	Refuse	ed				
99	Don't	know				
UniverseText	t: .	All perso	ons 18 years of age or older	who have a limitat	ion due to the problem entered at LA	AHCA_S1
SkipInstructi		<96> [fi condition goto PH <r> [sto</r>	ns, goto LAHCA for next pe STAT] ore "R" in LHAL90T and got	rson 18 years of ag	ns for next condition selected at LA ge or older with a reported limitation ons for next condition selected at LA ge or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

	FHS.450_02.00	0 Instrument Variable Name:	LHAL90T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with [fill: LAH	CA_S1].		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseText		ersons 18 years of age or older v ntered for the "number" part of		on due to the problem entered at La ion	AHCA_S1 and 1-95, D
SkipInstructi	for ne			selected at LAHCA; if no more co limitation; if no more persons, goto	
	if LHA	AL90T = 4 and $LHAL90N > A$	GE, goto ERR1_L	HAL90T	
Hard Edit:	* Tim ERR2	I_LHAL90T te with condition cannot be grea 2_LHAL90T not selectable.	ater than age. Pleas	e correct.	
-	_	() Instrument Variable Name:	LHAL91N	QuestionnaireFileName:	Family
-	1 of 2				Family
-	1 of 2 How long [fi	ill1: have you/has ALIAS] had	[fill2: LAHCA_S2		Family
-	1 of 2 How long [fi * Enter num]	ill1: have you/has ALIAS] had ber for time with [fill1: LAHC/ for 95 or more.	[fill2: LAHCA_S2		Family
-	1 of 2 How long [fi * Enter num] * Enter '95' f * Enter '96' i	ill1: have you/has ALIAS] had ber for time with [fill1: LAHC/ for 95 or more.	[fill2: LAHCA_S2		Family
QuestionText:	1 of 2 How long [fi * Enter num] * Enter '95' f	ill1: have you/has ALIAS] had ber for time with [fill1: LAHC/ for 95 or more.	[fill2: LAHCA_S2		Family
QuestionText: 01-94	1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94 95+	ill1: have you/has ALIAS] had ber for time with [fill1: LAHC/ for 95 or more.	[fill2: LAHCA_S2		Family
QuestionText: 01-94 95	1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94 95+ Since birth	ill1: have you/has ALIAS] had ber for time with [fill1: LAHC/ for 95 or more.	[fill2: LAHCA_S2		Family
QuestionText: 01-94 95 96	1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94 95+	ill1: have you/has ALIAS] had ber for time with [fill1: LAHC4 for 95 or more. f since birth.	[fill2: LAHCA_S2		Family
QuestionText: 01-94 95 96 97	1 of 2 How long [fi * Enter numl * Enter '95' f * Enter '96' i 01-94 95+ Since birth Refused Don't know	ill1: have you/has ALIAS] had ber for time with [fill1: LAHCA for 95 or more. f since birth.	[fill2: LAHCA_S2 4_S2].		

Family Health Status & Limitations

Question ID:	FHS.452_02.00	)() Instrument Variable Name:	LHAL91T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	e period for time with [fill: LAI	HCA_S2].		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know	1			
UniverseTex	1	ersons 18 years of age or older entered for the "number" part of		n due to the problem entered at LA on	HCA_S2 and 1-95, D
SkipInstruct	for ne			selected at LAHCA; if no more con imitation; if no more persons, goto	
	if LH	AL91T = 4 and $LHAL91N > A$	AGE, goto ERR1_LF	IAL91T	
Hard Edit:	* Tir ERR	1_LHAL91T ne with condition cannot be gre 2_LHAL91T not selectable.	eater than age. Please	e correct.	
Question ID:	FHS.500_00.00	)() Instrument Variable Name:	PHSTAT	QuestionnaireFileName:	Family
QuestionText:	Would you	say [fill: your/ALIAS's] health	in general is excelle	nt, very good, good, fair, or poor?	
1	Excellent				
2	Very good				
3	Good				
4	Fair				
5	Poor				
7	Refused				
9	Don't know	1			
UniverseTex	at: All p	ersons			
SkipInstruct	tions: repea	t for all persons in the family,	goto FINJ3M		

	Page 1 of 4 2011 NHIS Questionnaire - Family Family Food Security Document Version Date: 30-May-12					
Question ID:	FFS.010_00.000 Instrument Variable Name: FSRUNOUT QuestionnaireFileName: Family					
QuestionText:	These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days. The first statement is "[fill 2: I/We] worried whether [fill 3: my/our] food would run out before [fill 4: I/we] got money to buy more." Was that often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days?					
1	Often true					
2	Sometimes true					
3	Never true					
7	Refused					
9	Don't know					
UniverseTex	All families					
SkipInstruct	ons: <1-3,R,D> goto FSLAST					

Question ID:	FFS.020_00.000	Instrument Variable Name:	FSLAST	QuestionnaireFileName:	Family
QuestionText:		[fill 1: I/we] bought just didn e, or never true for [fill 2: you	, L	I/we] didn't have money to get more. he last 30 days?	" Was that often true,
1	Often true				
2	Sometimes tru	ıe			
3	Never true				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	ilies			

**SkipInstructions:** <1-3,R,D> goto FSBALANC

Question ID:       FFS.030_00.000       Instrument Variable Name:       FSBALANC       QuestionnaireFileName:       Family         Question Text:       "[fill 1: I/We] couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?       1       Often true       2       Sometimes true       3       Never true         3       Never true       7       Refused       9       Don't know         UniverseText:       All families       SkipInstructions:       <1,2> [goto FSSKIP]       Core FSI AST in(1,2) and FSI	2011 NHIS Questionnaire - Family Family Food Security Document Version Date: 30-May-12							
you/your family] in the last 30 days?  1 Often true 2 Sometimes true 3 Never true 7 Refused 9 Don't know  UniverseText: All families  SkipInstructions: <1,2> [goto FSSKIP]	Question ID:	FFS.030_00.000 Instrument Variable Name: FSBALANC QuestionnaireFileName: Family						
2       Sometimes true         3       Never true         7       Refused         9       Don't know         UniverseText:         All families         SkipInstructions:       <1,2> [goto FSSKIP]	QuestionText:							
3       Never true         7       Refused         9       Don't know         UniverseText:         All families         SkipInstructions:       <1,2> [goto FSSKIP]	1	Often true						
7       Refused         9       Don't know         UniverseText:       All families         SkipInstructions:       <1,2> [goto FSSKIP]	2							
9       Don't know         UniverseText:       All families         SkipInstructions:       <1,2> [goto FSSKIP]	3	Never true						
UniverseText:       All families         SkipInstructions:       <1,2> [goto FSSKIP]	7	Refused						
SkipInstructions: <1,2> [goto FSSKIP]	9	Don't know						
	UniverseTex	ext: All families						
$\langle 5, D, K \rangle$ [11 F5KUNUU1 III(1,2) or F5LA51 III(1,2), goto F55KIP; else goto F1NJ3M]	SkipInstruc	<pre>ections: &lt;1,2&gt; [goto FSSKIP] &lt;3,D,R&gt; [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]</pre>						

Question ID:	FFS.040_00.00	() Instrument Variable Name:	FSSKIP	QuestionnaireFileName:	Family
QuestionText:		0 days, did [fill 1: you/you or of re wasn't enough money for foo	-	family] ever cut the size of your mea	ıls or skip meals
1	Yes				
2	No				
7	Refused				
9	Don't knov	7			
UniverseTex	befor		or that food that w	he last 30 days that they worried that has bought didn't last and they didn't h	
SkipInstruct		goto FSSKDAYS] D> [goto FSLESS]			

Question ID:	FFS.050_00.000	Instrument Variable Name:	FSSKDAYS	QuestionnaireFileName:	Family
QuestionText:	In the last 30	days, how many days did this	happen?		
01-30	Days				
97	Refused				
99	Don't know				
UniverseTex		in the family cut the size of th for food	eir meals or skipped	meals in the last 30 days because	there wasn't enough
SkipInstruct	ions: <1-30,	R,D> [goto FSLESS]			

**Family Food Security** 

Question ID:	FFS.060_	00.000	Instrument	Variable Na	me:	FSLESS		Questionna	ireFileName:	Family
QuestionText:	In the	last 30 d	lays, did you	ever eat les	s than y	ou felt you	should beca	ause there was	sn't enough mo	oney for food?
1	Yes									
2	No									
7	Refus	ed								
9		know								
UniverseTe		before the		ey to buy m	ore, or t	hat food tha				food would run out have money to get
SkipInstruc	ctions:	<1,2,R,I	D> [goto FS	HUNGRY]						
Question ID:	FFS.070_	00.000	Instrument	Variable Na	me:	FSHUNGR	Y	Questionna	ireFileName:	Family
QuestionText:	In the	last 30 d	lays, were yo	ou ever hung	gry but d	lidn't eat bed	cause there	wasn't enoug	h money for fo	pod?
1	Yes									
2	No									
7	Refus	ed								
9		know								
UniverseTe		before the		ey to buy m	ore, or t	hat food tha				food would run out have money to get
SkipInstruc	ctions:	<1,2,R,I	D> [goto FS	WEIGHT]						
Question ID:	FFS.080_	00.000	Instrument	Variable Na	me:	FSWEIGH	Г	Questionna	ireFileName:	Family
QuestionText:	In the	last 30 d	lays, did you	lose weight	t becaus	e there wasi	l't enough r	noney for foo	od?	·
1	Yes									
2	No									
7	Refus	ed								
9	Don't	know								
UniverseTe		before the		ey to buy m	ore, or t	hat food tha				food would run out have money to get
SkipInstruc		-	to FSNOTE > [if FSSKIF		SS=1 or	r FSHUNGI	RY=1, goto	FSNOTEAT	; else goto FIN	IJ3M]

**Family Food Security** 

Question ID:	FFS.090_00.00	0 Instrument Variable Name:	FSNOTEAT	QuestionnaireFileName:	Family
QuestionText:		0 days, did [fill 1: you/you or one ney for food?	other adults in your far	nily] ever not eat for a whole day	because there wasn't
1	Yes				
2	No				
7	Refused				
9	Don't know	1			
UniverseTex				were skipped, ate less than they for cause there wasn't enough money	
SkipInstruct		goto FSNEDAYS] ,D> [goto FINJ3M]			
Question ID:	FFS.100_00.00	() Instrument Variable Name:	FSNEDAYS	QuestionnaireFileName:	Family
QuestionText:	In the last 3	0 days, how many days did thi	s happen?		
01-30	Days				
97	Refused				
99	Don't know	1			
UniverseTex	<b>xt:</b> All fat for for		not eat for a whole day	, in the last 30 days, because there	e wasn't enough money
SkipInstruct	tions: <1-3	),R,D> [goto FINJ3M]			

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Question ID:         FIJ.010_00.000         Instrument Variable Name:         FINJ3M         QuestionnaireFileName:         Family								
QuestionText:	? [F1]							
	accidental DURING anyone in	ly or on purpose. They may have THE PAST THREE MONTHS,	e hurt themselves or that is since [fill1: (	<ul><li>(GS. People can be injured or poisoned unexpectedly, others may have caused them to be hurt.</li><li>date 91 days before today's date)], [fill2: did you/did you or your/the] body was hurt, for example, with a [fill4:</li></ul>				
1	Yes							
2	No							
7	Refused							
9	Don't kno	)W						
UniverseTex	t: All	families						
SkipInstruct		> [if a single-person family, store R,D> [goto FPOI3M]	the person number	in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]				

Question ID:	FIJ.012_0	00.000	Instrument Variable Name:	WFINJ3M	QuestionnaireFileName:	Family
QuestionText:	* Ask	or verify	. Enter applicable line numb	er(s), separate wi	th commas.	
		was this? one else?)				
1	Yes					
2	No					
7	Refu	sed				
9	Don't	t know				
UniverseTex	xt:	All fami	lies with two or more persons	s and at least one	person was injured during the past 3	months
SkipInstruc	tions:	, ,	goto FPOI3M] o TFINJ3M			
			,		umbers associated with the persons re eives an edited response code in subs	

			HIS Questionnaire - Injuries & Poison ocument Version Date: 30	ling	
Question ID:	FIJ.014_00.0	)()() Instrument Variable	Name: TFINJ3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	DURING	THE PAST THREE MO	NTHS, how many different	nt times [fill: were you/was ALIAS]	injured?
01-91	1-91 tim	es			
97	Refused				
99	Don't kn	ow			
UniverseTex	t: Al	l persons injured during th	ne past 3 months		
SkipInstruct	<r go</r 	-10,D> [goto MFINJ3M] > [goto TFINJ3M for the to FPOI3M] 1-91> [goto ERR_TFINJ3		ed injury episode; if no more persons	s with an injury episode,
Soft Edit:	EF	RR_TFINJ3M			
	* /	TFINJ3M is unusually hi	igh. Please verify.		
	<0	Suppress> [goto MFINJ3M Close> [reset TFINJ3M fo Goto> [reset TFINJ3M for	r new entry]		
Question ID:	FIJ.016_00.0	)()() Instrument Variable	Name: MFINJ3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
			see a medical professional njuries/his injury or injurie		
1	Yes				
2	No				
7	Refused				
9	Don't kn	ow			
UniverseTex	t: Al	l persons with at least one	or an unknown number o	f injury episodes during the past 3 m	onths
SkipInstruct	<2			D IPDATEM; else, goto MTFINJ3M ported injury episode; if no more per	

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	2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12
Question ID: ]	FIJ.018_00.000 Instrument Variable Name: MTFINJ3M QuestionnaireFileName: Family
QuestionText:	? [F1]
	Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?
01-91	1-91 times
97	Refused
99	Don't know
UniverseText	All persons who consulted a medical professional for their injury episode(s)
SkipInstructio	ons: <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM] <r,d> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]</r,d>
Hard Edit:	ERR1_MTFINJ3M
	[If (MTIFNJ3M gt TFINJ3M), display ERR1_MTFINJ3M]:
	[^MTFINJ3M] is greater than the total number of times you said [you were/ALIAS was] injured, which is [^TFINJ3M]. For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event.
	Goto Close
Soft Edit:	ERR2_MTFINJ3M
	[If (TFINJ3M = 99 and MTFINJ3M gt 3), display ERR2_MTFINJ3M]:
	^MTFINJ3M is an unusually high number of injuries for which a medical professional was consulted. Please verify.
	*Read if necessary.
	For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times, but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event.
	Suppress Goto Close

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2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12									
Question ID:	FIJ.020_00.000	Instrument Variable Name:	FPOI3M	QuestionnaireFileName:	Family				
QuestionText:	? [F1]								
	DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.								
1	Yes								
2	No								
7	Refused								
9	Don't know								
UniverseTex	<b>xt:</b> All fai	milies							
SkipInstruc	goto V	f single-person family, store pe VFPOI3M] X,R> [goto next section]	rson number in Wl	POI3M and goto TFPOI3M; else,					

Question ID:	FIJ.022_00.0	)() Instrument Variable Na	ame: WFPOI3M	QuestionnaireFileName:	Family
QuestionText:	* Ask or v	erify. Enter applicable line	number(s), separate wi	th commas.	
	Who was (Anyone e				
1	Yes				
2	No				
7	Refused				
9	Don't kno	W			
UniverseTex	<b>xt:</b> All	families with two or more p	persons and at least one	person was poisoned during the past	3 months
SkipInstruct		25> [All family members. ,R> [goto next section]	Avoid duplicate; goto T	FPOI3M]	

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2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12							
Question ID:	FIJ.024_00.000	Instrument Variable Name:	TFPOI3M	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
		HE PAST THREE MONTHS, h poisoning, sun poisoning, or po	•	imes [fill: were you/was ALIAS]	poisoned? Do not		
01-91	1-91 times						
97	Refused						
99	Don't know						
UniverseTe	<b>xt:</b> All pe	ersons poisoned during the past	3 months				
SkipInstruc	<r> [ no mo</r>	0, DK> [goto MFPOI3M] goto TFPOI3M for next person re persons with a poisoning, go 1> [goto ERR_TFPOI3M]	• •	ning; if			
Soft Edit:	ERR_	TFPOI3M					
		POI3M gt 10, display ERR_TF POI3M is unusually high. Plea					
	<clos< td=""><td>press&gt; [goto MFPOI3M] le&gt; [goto TFPOI3M for new ent p&gt; [goto TFPOI3M for new ent</td><td></td><td></td><td></td></clos<>	press> [goto MFPOI3M] le> [goto TFPOI3M for new ent p> [goto TFPOI3M for new ent					
Question ID:	FIJ.026_00.000	Instrument Variable Name:	MFPOI3M	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
		ou /ALIAS] talk to or see a med his poisoning/your poisoning or		out [fill2: any of these oning or poisonings/her poisoning	or poisonings]?		
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	<b>xt:</b> All pe	ersons with at least one or an un	known number of po	bisoning episodes during the past a	3 months		
SkipInstruc	<2,DH	f TFPOI3M eq 1, fill "1" in MT (R> [goto TFPOI3M for next p ection]	FPOI3M and goto I berson with reported	PDATEM; else goto MTFPOI3M poisoning; if no more persons wit	] h a poisoning, goto		

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	2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12								
Question ID:	uestion ID: FIJ.028_00.000 Instrument Variable Name: MTFPOI3M QuestionnaireFileName: Family								
QuestionText:	? [F1	[F1]							
			TFPOI3M/all the] times that   as the poisoning serious enoug		AS was] poisoned, how many of essional was consulted?				
01-91 97 99	97 Refused								
UniverseTe	xt:	All pers	ons who consulted a medical	professional for their	poisoning episode(s)				
<d< td=""><td colspan="6">&lt;01-91&gt; [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM] <dk, r=""> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]</dk,></td></d<>		<01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM] <dk, r=""> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]</dk,>							
		If ((MT	FPOI3M gt TFPOI3M) or (TH	FPOI3M eq DK and M	ATFPOI3M gt 3)), display ERR_	MTFPOI3M]:			
Hard Edit:		ERR1_	MTFPOI3M						
		[If (MT	FPOI3M gt TFPOI3M), displ	ay ERR1_MTFPOI3	M]:				
		[^TFPC medical medical	DI3M]. For this question, we a professional was consulted.	are asking about the r For example, if you of those times, the ans	You said [you were/ALIAS was] p number of times [you were/ALIA were poisoned three different tim swer would be one, even if you sa event.	AS was] poisoned and a es but only sought			
			> [goto MTFPOI3M for new of [goto TFPOI3M or MTFPO]	-					
Soft Edit:		ERR2_	ERR2_MTFPOI3M						
		[If TFP	OI3M = 99 and MTFPOI3M g	gt 3), display ERR2_l	MTFINJ3M]:				
		* ^MTF	FINJ3M is an unusually high r	number.					
		poisone only so		was consulted. For each ent for one of those the	xample, if you were poisoned thr mes, the answer would be one, e				
		Suppres	SS						

Suppress Goto Close

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Question ID:	FIJ.050_01.000	QuestionnaireFileName:	Family				
QuestionText:	1 of 3						
	* Please hand	d the calendar card to the resp	pondent.				
		ury/poisoning episode for the ll1: your/ALIAS's] [fill2: inju		for which a medical professional	was consulted?		
	Now I'm goir [fill5: injured		out the [fill3: ^MTFIN.	I3M/^MTFPOI3M] times [fill4: yo onsulted. Starting with the most re			
	You just told recent/third m		S's] [fill6: (month, day at][fill2: injury/poisoni	n} of previous event)] [fill7:most rec ng]. What was the date of the [fill			
	* Enter montl	h.					
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 00	Refused						
99	Don't know		1.1 1.1 4	· 1 1 1 1			
UniverseTex	a <b>t:</b> All inju	ury/poisoning episodes for w	unich a medical profess	sional was consulted			
		ary, poisoning episodes for w	men u medicui prorest				
SkipInstruc		> [goto IPDATED] goto IPHOW]	men a meatear profess				

**Injuries & Poisoning** 

Question ID:	FIJ.050_02	2.000 Instrument Variable Nam	ne: IPDATED	QuestionnaireFileName:	Family
QuestionText:	2 of 3				
	* Enter	day.			
01-31	1-31				
97	Refuse	be			
99	Don't k				
	Donti				
UniverseTex	xt: A	All injury/poisoning episodes wh	ere a valid month of epi	sode was entered	
SkipInstruc		<1-31> [goto IPDATEY]			
		<r> [goto IPHOW]</r>			
	<	<d> [goto IPDATEMT]</d>			
Hard Edit:	]	ERR_IPDATED			
Huru Duitt					
	[	[fill1: IPDATED] is not a valid d	lay for [fill2: IPDATEM	[].	
			-		
		<close> [reset IPDATED for new</close>			
	<	<goto> [reset IPDATED for new</goto>	v entry]		

**Injuries & Poisoning** 

Document Version Date: 30-May-12

Question ID:	FIJ.050_03	.000 Instrum	nent Variable Name:	IPDATEY	QuestionnaireFileName:	Family
QuestionText:	3 of 3					
	* Enter	year.				
Year	Year					
9997	Refuse	d				
9999	Don't k	now				
UniverseTex	xt: A	All injury/poiso	ning episodes where a	a valid day of episo	ode was entered	
SkipInstruc	II	PDATED and		date prior to the sta	re date; goto ERR_IPDATEY; else, art date of the 91 day reference perio	
Hard Edit:	E	ERR_IPDATE	Y			
	*	* Future date in	valid.			
	*	<sup>e</sup> Please correct	t.			
			IPDATED for new en PDATED for new ent	-		
Soft Edit:	E	ERR1_IPDATE	ΞY			
			date, [^IPDATEM(tex g [fill date used in FI		eric)^IPDATEY(4-digit year)], fall	s outside the reference
	*	Please verify t	he date and make any	corrections.		
	E	ERR2_IPDATE	ΞY			
	р	eriod beginnin		J.010]. NOTE: Th	eric)^IPDATEY(4-digit year)], falls e start of the reference period falls in	
	*	Please verify t	he date and make any	corrections.		
	E	ERR3_IPDATE	ΞY			
		The reported late used in FIJ		xt)^IPDATEY(4-d	git year)], falls outside the reference	e period beginning [fill

\*Please verify the date and make any corrections.

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12						
Question ID:	FIJ.051_01.000	Instrument Variable Name:	IPDATENO	QuestionnaireFileName:	Family	
QuestionText:	1 of 2					
	Can you tell	me approximately how long ag	o [fill1: your/ALIAS	S's] [fill2: injury/poisoning] happe	ened?	
	*Enter numb	er for time since event.				
001-096 997 999	1-96 Refused Don't know					
UniverseText	t: All inj	ury/poisoning episodes where	don't know was ente	red for month of episode		
SkipInstructi		> [goto IPDATETP] > [goto IPHOW]				
QuestionText:	2 of 2 *Enter numb ^IPDATENC	er for time period since event.				
1	Days					
2	Weeks					
3	Months					
7 9	Refused Don't know					
UniverseText	5	ury/poisoning episodes where over " part of this two-part question		red for month of episode and 1-91	was entered for the	
SkipInstructi	ons: goto I	PHOW				
Hard Edit:	IPD	OATENO GT 91 days (1) or ATENO GT 13 weeks (2) or ATENO GT 4 months (3) then	goto ERR_IPDATE	ТР		
		IPDATETP It Blaise message for now "Ou	t of range"			
Soft Edit:	ERR1	_IPDATETP				
	*The	approximate date falls outside t	he reference period	beginning [fill date used in FIJ.01	0].	
	*Pleas	se verify and make any correcti	ons.			

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12								
Question ID:	FIJ.052_00.000	Instrument Variable Name:	IPDATEMT	QuestionnaireFileName:	Family			
QuestionText:	(book) F3	? [F1]						
	Was this in th ^IPDATEM (		M (text)], the middle	of [fill: ^IPDATEM (text)], or th	e end of [fill:			
1	Beginning							
2	Middle							
3	End							
7	Refused							
9	Don't know							
Question ID:	FIJ.060_00.000	Instrument Variable Name:	IPHOW	QuestionnaireFileName:	Family			
Question ID: QuestionText:	FIJ.060_00.000 ? [F1]	Instrument Variable Name:	IPHOW	QuestionnaireFileName:	Family			
-	? [F1] [fill1: How di recent if multi	d [fill2: your/ALIAS's] [fill3: i iple)] happen?/How did this [fi	injury/poisoning] on   113: injury/poisoning]	QuestionnaireFileName: [fill4: ^IPDATEM ^IPDATED (   happen?] Please describe fully bstances, or other people involve	(starting with most the circumstances or			
-	? [F1] [fill1: How di recent if multi events leading * Enter the ve	d [fill2: your/ALIAS's] [fill3: i iple)] happen?/How did this [fi g to the [fill3: injury/poisoning]	injury/poisoning] on   113: injury/poisoning] ], and any objects, sul s much detail as possi	[fill4: ^IPDATEM ^IPDATED (   happen?] Please describe fully bstances, or other people involve ible, including specifically what	(starting with most the circumstances or d.			
-	? [F1] [fill1: How di recent if multi events leading * Enter the ve	d [fill2: your/ALIAS's] [fill3: i iple)] happen?/How did this [fi g to the [fill3: injury/poisoning] erbatim response, probing for a all circumstances surrounding t	injury/poisoning] on   113: injury/poisoning] ], and any objects, sul s much detail as possi	[fill4: ^IPDATEM ^IPDATED (   happen?] Please describe fully bstances, or other people involve ible, including specifically what	(starting with most the circumstances or d.			
QuestionText: Verbatim	? [F1] [fill1: How di recent if multi events leading * Enter the ve the time and a Verbatim res	d [fill2: your/ALIAS's] [fill3: i iple)] happen?/How did this [fi g to the [fill3: injury/poisoning] erbatim response, probing for a all circumstances surrounding t	injury/poisoning] on   113: injury/poisoning] ], and any objects, sul s much detail as possi	[fill4: ^IPDATEM ^IPDATED (   happen?] Please describe fully bstances, or other people involve ible, including specifically what	(starting with most the circumstances or d.			
QuestionText: Verbatim 7	? [F1] [fill1: How di recent if multi events leading * Enter the ve the time and a Verbatim res Refused Don't know	d [fill2: your/ALIAS's] [fill3: i iple)] happen?/How did this [fi g to the [fill3: injury/poisoning] erbatim response, probing for a all circumstances surrounding t	injury/poisoning] on   ll3: injury/poisoning] ], and any objects, sul s much detail as possi he event. Record all	[fill4: ^IPDATEM ^IPDATED (   happen?] Please describe fully bstances, or other people involve ible, including specifically what volunteered information.	(starting with most the circumstances or d.			

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12											
Question ID:	FIJ.065_00.000	Instrument Variable Name:	ICAUS	QuestionnaireFileName:	Family						
QuestionText:	? [F1]										
	* Do not read.										
	* Enter the number which best describes the cause of the person's injury from the list below.										
01	01 In a motor vehicle										
02											
03	Pedestrian v	vho was struck by a vehicle suc	h as a car or b	picycle							
04		ain, or plane		-							
05	Fall										
06	Burned or se	calded by substances such as he	ot objects or li	quids, fire, or chemicals							
07	Other		-	-							
97	Refused										
99	Don't know										
UniverseTex	at: All inj IPHO		cal profession	al was consulted and don't know or refu	sed was not entered at						
SkipInstruct	SkipInstructions: goto IJBODY										

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12								
Question ID:	FIJ.070_00.000	Instrument Variable Name:	IJBODY	QuestionnaireFileName:	Family			
QuestionText:	(book) F4							
	* Enter up to 4	4 responses, separate with com	mas.					
	* Ask or verif	y.						
	In this injury	, what parts of [fill: your/ALIA	AS's] body were hu	ırt?				
01	Ankle							
02	Back							
03	Buttocks							
04	Chest							
05	Ear							
06	Elbow							
07	Eye							
08	Face							
09	Finger/thumb	)						
10	Foot							
11	Forearm							
12	Groin							
13	Hand							
14	Head (not fac	ce)						
15	Hip							
16	Jaw							
17	Knee							
18	Lower leg							
19	Mouth							
20	Neck							
21	Nose							
22	Shoulder							
23	Stomach							
24	Teeth							
25	Thigh							
26	Toe							
27	Upper arm							
28	Wrist							
29	Other, specify	V						
97	Refused							
99	Don't know							
UniverseTex	<b>xt:</b> All inju	ry episodes for which a medic	al professional was	consulted				
SkipInstruc	<29> [g	[goto IJTYPE1] goto IJBODYOS] [goto IPEV]						

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12										
Question ID:	FIJ.071_00.000	Instrument Variable Name:	IJBODYOS	<b>QuestionnaireFileName:</b>	Family					
QuestionText:	QuestionText: *Read if necessary.									
	What other parts of the body were hurt?									
Verbatim	Verbatim res	ponse								
7	Refused									
9	Don't know									
UniverseTex	<b>xt:</b> All inju	ry episodes where some "othe	er" part of the body	was hurt						
SkipInstruct	SkipInstructions: goto IJTYPE1									

Question ID:	FIJ.072_00.000	Instrument Variable Name:	IJTYPE1	QuestionnaireFileName:	Family
QuestionText:	(book) F5				
	*Enter up to	2 responses, separate with a co	omma.		
	* Ask or ver	ify.			
	In what way	was [fill1: your/ALIAS's] [fill2	2: first entry^IJI	BODY (text) or ^IJBODYOS] hurt?	
01	Broken bon	e or fracture			
02	Sprain, stra	n, or twist			
03	Cut				
04	Scrape				
05	Bruise				
06	Burn				
07	Insect bite				
08	Animal bite				
09	Other, spec	fy			
97	Refused				
99	Don't know				
UniverseTe	<b>xt:</b> All in	jury episodes where at least one	e part of the body	was hurt	
SkipInstruc	<9>[	D> [goto IJTYPE2 for next bod goto IJTYP1OS] goto IPEV]	ly part entered at 1	IJBODY; if no more body parts, goto	IPEV]

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12								
Question ID:	FIJ.073_00.0	00 Instrument Variable Name:	IJTYP1OS	QuestionnaireFileName:	Family			
QuestionText:	? [F1]							
	* Read if	necessary.						
	How was	[fill1: your/ALIAS's] [fill2: first of	entry ^IJBODY (t	ext) or ^IJBODYOS] hurt?				
Verbatim 7 9	Verbatim Refused Don't kno	n response						
UniverseTex	kt: All	injury episodes where the first bo	dy part was hurt in	some "other" way				
SkipInstruct	tions: got	o IJTYPE2 for next body part; if 1	no more body parts,	goto IPEV				
Question ID:	FIJ.074_00.0	00 Instrument Variable Name:	IJTYPE2	QuestionnaireFileName:	Family			
QuestionText:	(book) F5							
	*Enter up	to 2 responses, separate with a co	omma.					
	* Ask or v	verify.						
	In what w	ay was [fill1: your/ALIAS's] [fill	2: second entry^IJ	BODY (text) or ^IJBODYOS] hur	t?			
01	Broken b	one or fracture						
02	Sprain, st	train, or twist						
03	Cut							
04	Scrape							
05	Bruise							
06	Burn							
07	Insect bit							
08	Animal b							
09 97	Other, sp	eeny						
97 99	Refused Don't kno							
UniverseTex	<b>xt:</b> All		body parts were hu	ırt and the type of injury or don't k	now was entered for the			
SkipInstruct	SkipInstructions:       <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]         <9> [goto IJTYP2OS] <r> [goto IPEV]</r>							

**Injuries & Poisoning** 

Question ID:	FIJ.075_00.000	Instrument Variable Name:	IJTYP2OS	QuestionnaireFileName:	Family
QuestionText:	* Read if nece	ssary.			
	How else was	[fill1: your/ALIAS's] [fill2: s	second entry ^IJE	SODY (text) or ^IJBODYOS] hurt?	
Verbatim	Verbatim resp	ponse			
7	Refused				
9	Don't know				
UniverseTex	at: All inju	ry episodes where the second	body part was hur	in some "other" way	
SkipInstruc	tions: goto IJ	TYPE3 for next body part; if r	no more body parts	, goto IPEV	

Question ID:	FIJ.076_00.000	Instrument Variable Name:	IJTYPE3	QuestionnaireFileName:	Family
QuestionText:	(book) F5				
	*Enter up to	2 responses, separate with a co	mma.		
	* Ask or ve	ify.			
	In what way	was [fill1: your/ALIAS's] [fill2	2: third entry^I	JBODY (text) or ^IJBODYOS] hurt?	
01	Broken bor	ne or fracture			
02	Sprain, stra	in, or twist			
03	Cut				
04	Scrape				
05	Bruise				
06	Burn				
07	Insect bite				
08	Animal bit				
09	Other, spec	ify			
97	Refused				
99	Don't know	,			
UniverseTe		jury episodes where at least thre d body part at IJTYPE2	ee body parts we	ere hurt and type of injury or don't know	w was entered for the
SkipInstruc	<9>	D> [goto IJTYPE4 for next bod goto IJTYP3OS] [goto IPEV]	y part entered at	IJBODY; if no more body parts, goto	IPEV]

**Injuries & Poisoning** 

Question ID:	FIJ.077_00.000	Instrument Variable Name:	IJTYP3OS	QuestionnaireFileName:	Family
QuestionText:	* Read if nece	essary.			
	How else was	[fill1: your/ALIAS's] [fill2: th	hird entry ^IJBO	DY (text) or ^IJBODYOS] hurt?	
Verbatim	Verbatim res	ponse			
7	Refused				
9	Don't know				
UniverseTex	<b>xt:</b> All inju	ry episodes where the third bo	ody part was hurt ir	some "other" way	
SkipInstruc	tions: goto IJ	ΓΥΡΕ4 for next body part; if n	o more body parts.	goto IPEV	

Question ID:	FIJ.078_00.000	Instrument Variable Name:	IJTYPE4	QuestionnaireFileName:	Family
QuestionText:	(book) F5				
	*Enter up to 2	responses, separate with a cor	nma.		
	* Ask or verif	у.			
	In what way v	vas [fill1: your/ALIAS's] [fill2	e: fourth entry^I.	JBODY (text) or ^IJBODYOS] hurt?	
01	Broken bone	or fracture			
02	Sprain, strain	, or twist			
03	Cut				
04	Scrape				
05	Bruise				
06	Burn				
07	Insect bite				
08	Animal bite				
09	Other, specif	у			
97	Refused				
99	Don't know				
UniverseTex		ry episodes where four body p IJTYPE3	parts were hurt and	l type of injury or don't know was en	tered for the third body
SkipInstruc		D> [goto IPEV] pto IJTYP4OS]			

**Injuries & Poisoning** 

Question ID:	FIJ.079_00.000	Instrument Variable Name:	IJTYP4OS	QuestionnaireFileName:	Family
QuestionText:	* Read if nece	essary.			
	How else was	[fill1: your/ALIAS's] [fill2: fo	ourth entry ^IJB	ODY (text) or ^IJBODYOS] hurt?	
Verbatim	Verbatim res	ponse			
7	Refused				
9	Don't know				
UniverseTex	<b>xt:</b> All inju	ry episodes where the fourth b	oody part was hurt	in some "other" way	
SkipInstruc	tions: if a point	soning episode, goto PPCC; el	se, goto IPEV		

Question ID:	FIJ.080_01.000	Instrument Variable Name:	PPCC	QuestionnaireFileName:	Family
QuestionText:	Did [fill: you/	ALIAS] get MEDICAL ADV	ICE, TREATM	ENT, or FOLLOW-UP CARE for this	poisoning from
	A phone call t	o a poison control center?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All poi	soning episodes for which a m	edical profession	onal was consulted	
SkipInstruct		> [goto IPEV] oto IPHOSP]			

	2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12								
Question ID:	FIJ.080_02.000	Instrument Variable Name:	IPEV	QuestionnaireFileName:	Family				
QuestionText:	* Read lead-i	n if necessary.							
	Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?								
	An emergenc	y vehicle, such as an ambulanc	e or fire truck						
1	Yes								
2	No								
7	Refused								
9	Don't know								
UniverseTex	<b>xt:</b> All inj	ury/poisoning episodes for whi	ch a medical pr	ofessional was consulted					
SkipInstruc	SkipInstructions: <1,2,D> [goto IPER] <r> [goto IPHOSP]</r>								

Question ID:	FIJ.080_03.000	Instrument Variable Name:	IPER	QuestionnaireFileName:	Family
QuestionText:	* Read lead	in if necessary.			
	Did [fill1: y injury/poiso	10	VICE, TREAT	MENT, or FOLLOW-UP CARE for thi	s [fill2:
	A visit to an	emergency room			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All in	jury/poisoning episodes for wh	ich a medical j	professional was consulted	
SkipInstruct		D> [goto IPDO] goto IPHOSP]			

	2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12								
Question ID:	FIJ.080_04.000	Instrument Variable Name:	IPDO	QuestionnaireFileName:	Family				
QuestionText:	? [F1]								
	* Read lead-in	n if necessary.							
	Did [fill1: you injury/poisoni		/ICE, TREATMEN	T, or FOLLOW-UP CARE for this	s [fill2:				
	A visit to a do	octor's office or other health cli	inic						
1	Yes								
2	No								
7	Refused								
9	Don't know								
UniverseTex	<b>ct:</b> All inju	ary/poisoning episodes for which	ch a medical profes	sional was consulted					
	< <b>K</b> > [g	oto IPHOSP]							
Question ID.	EU 080 05 000	Instrument Veriable Neme	IDDCLICD	QuestionnoineFileNome	E-mile-				
	FIJ.080_05.000	Instrument Variable Name:	ІРРСНСР	QuestionnaireFileName:	Family				
	? [F1]		IPPCHCP	QuestionnaireFileName:	Family				
	? [F1] * Read lead-in	n if necessary.							
	? [F1] * Read lead-in	n if necessary. u/ALIAS] get MEDICAL ADV		QuestionnaireFileName: T, or FOLLOW-UP CARE for this					
	? [F1] * Read lead-in Did [fill1: you injury/poisoni	n if necessary. u/ALIAS] get MEDICAL ADV	/ICE, TREATMEN	T, or FOLLOW-UP CARE for this					
	? [F1] * Read lead-in Did [fill1: you injury/poisoni	n if necessary. u/ALIAS] get MEDICAL ADV ing]?	/ICE, TREATMEN	T, or FOLLOW-UP CARE for this					
QuestionText:	? [F1] * Read lead-in Did [fill1: you injury/poisoni A phone call t	n if necessary. u/ALIAS] get MEDICAL ADV ing]?	/ICE, TREATMEN	T, or FOLLOW-UP CARE for this					
QuestionText:	? [F1] * Read lead-in Did [fill1: you injury/poisoni A phone call t Yes	n if necessary. u/ALIAS] get MEDICAL ADV ing]?	/ICE, TREATMEN	T, or FOLLOW-UP CARE for this					
QuestionText: 1 2	? [F1] * Read lead-in Did [fill1: you injury/poisoni A phone call t Yes No	n if necessary. u/ALIAS] get MEDICAL ADV ing]?	/ICE, TREATMEN	T, or FOLLOW-UP CARE for this					
2 7	? [F1] * Read lead-in Did [fill1: you injury/poisoni A phone call t Yes No Refused Don't know	n if necessary. u/ALIAS] get MEDICAL ADV ing]?	/ICE, TREATMEN	T, or FOLLOW-UP CARE for this					

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12								
Question ID:	FIJ.080_	06.000	Instrument Variable Name:	IPOTH	QuestionnaireFileName:	Family		
QuestionText:	* Rea	ad lead-ir	n if necessary.					
Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?								
	Any	place else	e?					
1	Yes							
2	No							
7	Refu	ised						
9	Don	't know						
UniverseTe	ext:	All inju	ıry/poisoning episodes for whi	ch a medical pro	ofessional was consulted			
SkipInstructions:       <1> [goto IPOTHOS]         if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER         <2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP] <r,d> [goto IPHOSP]</r,d>								
Question ID:	FIJ.081_	00.000	Instrument Variable Name:	IPOTHOS	QuestionnaireFileName:	Family		

QuestionText:	* Read lead-in if necessary.
	Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?
Verbatim	Verbatim response
7	Refused
9	Don't know
UniverseText:	All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place
SkipInstruction	s: goto IPHOSP

				1 age 22 01 51					
2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12									
Question ID:	Question ID:         FIJ.082_00.000         Instrument Variable Name:         IPVER         QuestionnaireFileName:         Family								
QuestionText:	* Plea	ase verif	fy.						
	[fill1: correc		LIAS] DID NOT receive any	medical advice, tre	eatment, or follow-up for this [fill2:	njury/poisoning]. Is that			
1	Yes								
2	No								
7	Refu	sed							
9	Don'	t know							
UniverseTe	xt:	-	ury/poisoning episodes for wl ent, or follow-up care was sel	-	essional was consulted, but no sourc	e of medical advice,			
SkipInstructions:<1>[If the subject HAS more injury/poisoning episodes, then go to FIJ.050_1for that subject. If the subject NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poi If no more family members with an injury/poisoning, go to next section.] <2> [if poisoning, go PPCC for new entries; else if injury, go to IPEV for new entries]									
Hard Edit:		ERR_I	IPVER						
Question ID:	FIJ.090_	00.000	Instrument Variable Name:	IPHOSP	QuestionnaireFileName:	Family			
QuestionText:	? [F1]	]							
	[fill1:	Were y	ou/Was ALIAS] hospitalized	for at least one nig	ght as a result of this [fill2: injury/po	isoning]?			
1	Yes								
2	No								
7	Refu	sed							
9	Don'	t know							
UniverseTe	xt:	All injı	ury/poisoning episodes for wl	hich a medical prof	essional was consulted				
SkipInstruc	tions:		oto IPIHNO] D> [if an injury episode, goto	IMTRAF; if a pois	oning episode, goto PPOIS]				

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12						
Question ID:	FIJ.091_00.000	) Instrument Variable Nan	ne: IPIHNO	QuestionnaireFileName:	Family	
QuestionText:	? [F1]					
	How many i	nights [fill: were you/was A	LIAS] in the hospital?			
	* If still in h	hospital, ask how many nigh	ts up to today.			
	* Enter '95'	for 95 or more nights.				
01-94 95 97 99	1-94 nights 95+ nights Refused Don't know					
UniverseTex	t: All in	njury/poisoning episodes for	which a medical profes	sional was consulted and resulted i	n hospitalization	
SkipInstruct	goto l	0,R,D> [if ICAUS eq 1-3, g IFALL; if a poisoning episo 95> [goto ERR_IPIHNO]		AUS eq 4-7,R,D, goto IPWHAT; e	lse, if ICAUS eq 5,	
Soft Edit:		PIHNO gt 60, display ERR_1 PIHNO is unusually high. P				
	Supp. Goto Close	)				
	if ICA	oress> [if ICAUS eq 01 or 02 AUS eq 04 or 06 or 07 or 97 AUS eq 05, goto IFALL]] ose, Goto> [reset IPIHNO fo	7, or 99, goto IPWHAT]			
Question ID:	FIJ.109_00.000	) Instrument Variable Nan	ne: IMTRAF	QuestionnaireFileName:	Family	
QuestionText:	? [F1]					
	* Ask or ver	rify.				
	Did this acc	cident occur on a public high	way, street, or road?			
1	Yes					
2	No					
7	Refused					
9	Don't know	V				
UniverseTex				ile in a motor vehicle; on a bike, so		
		· · · · ·				

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12							
Question ID:	FIJ.110_00.000 Instrument Variable Name: IMVWHO QuestionnaireFileName: Family						
QuestionText:	*Read all categories.						
	* Ask or verify.						
	[fill: Were you/Was ALIAS] injured as:						
	* Read answer categories.						
1	The driver of a motor vehicle						
2	A passenger in a motor vehicle						
3	A pedestrian						
4	A bicycle rider or tricycle rider						
5	The rider of a scooter, skateboard, skates, or other non-motorized vehicle						
7	Refused						
9	Don't know						
UniverseTex	ext: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle						
SkipInstruct	ctions:       <1,2> [goto IMVTYP]         <4,5> [goto IHELMT]         <3,R,D> [goto IPWHAT]						

Question ID:	FIJ.111_00.000	Instrument Variable Name:	IMVTYP	QuestionnaireFileName:	Family
QuestionText:	(book) F6	? [F1]			
	* Ask or verif	y.			
	What type of	vehicle [fill: were you/was AL	.IAS] in?		
01	Passenger ca	r			
02	Passenger tru	ick, such as a pickup truck, vai	n, or SUV		
03	Bus				
04	Large commo	ercial truck, such as a semi-tru	ck, big rig, or 18	wheeler	
05	Motorcycle (	including mopeds and minibik	tes)		
06	All terrain ve	hicle or ski/snow-mobile			
07	Farm equipm	ent (such as a tractor)			
08	Industrial or	construction vehicle			
09	Other				
97	Refused				
99	Don't know				
UniverseTex	<b>xt:</b> All me	dically-consulted injury episod	les that occurred	while a driver or passenger of a vehic	le
SkipInstruc	<5,6>[	> [goto ISBELT] goto IHELMT] 9,R,D> [goto IPWHAT]			

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2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12							
Question ID:	FIJ.112_00.000	Instrument Variable Name:	ISBELT	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
	* Ask or verif	îy.					
	[fill: Were yo	u/Was ALIAS] restrained at th	e time of the accide	ent?			
1	Yes						
2	No						
7	Refused						
9	Don't know						
SkipInstruc	tions: goto IF	WHAT					
Question ID:	FIJ.113_00.000	Instrument Variable Name:	IHELMT	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
	* Ask or verif	ŷ.					
	[fill: Were yo	u/Was ALIAS] wearing a helm	net at the time of the	e accident?			
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex				nile riding a bicycle, tricycle, scoot rrain vehicle or ski/snow-mobile	er, skateboard, skates,		
SkipInstruc	tions: goto IP	WHAT					

	2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12						
Question ID:	FIJ.130_00.000	Instrument Variable Name:	IFALL	QuestionnaireFileName:	Family		
QuestionText:	(book) F7						
	* Enter up to 2	2 responses, separate with a co	omma.				
	* Ask or verif	ŷ.					
	How did [fill:	you/ALIAS] fall? Anything e	else?				
01	Stairs, steps,	or escalator					
02	Floor or level	l ground					
03	Curb (includi	ing sidewalk)					
04	Ladder or sca	affolding					
05	Playground e	equipment					
06	Sports field,	court, or rink					
07	-	other structure					
08	Chair, bed, so	ofa, or other furniture					
09	Bathtub, show	wer, toilet, or commode					
10	Hole or other	r opening					
11	Other						

Question ID:	FIJ.131_00.000	Instrument Variable Name:	IFALLWHY	QuestionnaireFileName:	Family
QuestionText:	(book) F8				
	* Ask or verif	y.			
	What caused	[fill: you/ALIAS] to fall?			
1	Slipping or t	ripping			
2	Jumping or d	living			
3	Bumping into	o an object or another person			
4	Being shoved	d or pushed by another person			
5	Losing balan	ce or having dizziness (becom	ing faint or having a s	seizure)	
6	Other				
7	Refused				
9	Don't know				
UniverseTex	<b>All med</b>	dically-consulted injury episod	des that occurred due	to a fall	
SkipInstruct	tions: goto IP	WHAT			

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

97

99

UniverseText:

SkipInstructions:

Refused

Don't know

goto IFALLWHY

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2011 NHIS	Questionnaire -	Family
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**Injuries & Poisoning** 

Question ID:	FIJ.140_00.000	Instrument Variable Name:	PPOIS	QuestionnaireFileName:	Family
QuestionText:	(book) F9	? [F1]			
	* Ask or verif	ý.			
	What did [fill	: your/ALIAS's] poisoning res	ult from?		
1	Swallowing a	a drug or medical substance mi	stakenly or in o	verdose	
2	Swallowing of	or touching a harmful solid or l	iquid substance		
3	Inhaling harr	nful gases or vapors			
4	Eating a pois	onous plant or other substance	mistaken for fo	ood	
5	Being bitten	by a poisonous animal			
6	Other, please	e specify			
7	Refused				
9	Don't know				
UniverseTex	<b>xt:</b> All poi	soning episodes for which a me	edical profession	nal was consulted	
SkipInstruct		,D> [goto IPWHAT] oto PPOISOS]			

Question ID:	FIJ.141_00.000	Instrument Variable Name:	PPOISOS	QuestionnaireFileName:	Family			
QuestionText:	* Read if nece	essary.						
	How did [fill:	your/ALIAS's] poisoning occ	ur?					
Verbatim	Verbatim res	ponse						
7	Refused							
9	Don't know	Don't know						
UniverseTex	<b>xt:</b> All med	dically-consulted poisoning ep	isodes where the	poisoning resulted from some "other'	' reason			
SkipInstruc	tions: goto IP	WHAT						

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12					
Question ID:	FIJ.150_00.000 Instrument Variable Name: IPWHAT QuestionnaireFileName: Family				
QuestionText:	(book) F10 ? [F1]				
	* Enter up to 2 responses, separate with a comma.				
	* Ask or verify.				
	What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?				
01	Driving or riding in a motor vehicle				
02	Working at a paid job				
03	Working around the house or yard				
04	Attending school				
05	Unpaid work (such as volunteer work)				
06	Sports and exercise				
07	Leisure activity (excluding sports)				
08	Sleeping, resting, eating, or drinking				
09	Cooking				
10	Being cared for (hands-on care from other person)				
11	Other, please specify				
97	Refused				
99	Don't know				
UniverseTex	<b>xt:</b> All injury/poisoning episodes for which a medical professional was consulted				
SkipInstruc	ctions: <1-10,R,D> [goto IPWHER] <11> [goto IPWHATOT]				

Question ID:	FIJ.151_00.000	Instrument Variable Name:	IPWHATOT	QuestionnaireFileName:	Family			
QuestionText:	* Read if nece	ssary.						
	What other ac	tivity [fill1: were you/was AL	IAS] involved in at t	he time of the [fill2: injury/poison	ing]?			
Verbatim	Verbatim res	ponse						
7	Refused							
9	Don't know	Don't know						
UniverseTex	at: All med	lically-consulted injury/poison	ning episodes that oc	curred in some "other" place				
SkipInstruc	tions: goto IP	WHER						

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12						
Question ID:	FIJ.160_00.000	Instrument Variable Name:	IPWHER	QuestionnaireFileName:	Family	
QuestionText:	(book) F11	? [F1]				
	* Enter up to 2	2 responses, separate with a co	omma.			
	* Ask or verif	y.				
	Where [fill1:	were you/was ALIAS] when the	he [fill2: injury/poi	soning] happened?		
01	Home (inside	e)				
02	Home (outsic					
03	School (not r	residential)				
04	Child care ce	enter or preschool				
05	Residential in	nstitution (excluding hospital)				
06	Health care f	acility (including hospital)				
07	Street or high	nway				
08	Sidewalk					
09	Parking lot					
10	Sport facility	, athletic field, or playground				
11	Shopping cer	nter, restaurant, store, bank, ga	s station, or other p	lace of business		
12	Farm					
13	Park or recre	ation area (include bike or jog	path)			
14		stream, or ocean				
15	Industrial or	construction area				
16	Other public	building				
17	Other					
97	Refused					
99	Don't know					
UniverseTex	<b>xt:</b> All inju	ary/poisoning episodes for whi	ch a medical profe	ssional was consulted		
SkipInstruc	for that injury/µ injury/µ	,R,DK> [If AGE lt 5 and person person; else if AGE lt 5 and p poisoning episodes, goto TFIN poisoning; else if AGE lt 5 and	berson DOES NOT J3M/TFPOI3M for l no more family m	next person with an	EM	

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injury/poisoning, go to FPOI3M/next section; Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]

2011 NHIS Questionnaire - Family Injuries & Poisoning Document Version Date: 30-May-12							
QuestionText:	? [F1]						
	At the time of	this [fill1: injury/poisoning],	[fill2: were you/w	as ALIAS] employed full-time, part-	time, or not employed?		
1	Full-time						
2	Part-time						
3	Not employe	d					
7	Refused						
9	Don't know						
UniverseTe	xt: All me	dically-consulted injury/poiso	ning episodes for p	persons 13 years of age or older			
SkipInstruc		goto IPWKLS] >> [goto IPSTU]					
Question ID:	FIJ.171_00.000	Instrument Variable Name:	IPWKLS	QuestionnaireFileName:	Family		
QuestionText:	As a result of	this [fill1: injury/poisoning], l	now many days of	work did [fill2: you/ALIAS] miss?			
1	None						
2	Less than on	e day					
3	One to five d	-					
4	Six or more of	-					
7	Defused	-					

- 7 Refused
- 9 Don't know

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

SkipInstructions: goto IPSTU

**Injuries & Poisoning** 

Question ID:					
Question ID.	FIJ.180_00.000	Instrument Variable Name:	IPSTU	QuestionnaireFileName:	Family
QuestionText:	At the time of student?	this [fill1: injury/poisoning],	[fill2: were you/wa	s ALIAS] a full-time student, part-t	ime student or not a
1	Full-time				
2	Part-time				
3	Not a studen	:			
7	Refused				
9	Don't know				
UniverseTex	<b>xt:</b> All me	dically-consulted injury/poiso	ning episodes for p	ersons 5 years of age or older	
SkipInstruc	<3,R,E NOT H		episodes, goto TFIN	des, goto IPDATEM for that person IJ3M/TFPOI3M for next person wit g, goto next section]	
-	FIJ.181_00.000 As a result of	Instrument Variable Name: this [fill1: injury/poisoning], !	IPSCLS	QuestionnaireFileName: school did [fill2: you/ALIAS] miss?	Family
QuestionText:	As a result of			-	·
QuestionText:	As a result of None	this [fill1: injury/poisoning], l		-	·
QuestionText: 1 2	As a result of None Less than on	this [fill1: injury/poisoning], b e day		-	·
QuestionText: 1 2 3	As a result of None Less than on One to five o	this [fill1: injury/poisoning], l e day ays		-	·
QuestionText: 1 2 3 4	As a result of None Less than on One to five of Six or more	this [fill1: injury/poisoning], l e day ays		-	·
2 3	As a result of None Less than on One to five o	this [fill1: injury/poisoning], l e day ays		-	
QuestionText: 1 2 3 4 7	As a result of None Less than on One to five of Six or more Refused Don't know	this [fill1: injury/poisoning], l e day ays lays	how many days of s	-	

2011 NHIS Questionnaire - Family Family Access to Health Care & Utilization Document Version Date: 30-May-12						
Question ID:	FAU.010	00.000	Instrument Variable Name:	FDMED12M	QuestionnaireFileName:	Family
QuestionText:	? [F1	]				
	The f	ollowing	questions are about the use of	health care. Do not i	nclude dental care.	
			PAST 12 MONTHS, [fill: ha amily] because of worry about		ing medical care/has medical car	e been delayed for
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTe	xt:	All fami	lies			
SkipInstructions:		PDMED		he person number in i	PDMED12M and goto FNMED	2M; else, goto
Question ID:	FAU.020	)_00.000	Instrument Variable Name:	PDMED12M	QuestionnaireFileName:	Family
QuestionText:	* Asl	t or verify	. Enter applicable line numb	er(s), separate with co	ommas.	
		which fami one else?)	ily member was medical care	delayed?		

1 Yes

2 No

7 Refused

9 Don't know

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

SkipInstructions: goto FNMED12M

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

	Family Access to Health Care & UtilizationDocument Version Date: 30-May-12						
Question ID:	FAU.030	_00.000 Instrument Variable Name:	FNMED12M	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
		NG THE PAST 12 MONTHS, was the t get it because [fill2: you/the family]		1: you/someone in the family] 1	needed medical care, but		
1	Yes						
2	No						
7	Refus	sed					
9	Don't	know					
UniverseTex	xt:	All families					
Question ID:	FAU.040	_00.000 Instrument Variable Name:	PNMED12M	QuestionnaireFileName:	Family		
Question ID: QuestionText:		_00.000 Instrument Variable Name: or verify. Enter applicable line number		-	Family		
	* Ask Who c			-	Family		
	* Ask Who c	or verify. Enter applicable line numb lidn't get needed care?		-	Family		
QuestionText:	* Ask Who c (Anyc	or verify. Enter applicable line numb lidn't get needed care?		-	Family		
QuestionText: 1	* Ask Who c (Anyc Yes	or verify. Enter applicable line numb lidn't get needed care? ne else?)		-	Family		
QuestionText: 1 2	* Ask Who c (Anyc Yes No Refus	or verify. Enter applicable line numb lidn't get needed care? ne else?)		-	Family		
QuestionText: 1 2 7	* Ask Who c (Anyc Yes No Refus Don't	or verify. Enter applicable line numb lidn't get needed care? ne else?)	er(s), separate with co	mmas.			
QuestionText: 1 2 7 9	* Ask Who o (Anyc Yes No Refus Don't	or verify. Enter applicable line numb lidn't get needed care? ne else?) sed know	er(s), separate with co	mmas.			

2011 NHIS Questionnaire - Family Family Access to Health Care & Utilization Document Version Date: 30-May-12						
Question ID:	FAU.050	_00.000 Instrument Variable Name:	FHOSPYR	QuestionnaireFileName:	Family	
QuestionText:	?[F1]					
		were you/Including all infants born in 2 months? Do not include an overnig			ed OVERNIGHT in the	
1	Yes					
2	No					
7	Refus	ed				
9	Don't					
UniverseTex	xt:	All families				
Question ID:	FAU.060	_00.000 Instrument Variable Name:	PHOSPYR	QuestionnaireFileName:	Family	
QuestionText:	*Ask o	or verify. Enter applicable line numb	er(s), separate with co		2	
		vas in a hospital overnight? ne else?)				
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex		All families with two or more person (excluding ER)	is and at least one was	s a patient overnight during the pa	ast 12 months	
SkipInstruct	tions:	goto HOSPNO				
		NOTE: In the instrument, interviewe respondent. As shown above, each e				

2011 NHIS Questionnaire - Family Family Access to Health Care & Utilization Document Version Date: 30-May-12						
Question ID:	FAU.070_00.000 Instrument Variable Name: HOSPNO QuestionnaireFileName: Family					
QuestionText:	? [F1]					
	How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?					
001-365	1-365 times					
997	Refused					
999	Don't know					
UniverseTex	<b>xt:</b> All persons who had an overnight hospital stay during the past 12 months (excluding ER)					
SkipInstruct	tions: <1-10> [goto HPNITE] <11-365> [goto ERR_HOSPNO] <r,d> [goto HPNITE]</r,d>					
Soft Edit:	ERR_HOSPNO * [fill: HOSPNO] is unusually high. * Verify entry. * Make corrections if necessary.					
Question ID: QuestionText:	FAU.110_00.000     Instrument Variable Name:     HPNITE     QuestionnaireFileName:     Family       ? [F1]					
	Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?					
001-365	1-365 nights					
997	Refused					
999	Don't know					
UniverseTex	<b>xt:</b> All persons who had an overnight hospital stay during the past 12 months (excluding ER)					
SkipInstruct	<pre>tions: &lt;1-50,R,D&gt; [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W] &lt;51-365&gt; [goto ERR1_HPNITE]</pre>					
	if HOSPNO gt HPNITE, goto ERR2_HPNITE					
Soft Edit:	ERR1_HPNITE * [fill: HPNITE] is unusually high. * Verify entry. * Make corrections if necessary.					
	ERR2_HPNITE * Do not read. * [fill: HPNITE] night(s) is less than the total number of times in the hospital overnight. * Please verify.					
	Note: If edit suppressed, store S in HPNITE_FLG					

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2011 NHIS Questionnaire - Family Family Access to Health Care & Utilization Document Version Date: 30-May-12						
Question ID:	FAU.120_00.000 Instrument Variable Name: FHCHM2W QuestionnaireFileName: Family					
QuestionText:	?[F1]					
	These next questions are about health care received DURING THE LAST 2 WEEKS. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists (AHF-thal-MOL-oh-jists), and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.					
	Do not include dental care. Do not include care while an overnight patient in a hospital.					
	DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	xt: All families					
SkipInstruc	tions: <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W] <2,R,D> [goto FHCPH2W]					

Question ID:	FAU.13	0_00.000	Instrument Variable Name:	PHCHM2W	QuestionnaireFileName:	Family
QuestionText:	* Asl	k or verify	7. Enter applicable line numb	er(s), separate with comm	as.	
		received vone else?	care at home? )			
1	Yes					
2	No					
7	Refi	used				
9	Don	't know				
UniverseTex	xt:		ilies with two or more persons 2 weeks (excluding dental ca		care at home from a health o	care professional during
SkipInstruc	tions:	goto PH	CHMN2W			
			In the instrument, interviewer ent. As shown above, each el		-	1 5

### Family Access to Health Care & Utilization

		Document	CISION Dute. 50-101	y-12				
Question ID:	FAU.140	_00.000 Instrument Variable Name:	PHCHMN2W	QuestionnaireFileName:	Family			
QuestionText:	ext: How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS?							
	* Enter '50' for 50 or more visits.							
01-50 97 99	1-50 home visits Refused Don't know							
UniverseTex	xt:	All persons who received care at hom care)	e from a health care	professional during the past 2 we	eks (excluding dental			
SkipInstruc	tions:	<1-14,R,D> [repeat for all eligible pe <15-50> [goto ERR_PHCPHMN2W]		CPH2W]				
Soft Edit:ERR_PHCHMN2W * [fill: PHCHMN2W] is unusually high. * Verify entry. * DO NOT PROBE. Make corrections if necessary.								
Question ID:	FAU.150	_00.000 Instrument Variable Name:	FHCPH2W	QuestionnaireFileName:	Family			
QuestionText:		NG THE LAST 2 WEEKS, did [fill: y IE from a doctor, nurse, or other healt		nily] get any medical advice or te	st results over the			
	Do no	t include phone calls to make appoint	ments, for billing que	stions or for prescription refills.				
1	Yes							
2	No							
7	Refu	sed						
9	Don't	know						
UniverseTex	xt:	All families						
SkipInstruc	tions:	<1> [if a single-person family, store t PHCPH2W] <2,R,D> [goto FHCDV2W]	he person number in	PHCPH2W and goto PHCPHN2	W; else, goto			

#### Family Access to Health Care & Utilization

Question ID:	FAU.160_00.000 Instrument Variable Name: PHCPH2W QuestionnaireFileName: Family	7				
QuestionText:	* Ask or verify. Enter applicable line number(s), separate with commas.					
	Who was the phone call about? (Anyone else?)					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	•	All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)				
SkipInstruct	ions: goto PHCPHN2W					
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by respondent. As shown above, each eligible person receives an edited response code in subsequent data					
Question ID: QuestionText:	FAU.170_00.000 Instrument Variable Name: PHCPHN2W QuestionnaireFileName: Family DURING THE LAST 2 WEEKS, how many telephone calls [fill1: did you make?] [fill2: were made about [fill: Alias]?	7				
	* Enter '50' for 50 or more phone calls.					
01 50						
01-50	1-50 calls					
01-50 97	1-50 calls Refused					
	1-50 calls Refused Don't know					
97	Refused Don't know	professional				
97 99	<ul> <li>Refused Don't know</li> <li>All persons for whom medical advice or test results were received over the phone from a health care during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)</li> </ul>	professional				

2011 NHIS Questionnaire - Family Family Access to Health Care & Utilization Document Version Date: 30-May-12							
Question ID:	FAU.180_	00.000 Instrument Variable Name:	FHCDV2W	QuestionnaireFileName:	Family		
QuestionText:		DURING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?					
	[fill2: I	Do not include times during an overn	ight hospital stay.]				
1	Yes						
2	No						
7	Refuse	ed					
9	Don't l	know					
UniverseTex	t: A	All families					
		<2,R,D> [goto F10DVYR]					
Question ID:		00.000 Instrument Variable Name:	PHCDV2W	QuestionnaireFileName:	Family		
-	FAU.190_				Family		
-	FAU.190_ * Ask o Who re	00.000 Instrument Variable Name:			Family		
-	FAU.190_ * Ask o Who re	00.000 <b>Instrument Variable Name:</b> or verify. Enter applicable line numl ceived care?			Family		
QuestionText:	FAU.190_ * Ask o Who re (Anyor	00.000 <b>Instrument Variable Name:</b> or verify. Enter applicable line numl ceived care?			Family		
QuestionText:	FAU.190_ * Ask o Who re (Anyor Yes	00.000 <b>Instrument Variable Name:</b> or verify. Enter applicable line numl ceived care? te else?)			Family		
QuestionText: 1 2	FAU.190_ * Ask o Who re (Anyor Yes No	00.000 <b>Instrument Variable Name:</b> or verify. Enter applicable line numl ceived care? ae else?)			Family		
QuestionText: 1 2 7	FAU.190_ * Ask of Who re (Anyor Yes No Refuse Don't l	00.000 <b>Instrument Variable Name:</b> or verify. Enter applicable line numl ceived care? ae else?)	per(s), separate with co s and at least one saw	ommas. a health care professional in an o	office, clinic,		
2 7 9	FAU.190_ * Ask of Who re (Anyor Yes No Refuse Don't l t: 4	00.000 <b>Instrument Variable Name:</b> or verify. Enter applicable line numl ceived care? te else?) ed know	per(s), separate with co s and at least one saw	ommas. a health care professional in an o	office, clinic,		

2011 NHIS Questionnaire - Family Family Access to Health Care & Utilization Document Version Date: 30-May-12					
Question ID:	FAU.200_00.000 Instrument Variable Name: PHCDVN2W QuestionnaireFileName: Family				
QuestionText:	How many times did [fill: you/ Alias] visit a doctor or other health care professional DURING THE LAST 2 WEEKS?				
	* Enter '50' for 50 or more visits.				
01-50 97 99	1-50 times Refused Don't know				
UniverseText	: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)				
SkipInstructi	<pre>ons: &lt;1-14,R,D&gt; [repeat for all eligible persons, then goto F10DVYR] &lt;15-50&gt; [goto ERR_PHCDVN2W]</pre>				
Soft Edit:	ERR_PHCDVN2W * [fill: PHCDVN2W] is unusually high. * Verify that all visits were within the two week reference period. * Make corrections if necessary.				
Question ID:	FAU.210_00.000 Instrument Variable Name: F10DVYR QuestionnaireFileName: Family				
QuestionText:	DURING THE PAST 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: All families				
SkipInstructi	ons: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR] <2,R,D> [goto FHICOV]				

#### Family Access to Health Care & Utilization

Question ID:	FAU.220	00.000	Instrument Variable Name:	P10DVYR	QuestionnaireFileName:	Family
QuestionText:	* Asl	c or verify	. Enter applicable line numb	per(s), separate with comm	as.	
		received one else?)	care 10 or more times?			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:		lies with two or more person onal during the past 12 montl		care 10 or more times from a lls)	a health care
SkipInstructions:		goto FH	ICOV			
					ssociated with the persons re edited response code in subse	1 2

			Page 1 of 48				
2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12							
Question ID:	FHI.050_00.00	() Instrument Variable Name:	FHICOV	QuestionnaireFileName:	Family		
QuestionText:	QuestionText: (book) F12 and (book) F14						
	directly as y	vell as government programs lik	e Medicare and Me	nsurance obtained through employn edicaid that provide Medical care or health insurance or some other kind	help pay medical bills.		
1	Yes						
2	No						
7	Refused						
9	Don't know	7					
UniverseTex	<b>xt:</b> All f	amilies					
SkipInstruc	· · · · · · · · · · · · · · · · · · ·	D> [goto HIKIND] if AGE ge 65, goto MCAREPR	B; else, goto MCA	IDPRB]			

	Page 2 of 48 2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12					
Question ID:	FHI.070_00.000 Instrument Variable Name: HIKIND QuestionnaireFileName: Family					
QuestionText:	(book) F12 and (book) F14 ? [F1]					
	What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.					
	* Enter all that apply, separate with commas.					
01	Private health insurance					
02	Medicare					
03	Medi-Gap					
04	Medicaid					
05	SCHIP (CHIP/Children's Health Insurance Program)					
06	Military health care (TRICARE/VA/CHAMP-VA)					
07	Indian Health Service					
08	State-sponsored health plan					
09	Other government program					
10	Single service plan (e.g., dental, vision, prescriptions)					
11	No coverage of any type					
97	Refused					
99	Don't know					
UniverseText	t: All persons in families where FHICOV= yes, don't know, or refused					
SkipInstructi	<ul> <li>(R,D&gt; [goto HCSPFYR]</li> <li>(1-10&gt; [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]</li> <li>(11&gt; [if HIKIND = 1-10, goto ERR_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]</li> </ul>					
Hard Edit:	ERR_HIKIND: * Cannot mark "No coverage of any kind" and another type. * Please correct.					
Question ID:	FHI.072_00.000 Instrument Variable Name: MCAREPRB QuestionnaireFileName: Family (book) F13					

Qı People covered by Medicare have a card that looks like this. [fill: Are you/Is ALIAS] covered by Medicare? 1 Yes 2 No 7 Refused 9 Don't know All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for UniverseText: those persons at HIKIND SkipInstructions: if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

Question ID:	FHI.073_00.000Instrument Variable Name:MCAIDPRBQuestionnaireFileName:Family
QuestionText:	(book F14)
	* Refer to flashcard F14 for state Medicaid names.
	There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (* fill Staname). [fill: Are you/Is ALIAS] covered by Medicaid?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	All persons less than 65 years of age with no insurance coverage of any type
Universeres	
SkipInstruct	ctions: goto SINCOV

QuestionText: [fill: Do you/Does ALIAS] have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

- 1Yes2No7Refused
  - 9 Don't know

UniverseText: All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND

SkipInstructions: goto HICHANGE

				Page 4 of 48		
2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Juestion ID:	FHI.075_00	.000 Instru	ment Variable Name:	HICHANGE	QuestionnaireFileName:	Family
QuestionText:	I have re	corded [fill1:	you are/ALIAS is] [fi	ill 2: covered by:		
	fill3: ^H	[KIND] / not	covered by health ins	urance.]		
	Is this co	rrect?				
1	Yes					
2	No					
7	Refused					
9	Don't kr	now				
UniverseTex	At: A	ll persons				
SkipInstruct			t for all eligible perso _HICHANGE]	ns, then goto MCPAI	RT]	
Hard Edit:	E	RR_HICHAN	IGE			
Question ID:	FHI.090 00	.000 Instru	ment Variable Name:	MCPART	QuestionnaireFileName:	Family
QuestionText:	{if subje	ct ne respond recorded that	ent}:		ease see ALIAS's Medicare carc	-
		ct eq respond f necessary.	ent}:			
	What typ	e of Medicar	e coverage do you ha	ve? Is it Part A - hosp	bital insurance, Part B - medical	insurance, or both?
	* Fill in	appropriate c	overage type below.			
1	Part A -	Hospital onl	у			
2		Medical only				
3	3 Both Part A and Part B					
7	Refused					
9	Don't kı	IOW				
UniverseTex	At: A	ll persons wit	h Medicare			
SkipInstruct		-3> [goto M R,D> [prefill	CCARD] MCCARD with a "2"	and goto MCCHOIC	E]	

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12					
Question ID:	FHI.092_00.000 Instrument Variable Name: MCCARD QuestionnaireFileName: Family				
QuestionText:	* Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?				
1 2	Yes No				
UniverseText	All persons with Part A Medicare coverage, Part B Medicare coverage, or both				
SkipInstructi	ons: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE				
Question ID:	FHI.095_00.000 Instrument Variable Name: MCCHOICE QuestionnaireFileName: Family				
QuestionText:	? [F1]				
	Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicar Advantage plan?	re			
1	Yes				
2	No				
7 9	Refused Don't know				
UniverseText		Part			
SkipInstructi	ons: goto MCHMO				
Question ID:	FHI.100_00.000 Instrument Variable Name: MCHMO QuestionnaireFileName: Family				
QuestionText:	? [F1]				
	[fill: Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not cover unless you were referred by the HMO or there was a medical emergency).				
1	Yes				
2	No				
7	Refused				
9 UniverseText	<ul> <li>Don't know</li> <li>All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for F B coverage</li> </ul>	Part			
SkipInstructi	<pre>ons: &lt;1&gt; [goto MCANAME] &lt;2,R,D&gt; [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCREF]</pre>				

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2011 NI	HIS Ques	tionna	ire - F	amily
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**Family Health Insurance** 

Document Version Date: 30-May-12							
Question ID:	FHI.112_00.000	Instrument Variable Name:	MCANAME	QuestionnaireFileName:	Family		
JuestionText:	? [F1]						
	What is the n	ame of [fill 1: your/ALIAS's] N	Medicare Advantage	or Medicare HMO plan?			
	* Read if nec	essary: Do you have a health p	lan card or somethin	g with the plan name on it?			
Verbatim	Verbatim res	sponse					
7 9	Refused Don't know	Refused Don't know					
UniverseTex		sons that had either a Medicar	re Advantage plan or	a Medicare HMO plan			
SkipInstruct	ions: <allow< td=""><td>80,R,D&gt; goto MCPREM</td><td></td><td></td><td></td></allow<>	80,R,D> goto MCPREM					
-		-					
uestion ID:	FHI.113_00.000	Instrument Variable Name:	MCPREM	QuestionnaireFileName:	Family		
QuestionText:		l: your/ALIAS's] Medicare Par Medicare Advantage or Medic		are you/is ALIAS] paying a pren	nium for [fill 3:		
1	Yes						
2	No						
7 9	Refused						
9	Don't know						
UniverseTex	t: All per	rsons that had either a Medicare	e Advantage plan or	a Medicare HMO plan			
SkipInstruct	ions: <1,2,R	,D> goto MCREF					
uestion ID:	FHI.114_00.000	Instrument Variable Name:	MCREF	QuestionnaireFileName:	Family		
uestionText:	? [F1]						
				e needs/she needs] to go to a diffe referral? Do not include emerger			
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	t: All per B cove		d up for part B cove	rage or for whom it is unknown if	they signed up for Part		
SkipInstruct	ions: <1,2,R	,D> goto MCPARTD					

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2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12							
Question ID:	FHI.118_00.000	Instrument Variable Name:	MCPARTD	QuestionnaireFileName:	Family		
QuestionText: [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?							
1	Yes						
2	No						
7 9	Refused Don't know						
UniverseTex		ons with Medicare					
SkipInstruct	tions: <1,2,7,9	> [goto MCPART for next pe	erson with Medicare;	else goto MACHMD]			
Question ID: QuestionText:	FHI.120_00.000 (book F14)	Instrument Variable Name: ? [F1]	MACHMD	QuestionnaireFileName:	Family		
	* Refer to flas	hcard F14 for state Medicaid 1	names.				
	is] listed as ha		[fill2: you/ALIAS]	is also called (* fill State Name). go to ANY doctor who will accep octor assigned?			
1	Any doctor						
2	Select from b	ook/list					
3	Doctor is assi	gned					
7	Refused						
9	Don't know						
UniverseTex	All pers	ons with Medicaid					
SkipInstruct	<2> [gc	> [goto MAPCMD] to MACHMD1] to MACHMD2]					

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12								
Question ID: F	FHI.130_0	0.000	Instrument Va	riable Name:	MACHMD1	Que	estionnaireFileName:	Family
QuestionText:	* Ask o	or verify	/.					
	What is	the na	me of the health	n plan that pro	vided the book or	list?		
	*Read	if neces	sary: Do you ha	ave a health pl	an card or someth	ing with the p	lan name on it?	
Verbatim 7 9	Verbat Refuse Don't l		oonse					
UniverseText:	1	All pers	ons with Medic	aid who must	select a doctor fro	m a book or l	ist of doctors	
SkipInstructio	ns: §	goto MA	ANAM					
Question ID: F	FHI.131_0	0.000	Instrument Va	riable Name:	MACHMD2	Que	stionnaireFileName:	Family
QuestionText:	* Ask o	or verify	/.					
	What is	the na	me of the health	plan that assi	igned the doctor?			
	*Read	if neces	sary: Do you ha	ave a health pl	an card or someth	ing with the p	lan name on it?	
Verbatim 7 9	Verbat Refuse Don't l		oonse					
UniverseText:	1	All pers	ons with Medic	aid for whom	a doctor is assigne	ed		
SkipInstructio	ns: §	goto MA	ANAM					
Question ID: F	FHI.132_0	0.000	Instrument Va	riable Name:	MANAM	Que	stionnaireFileName:	Family
QuestionText:	? [F1]							
	* Do no it?	ot read.	Was the Health	h Plan name o	btained from a He	alth Plan Carc	l or something with	the Health Plan name on
1 2	Yes No							
UniverseText:	1	All pers	ons with Medic	aid who must	select a doctor fro	om a book or l	ist or for whom a do	ctor is assigned
SkipInstructio	ns: g	goto MA	APCMD					

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2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12							
Question ID:	FHI.140_00.000 Instrument Variable Name: MAPCMD QuestionnaireFileName: Family						
QuestionText:	[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	xt: All persons with Medicaid						
Question ID:	FHI.150_00.000 Instrument Variable Name: MAREF QuestionnaireFileName: Family						
QuestionText:	?[F1]						
	Under [fill1: your/ALIAS's] Medicaid plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex	All persons with Medicaid						

	2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
uestion ID:	FHI.156_00.000 Instrument Variable Name: SSTYPE2 QuestionnaireFileName: Family						
uestionText:	(book) F15						
	* Enter all that apply, separate with commas.						
	You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?						
01	Accidents						
02	AIDS care						
03	Cancer treatment						
04	Catastrophic care						
05	Dental care						
06	Disability insurance						
07	Hospice care						
08	Hospitalization only						
09	Long-term care						
10	Prescriptions						
11	Vision care						
12	Other (specify)						
97	Refused						
99	Don't know						
UniverseText	All persons with single service plans						
SkipInstructio	ons: <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6] <12> [goto SSOTHER]						

Question ID: F	HI.157_00.000 Instrument Variable Name:	SSOTHER	QuestionnaireFileName:	Family
QuestionText:	* Other type of single-service plan			
Verbatim	Verbatim response			
7	Refused			
9	Don't know			
UniverseText:	All persons with an "other" single ser	vice plan		
SkipInstructio	ns: goto SSTYPE2 for the next person wi	ith a single service pl	an; else, goto FHICCI6	

		Fami	uestionnaire - F y Health Insura Version Date: 30-Ma	nce				
Question ID:	FHI.158_00.00	() Instrument Variable Name:	FHICCI6	QuestionnaireFileName:	Family			
<b>QuestionText:</b> The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.								
	[fill2: We h	ave the following persons listed	as being covered by	such plans:				
	* Read nam (display ros	es. ter of eligible persons)]						
	* Enter 1 to	continue						
1	Continue							
UniverseTex	at: All fa	amilies with at least one person	covered by private he	ealth insurance				
SkipInstruct	tions: goto	HIPNAM1						
			HIPNAM1	QuestionnaireFileName:	Family			
Question ID:	FHI.160_00.00	0 <b>Instrument Variable Name:</b> ant that we record the complete	HIPNAM1 and accurate name of	QuestionnaireFileName:	Family t is the COMPLETE			
Question ID:	FHI.160_00.00 It is importa name of the Do NOT inc	0 <b>Instrument Variable Name:</b> ant that we record the complete first plan?	and accurate name of tra cash while in the l	-	t is the COMPLETE			
Question ID:	FHI.160_00.00 It is importa name of the Do NOT ind such as nurs	0 <b>Instrument Variable Name:</b> ant that we record the complete first plan? clude plans that only provide ex sing home care, accidents, or de	and accurate name of tra cash while in the l ntal care.	each health insurance plan. Wha	t is the COMPLETE			
Question ID: QuestionText: Verbatim	FHI.160_00.00 It is importa name of the Do NOT in such as nurs * Read if ne Verbatim r	0 <b>Instrument Variable Name:</b> ant that we record the complete first plan? clude plans that only provide ex sing home care, accidents, or de eccessary: Do you have your hea	and accurate name of tra cash while in the l ntal care.	each health insurance plan. Wha	t is the COMPLETE			
Question ID: QuestionText: Verbatim 7	FHI.160_00.00 It is importa name of the Do NOT ind such as nurs * Read if ne Verbatim r Refused	0 <b>Instrument Variable Name:</b> ant that we record the complete first plan? clude plans that only provide ex sing home care, accidents, or de eccessary: Do you have your hea esponse	and accurate name of tra cash while in the l ntal care.	each health insurance plan. Wha	t is the COMPLETE			
Question ID: QuestionText: Verbatim 7 9	FHI.160_00.00 It is importa name of the Do NOT in such as nurs * Read if ne Verbatim r Refused Don't know	0 <b>Instrument Variable Name:</b> ant that we record the complete first plan? clude plans that only provide ex sing home care, accidents, or de eccessary: Do you have your hea esponse	and accurate name of tra cash while in the l ntal care. lth plan card or some	each health insurance plan. What hospital or plans that pay for only ething with the plan name on it?	t is the COMPLETE			
Question ID: QuestionText: Verbatim 7	FHI.160_00.00 It is importa name of the Do NOT in such as nurs * Read if ne Verbatim r Refused Don't know	0 <b>Instrument Variable Name:</b> ant that we record the complete first plan? clude plans that only provide ex sing home care, accidents, or de eccessary: Do you have your hea esponse	and accurate name of tra cash while in the l ntal care. lth plan card or some	each health insurance plan. What hospital or plans that pay for only ething with the plan name on it?	t is the COMPLETE			

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2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID:	FHI.160_0	1.000 Instrument Va	riable Name:	PCARD1	QuestionnaireFileName:	Family
QuestionText:	* Do no	t read. Was the health	h plan name ob	tained from a healt	h plan card or something with the l	health plan name on it?
1 2	Yes No					
UniverseTe	xt: A	ll private health insur	ance plans whe	ere the plan name v	vas entered at HIPNAM1	
SkipInstruc	tions: g	oto HIPNAM1B				
Question ID:	FHI.170_00	).000 Instrument Va	riable Name:	HIPNAM1B	QuestionnaireFileName:	Family
QuestionText:						
Question rext.	* Ask o	r verify. Enter all that	apply, separate	e with commas.		
	Which f	amily members are co	overed by this r	Jan?		
		-				
	* Indica	te each family membe	er covered by th	nis plan.		
1	Yes					
2	No					
7	Refuse					
9	Don't k	now				
UniverseTe		ll families with a priv. IIPNAM1	vate health insu	rance plan and the	plan name, refused, or don't know	was entered at
SkipInstruc		R,D> [if HIPNAM1= oto MORPLAN	R or D, goto S	TNAME]		
NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.						

**Family Health Insurance** 

Document Version Date: 30-May-12

			Document	Version Date: 30	-May-12	
Question ID:	FHI.171_00.	000 Instrument	Variable Name:	MORPLAN	QuestionnaireFileName:	Family
QuestionText:	* Ask if r	necessary				
	Are there	any more private	health insurance	plans?		
1	Yes					
2	No					
7	Refused					
9	Don't kn	OW				
UniverseTe		l families where a HIPNAM1B	private health in	surance plan nam	e was entered at HIPNAM1 or a per	son number was entered
SkipInstruc	<2		ons selected at HI		FHICCI8; else, if persons selected a 11B, goto HIVER1]	HIPNAM1B, but not
Question ID:	FHI.172_00.	000 Instrument	Variable Name:	HIPNAM2	QuestionnaireFileName:	Family
QuestionText:			vt nlan?			,
Question rext.	what is u	he name of the ne	xt plan?			
	*Read if	necessary: Do yo	u have a health pl	lan card or someth	ning with the plan name on it?	
Verbatim	Verbatin	n response				
7	Refused	F				
9	Don't kn	ow				
UniverseTex	xt: Al	l families with a s	econd private hea	alth insurance pla	n	
SkipInstruc		erbatim> [goto P ,D> [prefill PCA		nd goto HIPNAM	[2B]	
Question ID:	FHI.172_01.	000 Instrument	Variable Name:	PCARD2	QuestionnaireFileName:	Family
QuestionText:	* Do not	read. Was the he	alth plan name ol	otained from a hea	alth plan card or something with the	health plan name on it?
1	Yes					
2	No					
UniverseTex	xt: Al	l private health in	surance plans wh	ere the plan name	was entered at HIPNAM2	

SkipInstructions: goto HIPNAM2B

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12								
Question ID:	FHI.173_00	000	Instrument Variable Nan	ne: HIPNAN	/I2B	QuestionnaireFileName:	Family	
QuestionText:	* Ask or	verif	y. Enter all that apply, sep	parate with comr	nas.			
	Which fa	mily	members are covered by	that plan?				
	* Indicat	e eacl	n family member covered	by this plan.				
1	Yes							
2	No							
7	Refused							
9	Don't kr	ow						
UniverseTex		All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2						
SkipInstructions:		<r,d> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2</r,d>						

Question ID:	FHI.174_	00.000	Instrument Variable Name:	MORPLAN2	QuestionnaireFileName:	Family
QuestionText:	* Ask	if necess	sary			
	Are th	ere any 1	more private health insurance	plans?		
1	Yes					
2	No					
7	Refus	sed				
9	Don't	know				
UniverseTex	xt:	All fami at HIPN	ilies where a private health ins AM2B	surance plan name was ent	ered at HIPNAM2 or a perso	on number was entered
SkipInstructions:		<2,R,D>	to HIPNAM3] > [if persons selected at HIPN [AM2B or HIPNAM1B, goto ]		1	ID eq 1 or 3 selected

**Family Health Insurance** 

Question ID:	FHI.175_00.000	Instrument Variable Name:	HIPNAM3	QuestionnaireFileName:	Family	
QuestionText:	What is the na	ame of the next plan?				
	*Read if nece	ssary: Do you have a health p	lan card or somethi	ng with the plan name on it?		
Verbatim	Verbatim res	ponse				
7	Refused					
9	Don't know					
UniverseTex	at: All fan	All families with a third private health insurance plan				
SkipInstruct		<verbatim> [goto PCARD3] <r,d> [prefill PCARD3 with a "2" and goto HIPNAM3B]</r,d></verbatim>				

Question ID:	FHI.175	_01.000	Instrument Variable Name:	PCARD3	QuestionnaireFileName:	Family
QuestionText:	* Do	not read.	Was the health plan name of	otained from a health pl	an card or something with the h	ealth plan name on it?
1	Yes					
2	No					
UniverseText:		All priv	rate health insurance plans who	ere the plan name was	entered at HIPNAM3	
SkipInstructions:		goto HI	PNAM3B			

2011	NHIS Questionnaire - Family	
	Family Haalth Ingunanas	

	Family Health Insurance           Document Version Date:         30-May-12							
Question ID:	FHI.176_00.0	)()) Instrument Variable Name:	HIPNAM3B	QuestionnaireFileName:	Family			
QuestionText:		verify. Enter all that apply, separ nily members are covered by th						
	* Indicate	each family member covered b	y this plan.					
1	Yes							
2	No							
7	Refused							
9	Don't kno	)W						
UniverseTe		All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3						
SkipInstruc	HII per or I HII	KIND eq 1 or 3 selected at HIPN sons selected at HIPNAM1B or HIPNAM2B, goto FHICC18; els	NAM1B or HIPNAM2B HIPNAM2B, and all pe se, if HIPNAM3 eq R or	PNAM1B or HIPNAM2B, but n , goto HIVER1; else, if HIPNAM ersons with HIKIND eq 1 or 3 se D and persons not selected at H was entered at HIPNAM3, goto	M3 eq R or D and lected at HIPNAM1B IPNAM1B and			

Question ID:	FHI.177_00.0	0) Instrument Variable Name:	MORPLAN3	QuestionnaireFileName:	Family
QuestionText:	* Ask if ne	cessary			
	Are there a	ny more private health insurance	e plans?		
1	Yes				
2	No				
7	Refused				
9	Don't kno	v			
UniverseTex		amilies where a private health ir PNAM3B	nsurance plan name wa	as entered at HIPNAM3 or a pers	son number was entered
SkipInstruc	<2,H			2B or HIPNAM3B, but not all pe 13B, goto HIVER1; else, goto FF	1

**Family Health Insurance** 

Question ID:	FHI.178_00.000	) Instrument Variable Name:	HIPNAM4	QuestionnaireFileName:	Family	
QuestionText:	What is the r	name of the next plan?				
	*Read if nec	essary: Do you have a health p	blan card or somethi	ng with the plan name on it?		
Verbatim	Verbatim re	sponse				
7	Refused					
9	Don't know					
UniverseTex	<b>xt:</b> All fat	milies with a fourth private hea	alth insurance plan			
SkipInstruc		<verbatim> [goto PCARD4] <r,d> [prefill PCARD4 with a "2" and goto HIPNAM4B]</r,d></verbatim>				

Question ID:	FHI.178	_01.000	Instrument Variable Name:	PCARD4	QuestionnaireFileName:	Family
QuestionText:	* Do	not read.	Was the health plan name of	otained from a health pla	an card or something with the h	ealth plan name on it?
1	Yes					
2	No					
UniverseText:		All priv	rate health insurance plans who	ere the plan name was e	ntered at HIPNAM4	
SkipInstructions:		goto HI	PNAM4B			

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID:	FHI.179_	00.000	Instrument Variable Name:	HIPNAM4B	QuestionnaireFileName:	Family
QuestionText:	* Ask	or verify	7. Enter all that apply, separate	e with commas.		
	Which	family	members are covered by that	plan?		
	* Indic	ate each	a family member covered by t	his plan.		
1	Yes					
2	No					
7	Refus	ed				
9	Don't					
UniverseTex		All fami HIPNA	-	th insurance plan and	the plan name, refused, or don't	know was entered at
Question ID:		FHICCI goto FH	8]	HIVER1	HIPNAM2B or HIPNAM3B, go QuestionnaireFileName:	Family
QuestionText:	? [F1]					
			ALIAS is] listed as having pr 9 just discussed. [fill3: Are yo		ill2: were/was] not mentioned as by private insurance?	being covered by any
1	Yes					
2	No					
7	Refus	ed				
9	Don't					
UniverseTex		All pers reported	-	nsurance coverage, bi	it were not mentioned as being c	overed by any of the
SkipInstruct			oto HIVER2] > [goto ERR_HIVER1]			
Hard Edit:		ERR_H	IVER1			
		*Press l	ENTER to go back to HIKINI	D to update health ins	urance coverage.	

			Page 19 of 48					
	2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12							
Question ID:	FHI.190_00.00	0 Instrument Variable Name:	HIVER2	QuestionnaireFileName:	Family			
QuestionText:	? [F1]							
	* Enter all t	hat apply, separate with comma	S.					
	Is [fill: you	ALIAS's] health insurance plan	n the same as one o	of those already mentioned?				
1	1st plan m	entioned (^HIPNAM1)						
2	-	nentioned (^HIPNAM2)						
3	3rd plan n	entioned (^HIPNAM3)						
4	4th plan m	entioned (^HIPNAM4)						
5	Some othe	r plan not already mentioned						
7	Refused							
9	Don't knov	7						
UniverseTe		ersons for whom it was verified red by any of the reported plans		health insurance coverage, but were	not mentioned as being			
SkipInstruc	<5> HIPN		this 5th plan and g	HIPNAM3B/HIPNAM4B and goto goto FHICCI8; else, goto HIPNAM2 n]				
Question ID: QuestionText:	FHI.190_01.00	() Instrument Variable Name:	HIVER2	QuestionnaireFileName:				
UniverseTe	xt:							
SkipInstruc	tions:							

Question ID: FHI.190\_02.000 Instrument Variable Name: HIVER2 QuestionnaireFileName:

QuestionText:

UniverseText:

SkipInstructions:

			Page 20 of 48						
	2011 NHIS Questionnaire - Family Health Insurance Document Version Date: 30-May-12								
Question ID:	FHI.190_03.000	Instrument Variable Name:	HIVER2	QuestionnaireFileName:					
QuestionText:									
UniverseTe	xt:								
SkipInstruc	tions:								
Question ID:	FHI.190_04.000	Instrument Variable Name:	HIVER2	QuestionnaireFileName:					
QuestionText:									
UniverseTe	xt:								
SkipInstruc	tions:								
Question ID: QuestionText:	FHI.190_05.000	Instrument Variable Name:	HIVER2	QuestionnaireFileName:					
UniverseTe	xt:								
SkipInstruc	tions:								

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2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID: F	HI.195_01.000 Instrument Variable Name: FHICCI8 QuestionnaireFileName: Family					
QuestionText:	[fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].					
	* Enter 1 to continue.					
1	Continue					
UniverseText:	All families where a private health insurance plan was reported					
SkipInstruction	as: goto FHI200					
	NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.					
Question ID: F	HI.200_01.000 Instrument Variable Name: FHI200 QuestionnaireFileName: Family ? [F1]					
	Ith insurance plans are usually obtained in one person's name even if other family members are covered. That person alled the policyholder. In whose name is this plan?					
	* Enter line number of family member (from list below) in whose name this plan is held.					
	* Enter 0 if the policyholder is not on the family roster."					
00	Policyholder not on family roster					
01-25	Two-digit person number					
97	Refused					
99	Don't know					
UniverseText:	All private health insurance plans					
SkipInstruction	if <00> [ goto PRPOLH] <01 to 25> [go to PRCOOH] <r, d=""> [go to PLNWRK]</r,>					

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID:	FHI.202_0	01.010	Instrument Variable Name:	PRPOLH	QuestionnaireFileName:	Family
QuestionText:	How [f	ill1:are	you/is ALIAS] related to the	policyholder for [f	ill2: plan1/plan2/plan3/plan4]?	
	*Read	if Neces	ssary			
	[fill3:Y	ou are/	ALIAS is} the policyholder's			
1	Child	(includi	ng stepchildren)			
2	Spous	e				
3	Forme	r spouse	2			
4	Some	other re	lationship			
7	Refuse	ed				
9	Don't	know				
UniverseTex	xt:	All persons on each plan where the policyholder is outside of the family roster				
SkipInstruc	tions: «	<1-4,R,I	D> [goto PLNWRK]			
			Detailed questions about priv Information on up to 4 plans p		e plans are looped through for each ted.	plan mentioned in a

Question ID:	FHI.204_01.010 Instrument Variable Name:	PRCOOH	QuestionnaireFileName:	Family
QuestionText:	Does this plan cover anyone who does not	t live here?		
1	Yes			
2	No			
7	Refused			
9	Don't know			
<b>UniverseText:</b> All private health insurance plans with policyholder on family roster				
SkipInstructions: <1> [goto PRCTOH] <2,R,D> [goto PLNWRK]				

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID:	FHI.205_01.010	Instrument Variable Name:	PRCTOH	QuestionnaireFileName:	Family	
QuestionText:	How many pe	cople does this plan cover who	live somewhere e	else?		
01-30	01-30 persor	15				
97	Refused					
99	Don't know					
UniverseTex	at: All pri	vate health insurance plans wit	h policyholder on	family roster that cover someone ou	tside the family roster	
-		> [goto PRRELOH] [goto PLNWRK]				

Question ID:	FHI.206_10.010	Instrument Variable Name:	PRRELOH	QuestionnaireFileName:	Family			
QuestionText:	What [fill 1: is	What [fill 1: is the relationship of this person/ are the relationships of these persons] to the policyholder?						
	*Read if Nece	ssary: Children includes adult	children.					
	*Enter all that	apply, separate with commas.						
1	Child (includ	ing stepchild)						
2	Spouse							
3	Former spous	Former spouse						
4	Some other r	elationship						
7	Refused	Refused						
9	Don't know	Don't know						
UniverseTex	at: All priv	ate health insurance plans with	h policyholder on f	amily roster that cover someone ou	tside the family roster			
SkipInstructions:         <1 > [goto PRCNUM]           <2-4,R,D> [goto PLNWRK]								

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID:	FHI.207_01.010 Instrument Variable Name: PRCNUM QuestionnaireFileName: Family					
QuestionText:	How many children of the policyholder are covered who live elsewhere?					
	*Read if Necessary: Children includes adult children.					
	*If more than 10 children, enter '10'.					
01-10	01-10 children					
97	Refused					
99	Don't know					
UniverseTex	<b>xt:</b> All private health insurance plans with policyholder on family roster that cover a child or children not on the roster					
SkipInstruct	else goto PRAGEOH <rr1_prcnum] else goto PRAGEOH <r,d> [goto PLNWRK]</r,d></rr1_prcnum] 					
Hard Edit:	if PRCNUM > PRCTOH					
	*Number of children, [fill 1], exceeds the total number who live elsewhere, [fill 2].					
Question ID:	FHI.208_01.010 Instrument Variable Name: PRAGEOH QuestionnaireFileName: Family					
QuestionText:	How old is {fill1: this child/the first child/ the next child}?					
000-100	000-100 years					
997	Refused					
999	Don't know					
UniverseTex	<b>xt:</b> All private health insurance plans with policyholder on family roster that cover one or more children not on the roster					
SkipInstruct	<pre>ctions: &lt;000-100,R,D&gt;if [AGE &gt;= 50 years goto ERR1_PRAGEOH] else if PRCNUM GE 2 [goto PRAGEOH up to 9 more times] else [goto PL NWRK]</pre>					

**Soft Edit:** If AGE >= 50 years

\*Respondent said the child is [fill: PRAGEOH] years old. Please verify.

else [goto PLNWRK]

**Family Health Insurance** 

Question ID:	FHI.210_01.000 Instrument Variable Name: PLNWRK	QuestionnaireFileName:	Family					
QuestionText:	(book) F16 ? [F1]							
	Which one of these categories best describes how this plan was o	btained?						
01	Through employer	Through employer						
02	Through union							
03	Through workplace, but don't know if employer or union							
04	Through workplace, self-employed or professional association							
05	Purchased directly							
06	Through a state/local government or community program							
07	Other, specify							
97	Refused							
99	Don't know							
UniverseTex	<b>xt:</b> All private health insurance plans							
SkipInstruc	<pre>ctions: &lt;1-6,R,D&gt; [goto PLNPAY] &lt;7&gt; [goto PLNWKSP]</pre>							
	NOTE: Detailed questions about private health insurance p family. Information on up to 4 plans per family is collected		plan mentioned in a					

Question ID:	FHI.211_	_01.000	Instrument Variable Name:	PLNWKSP	QuestionnaireFileName:	Family
QuestionText:	*Read	d if neces	sary.			
	How	was this p	plan obtained?			
Verbatim	Verb	atim resp	onse			
7	Refu	sed				
9	Don'	t know				
UniverseTex	<b>UniverseText:</b> All private health insurance plans where the plan was obtained through an "other" source					
SkipInstructions: goto PLNPAY						
			Detailed questions about priva Information on up to 4 plans j	1	ans are looped through for each ;	plan mentioned in a

2011	NHIS	Questionnaire -	Family
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**Family Health Insurance** 

Question ID:	FHI.220_10.000	Instrument Variable Name:	PLNPAY	QuestionnaireFileName:	Family			
QuestionText:	? [F1]							
	* Enter all the	at apply, separate with comma	18.					
	Who pays for this health insurance plan?							
	* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.							
01	01 Self or family (living in the household)							
02	Employer o	r union						
03		itside the household						
04	Medicare							
05	Medicaid							
06	Children's H	Health Insurance Program (CH	IIP/SCHIP)					
07	State or loca	al government or community	program					
97	Refused							
99	Don't know							
UniverseTex	t: All pri	vate health insurance plans						
SkipInstruct	<2> [g <3-7,L (if both	oto HICOSTN] oto EMPPAY] D,R> [goto PLNMGD] h 1 and 2 chosen, go to HICO:		EMPPAY) nce plans are looped through for each	nlan mentioned			
		mily. Information on up to 4 p			pran mentioned			

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2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12							
Question ID: F	H.230_11.000 Instrument Variable Name: HICOSTN QuestionnaireFileName: Family						
QuestionText:	1 of 2 ? [F1]						
	How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.						
	*Enter dollar amount for premium payments.						
00001-99995	\$1-\$99,995						
99997	Refused						
99999	Don't know						
UniverseText:	All private health insurance plans paid for by self or family						
omverse i ext:	An private nearth institution plans part for by sell of famility						
SkipInstructions:       if gt 9999, [goto ERR_HICOSTN]         <1-9999> [goto HICOSTT] <d> [store <d> in HICOSTT, goto EMPPAY if PLNPAY=2; else goto PLNMGD]         <r> [store <r> in HICOSTT, goto EMPPAY if PLNPAY=2; else goto PLNMGD]         NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family.</r></r></d></d>							
Soft Edit:	ERR_HICOSTN * [fill # from HICOSTN] is unusually high. Please verify. Make corrections if necessary.						
Question ID: F	HI.230_12.000 Instrument Variable Name: HICOSTT QuestionnaireFileName: Family						
QuestionText:	2 of 2 ? [F1]						
	* Enter time period for premium payments.						
01	Once a week						
02	Once every 2 weeks						
03	Once a month						
04	Twice a month						
05	Every 2 months						
06	Quarterly (every 3 months)						
07	Once a year						
08	Twice a year						
97	Refused						
99	Don't know						
UniverseText:	All private health insurance plans with a valid response to HICOSTN						
SkipInstruction	s: <1-8,R,D> if PLNPAY=2 [goto EMPPAY]; else [goto PLNMGD] NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family.						

**Family Health Insurance** 

Document Version Date: 30-May-12						
Question ID:	FHI.235_01.010	Instrument Variable Name:	EMPPAY	QuestionnaireFileName:	Family	
QuestionText:	Do you know	how much the employer or un	ion is paying for [f	ill1: plan1/plan2/plan3/plan4]?		
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	<b>UniverseText:</b> All private health insurance plans paid for by employer or union					
SkipInstruct	tions: <1> [go	oto EMPCOSTN] <2,R,D> [go	oto PLNMGD]			

Question ID:	FHI.237	_01.010	Instrument Variable Name:	EMPCOSTN	QuestionnaireFileName:	Family
QuestionText:	4]? *Ente	much do er dollar a	es the employer or union curre mount for premium payments go to percentage format.		nce premiums for [fill1: Plan	1/Plan 2/Plan 3/Plan
00001-99995 99997 99999 UniverseTev	Refused					
SkipInstructions: <1-999 <r>[s</r>		<1-9999 <r> [st</r>	ate health insurance plans who 95> [goto EMPCOSTT] ore "R" in EMPCOSTT and g MPCOSTP]	-		
Soft Edit:		- * [fill #	MPCOSTN from EMPCOSTN] is unusua orrections if necessary.	lly high. Please verify.		

**Family Health Insurance** 

Question ID:	FHI.237_02.020	Instrument Variable Name	: EMPCOSTT	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for premium payment	ts.		
01	Once a week				
02	Once every 2	weeks			
03	Once a month	1			
04	Twice a mont	th			
05	Every 2 mont	ths			
06	Quarterly (eve	ery 3 months)			
07	Once a year				
08	Twice a year				
97	Refused				
99	Don't know				
UniverseText	t: All priv	ate health insurance plans	with a valid response to	D EMPCOSTN	
SkipInstructi	ions: goto PL	NMGD			

Question ID:	FHI.237_02.030	Instrument Variable Name:	EMPCOSTP	QuestionnaireFileName:	Family
QuestionText:	What percent	of the premiums does the emp	ployer or union pay for	[fill1: Plan 1/Plan 2/Plan 3/Plan	4]?
001-100	001-100 per	cent			
997	Refused				
999	Don't know				
UniverseTex	-	vate health insurance plans pai im paid	id for by employer or u	nion where respondent wanted t	o report percentage of
SkipInstruct	ions: <1-100	),R,D> [goto PLNMGD]			

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12							
Question ID:	FHI.240_01.000	Instrument Variable Name:	PLNMGD	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
	Organization)		Association), a PPO	1/Plan 2/Plan 3/Plan 4] an HMO ( (Preferred Provider Organization) f plan?			
1	HMO/IPA						
2	PPO						
3	POS						
4	Fee-for-servi	ce/indemnity					
5	Other	2					
7	Refused						
9	Don't know						
UniverseTex	<b>xt:</b> All priv	vate health insurance plans					
SkipInstruc	tions: goto HI						
				plans are looped through for each ted.	plan mentioned in a		
Question ID:		Detailed questions about priv			plan mentioned in a Family		
Question ID: QuestionText:	family.	Detailed questions about priv Information on up to 4 plans	per family is collec	led.	-		
	family. FHI.241_01.000 ?[F1]	Detailed questions about priv Information on up to 4 plans	per family is collec	led.	-		
	family. FHI.241_01.000 ?[F1] [If only one po Is the annual o	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] leductible for medical care for	per family is collec HDHP r this plan less than 5	led.	Family e is a separate deductible		
	family. FHI.241_01.000 ?[F1] [If only one po Is the annual of for prescription	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] leductible for medical care for	per family is collec HDHP r this plan less than t it-of-network care, d	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there	Family e is a separate deductible		
	family. FHI.241_01.000 ?[F1] [If only one pe Is the annual of for prescriptio [If two or mor Is the family a	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] leductible for medical care for n drugs, hospitalization, or ou re persons in the family are co unnual deductible for medical	per family is collec HDHP r this plan less than t it-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there	Family e is a separate deductible ounts here. If there is a separate		
	family. FHI.241_01.000 ?[F1] [If only one performed Is the annual of for prescription [If two or more Is the family a deductible for	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] leductible for medical care for in drugs, hospitalization, or ou re persons in the family are co unnual deductible for medical prescription drugs, hospitaliz	per family is collec HDHP r this plan less than t it-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there to not include those deductible among states than \$2,400 or \$2,400 or more?	Family e is a separate deductible ounts here. If there is a separate		
QuestionText:	family. FHI.241_01.000 ?[F1] [If only one pe Is the annual of for prescriptio [If two or mor Is the family a	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou re persons in the family are co unnual deductible for medical prescription drugs, hospitaliz ,200/\$2,400]	per family is collec HDHP r this plan less than t it-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there to not include those deductible among states than \$2,400 or \$2,400 or more?	Family e is a separate deductible ounts here. If there is a separate		
QuestionText:	family. FHI.241_01.000 ?[F1] [If only one po Is the annual of for prescription [If two or mor Is the family a deductible for Less than [\$1	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou re persons in the family are co unnual deductible for medical prescription drugs, hospitaliz ,200/\$2,400]	per family is collec HDHP r this plan less than t it-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there to not include those deductible among states than \$2,400 or \$2,400 or more?	Family e is a separate deductible ounts here. If there is a separate		
QuestionText: 1 2	family. FHI.241_01.000 ?[F1] [If only one performed by the second	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou re persons in the family are co unnual deductible for medical prescription drugs, hospitaliz ,200/\$2,400]	per family is collec HDHP r this plan less than t it-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there to not include those deductible among states than \$2,400 or \$2,400 or more?	Family e is a separate deductible ounts here. If there is a separate		
QuestionText: 1 2 7	family. FHI.241_01.000 ?[F1] [If only one performed by the second	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou re persons in the family are co unnual deductible for medical prescription drugs, hospitaliz ,200/\$2,400]	per family is collec HDHP r this plan less than t it-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there to not include those deductible among states than \$2,400 or \$2,400 or more?	Family e is a separate deductible ounts here. If there is a separate		
QuestionText: 1 2 7 9	family. FHI.241_01.000 ?[F1] [If only one performed by a second secon	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for in drugs, hospitalization, or ou re persons in the family are co innual deductible for medical prescription drugs, hospitaliz ,200/\$2,400] 00] or more	per family is collec HDHP r this plan less than t it-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,200 or \$1,200 or more? If there to not include those deductible among states than \$2,400 or \$2,400 or more?	Family e is a separate deductible ounts here. If there is a separate		

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**Family Health Insurance** 

Document Version Date:	30-May-12
2 ocument verbion 2 deer	00 may 12

Question ID:	FHI.242_01.000	Instrument Variable Name:	HSAHRA	QuestionnaireFileName:	Family
QuestionText:	?[F1]				
	sometimes re	eferred to as Health Savings Ac	counts (HSAs), H	used to pay for medical expenses? Th lealth Reimbursement Accounts (HRA ifferent from Flexible Spending Acco	As), Personal Care
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	<b>xt:</b> All hi	gh deductible private health pla	ns		
SkipInstruc	tions: 1,2,R,	D [goto MGCHMD]			
		E: Detailed questions about priv . Information on up to 4 plans		ce plans are looped through for each ected.	plan mentioned in a

Question ID:	FHI.243_01.000	Instrument Variable Name:	MGCHMD	QuestionnaireFileName:	Family
QuestionText:	1	n, can [fill1:you/ALIAS/the fa he/they] choose one from a sp		this plan] choose ANY doctor or I of doctors?	MUST
1	Any doctor				
2	Select from g	roup/list			
7	Refused				
9	Don't know				
UniverseTex	t: All priv	ate health insurance plans			
SkipInstructi	<2> [go	to MGPRMD] to MGPYMD] [goto MGPREF]			

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Family Health Insurance** 

Document Version Date: 30-May-12

Question ID:	FHI.244_01.00	0 Instrument Variable Name:	MGPRMD	QuestionnaireFileName:	Family
QuestionText:		a/Does ALIAS/Do the family m a lower cost?	embers with this pla	an] have the option of choosing a do	octor from a preferred or
1	Yes				
2	No				
7	Refused				
9	Don't know	1			
UniverseTex	t: All p	rivate health insurance plans wh	nere covered person	s can choose any doctor	
SkipInstruct	ions: goto	MGPREF			
		E: Detailed questions about priv y. Information on up to 4 plans		e plans are looped through for each cted.	plan mentioned in a
Question ID:	FHI.246_01.00	0 Instrument Variable Name:	MGPYMD	QuestionnaireFileName:	Family
QuestionText:				s plan select] a doctor who is not in n 2/Plan 3/Plan 4] pay for any or pa	
1	Yes				
2	No				
7	Refused				
9	Don't knov	1			
UniverseTex	at: All p	rivate health insurance plans wh	nere covered person	s must select from a group or list of	doctors

UniverseText:

goto MGPREF **SkipInstructions:** 

> NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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uestion ID:	FHI.248_01.000	Instrument Variable Name:	MGPREF	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
				is plan need] to go to a different o or a referral? Do not include eme	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All priv	ate health insurance plans			
SkipInstruct	ions: goto PC	CPREQ			

1Yes2No7Refused

9 Don't know

UniverseText: Asked of all private health insurance plans

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

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID:	FHI.249_0	1.010	Instrument Variable Name:	PRRXCOV	QuestionnaireFileName:	Family
QuestionText:			IPNAM1/^HIPNAM2/^HIPN cribed by a doctor?	AM3/^HIPNAM4,	/Plan 1/Plan 2/Plan 3/Plan 4] pay fo	or any of the costs for
	* Read	if neces	ssary: Does this plan have a d	rug benefit?		
1	Yes					
2	No					
7	Refuse	d				
9	Don't k	now				
UniverseText:		All priv	ate health insurance plans			
SkipInstruc	tions: g	oto PR	DNCOV			
			Detailed questions about priva Information on up to 4 plans		e plans are looped through for each ted.	plan mentioned in a

Question ID:	FHI.249_02.010	) Instrument Variable Name:	PRDNCOV	QuestionnaireFileName:	Family
QuestionText:	•	^HIPNAM1 or ^HIPNAM2, o osts for dental care?	or ^HIPNAM3, or ^H	IPNAM4 or Plan 1 or Plan 2 or Pla	n 3 or Plan 4] pay for
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pr	ivate health insurance plans			
SkipInstruct	ions: goto F	FHICCI8 for the next private h	ealth insurance plan;	else, goto FCOVCONF	

Page	35	of	48
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2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12					
Question ID:	FHI.249_03.000 Instrument Variable Name: FCOVCONF QuestionnaireFileName: Family				
QuestionText:	If [fill1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage Would you say				
	*Read categories below.				
1	Very confident				
2	Somewhat confident				
3	Not too confident				
4	Not confident at all				
7	Refused				
9	Don't know				
UniverseTex	t: All families with an employer-based health plan				
SkipInstruct	ions: <1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR				

Question ID:	FHI.250_00.000	Instrument Variable Name:	STNAME1	QuestionnaireFileName:	Family
QuestionText:	Earlier I record is the name of		is] covered by the C	hildren's Health Insurance Program	n (CHIP/SCHIP). What
	* Read if nece	essary: Do you have a health p	plan card or something	ng with the plan name on it?	
Verbatim	Verbatim resp	ponse			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with SCHIP			
SkipInstruct	ions: goto ST	DOC1			

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12				
Question ID:	FHI.251_00.000     Instrument Variable Name:     STDOC1     QuestionnaireFileName:     Family			
QuestionText:	Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?			
1	Any doctor			
2	Select from book/list			
3	Doctor is assigned			
7	Refused			
9	Don't know			
UniverseTex	All persons with SCHIP			
SkipInstruct	ons: goto STPCMD1			

Question ID:	FHI.252_00.000	Instrument Variable Name:	STPCMD1	QuestionnaireFileName:	Family
QuestionText:	[fill2: you/he/s		: your/his/her] rou	rimary care doctor, group of doctors, ntine care? Do not include emergenc	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTe	xt: All pers	sons with SCHIP			
SkipInstruc	tions: goto ST	REF1			
Question ID:	FHI.253_00.000	Instrument Variable Name:	STREF1	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
				d/ALIAS needs] to go to a different of a referral? Do not include emergence	
1	Yes				

2 No

7 Refused

9 Don't know

UniverseText: All persons with SCHIP

SkipInstructions: goto STNAME1 for the next person with SCHIP; else, goto STNAME2

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12					
Question ID:	FHI.257_00.000	Instrument Variable Name:	STNAME2	QuestionnaireFileName:	Family
QuestionText:	Earlier I record	ded that [fill: you are/ALIAS	is] covered by a stat	e sponsored health plan. What is t	he name of the plan?
	* Read if nece	ssary: Do you have a health p	lan card or somethin	ng with the plan name on it?	
Verbatim	Verbatim resp	oonse			
7	Refused				
9	Don't know				
<b>UniverseText:</b> All persons covered by a state sponsored health plan					
SkipInstruct	ions: goto ST	DOC2			

Question ID:	FHI.258_00.000	Instrument Variable Name:	STDOC2	QuestionnaireFileName:	Family
QuestionText:		1:^STNAME2/state sponsore you/he/she] choose from a bo		you/ALIAS] go to ANY doctor who rs or is the doctor assigned?	will accept this plan or
1	Any doctor				
2	Select from b	ook/list			
3	Doctor is assi	igned			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons covered by a state sponse	ored health plan		
SkipInstruct	ions: goto ST	PCMD2			

Question ID:	FHI.259_00.000	Instrument Variable Name:	STPCMD2	QuestionnaireFileName:	Family
QuestionText:	[fill2: you/he/s		3: your/his/her] rout	nary care doctor, group of doctors, ne care? Do not include emergency	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons covered by a state sponse	ored health plan		
SkipInstruct	ions: goto ST	TREF2			

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	2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12					
Question ID:	FHI.260_00.000       Instrument Variable Name:       STREF2       QuestionnaireFileName:       Family					
QuestionText:	? [F1]					
	Under [fill1:^STNAME2/this state sponsored plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	All persons covered by a state sponsored health plan					
SkipInstruc	goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3					
Question ID:	FHI.264_00.000       Instrument Variable Name:       STNAME3       QuestionnaireFileName:       Family					
QuestionText:	Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?					
	* Read if necessary: Do you have a health plan card or something with the plan name on it?					
Verbatim	Verbatim response					
7	Refused					
9	Don't know					
UniverseTex	All persons covered by an "other" government plan					
SkipInstruc	ions: goto STDOC3					

Question ID:	265_00.000 Instrument Variable Name: STDOC3 QuestionnaireFileName: Family	
QuestionText:	nder the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this p MUST [fill3:you/he/she] choose from a book or list of doctors or is the doctor assigned?	lan
1	any doctor	
2	elect from book/list	
3	Doctor is assigned	
7	Refused	
9	Don't know	
UniverseText	All persons covered by an "other" government plan	
SkipInstructi	goto STPCMD3	

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12				
Question ID:	FHI.266_00.000 Instrument Variable Name: STPCMD3 QuestionnaireFileName: Family			
QuestionText:	[fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.			
1	Yes			
2	No			
7	Refused			
9	Don't know			
SkipInstruc	FHI.267_00.000 Instrument Variable Name: STREF3 QuestionnaireFileName: Family			
QuestionText:	? [F1]			
	Under [fill1:^ STNAME3/this other government plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.			
1	Yes			
2	No			
-	Refused			
7	IVIU0VU			
9	Don't know			
	Don't know			

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12				
Question ID:	FHI.270_00.000       Instrument Variable Name:       MILSPC       QuestionnaireFileName:       Family			
QuestionText:	: ? [F1]			
	* Enter all that apply, separate with commas.			
	Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care are you/is ALIAS] covered by?	[fill2:		
1	TRICARE			
2	VA			
3	CHAMP-VA			
4	Other military coverage (specify)			
7	Refused			
9	Don't know			
UniverseTex	ext: All persons with military health care			
SkipInstruc	<pre>ections: &lt;1&gt; [goto MILMAN] &lt;2,3,R,D&gt; [repeat question for next person with military health care; else, goto HILAST] &lt;4&gt; [goto MILSPCOT]</pre>			

Question ID:	FHI.271_	00.000	Instrument Variable Name:	MILSPCOT	QuestionnaireFileName:	Family
QuestionText:	* Othe	r militar	y coverage			
Verbatim	Verba	tim resp	onse			
7	Refus	ed				
9	Don't	know				
UniverseTex	xt:	All pers	ons with "other" military co	verage		
SkipInstruct		if MILS HILAST	1 . 0	se, goto MILSPC for th	ne next person with military healt	h care; else, goto

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12					
Question ID:	FHI.275_00.000 Instrument Variable Name: MILMAN QuestionnaireFileName: Family				
QuestionText:	? [F1]				
	Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?				
1	TRICARE Prime				
2	TRICARE Extra				
3	TRICARE Standard				
4	TRICARE for life				
5	TRICARE other (specify)				
7	Refused				
9	Don't know				
UniverseTex	All persons with TRICARE coverage				
SkipInstruct	cions: <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST] <5> [goto MILMANOT]				

Question ID:	FHI.276_00.000	Instrument Variable Name:	MILMANOT	QuestionnaireFileName:	Family	
QuestionText:	* Other type o	f TRICARE coverage				
Verbatim	Verbatim resp	oonse				
7	Refused					
9	Don't know					
UniverseTex	t: All pers	ons with "other" type of TRIC	CARE coverage			
SkipInstruct	ions: goto Ml	LSPC for the next person wit	h military health car	e; else, goto HILAST		

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12					
Question ID: F	HI.280_00.000 Instrument Variable Name	e: HILAST	QuestionnaireFileName:	Family	
QuestionText:	(book) F17 ? [F1]				
	Not including Single Service Plans, about	t how long has it been	since [fill: you/ALIAS] last had he	alth care coverage?	
1	6 months or less				
2	More than 6 months, but not more than	1 year ago			
3	More than 1 year, but not more than 3 y	ears ago			
4	More than 3 years				
5	Never				
7	Refused				
9	Don't know				
UniverseText:	All persons without known health	insurance or with only	single service plans		
)usstion ID: E	211 200 00 000 Instrument Variable Name	n: LISTOD	QuestionnoireFileNome	Eamily	
Question ID: F	HI.290_00.000 Instrument Variable Name (book) F18 [fill1: Which of these are reasons [fill2: v		QuestionnaireFileName:	Family easons [fill3:you	
	(book) F18 [fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance	you/ALIAS] stopped be ce?]			
QuestionText:	(book) F18 [fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurant * Enter up to 5 reasons, separate with cor	you/ALIAS] stopped be ce?] mmas.	eing covered?/Which of these are re		
QuestionText: 01	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with comperson in family with health insurance I</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp	eing covered?/Which of these are re		
QuestionText: 01 02	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding to the person in family with health insurance I Got divorced or separated/death of spour</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent	eing covered?/Which of these are re		
QuestionText: 01 02 03	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding with health insurance I Got divorced or separated/death of spour Became ineligible because of age/left set</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool	eing covered?/Which of these are re		
QuestionText: 01 02 03 04	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with comperson in family with health insurance I Got divorced or separated/death of spour Became ineligible because of age/left sec Employer does not offer coverage/or not separate for the second secon</li></ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool	eing covered?/Which of these are re		
QuestionText: 01 02 03 04 05	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurant</li> <li>* Enter up to 5 reasons, separate with corresponding to the separate of the separate of the second divorced or separated/death of spour Became ineligible because of age/left second because ineligible because of age/left second cost is too high</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool	eing covered?/Which of these are re		
QuestionText: 01 02 03 04 05 06	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding to the second of the</li></ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool t eligible for coverage	eing covered?/Which of these are re		
01 02 03 04 05 06 07	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding to the second of the second of the second devoced or separated/death of spour Became ineligible because of age/left second cost is too high</li> <li>Insurance company refused coverage</li> <li>Medicaid/Medical plan stopped after pro-</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool t eligible for coverage egnancy	eing covered?/Which of these are re		
QuestionText: 01 02 03 04 05 06 07 08	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with comparison in family with health insurance I Got divorced or separated/death of spous Became ineligible because of age/left see Employer does not offer coverage/or not Cost is too high</li> <li>Insurance company refused coverage</li> <li>Medicaid/Medical plan stopped after protocot Medicaid/Medical plan because of age/left set for the set of the set of</li></ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool t eligible for coverage egnancy	eing covered?/Which of these are re		
QuestionText: 01 02 03 04 05 06 07 08 09	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with comperson in family with health insurance I Got divorced or separated/death of spous Became ineligible because of age/left see Employer does not offer coverage/or not Cost is too high</li> <li>Insurance company refused coverage</li> <li>Medicaid/Medical plan stopped after protocost Medicaid (other)</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool t eligible for coverage egnancy	eing covered?/Which of these are re		
QuestionText: 01 02 03 04 05 06 07 08 09 10	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding to the sequence of the sequen</li></ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool t eligible for coverage egnancy	eing covered?/Which of these are re		
QuestionText: 01 02 03 04 05 06 07 08 09 10 97	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding with health insurance I Got divorced or separated/death of spour Became ineligible because of age/left sc Employer does not offer coverage/or not Cost is too high</li> <li>Insurance company refused coverage</li> <li>Medicaid/Medical plan stopped after protocost Medicaid (other)</li> <li>Other (specify)</li> <li>Refused</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent chool t eligible for coverage egnancy	eing covered?/Which of these are re		
Question Text: 01 02 03 04 05 06 07 08 09 10 97 99	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding to the second of the</li></ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent shool t eligible for coverage egnancy new job or increase in	eing covered?/Which of these are re		
Question Text: 01 02 03 04 05 06 07 08 09 10 97	<ul> <li>(book) F18</li> <li>[fill1: Which of these are reasons [fill2: y do/ALIAS does] not have health insurance</li> <li>* Enter up to 5 reasons, separate with corresponding with health insurance I Got divorced or separated/death of spour Became ineligible because of age/left sc Employer does not offer coverage/or not Cost is too high</li> <li>Insurance company refused coverage</li> <li>Medicaid/Medical plan stopped after protocost Medicaid (other)</li> <li>Other (specify)</li> <li>Refused</li> </ul>	you/ALIAS] stopped be ce?] mmas. ost job or changed emp ise or parent shool t eligible for coverage egnancy new job or increase in	eing covered?/Which of these are re		

**Family Health Insurance** 

					Sion Date: 50-10		
Question ID:	FHI.291_0	0.000	Instrument Variable Na	ame:	HISTOPOT	QuestionnaireFileName:	Family
QuestionText:	? [F1]						
	* Other	reason	for not having coverag	je			
Verbatim		im respo	onse				
7 9	Refuse Don't k						
UniverseTe			ns without known hea	lth insura	ance and an "othe	er" reason for stopping or not ha	ving coverage
SkipInstruc	c <b>tions:</b> g		TOP for the next perso			nsurance coverage or only singl	
Question ID:	FHI.300_0	0.000	Instrument Variable Na	ame:	HINOTYR	QuestionnaireFileName:	Family
QuestionText:						ALIAS] did NOT have ANY he	
1	Yes						
2	No						
7	Refuse	d					
9	Don't k	now					
UniverseTe	xt: A	All perso	ns with known health	insuranc	e coverage excep	t single service plans	
SkipInstruc	ctions: <	<1> [goto	9 HINOTMYR] <2,R,	D> [goto	FHICHNG]		
Question ID: QuestionText:			Instrument Variable Na		HINOTMYR	QuestionnaireFileName:	
Question rest.				v many n	ionuis [iiii. were	you/was ALIAS] without cover	
	* If less	than 1	nonth, enter '1'.				
01-12	01-12						
97	Refuse						
99	Don't k	now					
UniverseTe		-	ns with known health 2 months	insuranc	e coverage, but d	id not have health insurance for	some period of time in
SkipInstruc		oto HIN ICSPFY		erson with	h known health ir	nsurance coverage, except single	e service plans; else, goto

**Family Health Insurance** 

	Document Version Date: 30-May-12				
Question ID:	FHI.312_00.010	Instrument Variable Name:	FHICHNG	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you	ALIAS] have [fill2: type of h	ealth insurance co	overage] for the past 12 months?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All per	sons who are currently insured	who were contin	uously covered in the past year	
SkipInstruct		> [goto HCSPFYR] oto FHIKDB]			

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12							
Question ID:	FHI.315_00.010       Instrument Variable Name:       FHIKDB       QuestionnaireFileName:       Family						
QuestionText:	(book) F12 and (book) F14						
	If person is currently uninsured:						
	{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}						
	If person had a period without coverage in the past year:						
	{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}						
	If person had a change in coverage type in the past year:						
	{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}						
	*Enter all that apply, separate with commas.						
01	Private health insurance						
02	Medicare						
03	Medi-Gap						
04	Medicaid						
05	SCHIP (CHIP/Children's Health Insurance Program)						
06	Military health care (TRICARE/VA/CHAMP-VA)						
07	Indian Health Service						
08	State-sponsored health plan						
09	Other government program						
10	Single service plan (e.g., dental, vision, prescriptions)						
11	No coverage of any type						
97	Refused						
99	Don't know						
UniverseTex	<b>xt:</b> All persons except those with continuous coverage who are currently uninsured for more than 1 year with no changes						
SkipInstruct	tions: <1> [goto PWRKB] <2-11,R,D> [goto HCSPFYR]						

**Family Health Insurance** 

Juestion ID:	FHI.316_00.010	Instrument Variable Name:	PWRKB	QuestionnaireFileName:	Family
QuestionText:	Which one of	these categories best describe	es how [fill1: your/A	LIAS's] private health insurance w	vas obtained?
01	Through emp	loyer			
02	Through unio	n			
03	Through wor	kplace, but don't know if emp	oloyer or union		
04	Through wor	kplace, self-employed or prof	fessional association		
05	Purchased dir	rectly			
06	Through a sta	te/local government or comm	nunity program		
07	Other, specify	y			
97	Refused				
99	Don't know				
UniverseTex	t: All pers	sons who had private health in	nsurance previously		
SkipInstruct	ions: <1-6,R,	D> [goto HCSPFYR] <7> [g	oto PWRKBSP]		

Question ID:	FHI.317_00.010	Instrument Variable Name:	PWRKBSP	QuestionnaireFileName:	Family
QuestionText:	*Enter how pr	ivate health insurance was obt	tained.		
7	Refused				
9	Don't know				
Verbatim	Verbatim resp	oonse			
UniverseText	t: All pers	ons who had private health in	surance obtained from	om other source previously	
SkipInstructi	ons: <allow< th=""><th>75 characters&gt; [goto HCSPF]</th><th>YR]</th><th></th><th></th></allow<>	75 characters> [goto HCSPF]	YR]		

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Question ID:	FHI.320_00.000     Instrument Variable Name:     HCSPFYR     QuestionnaireFileName:     Family				
QuestionText:	(book) F19				
	The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?				
0	Zero				
1	Less than \$500				
2	\$500 - \$1,999				
3	\$2,000 - \$2,999				
4	\$3,000 - \$4,999				
5	\$5,000 or more				
7	Refused				
9	Don't know				
UniverseTex	t: All families				
SkipInstruct	ions: goto MEDBILL				

Question ID:	FHI.325_00.010	Instrument Variable Name:	MEDBILL	QuestionnaireFileName:	Family
QuestionText:	1			e problems paying or were unable to ion, equipment, nursing home or ho	1 5 5
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All fam	illies			
SkipInstruct	tions: <1,2,7,	9> [goto MEDBPAY]			

2011 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 30-May-12						
Question ID:	FHI.327_00	.010	Instrument Variable Name:	MEDBPAY	QuestionnaireFileName:	Family
QuestionText:	include r	nedica		redit card, through p	nedical bills that are being paid o ersonal loans, or bill paying arran this year.	
1	Yes					
2	No					
7	Refused	l				
9	Don't kı	now				
UniverseTex	t: A	ll fami	lies			
SkipInstruct	ions: <1	1,2,7,9	⊳ if MEDBILL=2 [goto FSA	]; else [goto MEDB]	NOP]	
Question ID:	FHI.327_00	.020	Instrument Variable Name:	MEDBNOP	QuestionnaireFileName:	Family
QuestionText:	[£1] 1. D			4.1	nedical bills that you are unable t	4 -119

1	Yes
2	No
7	Refused
9	Don't know
UniverseText:	All families but those who said they don't have problems paying their medical bills
SkipInstruction	s: <1,2,7,9> [goto FSA]

Question ID: FHI.330\_00.000 Instrument Variable Name: FSA

A Question

QuestionnaireFileName: Family

- QuestionText:[fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are<br/>offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the<br/>year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money<br/>remaining in the account at the end of the year, following a short grace period, is lost to the employee.1Yes2No7Refused9Don't know
- **UniverseText:** All Families
- SkipInstructions: goto PLBORN

2011 NHIS Questionnaire - Family Family Socio-Demographic Document Version Date: 30-May-12					
Question ID:	FSD.001_00.000	Instrument Variable Name:	PLBORN	QuestionnaireFileName:	Family
QuestionText:	QuestionText: [fill: Were you/Was ALIAS] born in the United States?				
1	Yes				
2	No				
7	7 Refused				
9	9 Don't know				
UniverseTex	UniverseText: All persons				
SkipInstruct	<2> [go	ore "1" in CITIZEN and goto [ to PLBORN2] [goto CITIZEN]	PLBORN1]		

2011 NHIS Questionnaire - Family Family Socio-Demographic Document Version Date: 30-May-12				
Question ID:	FSD.002_00.000 Instrument Variable Name:	PLBORN1	QuestionnaireFileName:	Family
QuestionText:	In what state [fill: were you/was ALIAS] bo	rn?		
01	Alabama			
02	Alaska			
03	Arizona			
04	Arkansas			
05	California			
06	Colorado			
07	Connecticut			
08	Delaware			
09	District of Columbia			
10	Florida			
11	Georgia			
12	Hawaii			
13	Idaho			
14	Illinois			
15	Indiana			
16	Iowa			
17	Kansas			
18	Kentucky			
19	Louisiana			
20	Maine			
21	Maryland			
22	Massachusetts			
23	Michigan			
24	Minnesota			
25	Mississippi			
26	Missouri			
27	Montana			
28	Nebraska			
29	Nevada			
30	New Hampshire			
31	New Jersey			
32	New Mexico			
33	New York			
34	North Carolina			
35	North Dakota			
36	Ohio			
37	Oklahoma			
38	Oregon			
<b>39</b>	Pennsylvania			
40	Rhode Island			
41	South Carolina			
42	South Dakota			
43	Tennessee			
44	Texas			
45	Utah			
46	Vermont			
47	Virginia			

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Family Socio-Demographic

Washington

- 49 West Virginia
- 50 Wisconsin
- 51 Wyoming
- 57 United States (state unknown)
- UniverseText: All persons born in the United States
- SkipInstructions: <1-51,57> [goto HEADST]

2011 NHIS Questionnaire - Family Family Socio-Demographic Document Version Date: 30-May-12				
Question ID:	FSD.003_00.000 Instrument Variable Name:	PLBORN2	QuestionnaireFileName:	Family
QuestionText:	In what country [fill: were you/was ALIAS] bo	rn?		
	* Please record country of birth. If country no	t found, type "ZZ"		
060	AMERICAN SAMOA			
061	AM SAMOA			
062	BAKER ISLAND			
063	GUAM			
064	HOWLAND ISLAND			
065	JARVIS ISLAND			
066	JOHNSTON ATOLL			
067	KINGMAN REEF			
068	MANUA ISLANDS			
069	MIDWAY ISLANDS			
070	NAVASSA ISLAND			
071	NORTHERN MARIANAS			
072	PALMYRA ATOLL			
073	PUERTO RICO			
074	ROTA			
075	SAIPAN			
076	SAND ISLAND			
070	ST CROIX			
078	ST JOHN			
078	ST THOMAS			
080	TINIAN			
080	US OUTLYING AREA			
082	US VIRGIN ISLANDS			
083	USVI			
084	VIRGIN ISLANDS			
085	WAKE ISLAND			
100	ABROAD			
101	ABU DHABI			
102	ADEN			
103	AFGHANISTAN			
104	AFRICA			
105	ALBANIA			
106	ALBERTA			
107	ALGERIA			
108	ALGIERS			
109	ALSACE-LORRAINE			
110	AMSTERDAM			
111	ANEGADA			
112	ANGOLA			
113	ANGUILLA			
114	ANGUILLA BWI			
115	ANOJOUAN			
116	ANTARCTICA			
117	ANTIGUA			
118	ANTIGUA & BARBUDA			
110	ANTICULA WI			

119

ANTIGUA WI

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Family Socio-Demographic

120	ANTILLES
121	ARAB PALESTINE
122	ARABIA
123	ARGENTINA
124	ARMENIA
125	ARUBA
126	ARUBA DWI
127	ARUBA NETHERLANDS
128	ASCENSION ISLAND
129	ASIA
130	ASIA MINOR
131	ASSAM
132	AT SEA
133	AUSTRALIA
134	AUSTRIA
135	AUSTRIA-HUNGARY
136	AZERBAIJAN
137	AZORES ISLANDS
138	BAHAMAS
139	BAHAMAS UK
140	BAHRAIN
141	BAJA CAL
142	BAJA CAL SUR
143	BALBOA
144	BANGLADESH
145	BARBADOS
146	BARBUDA
147	BAVARIA
148	BELARUS
149 150	BELFAST
100	BELGIAN CONGO
151 152	BELGIUM
152	BELIZE BENIN
155	BERLIN
154 155	BERMUDA
155	BESSARABIA
150	BHUTAN
157	BOHEMIA
159	BOLIVIA
160	BONAIRE
161	BORNEO
162	BOSNIA
163	BOSNIA & HERZEGOVINA
164	BOTSWANA
165	BRASIL
166	BRAZIL
167	BRAZZAVILLE
168	BREMEN
169	BRITAIN
170	BRITISH COLUMBIA
171	BRITISH EAST AFRICA

Family Socio-Demographic

150	
172	BRITISH GUIANA
173	BRITISH GUYANA
174	BRITISH HONDURAS
175	BRITISH HONG KONG
176	BRITISH ISLES
177	BRITISH VI
178	BRITISH VIRGIN IS
179	BRITISH WEST INDIES
180	BRITISH WI
181	BRUNEI
182	BULGARIA
183	BURKINA FASO
184	BURMA
185	BURUNDI
186	BWI
187	BYELARUS
188	BYELORUSSIA
189	CAICOS ISLANDS
190	CAM PHA
191	CAM RANH
192	CAMBODIA
193	CAMEROON
194	CAN THO
195	CANADA
196	CANAL ZONE
197	CANARY ISLANDS
198	CANTON & ENDERBURY IS
199	CANTON ISLAND
200	CAPE VERDE
201	CARIBBEAN
202	CAYMAN ISLANDS
203	CENTRAL AFRICA
204	CENTRAL AFRICAN REP
205	CENTRAL AMERICA
206	CEYLON
207	CHAD
208	CHANNEL ISLANDS
209	CHIAPAS
210	CHIHUAHUA
211	CHILE
212	CHINA
213	CHINA HONG KONG
214	CHRISTMAS ISLAND
215	CHRISTMAS ISLAND, INDIAN OCEAN
216	COAHUILA
217	COLIMA
218	COLOMBIA
219	COMOROS
220	CONGO
221	COOK ISLANDS
222	CORAL SEA ISLANDS
223	CORK

**Family Socio-Demographic** 

224	CORSICA
225	COSTA RICA
226	COTE D'IVORIE
227	CRETE
228	CRIMEA
229	CRISTOBAL
230	CROATIA
231	CUBA
232	CURACAO
233	CYPRUS
234	CZ
235	CZECH REPUBLIC
236	CZECHOSLOVAKIA
237	DA LAT
238	DA NANG
239	DAKAR
240	DANZIG
241	DELHI
242	DEMO PEOPLE'S REP OF KOREA
243	DEMO REP OF CONGO
244	DENMARK
245	DISTRITO FEDERAL
246	DJIBOUTI
247	DOM REP
248	DOMINICA
249	DOMINICA BWI
250	DOMINICA WI
251	DOMINICAN REPUBLIC
252	DUBAI
253	DUBLIN
254	DURANGO
255	DUTCH EAST INDIES
256	DUTCH GUIANA
257	DUTCH INDONESIA
258	DUTCH NEW GUINEA
259	EAST PAKISTAN
260	EAST PRUSSIA
261	EASTER ISLAND
262	EASTERN AFRICA
263	ECUADOR
264	EGYPT
265	EIRE
266	EL SALVADOR
267	ENGLAND
268	EQUATORIAL GUINEA
269	ERITREA
270	ESPANA
271	ESTONIA
272	ETHIOPIA
273	EUROPA ISLAND
274	EUROPE
275	FALKLAND ISLANDS

Family Socio-Demographic

276	
276	FAROE ISLANDS
277	FEDERAL DISTRICT
278 279	FEDERAL REPUBLIC OF YUGOSLAVIA
279 280	FEDERATED STATES OF MICRONESIA
280 281	FIJI
281	FILIPINES
282 283	FINLAND EODEICN COUNTRY
283 284	FOREIGN COUNTRY FORMOSA
285	FRANCE
285 286	FRANKFURT
280 287	FRENCH GUIANA
288	FRENCH MOROCCO
289	FRENCH POLYNESIA
290	GABON
291	GALAPAGOS ISLANDS
292	GALWAY
293	GAMBIA
294	GAZA STRIP
295	GEORGIA
296	GERMANY
297	GHANA
298	GIA DINH
299	GIBRALTER
300	GLORIOSO ISLANDS
301	GOA
302	GRAND BAHAMA
303	GRAND CAYMAN
304	GRAND TURK
305	GREAT BRITAIN
306	GREAT COMORE
307	GREECE
308	GREENLAND
309	GRENADA
310	GUADALAJARA
311	GUADELOUPE
312	GUANAJUATO
313	GUATEMALA
314	GUERNSEY
315	GUERRERO
316	GUIANA
317	GUINEA
318	GUINEA-BISSAU
319	GUYANA
320	HADONG
321	HAIPHONG
322	HAITI
323	HAMBURG
324	HANOI
325	HANOVER
326	HAVANA
327	HEARD & MCDONALD ISLANDS

**Family Socio-Demographic** 

328	HERZEGOVINA
329	HESSE
330	HIDALGO
331	HIGH SEAS
332	HOLLAND
333	HONDURAS
334	HONG KONG
335	HUNGARY
336	HYDERABAD
337	ICELAND
338	INDIA
339	INDONESIA
340	INTERNATIONAL WATERS
341	IRAN
342	IRAQ
343	IRELAND
344	IRIAN JAYA
345	IRISH REPUBLIC
346	ISLE OF MAN
347	ISRAEL
348	ITALY
349	IVORY COAST
350	JALISCO
351	JAMAICA
352	JAN MEYAN
353	JAPAN
354	JAVA
355	JERSEY
356	JIBUTI
357	JORDAN
358	JUAN DE NOVA ISLAND
359	JUGOSLAVIA
360	KALININGRAD
361	KAMPUCHEA
362	KASHMIR
363	KAZAKHSTAN
364	KENYA
365	KHANH HUNG
366	KINSHASA
367	KIRIBATI
368	KOREA
369	KORO ISLAND
370	KUWAIT
371	KWAJALEIN
372	KWANTUNG
373	KYRGYZSTAN
374	LABRADOR
375	LABUAN
376	LAOS
377	LATAKIA
378	LATIN AMERICA
379	LATVIA

**Family Socio-Demographic** 

380	LEBANON
381	LEEWARD ISLANDS
382	LESOTHO
383	LIBERIA
384	LIBYA
385	LIECHTENSTEIN
386	LITHUANIA
387	LOAS
388	LONDONDERRY
389	LONG XUYEN
390	LORRAINE
391	LUBECK
392	LUXEMBOURG
393	MACAO
394	MACAU
395	MACEDONIA
396	MADAGASCAR
397	MADEIRA ISLANDS
398	MAINLAND CHINA
399	MAJORCA
400	MALAGASY REPUBLIC
401	MALAWI
402	MALAYSIA
403	MALDIVES
404	MALI
405	MALLORCA
406	MALTA
407	MACHURIA
408	MANICA
409	MANILA
410	MANITOBA
411	MARSHALL ISLANDS
412	MARTINIQUE
413	MAURITANIA
414	MAURITIUS
415	MAYOTTE ISLAND
416	MELANESIA
417	MEXICO
418	MICHOACAN
419	MICRONESIA
420	MIDDLE EAST
421	MOLDAVIA
422	MOLDOVA
423	MONACO
424	MONAGAS
425	MONGOLIA
426	MONTENEGRO
427	MONTSERRAT
428	MORELOS
429	MOROCCO
430	MOZAMBIQUE
431	MY THO

Family Socio-Demographic

432	N. IRELAND
433	NAM DINH
434	NAMIBIA
435	NAURU
436	NAYARIT
437	NEPAL
438	NETHERLANDS
439	NETH. ANTILLES
440	NETH. EAST INDIES
441	NEVIS ISLAND
442	NEW BRUNSWICK
443	NEW CALEDONIA
444	NEW GUINEA
445	NEW HEBRIDES
446	NEW SOUTH WALES
447	NEW ZEALAND
448	NEWFOUNDLAND
449	NHA TRANG
450	NICARAGUA
451	NIGER
452	NIGERIA
453	NIUE ISLAND
454	NORFOLK ISLAND
455	NORTH AFRICA
456	NORTH AMERICA
457	NORTH KOREA
458	NORTH VIETNAM
459	NORTHERN IRELAND
460	NORTHERN TERRITORY
461	NORWAY
462	NOVA SCOTIA
463	NUEVO LEON
464	OAXACA
465	OCEANIA
466	OKINAWA
467	OMAN
468	ONTARIO
469	OVERSEAS
470	PAKISTAN
471	PALAU
472	PALESTINE
473	PANAMA
474	PANAMA CANAL ZONE
475	PAPUA NEW GUINEA
476	PARACEL ISLANDS
477	PARAGUAY
478	PELAGOSA
479	PEOPLE'S REP. OF CHINA
480	PEOPLE'S REP. OF CONGO
481	PERSIA
482	PERU
483	PHAN THIET
505	

Family Socio-Demographic

484	PHILIPPINES
485	PITCAIRN ISLAND
486	POLAND
487	POLYNESIA
488	PONAPE
489	PORTUGAL
490	PORTUGUESE INDIA
491	PRINCE EDWARD ISLAND
492	PRINCIPE ISLAND
494	PRUSSIA
495	PUEBLA
496	PUNJAB
497	PUNJAB, INDIA
498	PUNJAB, PAKISTAN
499	QATAR
500	QUANG LONG
501	QUEBEC
502	QUEENSLAND
503	QUERETARO
504	QUI NHON
505	RACH GIA
506	RAJASTHAN
507	RED CHINA
508	REPUBLIC OF CHINA
509	REPUBLIC OF CYPRUS
510	REPUBLIC OF IRELAND
511	REPUBLIC OF KOREA
512	REPUBLIC OF PANAMA
513	REP. OF PHILIPPINES
514	REP. OF SOUTH AFRICA
515	REPUBLICA DOMINICANA
516	REUNION ISLAND
517	RHODESIA
518	ROC
519	ROK
520	ROMANIA
521	ROTTERDAM
522	RUMANIA
523	RUSSIA
524	RUSSIAN FEDERATION
525	RWANDA
526	SAIGON
527	SALVADOR
528	SAMOA
529	SAN ANDRES
530	SAN LUIS POTOSI
531	SAN MARINO
532	SAN SALVADOR
533	SAO TOME ISLAND
534	SAO TOME & PRINCIPE
535	SARAWAK
536	SASKATCHEWAN

**Family Socio-Demographic** 

537	SAUDI ARABIA
538	SAXONY
539	SCOTLAND
540	SENEGAL
541	SEOUL
542	SERBIA
543	SEYCHELLES
544	SHANGHAI
545	SHARJAH
546	SIBERIA
547	SICILY
548	SIERRA LEONE
549	SIKKIM
550	SINALOA
551	SINGAPORE
552	SLAVONIA
553	SLOVAK REPUBLIC
554	SLOVAKIA
555	SLOVENIA
556	SOLOMAN ISLANDS
557	SOMALIA
558	SONORA
559	SOUTH AFRICA
560	SOUTH AMERICA
561	SOUTH AUSTRALIA
562	SOUTH KOREA
563	SOUTH VIETNAM
564	SOUTH WALES
565	SOUTH YEMEN
566	SOUTHEAST ASIA
567	SOUTHERN AFRICA
568	SOUTHERN RHODESIA
569	SOVIET UNION
570	SPAIN
571	SPRATLEY ISLANDS
572	SRI LANKA
573	ST BARTHELEMY
574	ST BARTS
575	ST CHRISTOPHER
576	ST CHRISTOPHER-NEVIS
577	ST EUSTATIUS
578	ST HELENA
579	ST KITTS
580	ST KITTS-NEVIS
581	ST LUCIA
582	ST MAARTEN
583	ST MARTIN
584	ST PIERRE & MIQUELON
585	ST VINCENT
586	ST VINCENT & THE GRENADINES
587	SUDAN
588	SUMATRA

**Family Socio-Demographic** 

589	SURINAM
590	SURINAME
591	SVALBARD
592	SWAZILAND
593	SWEDEN
594	SWITZERLAND
595	SYRIA
596	SYRIAN ARAB REP
597	TABASCO
598	TADZHIK
599	TAHITI
600	TAIWAN
601	TAIWAN ROC
602	TAJIKISTAN
603	TAMAULIPAS
604	TANGANYIKA
605	TANGIER
606	TANZANIA
607	TASMANIA
608	THAILAND
609	THANH HOA
610	THE GRENADINES
611	TIBET
612	TIJUANA
613	TLAXCALA
614	TOBAGO
615	TOGO
616	TOGOLAND
617	TOKELAU
618	TONGA
619	TORTOISE ISLANDS
620	TORTOLA
621	TRANSVAAL
622	TRANSYLVANIA
623	TRIESTE
624	TRINIDAD
625	TRINIDAD & TOBAGO
626	TRIPOLI
627	TROMELIN ISLAND
628	TRUK
629	TUNIS
630	TUNISIA
631	TURKEY
632	TURKMENISTAN
633	TURKS & CAICOS IS
634	TURK ISLANDS
635	TUVALU
636	TUY HOA
637	UGANDA
638	UK
639	UKRAINE
640	UKRAINIA

Family Socio-Demographic

<ul> <li>641 UNION ISLANDS</li> <li>642 UNION OF SOUTH AFRICA</li> <li>643 UNION OF SOVIET SOCIALIST REPUBLICS</li> <li>644 UNITED ARAB EMIRATES</li> <li>645 UNITED KINGDOM</li> <li>646 UPPER VOLTA</li> <li>647 URUGUAY</li> <li>648 USSR</li> <li>649 USBEKISTAN</li> <li>650 VANCOUVER</li> <li>651 VANUATU</li> <li>652 VATICAN CITY</li> <li>653 VENEZUELA</li> <li>654 VERACRUZ</li> <li>655 VICTORIA</li> <li>656 VIETNAM</li> <li>657 VINH LONG</li> <li>658 VUNG TAU</li> <li>659 WALES</li> <li>660 WALLIS &amp; FUTUNA ISLANDS</li> <li>661 WEST AFRICA</li> <li>662 WEST BANK</li> <li>663 WEST BENGAL</li> <li>664 WEST INDIES</li> <li>665 WEST PAKISTAN</li> <li>666 WESTERN AUSTRALIA</li> <li>667 WESTERN SAMACA</li> <li>668 WESTERN SAMOA</li> <li>669 WHITE RUSSIA</li> <li>670 WINDWARD ISLANDS</li> <li>671 WINNIPEG</li> <li>673 YAP</li> <li>674 YAR</li> <li>675 YEMEN</li> <li>676 YEMEN ARAB REPUBLIC</li> <li>677 YEREVAN</li> <li>678 YUCATAN</li> <li>679 YUGOSLAVIA</li> <li>680 YUKON TERRITORY</li> </ul>
<ul> <li>Ginor of Soviet Socialist Republics</li> <li>Ginor of Soviet Socialist Republics</li> <li>UNITED ARAB EMIRATES</li> <li>UNITED KINGDOM</li> <li>UPPER VOLTA</li> <li>URUGUAY</li> <li>URUGUAY</li> <li>USSR</li> <li>USSR</li> <li>USSR</li> <li>USSR</li> <li>USSEKISTAN</li> <li>VANCOUVER</li> <li>VANCOUVER</li> <li>VANUATU</li> <li>VANUATU</li> <li>VANUATU</li> <li>VENEZUELA</li> <li>VENEZUELA</li> <li>VERACRUZ</li> <li>VICTORIA</li> <li>VINH LONG</li> <li>VINH LONG</li> <li>VUNG TAU</li> <li>VALES</li> <li>WALES</li> <li>WALES</li> <li>WALES</li> <li>WEST AFRICA</li> <li>WEST AFRICA</li> <li>WEST BANK</li> <li>WEST BENGAL</li> <li>WEST PAKISTAN</li> <li>WESTERN AUSTRALIA</li> <li>WESTERN SAHARA</li> <li>WESTERN SAMOA</li> <li>WESTERN SAMOA</li> <li>WESTERN SAMOA</li> <li>WINDWARD ISLANDS</li> <li>WINNIPEG</li> <li>YAP</li> <li>YAR</li> <li>YEMEN</li> <li>YEMEN ARAB REPUBLIC</li> <li>YEMEN ARAB REPUBLIC</li> <li>YEMEN AILA</li> <li>YUCATAN</li> <li>YUGOSLAVIA</li> </ul>
<ul> <li>644 UNITED ARAB EMIRATES</li> <li>645 UNITED KINGDOM</li> <li>646 UPPER VOLTA</li> <li>647 URUGUAY</li> <li>648 USSR</li> <li>649 USBEKISTAN</li> <li>650 VANCOUVER</li> <li>651 VANUATU</li> <li>652 VATICAN CITY</li> <li>653 VENEZUELA</li> <li>654 VERACRUZ</li> <li>655 VICTORIA</li> <li>656 VIETNAM</li> <li>657 VINH LONG</li> <li>658 VUNG TAU</li> <li>659 WALES</li> <li>660 WALLIS &amp; FUTUNA ISLANDS</li> <li>661 WEST AFRICA</li> <li>662 WEST BANK</li> <li>663 WEST ENGAL</li> <li>664 WEST INDIES</li> <li>665 WEST PAKISTAN</li> <li>666 WESTERN AUSTRALIA</li> <li>667 WESTERN SAMOA</li> <li>669 WHITE RUSSIA</li> <li>670 WINDWARD ISLANDS</li> <li>671 WINNIPEG</li> <li>672 WURZBERG</li> <li>673 YAP</li> <li>674 YAR</li> <li>675 YEMEN</li> <li>675 YEMEN</li> <li>676 YEMEN ARAB REPUBLIC</li> <li>677 YEREVAN</li> <li>678 YUCATAN</li> <li>679 YUGOSLAVIA</li> </ul>
<ul> <li>645 UNITED KINGDOM</li> <li>646 UPPER VOLTA</li> <li>647 URUGUAY</li> <li>648 USSR</li> <li>649 USBEKISTAN</li> <li>650 VANCOUVER</li> <li>651 VANUATU</li> <li>652 VATICAN CITY</li> <li>653 VENEZUELA</li> <li>654 VERACRUZ</li> <li>655 VICTORIA</li> <li>656 VIETNAM</li> <li>657 VINH LONG</li> <li>658 VUNG TAU</li> <li>659 WALES</li> <li>660 WALLIS &amp; FUTUNA ISLANDS</li> <li>661 WEST AFRICA</li> <li>662 WEST BANK</li> <li>663 WEST ENGAL</li> <li>664 WEST INDIES</li> <li>665 WEST PAKISTAN</li> <li>666 WESTERN AUSTRALIA</li> <li>667 WESTERN SAMAA</li> <li>668 WESTERN SAMOA</li> <li>669 WHITE RUSSIA</li> <li>670 WINDWARD ISLANDS</li> <li>671 WINNIPEG</li> <li>672 WURZBERG</li> <li>673 YAP</li> <li>674 YAR</li> <li>675 YEMEN</li> <li>675 YEMEN</li> <li>676 YEMEN ARAB REPUBLIC</li> <li>677 YEREVAN</li> <li>678 YUCATAN</li> <li>679 YUGOSLAVIA</li> </ul>
646UPPER VOLTA647URUGUAY648USSR649USBEKISTAN650VANCOUVER651VANUATU652VATICAN CITY653VENEZUELA654VERACRUZ655VICTORIA656VIETNAM657VINH LONG658VUNG TAU659WALES660WALLIS & FUTUNA ISLANDS661WEST AFRICA662WEST BANK663WEST BENGAL664WEST INDIES665WESTERN AUSTRALIA666WESTERN SAMOA669WHITE RUSSIA670WINDWARD ISLANDS671WINNIPEG672WURZBERG673YAP674YAR675YEMEN676YEMEN ARAB REPUBLIC677YEREVAN678YUCATAN679YUGOSLAVIA
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10KON IEKKIIOKI
681 ZACATECAS
682 ZADAR
683 ZAIRE
684 ZAMBIA
685 ZANZIBAR
686 ZIMBABWE
687 ZURICH
688 ANDORRA
689 BRITISH INDIAN OCEAN TERRITORY
690 DEUTSCHLAND
691 FRENCH SOUTHERN AND ANTARCTIC LANDS
692 GRENADINES, THE

**Family Socio-Demographic** 

693	KOSOVO			
694	MYANMAR			
695	NORTHWEST TERRITORY			
696	NUNAVUT TERRITORY			
996	Country not listed			
997	Refused			
999	Don't know			
UniverseText:	All persons not born in the United States			
SkipInstructions	:: <60-85> [store "2" in CITIZEN and goto USYR] <100-696,996,R,D> [goto USYR]			

Question ID:	FSD.004	_00.000	Instrument Variable Name:	USYR	QuestionnaireFileName:	Family
QuestionText:	* Rea	d if neces	ssary.			
	Earlie	er I record	led [fill1: your/ALIAS's] date	of birth as [fill2: A	GEDOB@3(text version) AGEDO	B@4, AGEDOB@5].
	In wh	at year di	d [fill3: you/ALIAS] come to	the United States t	o stay?	
1880-Curren Year	t 1880	-Current	Year			
9997	Refu	sed				
9999	Don	t know				
UniverseTex	UniverseText: All persons not born in the United States					
SkipInstruc	tions:		Current Year> [if USYR lt AG goto USLONG]	EDOB@5, goto El	RR2_USYR; else, goto CITIZEN]	
			The "*Read if necessaryEar e date of birth information.	lier I recorded"	portion of this question is included	for persons with
Hard Edit:		ERR1_U	USYR			
		*Future	year invalid: [fill: USYR]. Pl	ease correct.		
		ERR2_I	USYR: * [fill year from USYR	R] is prior to the pe	rson's birth year.	
		*Please	correct.			

Page	17	of 27
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				Family	estionnaire - Socio-Demog Version Date: 30	raphic	у	
Question ID:	FSD.005_	_00.000	Instrument Varial	ble Name:	USLONG		QuestionnaireFileName:	Family
QuestionText:	About	how lon	g [fill1: have you/	has ALIAS	] been in the Unit	ted States	?	
	* Read	l if neces	ssary: Earlier I rec	orded that [	fill2: you are/AL	IAS is] [f	ïll3: AGE] years old.	
	*Enter	'95' for	95 or more years.					
	*If les	s than 1	year given as a res	sponse, code	e the answer as '0	)'.		
00-94	00-94	years						
95	<b>95</b> 95+ years							
97 Refused								
99 Don't know								
UniverseTex	xt:	All pers	ons not born in the	e United Sta	ites and refused o	or don't kn	now was reported for USY	YR
SkipInstruct			[if USLONG gt A goto CITIZEN]	GE, goto El	RR_USLONG; el	lse, goto (	CITIZEN]	
Hard Edit:		ERR_L	ONG: * In US lo	nger than al	ive!			
		* Please	e correct.					

					Page 18 of 2	7		
			201		estionnaire Socio-Dem <sup>7</sup> ersion Date:	ographic	•	
Question ID:	FSD.006	_00.000	Instrument Va	ariable Name:	CITIZEN		QuestionnaireFileName:	Family
QuestionText:	(book	c) F20	?[F1]					
	[fill:	Are you/I	s ALIAS] a C	ITIZEN of the U	United States?			
1	Yes,	born in c	one of the 50 U	Inited States or	the District of	Columbia		
2				uam, American	Virgin Islands	s, or other U	J.S. territory	
3			oad to Americ					
4 5			zen by naturali					
3 7	Refu		en of the Unit	ed States				
9		t know						
UniverseTex	xt:	All pers	ons not born ii	n the United Sta	tes or a United	d States teri	itory	
SkipInstruc	tions:	<2>[if		2 or PLBORN e			N eq R, goto ERR3_CITIZ EN; else, goto HEADST]	EN; else, goto HEADST]
Hard Edit:		*Alread	CITIZEN ly indicated bin correct.	rth outside the U	United States.			
		*Alread	CITIZEN ly indicated bin correct.	rth outside Unit	ed States terri	tory.		
Soft Edit:		Previou	• •	used ed to say if [used inge your answe	-		United States.	
		Previou		n't Know know if [you/A nge your answe			Jnited States.	
Question ID:	FSD.007	_00.000	Instrument Va	ariable Name:	HEADST		QuestionnaireFileName:	Family
QuestionText:	?[F1]							
	Is [fil	l: ALIAS	] now attendin	g Head Start?				
1	Yes							
2	No							
7	Refu	sed						
9		t know						
UniverseTe	xt:	All pers	ons less than 7	years of age				
SkipInstruc	tions:		no more person > [ goto HEAD		ears of age, go	to EDUC; e	else, repeat this question fo	or the next eligible person]

Family Socio-DemographicDocument Version Date:30-May-12

		Document	ersion Date. 50-Ma	ly-12	
Question ID:	FSD.008_00.000	Instrument Variable Name:	HEADSTEV	QuestionnaireFileName:	Family
QuestionText:	Has [fill: ALL	AS] ever attended Head Start?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTe	<b>xt:</b> All pers	sons less than 18 years of age a	and not currently enr	olled in Head Start	
SkipInstruc	tions: if no me	pre persons less than 7 years of	f age, goto EDUC; e	lse, goto HEADST for the next el	igible person

2011 NHIS Questionnaire - Family Family Socio-Demographic Document Version Date: 30-May-12							
Question ID:	FSD.010_00.000	Instrument Variable Name:	EDUC	QuestionnaireFileName:	Family		
QuestionText:	(book) F21	?[F1]					
		GHEST level of school [fill Please tell me the number fi		nas] completed or the highest degree	[fill: you have/ALIAS		
	* Enter highes	t level of school completed.					
00	Never attende	ed/kindergarten only					
01	1st grade	<i>o o o o o o o o o o</i>					
02	2nd grade						
03	3rd grade						
04	4th grade						
05	5th grade						
06	6th grade						
07	7th grade						
08	8th grade						
09	9th grade						
10	10th grade						
11	11th grade						
12	12th grade, no	o diploma					
13	GED or equiv						
14	High School (						
15	Some college						
16	-	ree: occupational, technical,	, or vocational progr	am			
17		ree: academic program					
18		gree (Example: BA, AB, BS	, BBA)				
19		ee (Example: MA, MS, MEr					
20	-	School degree (Example: MI	-				
21		ree (Example: PhD, EdD)	. , ,				
96	Child under 5						
97	Refused	-					
99	Don't know						
UniverseTex	All pers	ons 5 years of age or older					

**Family Socio-Demographic** 

Document Version Date: 30-May-12

Question ID:	FSD.020_	_00.000	Instrument Variable Name:	ARMFVER	QuestionnaireFileName:	Family
QuestionText:	Earlie: this co		ou said/it was said] [fill2: yo	u/alias] [fill3: were/	was] on full-time active duty with	the Armed Forces. Is
1	Yes					
2	No					
7	Refus	sed				
9	Don't	know				
UniverseTex	t:	All fami section	ilies with a person age 18 or o	older who were said	to be on active duty in the armed f	forces in the HHC
SkipInstruct	ions:	<1> [go	to ARMFFC] <2,R,D> [goto	ARMFEV]		
Question ID:	FSD.021_	_00.000	Instrument Variable Name:	ARMFEV	QuestionnaireFileName:	Family
QuestionText:	[fill1	: Have y	ou/Has alias] ever served on	active duty in the U	.S. Armed Forces, military Reserve	es, or National Guard
				-	e Reserves or National Guard, but antry, in support of military or hum	

Yes 1 2 No 7 Refused

9

Don't know

All families with a person age 18 or older who is not currently on active duty or said R,D to active duty question UniverseText:

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

2011 NHIS Questionnaire - Family Family Socio-Demographic Document Version Date: 30-May-12	
Question ID:	FSD.022_00.000 Instrument Variable Name: ARMFFC QuestionnaireFileName: Family
QuestionText:	Did [fill1: you/alias] ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?
	*Read if necessary. This would include National Guard or reserve or active duty monitoring or conducting peace keeping operations in Bosnia Kosovo, in the Sinai between Egypt and Israel, or in response to the 2004 tsunami, or Haiti in 2010.
1	Yes
2	No
7	Refused
9	Don't know
UniverseText	All families with a person age 18 or older who has ever served in the armed forces
SkipInstructi	ons: <1,2,R,D> [goto ARMFTMP]
Question ID: QuestionText:	FSD.023_00.000 Instrument Variable Name: ARMFTMP QuestionnaireFileName: Family When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?
	*Enter all that apply, separate with commas. *Enter all periods in which this person served. Enter the item even if the person served for just part of that period.
01	Sept 2001 or later
02	August 1990 to August 2001 (including Persian Gulf War)
03	September 1980 to July 1990
04	May 1975 to August 1980
	May 1975 to August 1980 Vietnam era (August 1964 to April 1975)
04	
04 05	Vietnam era (August 1964 to April 1975)
04 05 06	Vietnam era (August 1964 to April 1975) March 1961 to July 1964
04 05 06 07	Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961
04 05 06 07 08	Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955)
04 05 06 07 08 09	Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950
04 05 06 07 08 09 10	Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)
04 05 06 07 08 09 10 11	Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
04 05 06 07 08 09 10 11 97	Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier Refused Don't know
04 05 06 07 08 09 10 11 97 99	Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier Refused Don't know All families with a person age 18 or older who has ever served in the armed forces

Family Socio-Demographic

Document Version Date: 30-May-12

Question ID:	FSD.024_00.000	Instrument Variable Name:	ARMFDS	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you 1990 and Apr		alf during Operation	on Desert Shield or Operation Desert	Storm between August
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All fam	ilies with a person age 18 or o	older who served f	rom August 1990 to August 2001	
SkipInstruct	tions: <1,2,R,	D> [goto DOINGLW]			
Question ID:	FSD.050_00.000	Instrument Variable Name:	DOINGLW	QuestionnaireFileName:	Family

Question ID.	
QuestionText:	(book) F22 ? [F1]
	The next few questions are about employment status.
	Which of the following [fill: were you/was ALIAS] doing last week?
	* Read answer categories.
1	Working for pay at a job or business
2	With a job or business but not at work
3	Looking for work
4	Working, but not for pay, at a family-owned job or business
5	Not working at a job or business and not looking for work
7	Refused
9	Don't know
UniverseTex	All persons 18 years of age or older
SkipInstruct	ions:         <1,4> [goto WRKHRS]           <2,5> [goto WHYNOWRK]           <3,R,D> [goto WRKLYR]
	NOTE: A flashcard was added to this question in quarter 3 of 2005.

	2011 NHIS Questionnaire - Fa Family Socio-Demograp Document Version Date: 30-May	hic
Question ID:	FSD.060_00.000 Instrument Variable Name: WHYNOWRK	QuestionnaireFileName: Family
QuestionText:	?[F1]	
	What is the main reason [fill1: you/ALIAS] did not [fill2: work la	st week/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	
UniverseTex	All persons 18 years of age or older who were either with a or business and not looking for work	job or business but not at work, or not working at a job
SkipInstruct	ctions: <1-3,8-10,R,D> [goto WRKLYR] <4-7> [goto WRKHRS]	
Question ID:	FSD.070_00.000 Instrument Variable Name: WRKHRS1	QuestionnaireFileName: Family
2		e i unity
QuestionText:	?[F1]	
	How many hours [fill: did you work LAST WEEK at ALL jobs or or businesses/do you USUALLY work at ALL jobs or businesses/ businesses]?	

	busilesses]:
001-168	1-168 hours
997	Refused
999	Don't know
UniverseText:	All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season
SkipInstruction	ns: <1-34,R,D> [goto WRKFTALL] <35-94> [goto WRKLYR] <95-168> [goto ERR1_WRKHRS]
Soft Edit:	* [Fill: WRKHRS] is an unusually high number. * Please verify.

Family Socio-Demographic

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Question ID:	FSD.080	0_00.000	Instrument Variable Name:	WRKFTALL	QuestionnaireFileName:	Family
QuestionText:	?[F1]					
	[fill:	Do you/D	Ooes ALIAS] USUALLY wor	k 35 hours or more p	er week in total at ALL jobs or bu	sinesses?
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:	-	ons 18 years of age or older with a structure of the second		35 hours last week or did not kno	w/refused to answer
SkipInstruc	tions:	[goto W	'RKLYR]			
			ON QUESTIONNAIRE FLO FTALL for each eligible per		cles through the appropriate quest WRKLYR.	tions from DOINGLW

Question ID:	FSD.100_00.00	) Instrument Variable Name:	WRKLYR	QuestionnaireFileName:	Family
QuestionText:	?[F1]				
	Did [fill1: yo	u/ALIAS] work for pay at any t	ime in [fill2: last calenda	ar year in 4-digit format]?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All pe	rsons 18 years of age or older			
SkipInstruct	-	oto WRKMYR] D> [goto HIEMPOF]			

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	2011 NHIS Question Family Socio Document Version	Demographic		
Question ID: ]	FSD.110_00.000 Instrument Variable Name: WR	XMYR Question	naireFileName:	Family
QuestionText:	How many months in [fill1: last calendar year in 4-	ligit format] did [fill2: you/A	LIAS] have at lea	ast one job or business?
	* If less than one month, enter '1'.			
01	1 month or less			
02-12	2-12 months			
97	Refused			
99	Don't know			
UniverseText	t: All persons 18 years of age or older who wo	ked last vear		
Question ID: ]	FSD.120_00.000 Instrument Variable Name: ERN	YR Question	naireFileName:	Family
QuestionText:	_ ?[F1]			2
	What is your best estimate of [fill1: your/ALIAS's] [fill2: last calendar year in 4-digit format]?	earnings before taxes and dec	luctions from ALI	L jobs and businesses in
	Include hourly wages, salaries, tips and commission	s.		
	* Enter '999,995' if the reported income is greater the	an \$999,995.		
000001- 999994	4 \$1-\$999,994			
999995	\$999,995+			
999997	Refused			
999999	Don't know			
UniverseText	t: All persons 18 years of age or older who wor	ked last year		

SkipInstructions: goto HIEMPOF

Family Socio-Demographic

<b>Document Version Date:</b>	30-May-12
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Question ID:	FSD.130	_00.000	Instrument Variable Name:	HIEMPOF	QuestionnaireFileName:	Family
QuestionText:	0	0 5	1: your/ALIAS's] job or work workplace?	k last week, was he	ealth insurance offered to [fill2: you/	ALIAS] through [fill1:
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTex	xt:		ons 18 years of age or older v ork, or working, but not for p		for pay at a job or business, or with rned job or business	a job or business, but
SkipInstruc	ctions:	goto IN	TROINC			
			ON QUESTIONNAIRE FLO IPOF for each eligible person		t cycles through the appropriate ques INTROINC.	tions from WRKLYR

	Page 1 of 24
	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12
Question ID:	FIN.010_00.000 Instrument Variable Name: FINCINT QuestionnaireFileName: Family
QuestionText:	* Read the following.
	The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.
	Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.
1	Enter 1 to continue
UniverseTex	xt: All families
Question ID:	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family
QuestionText:	? [F1]
	[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]
	[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).
	Did any family members 18 and older, that is * Read names
	(fill roster of people ge 18 years of age)
	(fill roster of people ge 18 years of age) receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?]
1	
1 2	receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?]
2 7	receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?] Yes No Refused
2	receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?] Yes No
2 7	receive income in [fill2: last calendar year in 4-digit format] fromwages and salaries?] Yes No Refused Don't know

			2011	F	<b>Jestionnaire</b> F <b>amily Inco</b> Version Date:	me	ly		
Question ID:	FIN.040_00.0	000	Instrument Var	iable Name:	PSAL		QuestionnaireFileNa	ame:	Family
QuestionText:	* Ask or v	erify.	Enter applica	ble line numb	er(s), separate	with comm	as.		
	Who recei (Anyone e		is?						
	* Indicate	each	family membe	r with this inc	come.				
1	Yes								
2	No								
7	Refused								
9	Don't kno	W							
UniverseTex			es with two or the last calen	-	s 18 years of a	ge or older	and at least one receiv	ved inc	ome from wages and
SkipInstruct	ions: got	o FSE	INC						
SkipInstruct	NO	TE: Iı	the instrumer				associated with the per edited response code		eported by the equent data processing.
SkipInstruct	NO	TE: In	the instrumer	above, each e			•	in subs	
Question ID:	NO resj FIN.050_00.0 [fill1: Did farm inco	TE: In bonder 000 you r ne?/ I	a the instrumen at. As shown a an an a	in [fill2: last eive income i	ligible person i FSEINC calendar year i	in 4-digit fo	edited response code QuestionnaireFileNa ormat] from self-emplo in 4-digit format] fro	in subs	equent data processing.
Question ID:	NO resj FIN.050_00.0 [fill1: Did farm inco	TE: In ponder 000 you r ne?/ I nd far	a the instrumen at. As shown a an an a	in [fill2: last eive income i	FSEINC ralendar year in [fill2: last ca	in 4-digit fo	edited response code QuestionnaireFileNa ormat] from self-emplo in 4-digit format] fro	in subs	Family t including business and
	NO resj FIN.050_00.0 [fill1: Did farm inco business a *Read nar	TE: In ponder 000 you r ne?/ I nd far nes	a the instrumen at. As shown a an an a	above, each e riable Name: in [fill2: last eive income i d any family :	FSEINC ralendar year in [fill2: last ca	in 4-digit fo	edited response code QuestionnaireFileNa ormat] from self-emplo in 4-digit format] fro	in subs	Family t including business and
Question ID:	NO resj FIN.050_00.0 [fill1: Did farm incon business a *Read nan (fill roster	TE: In bonder 000 you r ne?/ I nd far nes of pe	a the instrument at. As shown a an an a	riable Name: in [fill2: last eive income i d any family rs of age)	FSEINC FSEINC calendar year i in [fill2: last ca members 18 ar	in 4-digit fo llendar year nd older, tha	edited response code QuestionnaireFileNa prmat] from self-emplo in 4-digit format] fro at is	in subs	Family t including business and
Question ID:	NO resj FIN.050_00.0 [fill1: Did farm incon business a *Read nar (fill roster receive in	TE: In bonder 000 you r ne?/ I nd far nes of pe	a the instrument at. As shown a an an a	riable Name: in [fill2: last eive income i d any family rs of age)	FSEINC FSEINC calendar year i in [fill2: last ca members 18 ar	in 4-digit fo llendar year nd older, tha	edited response code QuestionnaireFileNa prmat] from self-emplo in 4-digit format] fro at is	in subs	Family t including business and employment including
Question ID: QuestionText:	NO resj FIN.050_00.0 [fill1: Did farm incor business a *Read nar (fill roster receive in Yes	TE: In bonder 000 you r ne?/ I nd far nes of pe	a the instrument at. As shown a an an a	riable Name: in [fill2: last eive income i d any family rs of age)	FSEINC FSEINC calendar year i in [fill2: last ca members 18 ar	in 4-digit fo llendar year nd older, tha	edited response code QuestionnaireFileNa prmat] from self-emplo in 4-digit format] fro at is	in subs	Family t including business and employment including
Question ID: QuestionText:	NO resj FIN.050_00.0 [fill1: Did farm incon business a *Read nar (fill roster receive in	TE: In bonder 000 you r ne?/ I nd far nes of pe	a the instrument at. As shown a an an a	riable Name: in [fill2: last eive income i d any family rs of age)	FSEINC FSEINC calendar year i in [fill2: last ca members 18 ar	in 4-digit fo llendar year nd older, tha	edited response code QuestionnaireFileNa prmat] from self-emplo in 4-digit format] fro at is	in subs	Family t including business and employment including

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

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

2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12							
Question ID:	FIN.060_00.000	Instrument Variable Name:	PSEINC	QuestionnaireFileName:	Family		
QuestionText:	* Ask or verif	y. Enter applicable line numb	per(s), separate with	commas.			
	Who received (Anyone else?						
	* Indicate eac	h family member with this inc	come.				
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseTex		illies with two or more person ment in the last calendar year	s 18 years of age of	older and at least one received inc	ome from self-		
SkipInstruc	tions: goto FS	SSRR					
				nbers associated with the persons reverse an edited response code in subs			
Question ID:							
Question ID: QuestionText:	respond	lent. As shown above, each e	ligible person recei	ves an edited response code in subs	equent data processing.		
	respond FIN.070_00.000 ? [F1] Did [fill1: you	dent. As shown above, each e Instrument Variable Name:	ligible person recei	ves an edited response code in subs	equent data processing.		
	FIN.070_00.000 ? [F1] Did [fill1: you Security or Ra	dent. As shown above, each e Instrument Variable Name: a/any family members living h ailroad Retirement?	ligible person recei FSSRR nere] receive incom	ves an edited response code in subs QuestionnaireFileName:	equent data processing. Family git format] from Social		
	FIN.070_00.000 ? [F1] Did [fill1: you Security or Ra * Read if nece of every mont	dent. As shown above, each e Instrument Variable Name: a/any family members living h ailroad Retirement?	ligible person recei FSSRR nere] receive incom	ves an edited response code in subs QuestionnaireFileName: e in [fill2: last calendar year in 4-di	equent data processing. Family git format] from Social		
QuestionText:	FIN.070_00.000 ? [F1] Did [fill1: you Security or Ra * Read if nece	dent. As shown above, each e Instrument Variable Name: a/any family members living h ailroad Retirement?	ligible person recei FSSRR nere] receive incom	ves an edited response code in subs QuestionnaireFileName: e in [fill2: last calendar year in 4-di	equent data processing. Family git format] from Social		
QuestionText: 1	FIN.070_00.000 ? [F1] Did [fill1: you Security or Ra * Read if nece of every mont Yes	dent. As shown above, each e Instrument Variable Name: a/any family members living h ailroad Retirement?	ligible person recei FSSRR nere] receive incom	ves an edited response code in subs QuestionnaireFileName: e in [fill2: last calendar year in 4-di	equent data processing. Family git format] from Social		
QuestionText: 1 2	FIN.070_00.000 ? [F1] Did [fill1: you Security or Ra * Read if nece of every mont Yes No	dent. As shown above, each e Instrument Variable Name: a/any family members living h ailroad Retirement?	ligible person recei FSSRR nere] receive incom	ves an edited response code in subs QuestionnaireFileName: e in [fill2: last calendar year in 4-di	equent data processing. Family git format] from Social		

<1> [if a single-person family, store the person number in PSSRR and goto FSSRRD; else, goto PSSRR] <2,R,D> [goto FPENS] SkipInstructions:

2011 NHIS	Questionnaire -	Family
	<b>Family Income</b>	

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		Document	version Date:	30-141ay-12	
Question ID:	FIN.080_00.00	) Instrument Variable Name:	PSSRR	QuestionnaireFileName:	Family
QuestionText:	* Ask or ver	ify. Enter applicable line numb	er(s), separate	e with commas.	
	Who receive (Anyone els				
	* Indicate ea	ach family member with this inc	come.		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex		milies with two or more persons ement in the last calendar year	s and at least o	one received income from Social Securit	y or Railroad
SkipInstruct	tions: goto ]	FSSRRD			
				ne numbers associated with the persons receives an edited response code in subs	

Question ID:	FIN.082_00.	000	Instrument Variable Name:	FSSRRD	QuestionnaireFileName:	Family	
QuestionText:	Was [fill:	youı	/any family member's *Read	names			
	(fill roster of all persons selected at PSSRR and AGE LE 64)]						
	Social Se	urity	v or Railroad Retirement inco	me received as a	a disability benefit?		
1	Yes						
2	No						
7	Refused						
9	Don't kn	w					
UniverseTe			ilies with persons less than 65 calendar year	5 years of age wh	no received Social Security or Railroad	d Retirement income in	
SkipInstruc	pe	son i	only one person less than 65 number in PSSRRDB and got > [goto FPENS]		eived Social Security or Railroad Retir e, goto PSSRRDB]	ement income, fill the	

**Family Income** 

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			Document	Version Date: 50-	1/1uy-12	
Question ID:	FIN.084_	00.000	Instrument Variable Name:	PSSRRDB	QuestionnaireFileName:	Family
QuestionText:	*Ask	or verify	. Enter applicable line number	er(s), separate with	h commas.	
		eceived ne else?	Social Security or Railroad R	etirement as a dis	ability benefit?	
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTe			1		rs of age who received income from a st one received the income as a disab	5
SkipInstruc	tions:	goto PS	SRRD			
					umbers associated with the persons re- vives an edited response code in subs	

Question ID:	FIN.086_00.000	Instrument Variable Name:	PSSRRD	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you	ALIAS] receive this benefit b	because [fill2: you	are/he is/she is] disabled?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	-	sons less than 65 years of age in the last calendar year	who received Soc	ial Security or Railroad Retirement in	ncome as a disability
SkipInstruct	ions: repeat t	for all eligible persons, then go	oto FPENS		

**Family Income** 

Document	Version Date:	30-May-12
Document	, croit Date.	oo may in

		Docum	nent version Date. 50	-101ay-12	
Question ID:	FIN.090_00.	000 Instrument Variable Na	me: FPENS	QuestionnaireFileName:	Family
QuestionText:		: you/any family members liv pension [fill3: other than Soc		ne in [fill2: last calendar year in 4-di d Retirement]?	git format] from any
1	Yes				
2	No				
7	Refused				
9	Don't kn	OW			
UniverseTex	xt: Al	l families			
SkipInstruc		> [if a single-person family, s ,R,D> [goto FOPENS]	tore the person numbe	r in PPENS and goto FOPENS; else,	goto PPENS]
Question ID: QuestionText:		verify. Enter applicable line n		<b>QuestionnaireFileName:</b> h commas.	Family
	Who rece (Anyone	vived this? else?)			
	*Indicate	each family member with thi	s income.		
1	Yes				
2	No				
7	Refused				
9	Don't kn	ow			
UniverseTex		l families with two or more pe curity or Railroad Retirement		received income from a disability per ear	nsion (other than Social
SkipInstruc	tions: go	to FOPENS			
				umbers associated with the persons re eives an edited response code in subs	

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2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12						
Question ID:	FIN.102_00.00	() Instrument Variable Name:	FOPENS	QuestionnaireFileName:	Family	
QuestionText:				from any retirement or survivor p (than Social Security, Railroad Ro		
1	Yes					
2	No					
7	Refused					
9	Don't know	1				
UniverseText	: All fa	amilies				
		() Instrument Variable Name:	POPENS	QuestionnaireFileName:	Family	
Question ID:		0 <b>Instrument Variable Name:</b> rify. Enter applicable line numl		-	Family	
		rify. Enter applicable line numl		-	Family	
	* Ask or ver Who receive (Anyone els	rify. Enter applicable line numl	per(s), separate with o	-	Family	
	* Ask or ver Who receive (Anyone els	rify. Enter applicable line numl ed this? e?)	per(s), separate with o	-	Family	
QuestionText:	* Ask or ver Who receive (Anyone els * Indicate er	rify. Enter applicable line numl ed this? e?)	per(s), separate with o	-	Family	
QuestionText: 1	* Ask or ver Who receive (Anyone els * Indicate er Yes	rify. Enter applicable line numl ed this? e?)	per(s), separate with o	-	Family	
QuestionText: 1 2	* Ask or ver Who receive (Anyone els * Indicate er Yes No	rify. Enter applicable line numl ed this? e?) ach family member with this ind	per(s), separate with o	-	Family	
QuestionText: 1 2 7	* Ask or ver Who receive (Anyone els * Indicate er Yes No Refused Don't know : All fa	rify. Enter applicable line numl ed this? e?) ach family member with this ind	per(s), separate with o	-		
QuestionText: 1 2 7 9	* Ask or ver Who receive (Anyone els * Indicate er Yes No Refused Don't know : All fa the la	rify. Enter applicable line numl ed this? e?) ach family member with this ind ach family member with this ind ach family member with this ind st calendar year	per(s), separate with o	commas.		

2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12						
Question ID:	FIN.110_00.00	0 Instrument Variable Name:	FSSI	QuestionnaireFileName:	Family	
QuestionText:	? [F1]					
		-		cally deposited in the bank or mailed to	o arrive on the first of	
1	Yes					
2	No					
7	Refused					
9	Don't know	V				
UniverseTex	at: All fa	amilies				
SkipInstruct		[if a single-person family, fill the ,D> [goto FTANF]	e person numbe	r in PSSI and goto PSSID; else, goto P	SSI]	

Question ID:	FIN.120	_00.000	Instrument Variable Name:	PSSI	QuestionnaireFileName:	Family
QuestionText:	*Ask	or verify	. Enter applicable line numbe	r(s), separate	with commas.	
		in the fan one else?)	nily received this?			
	*Indi	cate each	family member with this inco	ome.		
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:	All fami calendar	1	and at least of	one received Supplemental Security Inco	ome (SSI) in the last
SkipInstruc	tions:	goto PS	SID			
			·		e numbers associated with the persons receives an edited response code in subs	1 2

		2011	F	estionnaire - amily Incom Version Date: 30	e			
Question ID:	FIN.122_00.000	Instrument Varia	ble Name:	PSSID	Q	QuestionnaireFileNar	ne:	Family
QuestionText:	Did [fill1: yo	u/ALIAS] receive S	SSI because	[fill2: you have/	he has/she ha	as] a disability?		
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTex	t: All per	sons who received	SSI in the la	ast calendar year	<u>.</u>			
Question ID:	FIN.150_00.000	Instrument Varia	ble Name:	FTANF	Q	QuestionnaireFileNar	ne:	Family
Question ID: QuestionText:	FIN.150_00.000 *(book) F23	Instrument Varia ? [F1]	ble Name:	FTANF	Q	QuestionnaireFileNar	ne:	Family
	- *(book) F23 At any time d	? [F1] luring [fill1: last ca	lendar year :	in 4-digit format	], even for or	ne month, did [fill2:	: you/an	·
	*(book) F23 At any time d living here] re	? [F1] luring [fill1: last ca eceive any CASH a	lendar year assistance fro	in 4-digit format om a state or cou	], even for or inty welfare p	ne month, did [fill2:	: you/an fill spe	y family members
	*(book) F23 At any time d living here] re	? [F1] luring [fill1: last ca eceive any CASH a	lendar year assistance fro	in 4-digit format om a state or cou	], even for or inty welfare p	ne month, did [fill2: program, such as (*	: you/an fill spe	y family members
QuestionText:	*(book) F23 At any time d living here] ro * Please do n	? [F1] luring [fill1: last ca eceive any CASH a	lendar year assistance fro	in 4-digit format om a state or cou	], even for or inty welfare p	ne month, did [fill2: program, such as (*	: you/an fill spe	y family members
QuestionText: 1	*(book) F23 At any time d living here] ro * Please do n Yes	? [F1] luring [fill1: last ca eceive any CASH a	lendar year assistance fro	in 4-digit format om a state or cou	], even for or inty welfare p	ne month, did [fill2: program, such as (*	: you/an fill spe	y family members
QuestionText: 1 2	*(book) F23 At any time d living here] ro * Please do n Yes No	? [F1] luring [fill1: last ca eceive any CASH a	lendar year assistance fro	in 4-digit format om a state or cou	], even for or inty welfare p	ne month, did [fill2: program, such as (*	: you/an fill spe	y family members
QuestionText: 1 2 7	*(book) F23 At any time d living here] ro * Please do n Yes No Refused Don't know	? [F1] luring [fill1: last ca eceive any CASH a ot include food star	lendar year assistance fro	in 4-digit format om a state or cou	], even for or inty welfare p	ne month, did [fill2: program, such as (*	: you/an fill spe	y family members

	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12							
Question ID:	FIN.160_00.000 Instrument Variable Name: PTANF QuestionnaireFileName: Family							
QuestionText:	<b>QuestionText:</b> *Ask or verify. Enter applicable line number(s), separate with commas.							
	Who in the family received this? (Anyone else?)							
	*Indicate each family member with this income.							
1	Yes							
2	No							
7	Refused							
9	Don't know							
UniverseTe	<b>Yext:</b> All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year							
SkipInstruc	actions: goto FOWBEN							
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data processing the person receives an edited response code in subsequent data person receives an edited response code in subsequent data person receives an edited response code in subsequent data person receives an edited response code in subsequent data person receives an edited response code in subsequent data person receives an edited response code in subsequ	ıg.						

Question ID:	FIN.164_00.0	0 Instrument Var	iable Name:	FOWBEN	QuestionnaireFileName:	Family
QuestionText:	OTHER ki	0 -	ance such as h	0	did [fill2: you/any family members ob, placement in education or job t	
1	Yes					
2	No					
7	Refused					
9	Don't kno	v				
UniverseTex	t: All t	amilies				
SkipInstruct		[if a single-person : ,D> [goto FINTRS	2 /	ne person number i	n POWBEN and goto FINTRST; e	lse, goto POWBEN]

	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12								
Question ID:	FIN.166_00.0	00	Instrument	Variable Name	: POWBEI	N	Questionnaire	eFileName:	Family
QuestionText:	* Ask or v	erify	v. Enter app	licable line nui	mber(s), separat	te with com	mas.		
	Who recei (Anyone e								
	* Indicate	each	family men	nber with this i	income.				
1	Yes								
2	No								
7	Refused								
9	Don't kno	W							
UniverseTex				o or more pers calendar year		one receive	ed income from s	ome "other'	' kind of welfare
SkipInstruc	tions: goto	FIN	NTRST						
							associated with n edited response		reported by the osequent data processing.

Question ID:	FIN.170	_00.000	Instrument Variable Name:	FINTRST	QuestionnaireFileName:	Family
QuestionText:					rom interest bearing checking accordence, bonds, or any other investment	, 0 ,
	* Do	not inclu	de dividends			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:	All fam	ilies			
SkipInstruc	tions:		a single-person family, store t > [goto FDIVD]	he person number in	n PINTRST and goto FDIVD; else	, goto PINTRST]

	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12						
Question ID:	FIN.180	_00.000	Instrument Variable Name:	PINTRST		QuestionnaireFileName:	Family
QuestionText:	*Ask	or verify	. Enter applicable line numb	er(s), separate	with comma	15.	
		received one else?)					
	* Ind	icate each	n family member with this inc	come.			
1	Yes						
2	No						
7	Refu	ised					
9	Don	't know					
UniverseTex	xt:	All fami	ilies with two or more person	s and at least	one received	interest income in the last	calendar year
SkipInstruc	tions:	goto FD	DIVD				
			In the instrument, interviewe ent. As shown above, each e				

Question ID:	FIN.190_00.00	) Instrument Variable Name:	FDIVD	QuestionnaireFileName:	Family
QuestionText:		u/any family members living he property, royalties, estates or t		e from dividends from stocks or mut	ual funds, or net rental
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fa	milies			
SkipInstruct		f a single-person family, store D> [goto FCHLDSP]	the person numbe	r in PDIVD and goto FCHLDSP; else	e, goto PDIVD]

	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12								
Question ID:	FIN.200	_00.000	Instrument Variable Name:	PDIVD		QuestionnaireFileName:	Family		
QuestionText:	<b>QuestionText:</b> * Ask or verify. Enter applicable line number(s). Separate with commas.								
		received one else?							
	* Ind	icate eacl	h family member with this in	come.					
1	Yes								
2	No								
7	Refu	ised							
9	Don	't know							
UniverseTe	xt:	All fam year	illies with two or more person	ns and at least of	one received d	lividend or net rental inco	me in the last calendar		
SkipInstruc	tions:	goto FC	CHLDSP						
			In the instrument, interview lent. As shown above, each			-			

Question ID:	FIN.210	_00.000	Instrument Variable Name:	FCHLDSP	QuestionnaireFileName:	Family
QuestionText:	? [F1]	]				
	Did [	fill: you/a	any family members living her	re] receive income fr	om child support?	
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTex	xt:	All fami	ilies			
SkipInstruc	tions:		a single-person family, store th > [goto FINCOT]	ne person number in	PCHLDSP and goto FINCOT; els	se, goto PCHLDSP]

	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12							
Question ID:	FIN.220_0	0.000	Instrument Variable Name:	PCHLDSP	QuestionnaireFileName:	Family		
QuestionText:	*Ask or	verify.	Enter applicable line numbe	er(s), separate w	ith commas.			
	Who received this? (Anyone else?) * Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of							
	custodia	al paren	t.					
1	Yes							
2	No							
7	Refuse	d						
9	Don't k	now						
UniverseTex	<b>xt:</b> A	All fami	lies with two or more persons	and at least one	e received income from child suppor	t in the last calendar year		
SkipInstruct	tions: g	oto FIN	ICOT					
					numbers associated with the persons ceives an edited response code in sul			

Question ID:	FIN.230_00.000	Instrument Variable Name:	FINCOT	QuestionnaireFileName:	Family
QuestionText:	L 2	any family members living her VA payments, Worker's Com		any other source such as alime ment compensation?	ony, contributions from
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	ilies			
SkipInstruct		a single-person family, store t > [goto FINCTOT]	he person number in PI	NCOT and goto FINCTOT; els	e, goto PINCOT]

	2011 NHIS Questionnaire - Family Family Income						
Document Version Date: 30-May-12							
Question ID: F	IN.240_00.000 Instrument Variable Name: PINCOT QuestionnaireFileName: Family						
QuestionText:	* Ask or verify. Enter applicable line number(s), separate with commas.						
	Who received this? (Anyone else?)						
	* Indicate each family member with this income						
1	Yes						
2	No						
7	Refused						
9	Don't know						
UniverseText:	All families with two or more persons and at least one received some "other" source of income in the last calendar year						
SkipInstruction	ns: goto FINCTOT						
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.						
QuestionText:	[fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]						
	What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]?						
	* Enter '999,995' if the reported income is greater than \$999,995.						
000000-999994	\$0-\$999,994						
999995	\$999,995+						
999997 999999	Refused Don't know						
UniverseText:	All families						
SkipInstruction	ns: <pre></pre> <pre></pre> <pre></pre> <pre></pre> <pre><pre><pre><pre><pre><pre><pre>&lt;</pre></pre></pre></pre></pre></pre></pre>						
Soft Edit:	ERR1_FINCTOT: * Do not read to the respondent. * \$[fill: FINCTOT] is unusually low. Make corrections if necessary.						
	ERR2_FINCTOT: * Do not read to the respondent. * \$[fil]: FINCTOT] is unusually high. Make corrections if necessary.						

\* \$[fill: FINCTOT] is unusually high. Make corrections if necessary.

				Page 16 of 24		
				estionnaire - amily Incom Version Date: 30	e	
Question ID:	FIN.255	_00.000	Instrument Variable Name:	FINC50	QuestionnaireFileName:	Family
QuestionText:	Was	your tota	l [fill: family] income from all	sources less than	n \$50,000 or \$50,000 or more?	
1	Less	than \$50	),000			
2	\$50,	000 or m	ore			
7	Refu	ised				
9	Don	't know				
UniverseTe	xt:	Respon	dents who don't know or refus	e their income		
SkipInstruc	tions:	<2> [go	oto FINC35] oto FINC100] [HOUSEOWN]			
Question ID:	FIN.260	_00.000	Instrument Variable Name:	FINC35	QuestionnaireFileName:	Family
QuestionText:	Was	your tota	l [fill: family] income from all	sources less that	n \$35,000 or \$35,000 or more?	
1	Less	than \$35	5,000			
2	\$35,	000 or m	ore			
7	Refu	ised				
9	Don	't know				
UniverseTe	xt:	The res	pondent answered Less than \$	50,000 in FINC5	0	
SkipInstruc	tions:	els <2> if I els els	PCNT <= '5', goto FINCPOV; ee goto HOUSEOWN PCNT = '4', goto F200PV35; eeif PCNT = '8', goto FINCPO ee goto HOUSEOWN goto HOUSEOWN	V;		

	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12
Question ID:	FIN.261_00.000 Instrument Variable Name: F200PV35 QuestionnaireFileName: Family
QuestionText:	Was your total family income from all sources less than [fill1: fill based on 200% poverty threshold] or [fill1: fill based on 200% poverty threshold] or more?
1	Less than [\$45,000]
2	[\$45,000] or more
7	Refused
9	Don't Know
UniverseTex	t: The respondent answered More than \$35,000 and there are 4 persons in the family
SkipInstruct	tions: <1,2,R,D> [goto HOUSEOWN]

Question ID:	FIN.265_00.000	Instrument Variable Name:	FINCPOV	QuestionnaireFileName:	Family
QuestionText:	•	[fill1: family] income from a shold] or more?	all sources less than	[fill2: fill based on poverty thresho	ld] or [fill2: fill based
1	Less than [\$1	0,500/\$11,500/\$13,000/\$14,5	500/\$17,000/\$22,50	0/\$27,000/\$40,000]	
2	[\$10,500/\$11	,500/\$13,000/\$14,500/\$17,00	0/\$22,500/\$27,000/	(\$40,000] or more	
7	Refused				
9	Don't know				
UniverseText		pondent answered Less than \$ d \$35,000 or More and there		ere 5 or fewer persons in the family he family	<sup>r</sup> or the respondent
SkipInstructio	<2> if F	> goto HOUSEOWN 'CNT le '2' [goto F200POV] CNT gt '2' [goto HOUSEOW	/N]		

Question ID:	FIN.268_00.000	Instrument Variable Name:	F200POV	QuestionnaireFileName:	Family
QuestionText:	•	l [fill1: family/ <blank>] incon d on 200% poverty threshold]</blank>		es less than [fill2: fill based on 200%	poverty threshold] or
1	Less than [\$2	1,000/\$23,000/\$26,000/\$29,0	00]		
2	[\$21,000/\$23	,000/\$26,000/\$29,000] or mor	re		
7	Refused				
9	Don't know				
UniverseTex	t: The res	pondent answered More than	poverty threshold	and there are 2 or fewer persons in	the family
SkipInstruct	ions: <1,2,R,	D> [goto HOUSEOWN]			

			Testionnaire - Family Income Version Date: 30-1		
Question ID:	FIN.270_00.000	Instrument Variable Name:	FINC100	QuestionnaireFileName:	Family
QuestionText:	Was your tota	al [fill: family] income from al	l sources less than	\$100,000 or \$100,000 or more?	
1 2	Less than \$1 \$100,000 or				
7	Refused	linoic			
9	Don't know				
UniverseTex	<b>xt:</b> The res	spondent answered More than	\$50,000 in FINC5	0	
SkipInstruc	<2> [g	oto FINC75] oto FINC150] [goto HOUSEOWN]			
Question ID:	FIN.272_00.000		FINC150	QuestionnaireFileName:	Family
QuestionText:	Was your tota	al [fill: family] income from al	l sources less than	\$150,000 or \$150,000 or more?	
1	Less than \$1	50,000			
2	\$150,000 or	more			

7 Refused

9 Don't know

UniverseText: The respondent answered \$100,000 or more in FINC100

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

Question ID: F	IN.275_00.000 Instrument	Variable Name: FINC75	QuestionnaireFileName:	Family
QuestionText:	Was your total [fill: family	] income from all sources less th	an \$75,000 or \$75,000 or more?	
1	Less than \$75,000			
2	\$75,000 or more			
7	Refused			
9	Don't know			
UniverseText:	The respondent answ	wered Less than \$100,000 in FIN	C100	
SkipInstructio	ns: <1> if PCNT = '6', g else goto HOUS <2> if PCNT = '8', g else goto HOUS <r,d> goto HOUSE</r,d>	SEOWN goto F200PV75; SEOWN		

2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12				
Question ID:	FIN.276_00.000 Instrument Variable Name: F200PV75 QuestionnaireFileName: Family			
QuestionText:	: Was your total family income from all sources less than [fill1: fill based on 200% poverty threshold] or [fill1: fill based 200% poverty threshold] or more?			
1	Less than [\$62,000/\$80,000]			
2	[\$62,000/\$80,000] or more			
7	Refused			
9	Don't know			
UniverseTex	ext: The respondent answered Less than \$75,000 and there are 6 persons in the family OR The respondent answered \$75,000 or More and there are 8 persons in the family			
SkipInstruc	ctions: <1,2,R,D> [goto HOUSEOWN]			
Question ID:	FIN.280_00.000 Instrument Variable Name: HOUSEOWN QuestionnaireFileName: Family			
Question ID:	FIN.280_00.000 Instrument variable ivame: HOUSEOWN Quesuonnairer neivame: Family			

QuestionText: Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]? 1 Owned or being bought 2 Rented 3 Other arrangement 7 Refused 9 Don't know All families UniverseText: <1,3,R,D> [goto FSSAPL] <2> [goto FGAH] **SkipInstructions:** 

Question ID:	FIN.282_00.000	Instrument Variable Name:	FGAH	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	[fill: Are you/] the cost?	s anyone in your family] payi	ng lower rent b	ecause the Federal, State, or local gove	rnment is paying part of
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All fam	ilies that rent their house/apart	tment		
SkipInstruct	tions: goto FS	SAPL			

		1	uestionnaire - Family Income Version Date: 30-M	-	
Question ID:	FIN.300_00.0	)()) Instrument Variable Name:	FSSAPL	QuestionnaireFileName:	Family
QuestionText:	members			ne or SSI, even if the claim was de Income (SSI)? This includes peop	
1	Yes				
2	No				
7	Refused				
9	Don't kno	)W			
UniverseTex	at: All	families			
Question ID:	FIN.310_00.0	)()) Instrument Variable Name:	PSSAPL	QuestionnaireFileName:	Family
QuestionText:	*Ask or v	erify. Enter applicable line numb	er(s), separate with	a comma.	
	Who in th (Anyone e	e family applied for it? else?)			
	* Indicate	each family member who applied	l for SSI benefits.		
1	Yes				
2	No				
7	Refused				
9	Don't kno	DW			
UniverseTex	at: All	families with two or more person	s and at least one ap	pplied for SSI	
SkipInstruct	ions: got	o FSDAPL			
				bers associated with the persons revealed an edited response code in subs	

respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

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	2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12
Question ID:	FIN.330_00.000 Instrument Variable Name: FSDAPL QuestionnaireFileName: Family
QuestionText:	[fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]
1	Yes
2	No
7	Refused
9	Don't know
UniverseTe	xt: All Families
SkipInstruc	tions: <1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL] <2,R,D> [goto TANFMYR]
Question ID:	FIN.340_00.000 Instrument Variable Name: PSDAPL QuestionnaireFileName: Family
QuestionText:	* Ask or verify. Enter applicable line number(s), separate with commas.
	Who in the family applied for it? (Anyone else?)
	* Indicate each family member who applied for Social Security Disability benefits.
1	Yes
2	No

7 Refused

9 Don't know

UniverseText: All families with two or more persons and at least one applied for Social Security Disability benefits

SkipInstructions: goto TANFMYR

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

	Page 22 of 24 2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12
Question ID:	FIN.350_00.000 Instrument Variable Name: TANFMYR QuestionnaireFileName: Family
QuestionText:	? [F1]
	Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?
	*Enter '1' if less than one month.
01-12 97 99	1-12 months Refused Don't know
UniverseTex	
Question ID:	FIN.360_00.000 Instrument Variable Name: FSNAP QuestionnaireFileName: Family
QuestionText:	
	At any time during [fill 1: last calendar year in 4-digit format], did [fill 2: you/any family members living here] receive [fill 3: food stamp benefits/SNAPNAME or food stamp benefits]?
1	Yes
2	No
7	Refused
9	Don't know
UniverseTex	xt: All families
SkipInstruc	ctions: <1> [goto FSNAPMYR]

		F	uestionnaire - F Family Income Version Date: 30-Ma	-	
Question ID:	FIN.380_00.000	Instrument Variable Name:	FSNAPMYR	QuestionnaireFileName:	Family
QuestionText:	?[F1]				
	During [fill 1: stamp benefits		oout how many mont	hs were [fill 2: food stamp benefi	ts/SNAPNAME or food
	* Enter "1" if	less than 1 month			
01-12	Months				
97 00	Refused				
99	Don't know				
Question ID:	FIN.384_00.000	Instrument Variable Name:	FINWIC	QuestionnaireFileName:	Family
Question ID: QuestionText:	FIN.384_00.000 ? [F1]	Instrument Variable Name:	FINWIC	QuestionnaireFileName:	Family
	? [F1] At any time du		in 4-digit format] did	d [fill2: you/anyone in your family	
	? [F1] At any time du	ıring [fill1: last calendar year	in 4-digit format] did	d [fill2: you/anyone in your family	
QuestionText: 1 2	? [F1] At any time du the WIC progr Yes No	ıring [fill1: last calendar year	in 4-digit format] did	d [fill2: you/anyone in your family	
QuestionText: 1 2 7	? [F1] At any time du the WIC progr Yes No Refused	ıring [fill1: last calendar year	in 4-digit format] did	d [fill2: you/anyone in your family	
QuestionText: 1 2	? [F1] At any time du the WIC progr Yes No	ıring [fill1: last calendar year	in 4-digit format] did	d [fill2: you/anyone in your family	

 SkipInstructions:
 <1> [if a single-person family, store the person number in PWIC and goto FMSSN; else, goto PWIC]

 <2,R,D> [goto FMSSN]

2011 NHIS Questionnaire - Family Family Income Document Version Date: 30-May-12							
Question ID:	FIN.385_	00.000	Instrument Variable Name:	PWIC		QuestionnaireFileName:	Family
<b>QuestionText:</b> * Ask or verify. Enter applicable line number(s), separate with commas.							
		n the far ne else?	nily received this?				
* Indicate family members who were authorized to receive WIC benefits.							
1	Yes						
2	No						
7	Refu	Refused					
9	Don't	know					
UniverseText:		All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year					
SkipInstructions:		goto FMSSN					
			In the instrument, interview ent. As shown above, each			•	