			20	14 NHIS (Questionnaire - 1	Family				
				Famil	y Disability: Vers	sion 2				
Document Version Date: 28-May-15										
Question ID:	FDB.020_0	00.000	Instrument	Variable Name:	P2DFHEAR	QuestionnaireFileName:	Family			
QuestionText:						ho have physical, mental, or emote ferent, these questions may sound				
	[fill 1: A	Are you/	Is ALIAS] o	leaf or [fill 2: o	do you/does ALIAS] h	nave serious difficulty hearing?				
1	Yes									
2	No									
7	Refuse	d								
9	Don't k	now								
UniverseTe	xt• A	ll nerso	ns age 1 or o	older and rand	om number generator	=2				
•	tions: <	1,2,D,K	> goto P2D	FSEE						
_				FSEE Variable Name:	P2DFSEE	QuestionnaireFileName:	Family			
Question ID:	FDB.040_0	00.000	Instrument	Variable Name:		QuestionnaireFileName: have serious difficulty seeing eve				
Question ID:	FDB.040_0	00.000	Instrument	Variable Name:		-				
Question ID:	FDB.040_0	00.000	Instrument	Variable Name:		-				
Question ID: QuestionText: 1	FDB.040_0 [fill 1: A Yes)0.000 Are you/	Instrument	Variable Name:		-				
Question ID: QuestionText: 1 2	FDB.040_0 [fill 1: A Yes No	00.000 Are you/ d	Instrument	Variable Name:		-				
Question ID: QuestionText: 1 2 7	FDB.040_0 [fill 1: A Yes No Refuse Don't k	00.000 Are you/ d now	Instrument	Variable Name: Dlind or [fill 2:		-				
Question ID: QuestionText: 1 2 7 9	FDB.040_0 [fill 1: A Yes No Refuse Don't k xt: A	00.000 Are you/ d now All perso	Instrument V Is ALIAS] t ns age 1 or o > if no more	Variable Name: blind or [fill 2: older		have serious difficulty seeing eve				
Question ID: QuestionText: 1 2 7 9 UniverseTe	FDB.040_0 [fill 1: A Yes No Refuse Don't k xt: A	00.000 Are you/ d now All perso	Instrument V Is ALIAS] t ns age 1 or o > if no more	Variable Name: olind or [fill 2: older e persons age 5	do you/does ALIAS]	have serious difficulty seeing eve	-			

QuestionText: Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have serious difficulty concentrating, remembering, or making decisions?

1Yes2No7Refused9Don't know

UniverseText: All persons age 5 or older and random number generator=2

SkipInstructions: <1,2,D,R> goto P2DFWALK

Page 1	2 of	2
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2014 NHIS Questionnaire - Family

Family Disability: Version 2

Document Version Date: 28-May-15

				<i>y</i>	
Question ID:	FDB.080_00.000) Instrument Variable Name:	P2DFWALK	QuestionnaireFileName:	Family
QuestionText:	[fill 1: Do you	u/Does ALIAS] have serious di	fficulty walking or c	limbing stairs?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All per	sons age 5 or older and random	n number generator=2	2	
SkipInstruct	tions: <1,2,D	,R> goto P2DFDRES			
Question ID:	FDB.100_00.000) Instrument Variable Name:	P2DFDRES	QuestionnaireFileName:	Family
QuestionText:	[fill 1: Do you	u/Does ALIAS] have difficulty	dressing or bathing?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All per	sons 5 or older			
SkipInstruct	tions: <1,2,D	,R> if no more persons age 15 else goto P2DFERR	or older, goto next se	ection;	
Question ID:	FDB.120_00.000) Instrument Variable Name:	P2DFERR	QuestionnaireFileName:	Family
QuestionText:		physical, mental, or emotional ng a doctor's office or shopping		you/does ALIAS] have difficulty	doing errands alone
1	Yes				
2	No				
7	Refused Don't know				

UniverseText: All persons 15 or older

 SkipInstructions:
 <1,2,D,R> if no more persons age 1 or older, goto next section; else return to P2DFHEAR for next person age 1 or older