Question ID:	AFD.090_00.000 Instrument Variable N	ame: VIS_0	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Now I am going to ask you some que Although some of these questions ma all.			
	Do you wear glasses?			
1	Yes			
2	No			
7	Refused			
9	Don't know			
UniverseTex	t: Sample adults 18+ who were a the Functioning and Disability		questions (FDB) and were random	ly selected to receive
Question ID:	AFD.100_00.000 Instrument Variable N	ame: VIS_SS	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty seeing, even v difficulty, or are you unable to do this		ould you say no difficulty, some di	fficulty, a lot of
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseTe	At: Sample adults 18+ who were a	sked the family disability	questions (FDB)	
SkipInstruc	tions: <1-4,R,D>[goto HEAR_1]			

Adult Functioning and Disability

Question ID:	AFD.140_	00.000	Instrument Var	iable Name:	HEAR_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do yoι	ı use a h	earing aid?				
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex			dults 18+ who ioning and Dis			questions (FDB) and were random	ly selected to receive
SkipInstruct			o HEAR_2] [goto HEAR_S	SS]			
Question ID:	AFD.145_	_00.000	Instrument Var	iable Name:	HEAR_2	QuestionnaireFileName:	Functioning And Disability
						QuestionnaireFileName: of the time, some of the time, rarely	Disability
	How o						Disability
QuestionText:	How o All of	ften do y	ou use your hea				Disability
QuestionText: 1	How o All of	ften do y the time of the tin	ou use your hea				Disability
QuestionText: 1 2	How of All of Some	ften do y the time of the tin	ou use your hea				Disability
QuestionText: 1 2 3	How o All of Some Rarely	ften do y the time of the tim	ou use your hea				Disability
QuestionText: 1 2 3 4	How o All of Some Rarely Never	ften do y the time of the tin 7 ed	ou use your hea				Disability
2 3 4 7	How o All of Some Rarely Never Refuse Don't	ften do y the time of the tin ed know Sample a	ou use your hea ne dults 18+ who	aring aid(s)? V were asked th	Would you say all	of the time, some of the time, rarely questions (FDB), were randomly s	Disability 7, or never?

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	2014 NHIS	Questionnaire -	Functioning And Disability	7			
	Adult 1	Functioning and D	isability				
Document Version Date: 28-May-15							
Question ID:	AFD.150_00.000 Instrument Variable Nam	ne: HEAR_SS	QuestionnaireFileName:	Functioning And Disability			
QuestionText:	Do you have difficulty hearing [fill: , e a lot of difficulty, or are you unable to c		aring aid(s)]? Would you say no d	ifficulty, some difficulty,			
1	No difficulty						
2	Some difficulty						
3	A lot of difficulty						
4	Cannot do at all/unable to do						
7	Refused						
9	Don't know						
UniverseTe	xt: Sample adults 18+ who were ask the Functioning and Disability (A		questions (FDB) and were random	ly selected to receive			
SkipInstruc	tions: <1-3,R,D>[goto HEAR_3] <4> [goto MOB_SS]						
Question ID:	AFD.170_00.000 Instrument Variable Nam	ne: HEAR_3	QuestionnaireFileName:	Functioning And Disability			
QuestionText:	Do you have difficulty hearing what is a your hearing aid(s)]? Would you say no			-			
1	No difficulty						
2	Some difficulty						
3	A lot of difficulty						
4	Cannot do at all/unable to do						
7	Refused						
9	Don't know						
UniverseTe) section, and have no d	questions (FDB), were randomly s ifficulty, some difficulty, a lot of c ng a hearing aid				

QuestionText: Do you using 1 No d 2 Some 3 A lot 4 Cann 7 Refu 9 Don't UniverseText: SkipInstructions: QuestionText: Do you you u 1 No d 2 Some 3 A lot 4 Cann 7 Refu	Adult Fun Document V 0_00.001 Instrument Variable Name: bu have difficulty hearing what is said if your hearing aid(s)]? Would you say r lifficulty e difficulty t of difficulty not do at all/unable to do	Actioning and Display Version Date: 28-M HEAR_4 in a conversation wi	ay-15 QuestionnaireFileName: th one other person in a noisier ro	Functioning And Disability om [fill: even when
QuestionText:Do you1No di2Some3A lot4Cann7Refu9Don'nUniverseText:SkipInstructions:Question ID:AFD.180QuestionText:Do you1No di2Some3A lot4Cann7Refu	Document V 0_00.001 Instrument Variable Name: bu have difficulty hearing what is said if your hearing aid(s)]? Would you say r lifficulty to f difficulty to f difficulty to d at all/unable to do used	Version Date: 28-M HEAR_4 in a conversation wi	ay-15 QuestionnaireFileName: th one other person in a noisier ro	Disability om [fill: even when
QuestionText:Do you1No di2Some3A lot4Cann7Refu9Don'nUniverseText:SkipInstructions:Question ID:AFD.180QuestionText:Do you1No di2Some3A lot4Cann7Refu)_00.001 Instrument Variable Name: ou have difficulty hearing what is said i your hearing aid(s)]? Would you say r lifficulty e difficulty t of difficulty not do at all/unable to do used	HEAR_4	QuestionnaireFileName: th one other person in a noisier ro	Disability om [fill: even when
QuestionText:Do you1No di2Some3A lot4Cann7Refu9Don'nUniverseText:SkipInstructions:Question ID:AFD.180QuestionText:Do you1No di2Some3A lot4Cann7Refu	ou have difficulty hearing what is said i your hearing aid(s)]? Would you say r lifficulty e difficulty t of difficulty not do at all/unable to do used	in a conversation wi	th one other person in a noisier ro	Disability om [fill: even when
using1No d2Some3A lot4Cann7Refu9Don'tUniverseText:SkipInstructions:Question ID: AFD.180QuestionText:Do yc1No d2Some3A lot4Cann7Refu	your hearing aid(s)]? Would you say r lifficulty e difficulty t of difficulty not do at all/unable to do used			
2Some3A lot4Cann7Refu9Don'tUniverseText:SkipInstructions:Question ID: AFD.180QuestionText:Do yc1No d2Some3A lot4Cann7Refu	e difficulty t of difficulty not do at all/unable to do used			
3 A lot 4 Cann 7 Refu 9 Don'n UniverseText: SkipInstructions: Question ID: AFD.180 QuestionText: Do yc 1 No d 2 Some 3 A lot 4 Cann 7 Refu	t of difficulty not do at all/unable to do used			
4 Cann 7 Refu 9 Don't UniverseText: SkipInstructions: Question ID: AFD.180 QuestionText: Do yc you u 1 No d 2 Some 3 A lot 4 Cann 7 Refu	not do at all/unable to do used			
7 Refu 9 Don't UniverseText: SkipInstructions: Question ID: AFD.180 QuestionText: Do yo you u 1 No d 2 Some 3 A lot 4 Cannu 7 Refu	ised			
9 Don't UniverseText: SkipInstructions: Question ID: AFD.180 QuestionText: Do yo you u 1 No d 2 Some 3 A lot 4 Cann 7 Refu				
UniverseText: SkipInstructions: Question ID: AFD.180 QuestionText: Do yo you u 1 No d 2 Some 3 A lot 4 Cann 7 Refu	t know			
SkipInstructions: Question ID: AFD.180 QuestionText: Do yo you u 1 No d 2 Some 3 A lot 4 Cann 7 Refu				
QuestionText:Do yo you u1No d2Some3A lot4Cann7Refu	Sample adults 18+ who were asked th Functioning and Disability (AFD) sec don't know if they have difficulty hea (even when wearing their hearing aid) <1-4,R,D>[goto MOB_SS]	ction, and have no di ring what is said in	ifficulty, some difficulty, a lot of c	lifficulty, or refuse or
you u 1 No d 2 Some 3 A lot 4 Cann 7 Refu)_00.000 Instrument Variable Name:	MOB_SS	QuestionnaireFileName:	Functioning And Disability
2Some3A lot4Cann7Refu	bu have difficulty walking or climbing nable to do this?	steps? Would you s	ay no difficulty, some difficulty, a	lot of difficulty, or are
3 A lot4 Cann7 Refu	lifficulty			
4 Cann 7 Refu	e difficulty			
7 Refu	t of difficulty			
	not do at all/unable to do			
9 Don'				
	t know			
UniverseText:	Sample adults 18+ who were asked th		questions (FDB) and were random	ly selected to receive
SkipInstructions:	the Functioning and Disability (AFD)			

Adult Functioning and Disability

Question ID:	AFD.200	0_00.000	Instrument Variable Nam	e: MOB_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do yo	ou use any	y equipment or receive he	lp for getting around?		
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	xt:		adults 18+ who were aske ctioning and Disability (A		uestions (FDB) and were random	ly selected to receive
SkipInstruct	tions:	<1>[got	MOR 3A1			
			-[goto MOB_4]			
Question ID:	AFD.200	<2,R,D>		e: MOB_3A	QuestionnaireFileName:	Functioning And Disability
		<2,R,D>	-[goto MOB_4]	e: MOB_3A	QuestionnaireFileName:	
	Do yo	<2,R,D>	<pre>>[goto MOB_4] Instrument Variable Nam y of the following</pre>	e: MOB_3A	QuestionnaireFileName:	
	Do yo	<2,R,D>	<pre>>[goto MOB_4] Instrument Variable Nam y of the following</pre>	e: MOB_3A	QuestionnaireFileName:	
QuestionText:	Do yo Cane	<2,R,D>	<pre>>[goto MOB_4] Instrument Variable Nam y of the following</pre>	e: MOB_3A	QuestionnaireFileName:	
QuestionText: 1	Do yo Cane Yes	<2,R,D>	<pre>>[goto MOB_4] Instrument Variable Nam y of the following</pre>	e: MOB_3A	QuestionnaireFileName:	
QuestionText: 1 2	Do yo Cane Yes No Refu	<2,R,D>	<pre>>[goto MOB_4] Instrument Variable Nam y of the following</pre>	e: MOB_3A	QuestionnaireFileName:	
2 7	Do yo Cane Yes No Refu Don'	<2,R,D>	<pre>>[goto MOB_4] Instrument Variable Nam y of the following g stick? adults 18+ who were aske</pre>	ed the family disability q	QuestionnaireFileName: uestions (FDB), were randomly s nent or receive help for getting ar	Disability elected to receive the

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2014 NHIS Questionnaire - Functioning And Disability Adult Functioning and Disability Document Version Date: 28-May-15							
Question ID:	AFD.200_	_00.002 Instrument Variable Name:	MOB_3B	QuestionnaireFileName:	Functioning And Disability		
QuestionText:	*Read	if necessary.					
	Do yo	u use any of the following					
	Walke	r or Zimmer frame?					
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex SkipInstruct		Sample adults 18+ who were asked th Functioning and Disability (AFD) set <1,2,R,D> goto MOB_3C					
Question ID:	AFD.200_	_00.003 Instrument Variable Name:	MOB_3C	QuestionnaireFileName:	Functioning And Disability		
QuestionText:	*Read	if necessary.					
	Do yo	u use any of the following					
	Crutch	es?					
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex		Sample adults 18+ who were asked the Functioning and Disability (AFD) see					

SkipInstructions: <1,2,R,D> goto MOB_3D

2014 NHIS Questionnaire - Functioning And Disability Adult Functioning and Disability Document Version Date: 28-May-15						
Question ID:	AFD.200_00.004	Instrument Variable Name:	MOB_3D	QuestionnaireFileName:	Functioning And Disability	
QuestionText:	*Read if neces	sary.				
	Do you use any	y of the following				
	Wheelchair or	scooter?				
1	Yes					
2	No					
7	Refused					
9	Don't know					
SkipInstruct		D> goto MOB_3E Instrument Variable Name:	MOB_3E	QuestionnaireFileName:	Functioning And	
					Disability	
QuestionText:	*Read if neces	sary.				
	Do you use any	y of the following				
	Artificial limb	(leg/foot)?				
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex				questions (FDB), were randomly s nent or receive help for getting are		

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	2014 NHIS Qu	estionnaire -	Functioning And Disability	7		
	Adult Fun	ctioning and D	isability			
Document Version Date: 28-May-15						
Question ID:	AFD.200_00.006 Instrument Variable Name:	MOB_3F	QuestionnaireFileName:	Functioning And Disability		
QuestionText:	*Read if necessary.					
	Do you use any of the following					
	Someone's assistance?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
Question ID:	AFD.200_00.007 Instrument Variable Name:	MOB_3G	QuestionnaireFileName:	Functioning And Disability		
QuestionText:	*Read if necessary.					
C	Do you use any of the following					
	Other type of equipment or help?					
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	xt: Sample adults 18+ who were asked th Functioning and Disability (AFD) sec					
SkipInstruc	tions: <1,2,R,D> if MOB_3D=1, [goto COM	/I_SS];				

else if MOB_3D=2,R,D [goto MOB_4]

	2014 NHIS Ou	estionnaire -	Functioning And Disability	r			
	-	ctioning and D	•				
		Version Date: 28-N	•				
Question ID:	AFD.210_00.000 Instrument Variable Name:	MOB_4	QuestionnaireFileName:	Functioning And Disability			
QuestionText:	Do you have difficulty walking 100 yards of block [fill: without the use of your aid(s)]? V unable to do this?						
1	No difficulty						
2	Some difficulty						
3	A lot of difficulty						
4	Cannot do at all/unable to do						
7	Refused						
9	Don't know						
UniverseTex	t: Sample adults 18+ who were asked th Functioning and Disability (AFD) see			elected to receive the			
SkipInstructi	ions: <1-3,R,D>[goto MOB_5] <4>[goto MOB_6]						
Question ID:	AFD.220_00.000 Instrument Variable Name:	MOB_5	QuestionnaireFileName:	Functioning And Disability			
QuestionText:	Do you have difficulty walking a third of a n blocks [fill: without the use of your aid(s)]? unable to do this?						
1	No difficulty						
2	Some difficulty						
3	A lot of difficulty						
4	Cannot do at all/unable to do						
7	Refused						
9	Don't know						
UniverseText	t: Sample adults 18+ who were asked th Functioning and Disability (AFD) see difficulty, a lot of difficulty, or refuse (without the use of their aid)	ction, do not use a v	wheelchair or scooter, and have no	difficulty, some			

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SkipInstructions: <1,2,R,D> goto MOB_6

Adult Functioning and Disability

Question ID:	AFD.230_	00.000 I	nstrument Variabl	le Name:	MOB_6	QuestionnaireFile	eName:	Functioning And Disability
QuestionText:	2	1 have diff 1 unable to		o or down	12 steps? Would y	ou say no difficulty, some	difficulty	, a lot of difficulty, or
1	No di	ficulty						
2		difficulty						
3	A lot	of difficul	у					
4	Canno	ot do at all	unable to do					
7	Refus	ed						
9	Don't	know						
UniverseText						questions (FDB), were ra e a wheelchair or scooter	ndomly se	elected to receive the
SkipInstructi			if MOB_2 IN (2		to COM_SS];			
Ouestion ID:			B_2=1 [goto MC		MOB 7	OuestionnaireFile	eName:	Functioning And
Question ID:			B_2=1 [goto MC		MOB_7	QuestionnaireFile	eName:	Functioning And Disability
	AFD.240_ Do you	00.000 I	nstrument Variabl	le Name: 00 yards of	n level ground, tha	QuestionnaireFile would be about the lengt me difficulty, a lot of diff	h of one f	Disability ootball field or one city
	AFD.240_ Do you block, this?	00.000 In 1 have diff when usin	nstrument Variabl	le Name: 00 yards of	n level ground, tha	would be about the length	h of one f	Disability ootball field or one city
QuestionText:	AFD.240_ Do you block, this? No di	00.000 In have diff when usin	nstrument Variabl	le Name: 00 yards of	n level ground, tha	would be about the length	h of one f	Disability ootball field or one city
QuestionText: 1	AFD.240_ Do you block, this? No di Some	00.000 In a have diff when usin ficulty difficulty	nstrument Variabl iculty walking 10 g your aid(s)? Wa	le Name: 00 yards of	n level ground, tha	would be about the length	h of one f	Disability ootball field or one city
QuestionText: 1 2	AFD.240 Do you block, this? No di Some A lot	00.000 I have diff when usin ficulty difficulty of difficulty	nstrument Variabl iculty walking 10 g your aid(s)? Wa	le Name: 00 yards of	n level ground, tha	would be about the length	h of one f	Disability ootball field or one city
QuestionText: 1 2 3	AFD.240 Do you block, this? No di Some A lot	00.000 In have diff when usin ficulty difficulty of difficulty of difficulty	nstrument Variabl iculty walking 10 g your aid(s)? Wo	le Name: 00 yards of	n level ground, tha	would be about the length	h of one f	Disability ootball field or one city
QuestionText: 1 2 3 4	AFD.240 Do you block, this? No di Some A lot Canno	00.000 In thave diff when usin ficulty difficulty of difficulty of difficult to at all ed	nstrument Variabl iculty walking 10 g your aid(s)? Wo	le Name: 00 yards of	n level ground, tha	would be about the length	h of one f	Disability ootball field or one city
QuestionText: 1 2 3 4 7	AFD.240 Do you block, this? No di Some A lot Canno Refus Don't	00.000 In have diff when usin ficulty difficulty of difficulty of difficult ed know Sample ad Functionir	nstrument Variabl iculty walking 10 g your aid(s)? Wo y unable to do ults 18+ who wea	le Name: 00 yards or ould you s re asked th	n level ground, tha ay no difficulty, so ne family disability	would be about the length	h of one foiculty, or	Disability ootball field or one city are you unable to do

Adult Functioning and Disability

Question ID:	AFD.250_00.000 Instrument Variable Name:	MOB_8	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty walking a third of a blocks, when using your aid(s)? Would you this?			
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseText	Functioning and Disability (AFD) see wheelchair or scooter, and who have	ction, use equipmen no difficulty, some	t or receive help for getting around difficulty, a lot of difficulty, or ref	l but do not use a
SkipInstructio	they have difficulty walking 100 yard	is on level ground, v	when using their aid	
SkipInstructio		is on level ground, v	when using their aid	
		Is on level ground, v	when using their aid QuestionnaireFileName:	Functioning And Disability
Question ID:	ons: <1-4,R,D> goto COM_SS	COM_SS	QuestionnaireFileName: ng, for example, understanding or	Disability
Question ID:	ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif	COM_SS	QuestionnaireFileName: ng, for example, understanding or	Disability
Question ID:	ONS: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficulty	COM_SS	QuestionnaireFileName: ng, for example, understanding or	Disability
Question ID: QuestionText: 1	ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficulty No difficulty	COM_SS	QuestionnaireFileName: ng, for example, understanding or	Disability
Question ID: QuestionText: 1 2	ONS: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficulty No difficulty Some difficulty	COM_SS	QuestionnaireFileName: ng, for example, understanding or	Disability
Question ID: 4 QuestionText: 1 2 3	AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have diff Would you say no difficulty, some difficulty No difficulty Some difficulty A lot of difficulty	COM_SS	QuestionnaireFileName: ng, for example, understanding or	Disability
Question ID: QuestionText: 1 2 3 4	AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficulty No difficulty Some difficulty A lot of difficulty Cannot do at all/unable to do	COM_SS	QuestionnaireFileName: ng, for example, understanding or	Disability
Question ID: QuestionText: 1 2 3 4 7	AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficulty No difficulty Some difficulty A lot of difficulty Cannot do at all/unable to do Refused Don't know	COM_SS ficulty communicati y, a lot of difficulty, ne family disability	QuestionnaireFileName: ng, for example, understanding or or are you unable to do this?	Disability being understood?

Adult Functioning and Disability

Question ID:	AFD.290_	00.000	Instrument Va	riable Name:	COM_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do yoι	ı use sig	n language?				
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex				o were asked th sability (AFD)		questions (FDB) and were random	ly selected to receive
SkipInstruct	ions:	<1,2,R,E	> goto COG_	SS			
Question ID:	AFD.300_	00.000	Instrument Va	riable Name:	COG_SS	QuestionnaireFileName:	Functioning And Disability
	Do you	ı have di				QuestionnaireFileName: you say no difficulty, some difficu	Disability
-	Do you are you	ı have di	fficulty remen			-	Disability
QuestionText:	Do you are you No dii	ı have di ı unable	fficulty remen to do this?			-	Disability
QuestionText:	Do you are you No dii Some	ı have di ı unable fficulty	fficulty remen to do this? y			-	Disability
QuestionText: 1 2	Do you are you No dii Some A lot o	have di unable fficulty difficult	fficulty remen to do this? y	nbering or cond		-	Disability
QuestionText: 1 2 3	Do you are you No dii Some A lot o	have di unable fficulty difficult of difficu t do at a	fficulty remen to do this? y lty	nbering or cond		-	Disability
QuestionText: 1 2 3 4	Do you are you No dii Some A lot o Canno	have di unable fficulty difficult of difficult of difficu t do at a ed	fficulty remen to do this? y lty	nbering or cond		-	Disability
QuestionText: 1 2 3 4 7	Do you are you No dii Some A lot Canno Refus Don't	i have di i unable fficulty difficult of difficu t do at a ed know Sample a	fficulty remen to do this? y lly ll/unable to do dults 18+ who	nbering or cond	centrating? Would ne family disability	-	Disability lty, a lot of difficulty, or

Adult Functioning and Disability

Question ID:	AFD.310_00.000 Instrument Variable Name:	COG_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty remembering, conce	entrating, or both?		
1	Difficulty remembering only			
2	Difficulty concentrating only			
3	Difficulty with both remembering and con-	centrating		
7	Refused			
9	Don't know			
SkinInstructio	Functioning and Disability (AFD) se or concentrate, or don't know or refu			re unable to remember
SkipInstructio	ons: <1,3,R,D>[goto COG_2] <2>[goto UB_SS]			
Question ID:	AFD.320_00.000 Instrument Variable Name:	COG_2	QuestionnaireFileName:	Functioning And Disability
	AFD.320_00.000 Instrument Variable Name: How often do you have difficulty remembe			Disability
				Disability
Question Text:	How often do you have difficulty remembe			Disability
QuestionText: 1	How often do you have difficulty remembe Sometimes			Disability
QuestionText: 1 2	How often do you have difficulty remembe Sometimes Often			Disability
QuestionText: 1 2 3	How often do you have difficulty remember Sometimes Often All of the time			Disability
QuestionText: 1 2 3 7	How often do you have difficulty remember Sometimes Often All of the time Refused Don't know	ring? Would you sa he family disability	y sometimes, often or all of the tim questions (FDB), were randomly s	Disability e? elected to receive the

Adult Functioning and Disability

Question ID:	AFD.330_00.00) Instrument Variable Name:	COG_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have	difficulty remembering a few t	hings, a lot of thing	s, or almost everything?	
1	A few thing	5			
2	A lot of thin	gs			
3	Almost even	ything			
7	Refused				
9	Don't know				
UniverseTex	Functi difficu	oning and Disability (AFD) see lty remembering		questions (FDB), were randomly s iculty remembering or don't know	
SkipInstruct	tions: <1-3 F	R,D> goto UB_SS			
		,27 800 02_00			
Question ID:		() Instrument Variable Name:	UB_SS	QuestionnaireFileName:	Functioning And Disability
-	AFD.360_00.00 Do you have	() Instrument Variable Name:	- as washing all over	QuestionnaireFileName: or dressing? Would you say no diff	Disability
-	AFD.360_00.00 Do you have	0 Instrument Variable Name: difficulty with self care, such a ty, or are you unable to do this	- as washing all over		Disability
QuestionText:	AFD.360_00.00 Do you have lot of difficu	0 Instrument Variable Name: difficulty with self care, such a ty, or are you unable to do this	- as washing all over		Disability
QuestionText:	AFD.360_00.00 Do you have lot of difficu No difficult	0 Instrument Variable Name: difficulty with self care, such a ty, or are you unable to do this v ilty	- as washing all over		Disability
QuestionText:	AFD.360_00.00 Do you have lot of difficu No difficult Some difficu A lot of diff	0 Instrument Variable Name: difficulty with self care, such a ty, or are you unable to do this v ilty	- as washing all over		Disability
QuestionText: 1 2 3	AFD.360_00.00 Do you have lot of difficu No difficult Some difficu A lot of diff	0 Instrument Variable Name: difficulty with self care, such a ty, or are you unable to do this y alty iculty	- as washing all over		Disability
QuestionText: 1 2 3 4	AFD.360_00.00 Do you have lot of difficu No difficult Some diffic A lot of diff Cannot do a	0 Instrument Variable Name: difficulty with self care, such a ty, or are you unable to do this y alty iculty	- as washing all over		Disability
2 3 4 7	AFD.360_00.00 Do you have lot of difficul No difficult Some diffic A lot of diff Cannot do a Refused Don't know	0 Instrument Variable Name: difficulty with self care, such a ty, or are you unable to do this v ilty iculty t all/unable to do	ns washing all over ? ne family disability		Disability

Adult Functioning and Disability

Question ID:	AFD.370_00.000	instrument Variable Name:	UB_1	QuestionnaireFileName:	Functioning And Disability
JuestionText:		ficulty raising a 2 liter bottl f difficulty, or are you una		from waist to eye level? Would you	say no difficulty, some
1	No difficulty				
2	Some difficulty				
3	A lot of difficu	ty			
4	Cannot do at al	/unable to do			
7	Refused				
9	Don't know				
UniverseText		dults 18+ who were asked the oning and Disability (AFD		questions (FDB) and were random	ly selected to receive
Question ID:	AFD.380_00.000	nstrument Variable Name:	UB_2	QuestionnaireFileName:	Functioning And
Question ID:	AFD.380_00.000	nstrument Variable Name:	UB_2	QuestionnaireFileName:	Functioning And Disability
Question ID:	Do you have dif	ficulty using your hands an	d fingers, such as j	QuestionnaireFileName: bicking up small objects, for exampl fficulty, some difficulty, a lot of dif	Disability e, a button or pencil, or
	Do you have dif opening or closi	ficulty using your hands an	d fingers, such as j	icking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText:	Do you have dif opening or closi to do this?	ficulty using your hands an ng containers or bottles? W	d fingers, such as j	icking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText:	Do you have dif opening or closi to do this? No difficulty	ficulty using your hands an ng containers or bottles? W	d fingers, such as j	icking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2	Do you have dif opening or closi to do this? No difficulty Some difficulty	ficulty using your hands an ng containers or bottles? W ty	d fingers, such as j	icking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2 3	Do you have dif opening or closi to do this? No difficulty Some difficulty A lot of difficulty	ficulty using your hands an ng containers or bottles? W ty	d fingers, such as j	icking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2 3 4	Do you have dif opening or closi to do this? No difficulty Some difficulty A lot of difficul Cannot do at al	ficulty using your hands an ng containers or bottles? W ty	d fingers, such as j	icking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2 3 4 7	Do you have dif opening or closi to do this? No difficulty Some difficulty A lot of difficul Cannot do at al Refused Don't know t: Sample au	ficulty using your hands an ng containers or bottles? W ty //unable to do	d fingers, such as p ould you say no di he family disability	icking up small objects, for exampl	Disability e, a button or pencil, or ficulty, or are you unable

Adult Functioning and Disability

Question ID:	AFD.410_0	00.000 Instrument Variable Name:	ANX_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	How of	ten do you feel worried, nervous or	anxious? Would you	ı say daily, weekly, monthly, a few	times a year, or never?
1	Daily				
2	Weekl	7			
3	Month	у			
4	A few	times a year			
5	Never				
7	Refuse	d			
9	Don't k	now			
UniverseTex		ample adults 18+ who were asked he Functioning and Disability (AFI		questions (FDB) and were random	ly selected to receive
SkipInstruct	ctions: <	1-5,R,D> goto ANX_2			
		1-5,R,D> goto ANX_2)0.000 Instrument Variable Name:	ANX_2	QuestionnaireFileName:	Functioning And Disability
Question ID:	AFD.420_0			QuestionnaireFileName:	
Question ID:	AFD.420_0	0.000 Instrument Variable Name:		QuestionnaireFileName:	
Question ID: QuestionText:	AFD.420_0 Do you	0.000 Instrument Variable Name:		QuestionnaireFileName:	
Question ID: QuestionText: 1	AFD.420_0 Do you Yes	0.000 Instrument Variable Name: take medication for these feelings?		QuestionnaireFileName:	
Question ID: QuestionText: 1 2	AFD.420_0 Do you Yes No	00.000 Instrument Variable Name: take medication for these feelings?		QuestionnaireFileName:	
Question ID: QuestionText: 1 2 7	AFD.420_0 Do you Yes No Refuse Don't k xt: S	00.000 Instrument Variable Name: take medication for these feelings?	the family disability		Disability

Adult Functioning and Disability

Question ID:	AFD.430_00.000 Instrument Variable	e Name:	ANX_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Thinking about the last time you for Would you say a little, a lot, or so			ous, how would you describe the lev	vel of these feelings?
1	A little				
2	A lot				
3	Somewhere in between a little and	d a lot			
7	Refused				
9	Don't know				
SkipInstructio	times a year or don't know or refused if they take medicat	or refused ho	ow often OR wh	ried, anxious, or nervous daily, wee o do take medication for these feelin	
	ilis. <1-5, K, D> goto DEI_1				
Question ID:	AFD.450_00.000 Instrument Variable	e Name:	DEP_1	QuestionnaireFileName:	Functioning And Disability
	AFD.450_00.000 Instrument Variable			QuestionnaireFileName: ly, monthly, a few times a year, or r	Disability
	AFD.450_00.000 Instrument Variable How often do you feel depressed?				Disability
QuestionText:	AFD.450_00.000 Instrument Variable				Disability
QuestionText: 1	AFD.450_00.000 Instrument Variable How often do you feel depressed? Daily				Disability
QuestionText: 1 2	AFD.450_00.000 Instrument Variable How often do you feel depressed? Daily Weekly				Disability
QuestionText: 1 2 3	AFD.450_00.000 Instrument Variable How often do you feel depressed? Daily Weekly Monthly				Disability
QuestionText: 1 2 3 4	AFD.450_00.000 Instrument Variable How often do you feel depressed? Daily Weekly Monthly A few times a year				Disability
QuestionText: 1 2 3 4 5	AFD.450_00.000 Instrument Variable How often do you feel depressed? Daily Weekly Monthly A few times a year Never				Disability
QuestionText: 1 2 3 4 5 7	AFD.450_00.000 Instrument Variable How often do you feel depressed? Daily Weekly Monthly A few times a year Never Refused Don't know	Would you	say daily, week		Disability never?

Adult Functioning and Disability

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Question ID:	AFD.460_	00.000	Instrument Variable Name:	DEP_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do yoι	ı take m	edication for depression?			
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseText			adults 18+ who were asked th ctioning and Disability (AFD)		ty questions (FDB) and were random	ly selected to receive
SkipInstructio		<2> if L	> [goto DEP_3] DEP_1=5 [goto PAIN_2]; to DEP_3]			
Question ID:	AFD.470_	00.000	Instrument Variable Name:	DEP_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Thinki betwee		t the last time you felt depress	sed, how depress	ed did you feel? Would you say a litt	le, a lot, or somewhere in
1	A littl	e				
2	A lot					
3	Some	where in	between a little and a lot			
7	Refus	ed				
9	Don't	know				
UniverseText		Function or don't	ning and Disability (AFD) sec	ction, and feel de	ity questions (FDB), were randomly s pressed daily, weekly, monthly, a fev do take medication or refused or don'	v times a year or refused
SkipInstructio	ons:	<1-3 R	D> goto PAIN 2			

SkipInstructions: <1-3,R,D> goto PAIN_2

Adult Functioning and Disability

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AFD.500_00).000 Instrument Variable Name	PAIN_2	QuestionnaireFileName:	Functioning And Disability
In the par	st 3 months, how often did you h	nave pain? Would you	say never, some days, most days, o	or every day?
Never				
Some da	iys			
Most da	ys			
Every da	ay			
Refused	1			
Don't kr	IOW			
the	e Functioning and Disability (AF		questions (FDB) and were random	ly selected to receive
	In the pas Never Some da Most da Every da Refused Don't kn t: Sa the tions: <1	In the past 3 months, how often did you h Never Some days Most days Every day Refused Don't know t: Sample adults 18+ who were asket the Functioning and Disability (Al	In the past 3 months, how often did you have pain? Would you a Never Some days Most days Every day Refused Don't know t: Sample adults 18+ who were asked the family disability of the Functioning and Disability (AFD) section ions: <1> [goto TIRED_1]	In the past 3 months, how often did you have pain? Would you say never, some days, most days, Never Some days Most days Every day Refused Don't know t: Sample adults 18+ who were asked the family disability questions (FDB) and were random the Functioning and Disability (AFD) section ions: <1> [goto TIRED_1]

	between?
1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know
UniverseText:	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

SkipInstructions: <1-3,R,D> goto TIRED_1

Adult Functioning and Disability

Question ID:	AFD.540_0	0.000 Instru	ment Variable Name:	TIRED_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	In the p every d	,	how often did you feel	very tired or exha	isted? Would you say never, some	days, most days, or
1	Never					
2	Some of	lays				
3	Most d	ays				
4	Every	lay				
7	Refuse	d				
9	Don't k	now				
UniverseTex			18+ who were asked th g and Disability (AFD)		questions (FDB) and were random	ly selected to receive
SkipInstruct		1>[goto next 2-4,R,D>[got				
Question ID:	AFD.550_0	0.000 Instru	ment Variable Name:	TIRED_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:		g about the la or all of the c		red or exhausted, h	ow long did it last? Would you say	some of the day, most of
1	Some	of the day				
2		f the day				
3	All of	-				
7	Refuse	-				
9	Don't k	now				
UniverseTex	F	unctioning an	d Disability (AFD) see	ction, and felt very	questions (FDB), were randomly s tired or exhausted some days, most khausted in the past 3 months	
SkipInstruct	ions: <					

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Question ID:	AFD.560_00.000 Instrument Variable Name	: TIRED_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Thinking about the last time you felt this or somewhere in between?	way, how would you	describe the level of tiredness? Wo	uld you say a little, a lot,
1	A little			
2	A lot			
3	Somewhere in between a little and a lot			
7	Refused			
9	Don't know			
UniverseText	1	section, and felt very	questions (FDB), were randomly set tired or exhausted some days, most xhausted in the past 3 months	

SkipInstructions: <1-3,R,D> goto next section